

Equality Impact Assessment / Equality Analysis

Title of service or policy	Next steps in the remodel of Children's Centre Services
Name of directorate and service	People and Communities Department – Children's Services
Name and role of officers completing the EIA	Heidi Limbert
Date of assessment	September 2016

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Council’s and NHS Bath and North East Somerset’s websites.

1.	Identify the aims of the policy or service and how it is implemented.	
	Key questions	Answers / Notes
1.1	<p>Briefly describe purpose of the service/policy including</p> <ul style="list-style-type: none"> ● How the service/policy is delivered and by whom ● <i>If responsibility for its implementation is shared with other departments or organisations</i> ● Intended outcomes 	<p>In June 2015 the cabinet agreed a model of delivery which led to a split delivery of internal and external children center services delivery. This EIA covers services provided by the internal commissioning of a targeted children center services.</p> <p>This specified that the delivery including outreach was across Children’s Centre locality areas and through four hub center’s: Twerton, Parkside, Radstock and Keynsham. The Children’s Centre situated in Twerton is run by “First Steps”, a local voluntary sector provider who are commissioned by the Local Authority. This commission is now due for review and needs to be taken into account within the discussion about possible changes in the delivery model for Children’s Centres.</p> <p>Changes to the model of service delivery within Banes-led Children’s Centre’s are required to balance the current approved budget of £1,373,142.00.</p> <p>These changes are in addition to the public consultation and sign off by cabinet in June 2015, whereupon an EIA was written and reviewed.</p> <p>These changes will bring the spend in line with the budget whilst minimising impact on children and families that need it most.</p>

		<p>The changes are:</p> <ul style="list-style-type: none"> • Transferring the management of the outlying buildings to other community organisations. • A reduction in nursery provision through closure of the 2 year units. <p>Longer term decisions will consider the possible:</p> <ul style="list-style-type: none"> • Remodelling of service delivery including the cessation of some traded activity. <p>Exploring options to commission and deliver a Bath and North East Somerset Council Children's Centre Service through one provider when the contract with First Steps for Bath West Children's Centre service expires at the end of September 2017. This will enable more efficient use of resources (generate efficiencies) and deliver a more sustainable service in the future as well as provide a consistent children's centre service offer for families with young children across the whole area.</p> <p>Please see the attached cabinet paper</p>
1.2	<p>Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> • Is it a new service/policy or review of an existing one? • Is it a national requirement?). • How much room for review is there? 	<p>Review of an existing service that is a national requirement.</p>
1.3	<p><i>Do the aims of this policy link to or conflict with any other policies of the Council?</i></p>	<p>There are links to the Advice and Information Strategy and the council's review of its community assets.</p> <ul style="list-style-type: none"> • This links to the following current strategies and plans: • Children & Young People's Plan 2014-17 • Early Help Strategy 2015-18 • Local Safeguarding Children's Board Business Plan 2015-18 • Parenting Strategy 2016-18

		<ul style="list-style-type: none"> • Vision for Children, Young People and Family Services • 14-25 Years Strategy • Behaviour & Attendance Strategy 2015
--	--	---

2. Consideration of available data, research and information

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data** (including ethnicity, gender, disability, religion/belief, sexual orientation and age)
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the staff in Children's Centres?	<p>The 9 Children's Centres run by Bath-employed staff are currently organised in 3 service groupings; Somer Valley, Bath East and Keynsham & Chew Valley are run by the Council. The staff profile across the services suggests that most staff remain female.</p> <ul style="list-style-type: none"> • 95% female • 5% male • 93% are White British ethnic group • Just over 6% from White/Black Other ethnic group • 4% have declared a disability <p>Note: this is subject to change as staff leave / new staff are recruited but predominately stays the same</p>

