Equality Impact Assessment

Project or Service Template

Name of the proposal, project or service
Proposal to cease Children's Centre open access provision run by the Local Authority.

File ref:		Issue No:	
Date of Issue:	October 2015	Review date:	

Contents

Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)

1.1 The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.

1.3 The Public Sector Equality Duty (PSED)
The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have "due regard" to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for "protected characteristics"

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21stCentury Families and Communities, 2008]
- Literacy/Numeracy Skills

- Part time workers
- Rurality

1.6 Advancing equality (the second of the equality aims) involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristic

- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities

- Encouraging people from protected groups to participate in public life or in other activities where their participation in disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision,this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.

- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

Part 2 – Aims and implementation of the proposal, project or service

2.1 What is being assessed?

a) Proposal or name of the project or service.

The County Council is integrating its Children's Centre services with Health Visiting and proposes to focus the integrated service on responding to needs identified through the programme of development reviews offered to all children.

This will necessitate the cessation of County Council funded universal access provision i.e. open access drop in activities at Children's Centres

b) What is the main purpose or aims of proposal, project or service?

The main purpose of the proposal is to achieve savings in the Children's Centre budget for 2016-2019, whilst prioritising services for the most vulnerable children and families.

This will be achieved through the integration of Childrens Centres and Health Visiting, and the development of an integrated management structure configured around the new Clinical Commissioning Group (CCG) localities. These Health Visitors in the 3 CCG areas will have responsibility for the 5 mandated Health Visiting reviews, and if needs are identified during these assessments they will either be referred into targeted services offered at the children's centre or the Health Visitor will complete a planned targeted intervention

Current universal provision e.g. 'pop in and play' at the children's centres will cease to be run by the Local Authority.

Current contracts that currently deliver creche provision in Hastings & Rother will cease

c) Manager(s) and section or service responsible for completing the assessment

Maria Simpson, Interim Head of Children's Centres and Health Visiting

2.2 Who is affected by the proposal, project or service? Who is it intended to benefit and how?

Integration with Health will mean a change to management structures and a number of posts within the service being deleted. The impact on the affected staff is likely to be significant as well as the impact to services.

Families with a lower lever of need are likely to be be affected as there will be no universal offer from Children's Centres delivered by the Local Authority.

2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?

Health Visitors have the lead responsibility to complete the 5 mandated checks to families with young children: antenatal, New Birth by 14 days, 6-8 weeks, 1 year and the 27 month review.

These checks will provide the opportunity to identify vulnerable families in order to refer to targeted support groups at the children's centre, 1:1 key work service or a planned targeted health visitor intervention.

Proposals for changes to staff structures and to delete some posts will be implemented using the Councils managing change suite of policies. Proposals will be shared with staff at a meeting that will launch a consultation period during which staff have the opportunity to comment on the proposals and make alternative suggestions.

The change process will be led by the Head of Service with support from the Assistant Director for Early Help and Social Care

Service users and other stakeholders will be consulted about these proposals through a series of focus groups and online consultation.

2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?

The proposal involves integration with the Health Visiting service with East Sussex Healthcare Trust as the provider for the health visiting part of the service.

Children's Centres also work closely with social care, Midwifery, CAMHS, LAC, early years settings, voluntary sector and Primary Schools.

2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?

Legislation about children's centres is contained in the Childcare Act 2006.

The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in:
-child development and school readiness;

-parenting aspirations and parenting skills; and

-child and family health and life chances.

Local authorities have duties under the Childcare Act 2006 to consult before opening, closing or significantly changing Children's Centres, and to secure sufficient provision to meet local need so far as is reasonably practicable. Statutory guidance (published in April 2013) accompanies these duties.

From 1 October 2015 Local Authorities (LAs) have taken over responsibility from NHS England for commissioning (i.e. planning and paying for) public health services for children aged 0-5. These services include delivery of the Healthy

Child Programme (HCP) and additional support for teenage and vulnerable parents.

The HCP is a national public health programme to achieve good outcomes for all children from pregnancy through to 19 years of age. The HCP 0-5, led by health visitors and their teams, offers every child a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and support for parents tailored to their needs, with additional support when needed and at key times.

Regulations are being made under Section 6C of the NHS Act 2006, which will mandate (i.e. require LAs to deliver) the 5 mandated reviews of the HCP for 18 months which will be completed by Health visitors and their teams.

2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.

The proposal sets out that families would be identified and referred for targeted Children's Centre support groups, 1:1 Key work or planned Health Visitor intervention from the 5 mandated Health Visiting checks.

Families can also be referred into the Children's Centre key work service whenever a need for early help is identified. Health and social care partners work in partnership with Children's Centres to identify and refer individuals and families that would benefit from Early Intervention services on offer. Families may also self-refer.

2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.

The Children's Centre keywork service offers support, usually in the home, to families where children meet the criteria at level 3 on the continuum of need. From April 2016, a new 'Single Point of Advice' (SPOA) will be established which will provide a single gateway into Children's Social Care or Early help.

Health Visitors will assess families using a range of evidence based assessment tools including the ages and stages questionnaires and the standard health family assessment to identify the most relevant targeted support required from either health or children centres .

2.8 How, when and where is your proposal, project or service provided? Please explain fully.

Children's Centre services are provided through the County's network of purpose built or refurbished buildings located across the County. There are currently 25 Centres all with a designated reach area defined by postcode. The 25 centres will be grouped into 3 Clinical Commissioning Group Areas which will be made up of Health and Children's Centre staff.

Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have **X** marked against them			
X	Employee Monitoring Data	x	Staff Surveys
x	Service User Data		Contract/Supplier Monitoring Data
X	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
	Complaints		Risk Assessments
	Service User Surveys	X	Research Findings
x	Census Data		East Sussex Demographics
	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

There is no evidence of complaints about equality or diversity.

East Sussex Children's Centres practice the East Sussex County Council Children's Services complaints policy. Service users are offered a variety of informal and formal, identified or anonymous ways in which to make a complaint.

