East Sussex County Council

Lead Member for Children and Families
7 October 2019

Appendix 4
Children's Services Early Help
Final Equality Impact Assessment

Final Equality Impact Assessment

Name of the proposal, project or service
Revised Children's Services Early Help Strategy

File ref:		Issue No:	
Date of Issue:	September 2019	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 carrying 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.

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

1.7.1 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.

1.7.2 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.

1.7.3 *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: EIAs 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 proposal is the revised Children's Services Early Help Strategy, *Building Stronger Families.*

The revised Strategy sets out Children's Services proposal to invest in Early Help from 2019-2022, and the proposed changes to current services which would result.

What is the main purpose or aims of proposal, project or service? We think these proposals are the best way to meet vulnerable families' needs in East Sussex and spend the available resources in the best way possible.

The vision is that we will fund and provide Children's Services Early Help that supports the most vulnerable families and reduces child safety concerns. We will:

Prioritise children's safety, ensuring child safeguarding systems are resilient and managing the amount of people who need social care involvement.

Target the resources we have to make effective early interventions with the right families.

Tackle the specific issues that cause people to need help from social workers, at the right time and for the right duration, building stronger families for the future.

Build in flexibility so that our services can adapt to having less resources and also take-up new funding opportunities.

Work in partnership with other Council services, and partners across public sectors, businesses voluntary organisations and health, to ensure the best combined support to vulnerable families.

Connect with ongoing projects to develop community resilience.

We will offer to families at risk of needing social care intervention (at Level 3 of the Continuum of Need):

- Family keywork targeting the specific vulnerabilities that can escalate into crisis, such as parent mental ill health, substance misuse, and domestic violence.
- Focussed interventions with families at risk of needing social care intervention, where that is appropriate, to maximise the number of vulnerable families supported.
- Evidence-based and targeted family group work to support keywork and maximise the number of vulnerable families worked with.
- Evidence-based youth work with vulnerable young people, in support of keywork.

We aim to support over 2,100 vulnerable families per year through the full range of interventions, rising to 2,300 if Troubled Family Programme and other external funding continues. We also aim to support 500 vulnerable young people.

We will continue delivering additional universal and universal plus early help services (at Levels 1-2 of the Continuum of Need) where that is fully funded by East Sussex

County Council Public Health and/or external partners. This will include early years family support services, which would continue to be integrated with Health Visiting services and delivery of the Healthy Child Programme, and would be delivered through a countywide network of 19 children's centres and youth centres, plus Council or community buildings where needed. It will also include drop-in or open access youth work sessions where these are externally funded.

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

Brian Hughes and Celia Lamden (Heads of Service, Early Help)

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

Parents/carers who attend children's centre groups, children aged 0-5 as the key beneficiaries of children's centre groups, where activities are proposed to relocate from current children's centres to community locations.

Parents/carers and children aged 0-19 who receive Early Help keywork support and have a lower level of need.

Children who attend the two Council-run nurseries in Bexhill, as well as their families.

Young people currently attending open access youth clubs which may no longer operate, and their families.