		There are small numbers of staff who are Lesbian Gay Bisexual Transgender (LGBT) in the Children's Centres, but not everyone has declared this in these statistics.
2.2	What equalities training has those staff received?	<ul style="list-style-type: none"> • 95% of staff across all Children's Centre Services has received equalities training. • Staff continue to receive regular INSET training in equalities i.e. British Values recently. • Access to Corporate equalities training is free to all staff.
2.3	What is the equalities profile of your service users	<p>There are 9311 children under the age of 5 B&NES. The profile of the children is as follows:</p> <ul style="list-style-type: none"> • 48% of children are female and 52% male • 477 children are disabled and 30% seen by Children's Centres • 1360 children from Black Minority & Ethnic backgrounds and 38% seen by Children's Centres • 810 lone parents and 82% seen by Children's Centres • Estimated 4562 fathers (using Child Benefit data) and 22% seen by Children's Centres • Estimated 4733 mother (using Child Benefit data) and 96% seen • 10% of children are eligible for FSMs (8% in Bath East; 15% in Bath West (28% in Twerton), 10% in Keynsham and Chew Valley and 17% in Somer Valley.
2.4	What consultation has been undertaken?	<p>Between 25th April 2014 and 6th June 2014 extensive consultation was undertaken with children, parents, wider stakeholders, agencies using Children's Centres and Advisory Boards.</p> <p>See previous council cabinet papers for results.</p> <p>The model being proposed within this latest paper does not seek to change the model of delivery that was consulted on previously – merely to make efficiency savings and utilise funds for required front facing service delivery.</p>

3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or helps promote equality in some way.
- Could have a negative or adverse impact for any of the equalities groups

		How will the proposals promote equality and more equal outcomes?	Are there any adverse impacts? If so, what steps have been or could be taken to address this?
3.1	General issues relating to all protected characteristics and equality groups	<p>The proposals are based upon the premise that services will continue to be targeted to those who need them most and be accessible through outreach into family homes and the delivery of groups in a variety of community venues including rural areas.</p> <p>Targeted services will be delivered at the same level as they are now. The service in each area will be tailored to reflect local community needs and be delivered in variety of settings</p> <p>The same eligibility criteria will apply across the new model and the proposal to move to two service groupings will improve consistency.</p> <p>The service will continue to work with a significant number of families affected by one or more of these issues.</p> <p>Groups are run in buildings across the area that are in central locations for families that need it most – this</p>	<ol style="list-style-type: none"> 1. Some families may not be aware of the services that Children's centres provide. A clear and consistent 'request for support' form is in use and reviewed on a regular basis. 2. The opportunity for preventative social support accessed through universal groups by some vulnerable families would be reduced. This is correct and lower numbers of families have accessed universal services since the changes in June and this will be further reduced by the closure of nonviable traded groups. 3. A major concern expressed by service users and some stakeholders was that of the potential stigma attached to attending targeted services, which may prevent those needing help taking it up. The buildings are used by a variety of services including private, universal health

		often is not an outlying children's centre but a community building.	services and voluntary services which has reduced the feeling that children's centres only deliver targeted services.
3.2	Gender	Services provided within the model continue to be accessible to men and women as they are now.	
3.3	Pregnancy and maternity	<p>The opportunity to align services has continued and the colocation of many health and children's centre services has improved access for those families who are expecting a child.</p> <p>All women with post-natal depression continue to be priority for the service.</p> <p>Women who are seen to be isolated and at risk, Midwives and Health visitors who offer a universal service continue to refer to Children's Centres.</p>	<p>Pregnant women may have to travel further</p> <p>The services should continue to be delivered through local buildings or home visits as they are now. The eligibility criteria for the Children's Centre Service will include mums with post-natal depression and expectant families.</p>
3.4	Transgender	Services continue to be accessible to all.	No specific issues raised
3.5	Disability - identify the impact/potential impact of the policy on disabled people (ensure consideration both physical and mental impairments)	<p>All families where disability is assessed as a barrier will be a priority for the service. This would include both mental health and physical impairment of any family member.</p> <p>Services remain targeted at children with special needs and disabilities.</p> <p>'Early Support' groups and 'Step by Step' programmes for parents with children who have a Special Educational Need / Disability are being run more consistently across the area and are very well attended.</p>	