3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.

Staff consultation took place through a series of staff engagement workshops, in each of the 9 clusters.

A public consultation has taken place during November and December 2015 and a report of the consultation is attached as an appendix.

Research into impact of children's centre closures/reduction in universal provision in other LAs.

3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?

The proposal disproportionately negatively impacts on 0-5s, BME families, women in general, pregnant women and women in the first 26 weeks of maternity leave, families from the 30% most deprived SOAs or workless households, as these groups are all more likely to access universal children's centre provision than the general population. The public consultation has told us that a reduction in this service will impact on them in the following ways:

- Increase isolation
- Reduce access to support and advice when they need it
- Lead to increased mental health problems
- Reduce opportunities for children to develop school readiness
- Reduce opportunities to learn good parenting techniques
- Reduce community resilience

There will also be an impact on low income families if no other free provision exists in the area.

Further the public consultation suggested that a sharper focus on targeted groups could be seen as stigmatising.

A number of parents are happy to volunteer but parents and partners are concerned that this may mean that families' needs or safeguarding concerns are missed.. It will also mean the current volunteer programme will need adapting to ensure enough volunteers are available to run the services and are equipped to run groups, taking into account volunteers own childcare commitments.

There was also a concern raised through the public consultation that families may not be able to access support between the mandatory contacts.

Little national evidence was found that reduction in universal services has impacted on families to date (see appendix 2). A survey of children's centres noted the risks with a purely targeted approach i.e.

a. There is a risk that those families receiving targeted help will become stigmatised for visiting children's centres.

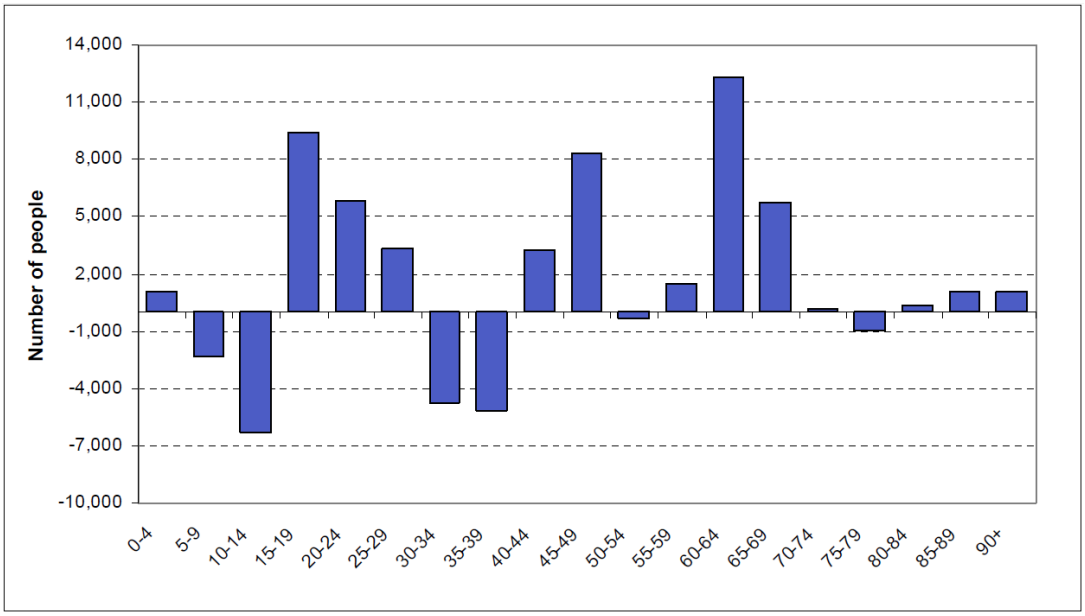
b. Targeted services are only really effective in conjunction with universal services, as there needs to be a general point of contact between vulnerable families and professionals. There is a risk in the future of high costs associated with 'crisis prevention'.

Part 4 – Assessment of impact

4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

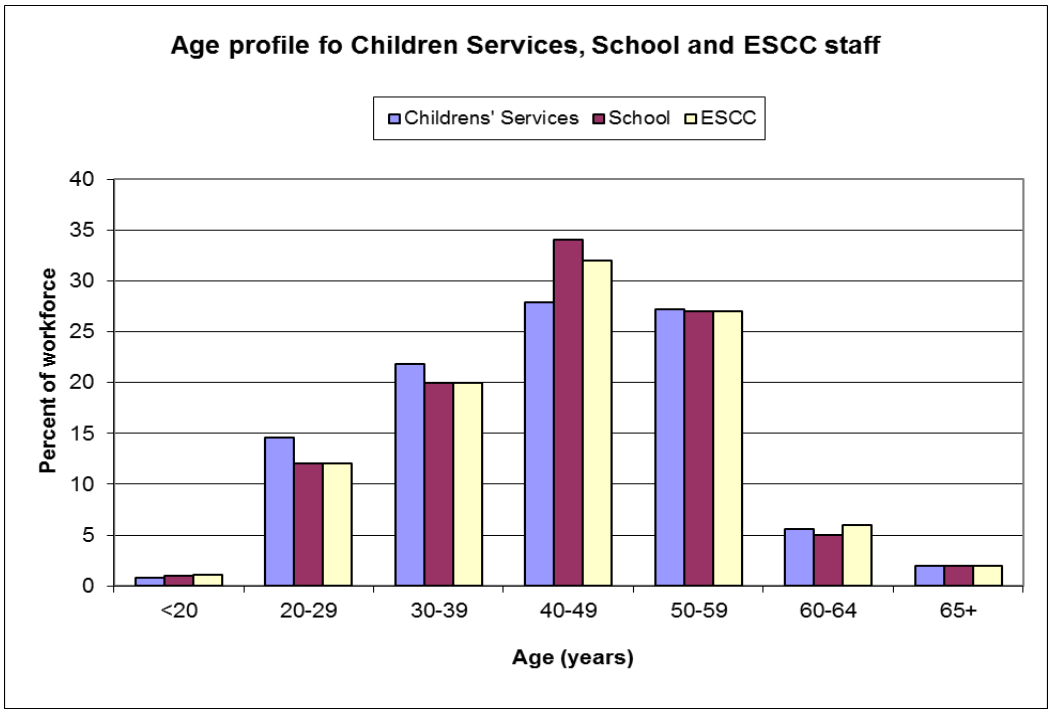
The 2011 Census reports 25,300, 0 – 4 year olds in East Sussex.