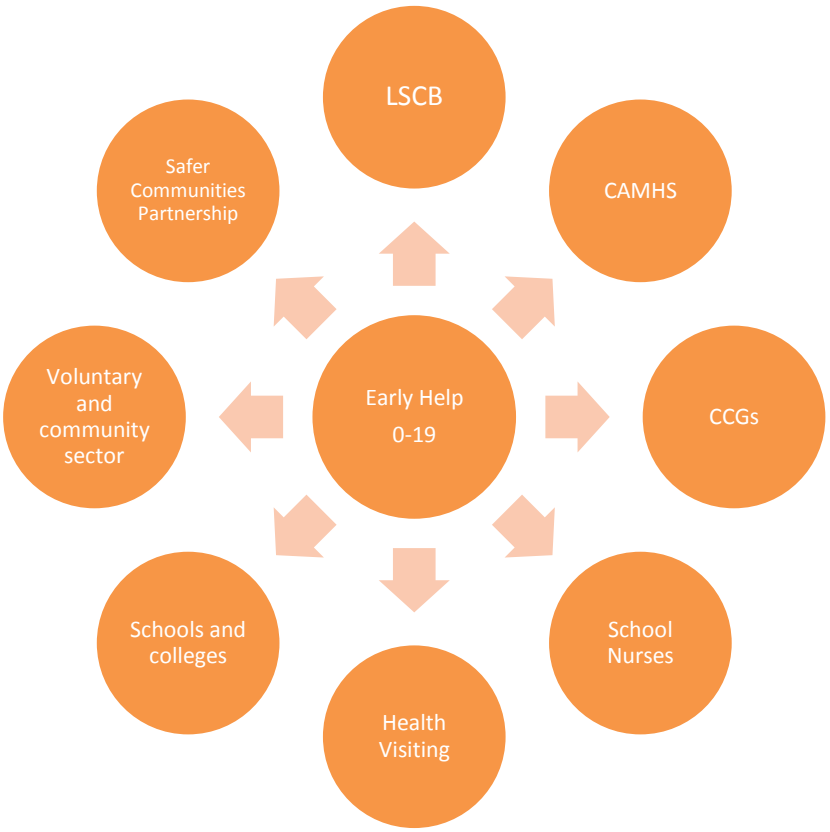
2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?

The new service offer is proposed to be implemented from 1 April 2020 (except changes to Bexhill nurseries which will be implemented from 1 September 2020). Public consultation on the proposal, including with service users, partners and other stakeholders, took place between May and July 2019 through face to face, paper-copy and online consultation.

Proposals for changes to staff structures and to delete some posts will be implemented using the Council's managing change suite of policies. Staff consultation is expected to take place between October and December 2019.

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

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



Children's Services Early Help works with a range of partners across the statutory, voluntary and community sector.

Partners are involved as referrers, providers of services, as partners in delivery and as joint commissioners.

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

Providing early help services for children, young people and families helps the Council meet its statutory duties, particularly safeguarding children. 'Working together to safeguard children' is the government's statutory guidance on promoting the welfare and safeguarding of children through inter-agency working. Early help is included as part of meeting duties under the Children Act 2004 to promote the wellbeing of children working with partners. Early help arrangements are inspected by Ofsted alongside social services in the Single Inspection Framework. Under The Childcare Act 2009, local authorities must 'so far as is reasonably practicable, include arrangements for sufficient provision of children's centres to meet local need'.

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.

The national government strategy shaping children's services early help services is the Troubled Families Programme. We await confirmation that the Troubled Families Programme will continue after 2020.

The government's Civil Society Strategy states that 'The government recognises the transformational impact that youth services and trained youth workers can have.' Statutory guidance for councils about youth work is being reviewed.

There is no national strategy for children's centres. A recent report by the House of Commons Science and Technology Committee recommended a national strategy for early intervention.

Preventative early help for children, young people and families has been a key element of several service strategies in East Sussex, including the Council Plan and Child and Young People's Plan, and the State of Child Health in East Sussex report 2017/2018.

The revised Early Help Strategy supports Council Plan priorities. The Council Plan for 2019/2020 focuses on providing people with the support they need as early as possible, reducing demand for care services. One of the key objectives in the plan is an effective multi-agency early help system.

Children's Services Early Help for families with children 0-5 years old is integrated with Health Visiting and Healthy Child Programme services in children's centres through a strategic partnership with East Sussex Healthcare Trust. Health Visiting and the Healthy Child Programme are universal services available to all. They are funded by East Sussex County Council Public Health through ring-fenced funding.

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

Families and professionals working with families can continue to request Children's Services Early Help by contacting the Single Point of Advice (SPoA).

Families with children aged 0-5 will continue to have access to universal Level 1 and Level 2 preventative health and wellbeing services provided in children's centres through East Sussex County Council Public Health ring-fenced funding e.g. early years communication support, crèche provision for families attending children's centres sessions, community development and volunteering activity.