3.6	Age	<p>The model will continue to support families with carers and parents from a broad age range.</p> <p>The criteria continues to specify that the commissioned service should focus on families with children aged 0-5.</p> <p>Children’s Centres make contact with all young parents who are not taking up support through the Family Nurse partnership.</p>	
3.7	Race – identify the impact/potential impact	The service model will continue to support families who have additional needs from a diverse range of backgrounds.	Access and outcomes for specific groups will be monitored as part of the new service.
3.8	Sexual orientation.	The service will be accessible to lesbian, gay and transgender parents and children with additional needs as it is currently.	
3.9	Religion/belief – identify the impact/potential impact	The service will remain accessible regardless of religion / belief. Access and outcomes will be monitored as part of the contract management process.	
3.10	Socio-economically disadvantaged	<p>One of the main proposals is to target provision to where it is needed the most and increase the opportunity for equal life chances.</p> <p>A non-stigmatising ‘Passport’ facility has been created to enable financially-able parents to buy in bulk. Such passports are also funded and distributed for more disadvantaged families - especially where they live in (or need to access) services in areas which are held in non-hub buildings / areas.</p>	<p>Note: Viability of Non-hub buildings is having an impact on the resource available to target services to areas that need it most. However further discussion is required regarding the ‘overall management’ of some buildings into the future so that the children’s centres can use their resources more effectively and efficiently.</p>

3.11	Rural communities – identify the impact / potential impact on people living in rural communities	A 'rurality rating' is used to help determine the budget for individual settings	Rural isolation may limit accessibility to services. Services should continue to be delivered through local buildings or home visits as they are now.
------	---	--	--

4. Bath and North East Somerset Council & NHS B&NES Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

	Issues identified	Actions required	Progress milestones	Officer responsible	By when
1	Some families may not be aware of the services that Children's centres provide. A clear and consistent 'request for support' form is in use and reviewed on a regular basis.	Support from universal services to identify families that would benefit from children's centre services the most and to promote those services.	To review the referrals received from universal services across the area and raise any learning from this review with universal service leads	Children's Centres Services Manager and Commissioning Manager	July 2017
2	The opportunity for preventative social support accessed through universal groups by some vulnerable families would be reduced.	Family information to be available to all families through universal services so families can access services that are available. Social Isolation is a criteria for referral.	To review referrals regarding social isolation and also to ensure that information packs	Children's Centres Services Manager and Children's	April 2017

	Issues identified	Actions required	Progress milestones	Officer responsible	By when
			include information regarding other services in the area	Centre Coordinators'	
3	The potential stigma attached to attending targeted services, which may prevent those needing help taking it up.	The buildings to continue to be used by a variety of services including private, universal health services and voluntary services which has reduced the feeling that children's centres only deliver targeted services.	Ensure that forms and letters are non-stigmatising and also continue to support universal services to use the buildings.	Children's Centre Coordinators' and user groups.	April 2017
4	Pregnant women may have to travel further The services should continue to be delivered through local buildings or home visits as they are now.	To ensure universal services are aware that the eligibility criteria for the Children's Centre Service includes mums with post-natal depression and expectant families.	Buildings to be available for universal services to use and promotion and reminder of referral criteria for children's centres	0 – 19 service lead and Children's Centre Service Manager and	April 2017
5	Rural isolation may limit accessibility to services.	Services will continue to be delivered through local buildings or home visits as they are now.	Encourage feedback from universal services through consultation and stakeholder days regarding accessibility of services for rurally isolated communities	Children's Centres Services Manager and Commissioning Manager	July 2017

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

Signed off by: Paula Bromley

(Divisional Director or nominated senior officer)

Date: 21st October 2016