East Sussex population change between 2001 and 2011, by 5-year age groups

Chart is taken from ESIF 2011 Census Population and Households.

The chart below shows the age distribution of the workforce.



b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

10,597 0-5 year olds accessed universal services in children's centres 1st April 2014 - 31st March 2015, the following table shows how many children attended in which clusters.

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	C T
Total Under 5s	**846**	**1586**	**1621**	**876**	**742**	**997**	**1287**	**1152**	**1490**	

The table below shows how many teenage parents accessed children's centres in the same period. We can see that the county average is 1.48% of all attendances.

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	C T
Total Parents	**714**	**1480**	**1486**	**815**	**704**	**829**	**1116**	**1051**	**1333**	
Teenage parents (Under 20)	14	18	19	19	5	6	27	21	12	
Teenage Parents (Under 20) %age of total parents	1.96%	1.22%	1.28%	2.33%	0.71%	0.72%	2.42%	2.00%	0.90%	

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

0-5s in families with lower levels of need will be affected as the removal of the universal offer and de-commissioning of contracts will mean there is no service provision for this group.

A greater percentage of teenage parents access universal services in Hastings, St Leonards, Bexhill and The Havens clusters than the county average. These will be particularly affected by the proposal.

d) What is the proposal, project or service's impact on different ages/age groups?

0-5 year olds will be negatively impacted by the proposal, in particular by the reduction in groups that have focussed activity around school readiness, or for families with emerging support needs e.g. low level mental health concerns, isolation, access to support or advice or parenting.

e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?

Families with lower levels of need will be signposted to community play provision.

Families identified by health visitors through the 5 mandatory checks as requiring support will be referred to targeted group provision or 1:1 key work support.

Access to new birth data may mean that needs are identified earlier and the completion of antenatal visits by health visitors should also mitigate the impact of this change.

Other services can refer families meeting level 3 on the continuum of need to the key work service for support.

Children's Centres will offer a venue to community organisations to enable them to offer services to parents and children.

The digital information and advice offer will be enhanced so that parents and carers can access advice online.

f) Provide details of the mitigation.

Through the consultation parents have indicated they would be willing to support the continuation of universal groups through volunteering. However, this will require the volunteering programme to be amended to ensure it equips volunteers to run groups.

g) How will any mitigation measures be monitored?

Integrated Children's Centre and health visiting monitoring data from System 1 & Liquid logic linked clearly to KPI's for service which includes Public Health and Department of Health data requirements will be used to develop, review and monitor.take- up of the mandated checks and access to services. The data will also inform the service and commissioners re outcomes and output from service delivery. Monitoring of Keywork referrals will also be undertaken to inform provision of targeted level 3 intervention

4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

The exact numbers of children and parents who have a disability is not known. The Cabinet Office (2005) suggests that 7% of all children in the UK are disabled. Mooney (2008) estimated the number of disabled children in England between 3% and 5.4% with prevalence higher among boys and lower among children under five. Therefore, East Sussex Children's Centres work on the premise that 3% of the population will have some form of disability.
Using this calculation it is estimated that 759 children under 5 across the County have some sort of disability although they may not yet be diagnosed.

The number of disabled parents of a child aged 0-5 with a disability is more difficult to calculate as there is no clear methodology for estimating the number of parents (as many will have more than one child under 5).

The following data from the Census 2011 shows households with one person in the household with a long-term health problem or disability with dependent children. From the data we can see that the county is largely in line with regional and national levels, only Hastings experiences a relatively higher average.

Area	count of Household; All households		One person in household with a long-term health problem or disability: With dependent children	
	number	%	number	%
Eastbourne	45,012	100.0	1,926	4.3
Hastings	41,159	100.0	**2,104**	**5.1**
Lewes	42,181	100.0	1,781	4.2
Rother	40,877	100.0	1,599	3.9
Wealden	62,676	100.0	2,401	3.8
East Sussex	231,905	100.0	9,811	4.2
South East	3,555,463	100.0	146,190	4.1
England and Wales	23,366,044	100.0	1,088,011	4.7

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	Grand Total
Total Parents	**714**	**1480**	**1486**	**815**	**704**	**829**	**1116**	**1051**	**1333**	**9528**
Parents with a disability	10	15	6	13	2	5	15	4	2	72
Parents with a disability %age of total parents	1.40%	1.01%	0.40%	1.60%	0.28%	0.60%	1.34%	0.38%	0.15%	0.76%

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

The table below shows the numbers and percentages of those 0-5s with additional needs who have attended universal children's centre services by cluster 1st April 2014 - 31st March 2015.

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	Grand Total
Total Under 5s	**846**	**1586**	**1621**	**876**	**742**	**997**	**1287**	**1152**	**1490**	**10597**
Under 5s with Additional Need	10	12	15	6	4	11	10	11	3	82
Under 5s with Additional Need %age of total under 5s	1.18%	0.76%	0.93%	0.68%	0.54%	1.10%	0.78%	0.95%	0.20%	0.77%

The table below shows the numbers and percentages of those parents who have identified themselves as having a disability who have attended universal children's centre services, by cluster 1st April 2014-31st March 2015.

c) **Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?**

Disabled children and disabled parents aren't over-represented in those families accessing universal Children's Centre services and therefore aren't disproportionately affected.

d) What is the proposal, project or service's impact on people who have a disability?