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

The Single Point of Advice (SPoA) will assess a family's needs and refer for full assessment, or signpost to alternative sources of information and support. SPoA and other professionals working with children in East Sussex use the Continuum of Need framework to understand the different levels of families' needs. Children's Services Early Help services will be provided to meet needs at Level 3 of the Continuum of Need (CoN) where there is a risk of needs escalating to a need for social care intervention.

Families, and children and young people assessed as being at risk of needing social care intervention will, with their agreement, be allocated a keyworker. The keyworker will support the family, child or young person to identify their specific needs. Where appropriate, focussed support and advice will be provided for the family, child or young person to address their problems. Where longer term support is appropriate, the keyworker will support the family, child or young person to agree an Early Help Plan, coordinating with other professionals, to improve skills and resilience. The keyworker will support and empower the family, child or young person to take the steps they have identified. Keyworkers normally work on a 1:1 basis in family homes.

Children's Services will provide group work to families assessed as being at risk of needing social care intervention. It will be offered either as part of an Early Help Plan or as an appropriate alternative to ongoing keywork. The groups will seek to improve parenting skills and resilience through courses, informal learning and group support.

Children's Services will provide youth work to young people assessed as being vulnerable or at risk of needing social care intervention. It will be offered either as part of an Early Help Plan or as an appropriate alternative to ongoing keywork. Youth work will seek to improve vulnerable young people's safety, skills and resilience through informal learning and group support.

Families not assessed as needing keywork will be signposted to alternative sources of information and support. Information will continue to be available in children's centres, and the Council's digital information will continue to be improved. The wider system of support, includes continuing partnership activity e.g. integrated support to families of 0-5 year olds in children's centres, offered in partnership with Public Health and East Sussex Healthcare Trust. The wider system of support also includes school nurses, sources of legal, housing and parenting advice, national resources to support online safety and mental wellbeing, along with support on emotional and behavioural issues available to schools from Inclusion Special Educational Needs and Disability. (a traded service from 2020).

2.8 What are the key changes proposed?

Keywork

We'll invest in Early Help keywork to at least 71% of current levels rising to 88% based on current forecasts for Troubled Families and other external funding. We'll focus our teams on issues that can lead to children being unsafe, such as parent mental ill health, substance misuse and domestic abuse, to prevent the need for social work teams to get involved. The number of families we work with is expected to reduce , but we'll use focussed interventions and targeted group work whenever appropriate to support as many families as possible.

The families no longer offered keywork or group work services will be those assessed as less likely to need social care intervention. Every family's vulnerabilities are unique and individually assessed. Examples of circumstances where keywork service might not be provided include advice and support to new teenaged parents, interventions with children and young people with emotional wellbeing issues, support to parents struggling to manage family conflict, preventative work on young people's emerging substance misuse issues. However, families not offered keywork or group services will be signposted to other sources of information, advice and support e.g. our externally funded parenting programmes and youth projects, health visitors and school nurses, improved online advice from Children's Services or support available from other organisations such as online and social media safety advice, family legal services, child bereavement support, housing advice.

Youth work

The youth work we invest in will support keywork with young people at risk of needing social care intervention. We hope to reach about 200 vulnerable young people per year more than currently. Additional youth work projects will also be provided, where they are externally funded and support Council priorities. We're expecting to be able to offer drop-in or open access youth work, the details of which will be agreed with partners..

Children 0-5 Years

To enable the maximum investment in services for the most vulnerable families, we will no longer subsidise universal support for families with children aged 0-5 run from children's centres with Health Visiting. While most services will continue, they'll change.

There would be a reduction in admin support for the services.

We will de-designate 14 children's centres, shown in the table below. These are the centres which are in areas of less need, and/or are currently lightly used by Children's Services and Health Visitors, and/or which do not provide the accommodation needed for future services, and/or which are nearby another centre. Our goal is that early years, family support or education services will continue to be provided from as many of these centres as possible:

- There are ongoing and promising discussions with schools and other partners regarding options to take over 10 centres: High Weald, Seaford, Chailey, Battle, West St Leonards, Old Town (Eastbourne), Ringmer, Crowborough, Rye and Egerton Park Children's Centres. We will seek to work in partnership with new providers to enable an ongoing early years family support offer e.g. continuing groups run by volunteers at the centre.