There isn't an over-representation of disabled children or parents accessing universal Children's Centre services , or an over-representation of disabled staff in the Children's Centres workforce and therefore there is unlikely to be a negative impact on this group.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Families with lower levels of need will be signposted to community play provision.

Families identified by Health Visitors through the 5 mandated checks as requiring support will be referred to targeted group provision, 1:1 key work support, or a planned Health Visitor Intervention.

Access to new birth data and the mandated ante natal review by the Health Visitor may mean that needs are identified earlier.

Other services can refer families meeting level 3 on the continuum of need to the key work service for support.

Children's Centres will offer a venue to community organisations to enable them to offer services to parents and children

The digital information and advice offer will be enhanced so that parents and carers can access advice online.

f) Provide details of any mitigation.

Through the consultation parents have indicated they would be willing to support the continuation of universal groups through volunteering. However, this will require the volunteering programme to be amended to ensure it equips volunteers to run groups.

g) How will any mitigation measures be monitored?

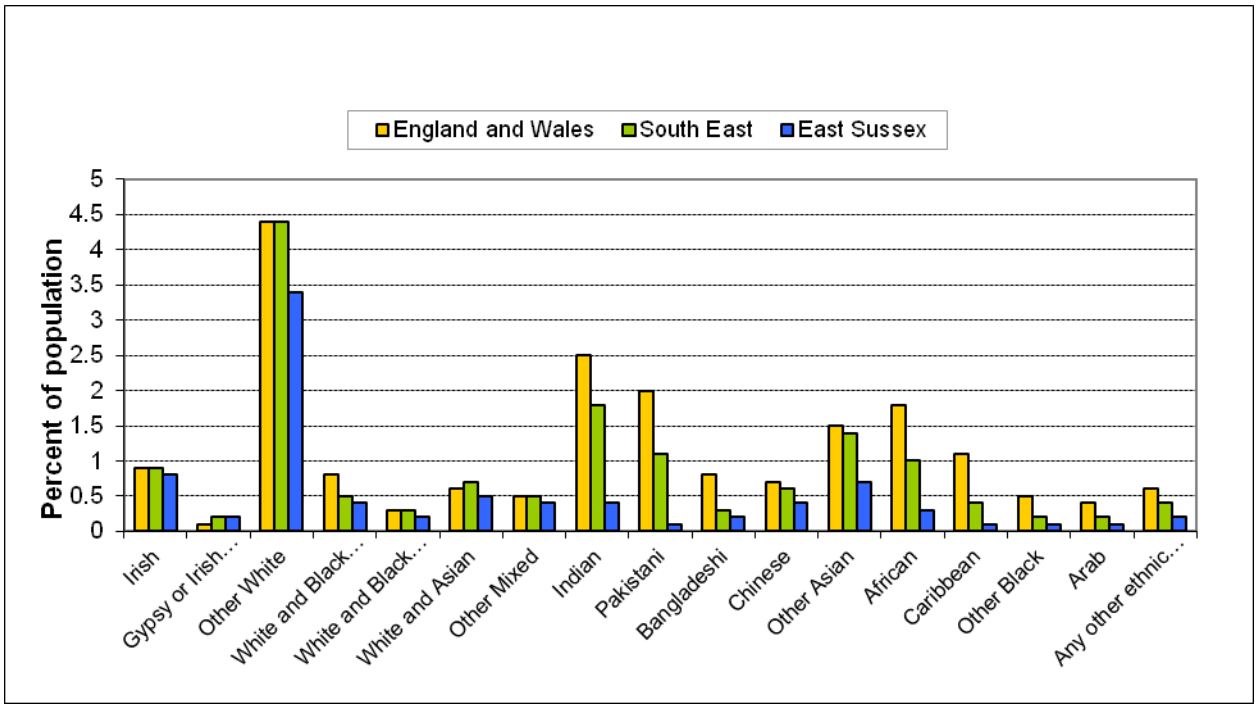
Liquid logic linked clearly to KPI's for service which includes Public Health and Department of Health data requirements will be used to develop, review and monitor.take- up of the mandated checks and access to services. The data will also inform the service and commissioners re outcomes and output from service delivery. Monitoring of Keywork referrals will also be undertaken to inform provision of targeted level 3 intervention

4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact. Race categories are: Colour. E.g. being black or white, Nationality e.g. being a British, Australian or Swiss citizen, Ethnic or national origins e.g. being from a Roma background or of Chinese Heritage

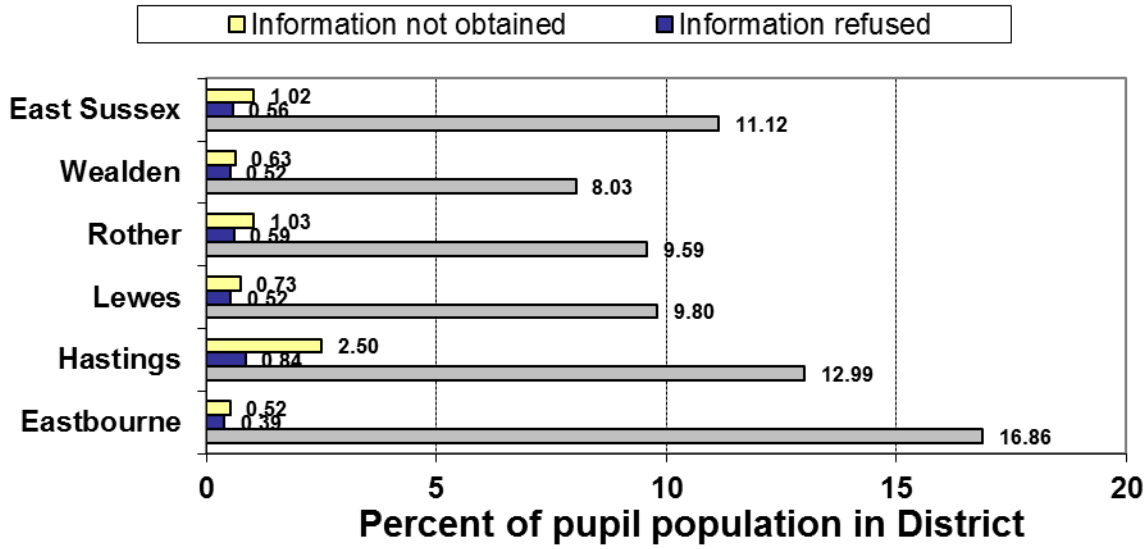
a) How is this protected characteristic reflected in the County /District/Borough?

The chart below shows the percentage of people within 17 minority ethnic groups in 2011. Please note it does not show White British people. 'White Other' is the largest Black and Minority Ethnic (BME) group in East Sussex.

8.3% of the population identified as BME in East Sussex according the 2011 Census data.



The chart below shows the percentage of the pupil population who identify as BME which according to school census data 2014, 11.12% of pupils identify as such. Eastbourne at 16.86% and Hastings at 12.99% have the highest percentage of minority ethnic pupils in East Sussex.



b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	Grand Total
Total Parents	**714**	**1480**	**1486**	**815**	**704**	**829**	**1116**	**1051**	**1333**	**9528**
BME Parents	70	378	160	98	72	68	186	149	144	1325
BME Parents %age of total parents	9.80%	25.54%	10.77%	12.02%	10.23%	8.20%	16.67%	14.18%	10.80%	13.91%

The table above shows those BME parents who accessed universal Children's Centre services by cluster 1st April 2014-31st March 2015.

We can see that at 13.91%, overall BME parents are more likely to access Children's Centres in comparison with the county and school census averages. This is particularly the case in Eastbourne where over 25% of all attendances are by BME parents.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

BME parents are over represented in accessing universal Children's Centre activities.

d) What is the proposal, project or service's impact on those who are from different ethnic backgrounds?

The proposal is likely to have a negative impact on BME families because they are more likely to use universal Children's Centre services. This is particularly pronounced in Eastbourne. The consultation has found that reduction in this service will impact on families in the following ways:

- Increase isolation
- Reduce access to support and advice when they need it
- Lead to increased mental health problems
- Reduce opportunities for children to develop school readiness
- Reduce opportunities to learn good parenting techniques

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Families with lower levels of need will be signposted to community play provision.

Families identified by Health Visitors through the 5 mandated checks as requiring support will be referred to targeted group provision, 1:1 key work support or the BME & Homeless Health Visiting team who are based in Eastbourne & St Leonards.

Access to new birth data may mean that needs are identified earlier.

Other services can refer families meeting level 3 on the continuum of need to the Kework service for support.

Children's Centres will offer a venue to community organisations to enable them to offer services to parents and children

The digital information and advice offer will be enhanced so that parents and carers can access advice online.

f) Provide details of any mitigation.

Through the consultation parents have indicated they would be willing to support the continuation of universal groups through volunteering. However, this will require the volunteering programme to be amended to ensure it equips volunteers to run groups.

g) How will any mitigation measures be monitored?

Liquid logic linked clearly to KPI's for service which includes Public Health and Department of Health data requirements will be used to develop, review and monitor.take- up of the mandated checks and access to services. The data will also inform the service and commissioners re outcomes and output from service delivery. Monitoring of Keywork referrals will also be undertaken to inform provision of targeted level 3 intervention

4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact

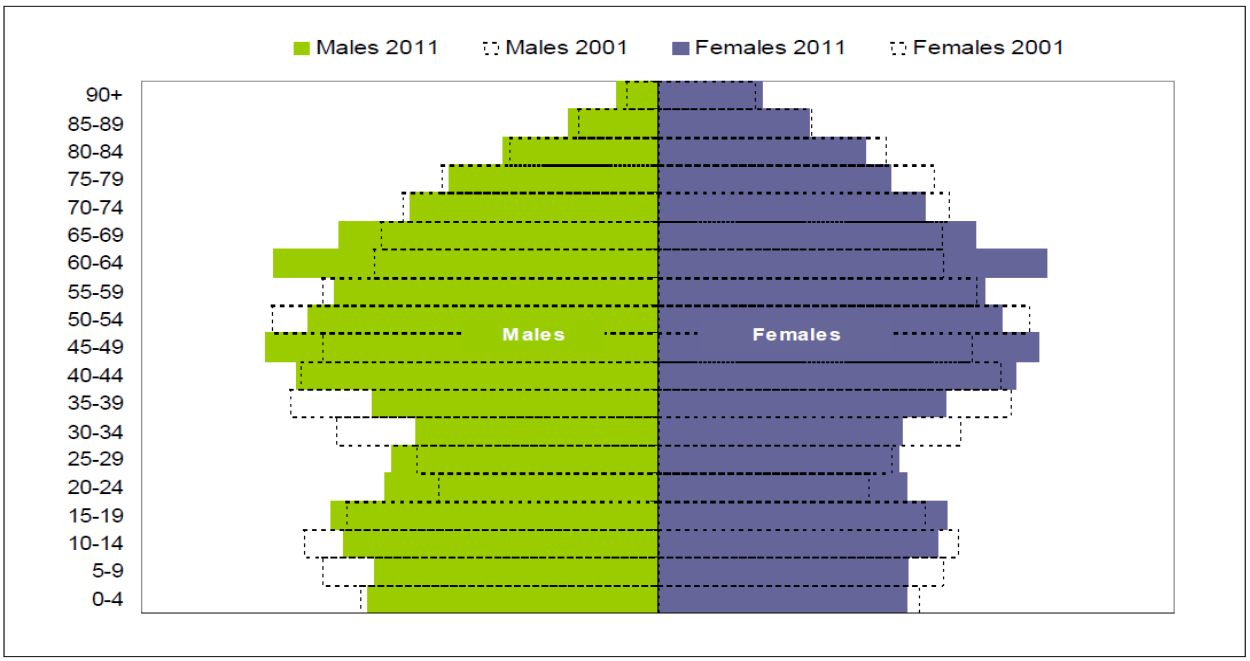
a) How is this protected characteristic target group reflected in the County/District/Borough?