- We will continue to offer services from current sites in Newhaven, Heathfield and The Bridge (Hastings) when needed on a room-hire basis.

Early years services in Hampden Park will be relocated to Shinewater Children's Centre.

The activities needed in local areas without a centre will continue in other council and community buildings.

Wherever possible, we will use Council buildings or work with partners to find cost effective venues for relocated services, when needed in locations without children's centres.

We will work with partners to maximise external funding to increase the availability of parenting support or parent peer mentoring groups and schemes.

We will maximise income from hiring out rooms in children's centres and assess the potential to charge for some activities.

We will strengthen still further our approach to working with volunteers.

Centres which will no longer be designated children's centres	**Future services**
Hampden Park	Relocate services to Shinewater Children's Centre
Old Town, Eastbourne	Ongoing discussions with partners about the future of this centre
The Bridge, Hastings	Offer services at this site when needed on a room hire basis.
West St Leonards	Ongoing discussions with partners about the future of this centre
Chailey	Ongoing discussions with partners about the future of this

Centres which will no longer be designated children's centres	Future services
	centre
Seaford	Ongoing discussions with partners about the future of this centre
Newhaven	Offer services at this site when needed on a room hire basis
Battle	Ongoing discussions with partners about the future of this centre
Egerton Park, Bexhill	Ongoing discussions with partners about the future of this centre
Rye	Ongoing discussions with partners about the future of this centre
Crowborough	Ongoing discussions with partners about the future of this centre
Ringmer	Ongoing discussions with partners about the future of this centre
Heathfield	Offer services at this site when needed on a room hire basis
High Weald, Ticehurst	Ongoing discussions with partners about the future of this centre

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			
	Employee Monitoring Data		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

X	Service User Surveys	**X**	Research Findings
X	Census Data	**X**	East Sussex Demographics
X	Previous Equality Impact Assessments	**X**	National Reports
	Other organisations Equality Impact Assessments	**X**	Any other evidence? Early Help Review Board documents: - Needs assessment - Outcome Analysis - Service Analysis - National and East Sussex Context

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

There have been no complaints received on the grounds of discrimination.

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

Surveys, discussions and meetings were held with Stakeholders (statutory and voluntary sector partners across East Sussex) to help inform the options and the commissioning outcomes.

Existing Children's Services Early Help keywork service user data was analysed.

A survey was undertaken in Children's Centres and Targeted Youth Support groups to understand outcomes.

The State of Child Health report in East Sussex 2017/18

Children's Services Service User Feedback Report 2018

The following documents were produced as part of a strategic commissioning review which underpins the revised Children's Services Early Help Strategy:

- National and East Sussex Context
- Needs Assessment
- Service Analysis
- Options Analysis
- Property Analysis
- Outcome Analysis

A public consultation was undertaken on the final proposal between May and July 2019.

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

The proposals have been developed using strategic commissioning - the approach the Council uses to underpin business planning. It aims to secure the best outcomes for East Sussex residents by:

- Understanding need.
- Matching services with need.
- Making the most effective use of all available resources.

Developing these proposals has been an evidence-driven process. We've researched national and local developments affecting early help. We've analysed data about families

in East Sussex and the services we're currently providing. We've studied the approaches to early help taken by other Councils with good Ofsted inspection results and those recommended nationally and internationally, and identified other providers of family support services in East Sussex. We've considered the views of service users and staff, and those of other professionals working with children in East Sussex.

We consulted publicly on the proposals and the findings showed that, while 65.9% of respondents agreed or strongly agreed with the proposed Strategy's priorities, there were high levels of concern about the local accessibility of early years family support if children's centres closed, in particular High Weald (Ticehurst), Crowborough, Seaford and Newhaven, Ringmer and Egerton Park (Bexhill). Respondents also commented on the need to identify families in need of help as early as possible and prevent vulnerability arising, and about the value of universal family support services in familiar 'safe spaces'. The other main concern expressed was for the availability, affordability and quality of nursery provision in Bexhill if the two nurseries were no longer run by the County Council.