The table below shows the gender breakdown across East Sussex according to the 2011 Census.

Protected characteristic		East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
	Total population, 2010	515,500	97,000	87,200	97,500	89,800	144,100
Sex	Male (%) (2011)	47.9	47.3	48.5	48.2	47.4	48.2
	Female (%) (2011)	52.1	52.7	51.5	51.8	52.6	51.8

The following chart gives breakdown by age-group and shows population change since the last Census in 2001.

East Sussex population in 2001 and 2011 by age and gender



b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	Grand Total
Total Parents	**714**	**1480**	**1486**	**815**	**704**	**829**	**1116**	**1051**	**1333**	**9528**
Fathers	131	185	138	90	85	93	118	124	117	1081
Fathers %age of total parents	18.35%	12.50%	9.29%	11.04%	12.07%	11.22%	10.57%	11.80%	8.78%	11.35%

The table above shows access of universal children's centre services by fathers, by cluster 1st April 2014 - 31st March 2015. We can see from this data that overall in East Sussex 11% of attendances are by dads. Thus, in East Sussex overall fewer fathers attend services than women. Conversely then,women are more likely to attend services.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Mothers will be disproportionally affected by the proposals.

d) What is the proposal, project or service's impact on different genders?

The proposal is likely to have a negative impact on mothers because they are more likely to use universal Children's Centre services. The consultation has found that reduction in this service will impact on families in the following ways:

- Increase isolation
- Reduce access to support and advice when they need it
- Lead to increased mental health problems
- Reduce opportunities for children to develop school readiness
- Reduce opportunities to learn good parenting techniques
- Reduce community resilience

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Women with lower levels of need will be signposted to community play provision.

Women with a higher level of need will be identified through the HV mandatory checks and can be referred to targeted group provision or 1:1 key work support.

1:1 key work by other services if they meet level 3 on the continuum of need.

Access to new birth data may mean that needs are identified earlier.

Other services can refer mothers meeting level 3 on the continuum of need to the Keywork service for support.

Children's Centres will offer a venue to community organisations to enable them to offer services to parents and children

The digital information and advice offer will be enhanced so that parents and carers can access advice online.

f) Provide details of any mitigation.

Through the consultation parents have indicated they would be willing to support the continuation of universal groups through volunteering. However, this will require the volunteering programme to be amended to ensure it equips volunteers to run groups.

g) How will any mitigation measures be monitored?

Liquid logic linked clearly to KPI's for service which includes Public Health and Department of Health data requirements will be used to develop, review and monitor.take- up of the mandated checks and access to services. The data will also inform the service and commissioners re outcomes and output from service delivery. Monitoring of Keywork referrals will also be undertaken to inform provision of targeted level 3 intervention.

4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic target group reflected in the County/District/Borough?

Protected characteristic		East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
	Total population, 2010	515,500	97,000	87,200	97,500	89,800	144,100
Marriage	Single (%)	24.6	28.2	29.8	24.2	21.4	21.4
	Married & remarried (%)	53.2	46.7	45.7	54.8	55.7	59.5
	Separated and divorced (%)	11.6	13.3	14.9	10.7	10.5	9.9
	Widowed (%)	10.6	11.8	9.6	10.3	12.5	9.3

The above table shows Census data 2011 in relation to marriage.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

N/A

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

N/A

d) What is the proposal, project or service's impact on people who are married or same sex couples who have celebrated a civil partnership?

N/A

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

N/A

f) Provide details of any mitigation.

N/A

g) How will any mitigation measures be monitored?

N/A

4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic target group reflected in the County/District/Borough?

	All ages			
	Number of conceptions	Conception rate per 1,000 women in age-group	Percentage of conceptions leading to abortion	Percentage of conceptions not leading to abortion
England and Wales	909,109	80.4	20.8	79.2
South East	131,204	78.1	19.1	80.9

The table above shows data on conceptions from ONS based on Census 2011 data.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	Grand Total
Total Parents	**714**	**1480**	**1486**	**815**	**704**	**829**	**1116**	**1051**	**1333**	**9528**
Pregnant women or mothers with babies less than 6 months old at time of attendance	120	507	508	171	167	207	254	310	477	2721
Pregnant women or mothers with babies less than 6 months old at time of attendance %age of total parents	16.81%	34.26%	34.19%	20.98%	23.72%	24.97%	22.76%	29.50%	35.78%	28.56%

The table above shows access of universal Children's Centre services by pregnant women and women who have children up to the age of 6 months, by cluster 1st April 2014 - 31st March 2015.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

On average 28.56% of parents attending universal Children's Centre services are pregnant or are women in the first 26 weeks of maternity leave this is greater than the proportion in the general population.

d) What is the proposal, project or service's impact on pregnant women and women within the first 26 weeks of maternity leave?

Pregnant women and women in the first 26 weeks of maternity leave are disproportionately negatively affected by the proposals. The consultation has found that reduction in this service will impact on families in the following ways:

- Increase isolation
- Reduce access to support and advice when they need it
- Lead to increased mental health problems
- Reduce opportunities for children to develop school readiness
- Reduce opportunities to learn good parenting techniques
- Reduce community resilience

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Pregnant women and women within the first 26 weeks of pregnancy with lower levels of need will be signposted to community play provision.

Pregnant women and women within the first 26 weeks of pregnancy with a higher level of need will be identified through the HV mandatory checks and can be referred to targeted group provision or to 1:1 Keywork support.

Access to new birth data may mean that needs are identified earlier.

Other services can refer pregnant women and women within the first 26 weeks of pregnancy meeting level 3 on the continuum of need to the Keywork service for support.

Children's Centres will offer a venue to community organisations to enable them to offer services to parents and children

The digital information and advice offer will be enhanced so that parents and carers can access advice online.

f) Provide details of the mitigation

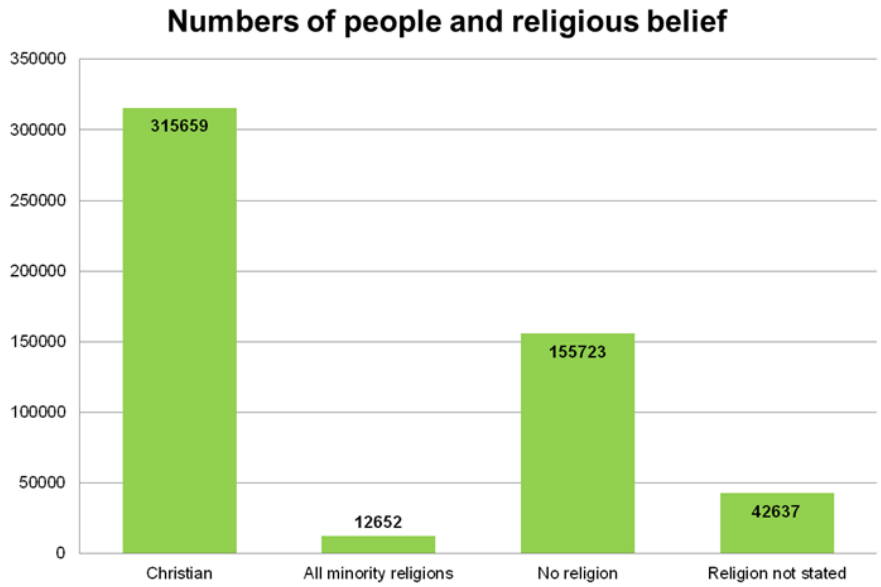
Through the consultation parents have indicated they would be willing to support the continuation of universal groups through volunteering. However, this will require the volunteering programme to be amended to ensure it equips volunteers to run groups.

g) How will any mitigation measures be monitored?

Liquid logic linked clearly to KPI's for service which includes Public Health and Department of Health data requirements will be used to develop, review and monitor.take- up of the mandated checks and access to services. The data will also inform the service and commissioners re outcomes and output from service delivery. Monitoring of Keywork referrals will also be undertaken to inform provision of targeted level 3 intervention

4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?



The chart above shows people's stated religion in East Sussex according to Census 2011.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

N/A

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

N/A

d) What is the proposal, project or service's impact on the people with different religions and beliefs?

N/A

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

N/A

f) Provide details of any mitigation.

N/A

g) How will any mitigation measures be monitored?

N/A

4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.

Protected characteristic		East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
	Total population, 2010	515,500	97,000	87,200	97,500	89,800	144,100

Sexual orientation: data not available

Government estimates that 5-7% of population is Lesbian, Gay and Bisexual.

a) How is this protected characteristic reflected in the County/District/Borough?

N/A

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

N/A

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

N/A

d) What is the proposal, project or service's impact on people with differing sexual orientation?

N/A

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

N/A

f) Provide details of the mitigation

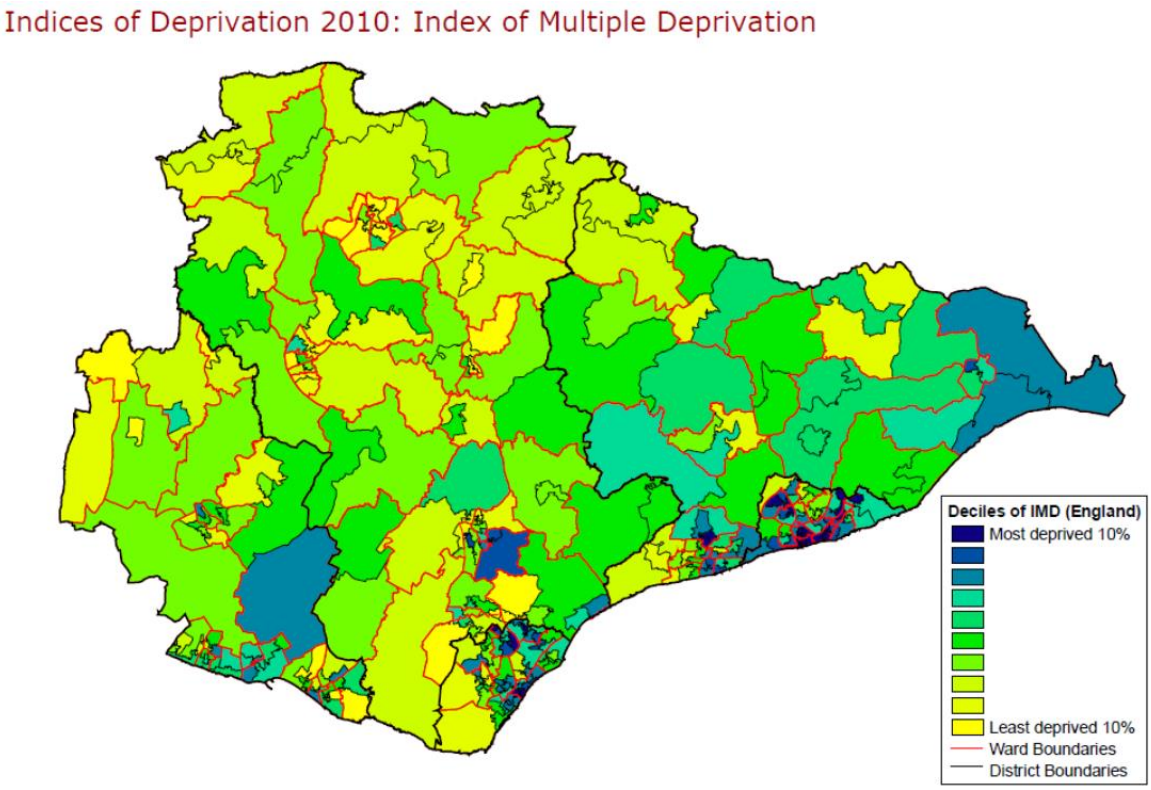
N/A

g) How will any mitigation measures be monitored?