We have taken the consultation findings into account and think the revised proposals are the best way to meet vulnerable families' needs in East Sussex and achieve value for money within the resources available, by preventing the need for statutory social care interventions.

This EQIA considers the proposal to change Children's Services Early Help to:

- Support the most vulnerable families and manage the demand for social care.

- Invest in youth work supporting keywork, working with vulnerable young people. We will no longer part-fund open access youth work projects, but will continue to provide them where they are externally funded.

To enable the maximum investment in services for the most vulnerable families, we propose to stop contributing funds to universal support for families with children aged 0-5 run from children's centres with Health Visiting. While most services will continue, this will lead to a reduction in management and admin support, no longer operating two nurseries in Bexhill (instead the Council would work with other providers to secure, so far as is reasonably practicable, sufficient nursery places in the area), a reduction in the early years (crèche) offer and de-designation of 14 children's centres with a goal that early years, family support or education services will continue to be provided from as many of these centres as possible.

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 table below shows the population of East Sussex districts and boroughs broken down by age range.

Age group	All ages	0-15	16-29	30-44	45-64	65 and over
England	55,619,430	10,637,971	9,888,889	10,842,801	14,219,258	10,030,511
South East	9,080,825	1,737,533	1509572	1,711,121	2,386,833	1,735,766
East Sussex	552,259	94,004	77,123	86,325	154,337	140,470
Eastbourne	103,251	17,725	15,737	17,820	26,436	25,533
Hastings	92,813	17,274	15,363	16,541	25,627	18,008
Lewes	102,257	17,651	13,780	16,275	28,724	25,827
Rother	94,997	14,156	11,770	11,976	26,997	30,098
Wealden	158,941	27,198	20,473	23,713	46,553	41,004

Source: ESiF 2017 Mid-Year Estimates ONS

The chart below, taken from East Sussex in Figures (ESiF), shows numbers of households with dependent children across the county, 2016.

Area	All households	Households with children	Households with children as % of all households
England	22,884,532	6,461,070	28.2%
South East	3,704,853	1,058,949	28.6%
East Sussex	242,208	58,901	24.3%
Eastbourne	46,558	11,084	23.8%
Hastings	42,367	10,360	24.5%
Lewes	43,850	11,224	25.6%
Rother	42,498	8,952	21.1%
Wealden	66,934	17,281	25.8%

Source: East Sussex in Figures (ESiF) from 2016-based household projections

According to the school census 2017, there were 64,987 children on roll in East Sussex.

	Eastbourne	Hastings	Lewes	Rother	Wealden	Total
School age	12,605	10,851	12,258	11,158	18,115	64,987
0-5 years ESiF, 2015 ONS	6,898	6,779	5970	4,771	9,172	33,600

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

A total of 1,312 0-5 year olds accessed children's centre (CC) early intervention groups between 1 Sep 2017 and 31 Mar 2018 (approximately 3% of the total 0-5 population).

Locality	Number 0-5s who used early intervention groups	Total number of 0-5 in the locality (as at 7.1.19)
HVCC Eastbourne	194	4,803
HVCC Hailsham and Seaford	339	3,399
HVCC Hastings	163	1,854
HVCC High Weald	102	3,316
HVCC Lewes and Havens	145	2,742
HVCC Rother	197	3,489
HVCC St Leonards	172	3,416
Grand Total	**1,312**	**23,019**

Most parents accessing children's centre early intervention groups (between 1 Sep 17 and 31 Mar 2018) are between the ages of 21 and 40 but Hastings has a higher proportion of young parents accessing early intervention groups, with 8.7% of parents being under 21.