N/A

4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.

a) How are these groups/factors reflected in the County/District/ Borough?



The above map shows the most deprived areas across East Sussex.

b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?

The table below shows access of universal services, by cluster from the top 30% most deprived SOAs and those living in workless households from 1st April 2014-31st March 2015.

Accessed Universal Services Apr 14 to Mar 15	Bexhill	Eastbourne	Hailsham	Hastings	Lewes	Rother	St Leonards	The Havens	Wealden	Grand Total
Total Under 5s	**846**	**1586**	**1621**	**876**	**742**	**997**	**1287**	**1152**	**1490**	**10597**
Under 5s from top 30% deprivation areas **or** from workless households	534	979	721	731	181	274	831	362	223	4836
Under 5s from top 30% deprivation areas or from workless households %age of total under 5s	63.12%	61.73%	44.48%	83.45%	24.39%	27.48%	64.57%	31.42%	14.97%	45.64%

c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?

On average across county 45.64% of under 5s accessing are from top 30% most deprived SOAs or from workless households. In Hastings, St Leonards, Bexhill and Eastbourne, the majority of services users are from the most deprived areas or from workless households..

d) What is the proposal, project or service's impact on the factor or identified group?

The proposal will disproportionally negatively affect families living in 30% most deprived areas and from workless households in Hastings, St Leonards, Bexhill and Eastbourne as they are more likely to attend universal services than more affluent families. The consultation has found that reduction in this service will impact on families in the following ways:

- Increase isolation
- Reduce access to support and advice when they need it
- Lead to increased mental health problems
- Reduce opportunities for children to develop school readiness
- Reduce opportunities to learn good parenting techniques
- Reduce community resilience

Families with low income were concerned they would not be able to access alternative provision.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Families from the most deprived areas and workless households will be signposted to other community play provision.

Families from the most deprived areas and workless households that require a higher level of need will be identified through HV mandatory checks and can be referred to targeted group provision, 1:1 Keywork support, or a planned Health Visitor intervention.

Other services can refer in families at level 3 on the continuum of need for Key work provision.

Children's Centres will offer a venue to community organisations to enable them to offer services to parents and children

The digital information and advice offer will be enhanced so that parents and carers can access advice online.

f) Provide details of the mitigation.

Through the consultation parents have indicated they would be willing to support the continuation of universal groups through volunteering. However, this will require the volunteering programme to be amended to ensure it equips volunteers to run groups.

g) How will any mitigation measures be monitored?

Liquid logic linked clearly to KPI's for service which includes Public Health and Department of Health data requirements will be used to develop, review and monitor.take- up of the mandated checks and access to services. The data will also inform the service and commissioners re outcomes and output from service delivery. Monitoring of Keywork referrals will also be undertaken to inform provision of targeted level 3 intervention. Ongoing work with stakeholders and other independent assessments from organisations such as Healthwatch.

4.10 Human rights - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

Articles	
A2	**Right to life (e.g. pain relief, suicide prevention)**
A3	**Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)**
A4	**Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)**
A5	**Right to liberty and security (financial abuse)**
A6 &7	**Rights to a fair trial; and no punishment without law (e.g. staff tribunals)**
A8	**Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)**
A9	**Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)**
A10	**Freedom of expression (whistle-blowing policies)**
A11	**Freedom of assembly and association (e.g. recognition of trade unions)**
A12	**Right to marry and found a family (e.g. fertility, pregnancy)**
Protocols	
P1.A1	**Protection of property (service users property/belongings)**
P1.A2	**Right to education (e.g. access to learning, accessible information)**
P1.A3	**Right to free elections (Elected Members)**

Part 5 – Conclusions and recommendations for decision makers

5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

5.2 Impact assessment outcome Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	The proposal disproportionately negatively impacts on 0-5s, BME families, teenage parents in some areas, women in general, pregnant women and women in the first 26 weeks of maternity leave, and families from the 30% most deprived SOAs or workless households, as these groups are all more likely to access universal Children's Centre provision than the general population. Reduction in this service will impact on them in the following ways: • Increase isolation • Reduce access to support and advice when they need it • Lead to increased mental health problems • Reduce opportunities for children to develop school readiness • Reduce opportunities to learn good parenting techniques • Reduce community resilience There will also be an impact on low income families if no other free provision exists in the area.
X	**B Adjust the policy/strategy** – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
	C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it *must* be removed or changed.	

		However, the key mitigating factor is that families requiring higher levels of need will be identified through HV mandatory checks and can be referred to targeted group provision or 1:1 Keywork support. There is an expectation that the Health Visitor workforce will expand to carry out the mandatory checks. There was a concern highlighted that targeted provision will become stigmatised. Further, other services will continue to be able to refer families at level 3 on the continuum of need for Keywork provision via SPOA. Families with lower levels of support will be signposted to community play provision The digital information and advice offer will be enhanced so that parents and carers can access advice online Children's Centres will actively promote opportunities for volunteers to lead universal provision with the centres. Children's Centres will offer a venue to community organisations to deliver services to support parents/carers and families

5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

Liquid logic linked clearly to KPI's for service which includes Public Health and Department of Health data requirements will be used to develop, review and monitor.take- up of the mandated checks and access to services. The data will also inform the service and commissioners re outcomes and output from service delivery. Monitoring of Keywork referrals will also be undertaken to inform provision of targeted level 3 intervention. Ongoing work with stakeholders and other independent assessments from organisations such as Healthwatch.

5.6 When will the amended proposal, proposal, project or service be reviewed?

Date completed:		**Signed by (person completing)**	
		Role of person completing	
Date:		**Signed by (Manager)**	

Part 6 – Equality impact assessment action plan

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

6.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)