Locality	11-20	21-30	31-40	41-50	51-60	60 Plus	Grand Total
HVCC Eastbourne	<5	96	81	8	<5		190
HVCC Hailsham and Seaford	<5	138	146	28	<5	<5	320
HVCC Hastings	20	102	96	11	<5	<5	231
HVCC High Weald		32	55	12			99
HVCC Lewes and Havens	<5	59	69	15	<5		145
HVCC Rother	<5	80	114	24	<5	<5	225
HVCC St Leonards	7	113	110	13	<5		246
Grand Total	**36**	**620**	**671**	**111**	**11**	**7**	**1,456**

993 0-5s accessed volunteer-led children's centre activities (from 1 Sep 17 – 31 Mar 2018):

Locality	Number 0-5s
HVCC Eastbourne	130
HVCC Hailsham and Seaford	168
HVCC Hastings	143
HVCC High Weald	95
HVCC Lewes and Havens	72
HVCC Rother	300
HVCC St Leonards	85
Grand Total	**993**

Most parents who attended volunteer led children's centre activities between 1 Sep 17 and 31 Mar 2018 were aged between 31-40.

Locality	11-20	21-30	31-40	41-50	51-60	60 Plus	Grand Total
HVCC Eastbourne	<5	41	60	10		<5	114
HVCC Hailsham and Seaford		55	66	8	<5		131
HVCC Hastings		34	80	12		<5	127
HVCC High Weald		18	48	5	<5		72
HVCC Lewes and Havens	<5	28	40	<5			74
HVCC Rother	<5	79	147	30		<5	259
HVCC St Leonards	<5	36	34				73
Grand Total	**9**	**291**	**475**	**69**	**<5**	**<5**	**850**

The following table shows how many children accessed a children's centre group by children's centre, and the number of individual children who attended a crèche over the period (1 Sep 17-31 Mar 2018).

Children's Centre	Numbers of children accessing group	Numbers of children accessing crèche (where applicable)
Battle CC	17	9
Crowborough CC	34	11
Devonshire CC	54	36
East Hastings CC	40	15
Egerton Park CC	7	<5
Hailsham East CC	271	23
Hampden Park CC	21	12
Hastings Town CC	62	26
Heathfield CC	<5	n/a
High Weald CC	14	7
Lewes CC	14	n/a
Old Town CC (Eastbourne)	<5	n/a
Peacehaven CC	46	42
Ringmer CC	30	25
Robsack CC	43	21
Seaford CC	92	10
Shinewater CC	35	11
Sidley CC	87	13
St Leonards CC	71	14
Uckfield CC	92	13
West St Leonards CC	<5	<5
Grand Total	**1,669**	**293**
Average number of attendances	**49.5**	**16.3**

Note: The highlighted centres are those proposed for de-designation where there have been attendances. Centres that have had no attendances are not on list.

The table below shows the ages of children in cases open to keywork 5-19 2017-18.

Age	Numbers of children
0	25
1	38
2	65
3	86
4	79
5	120
6	139
7	176
8	190
9	185
10	187
11	207
12	221
13	274
14	285
15	270
16	286
17	235
Grand Total	**3,068**

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 and their parents may be affected by the de-designation of 14 children's centres if early years family support does not continue through voluntary groups or other providers. This is particularly the case for Seaford Children's Centre which has attendances greater than the average number of attendances per centre. They will also be affected by the reduction in early years resources as it may not be possible to offer crèches in support of activities. This is particularly the case at Ringmer because it has had more children attending crèche than the county average.

0-4 year olds enrolled at the two children's centre nurseries in Bexhill may be affected by the proposal that the Council would no longer operate the nurseries, if in future other nursery provision is less flexible and/or affordable.

Looked after children (LAC) who attend contact at the centres proposed for relocation of services (Egerton Park and High Weald) may be impacted by the proposal as they and their birth families may have to travel further for contact or attend contact at less child friendly venues. A greater percentage of young parents access children's centre groups in Hastings. However centres in Hastings where there are greater attendances will continue.

Families with 0-19 year olds that have lower levels of need and are less likely to require social care intervention may be affected by the proposal to reduce keywork, particularly those aged 14 and 16 as they are over-represented in keywork figures.

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

Parents reported that attending children's centres groups helped things change for the better for them and their child. For children's centres early intervention groups parents said

that attending had helped them: develop their skills and learn new things; get help and advice when they needed it; help their child to learn; get information and support; make new friends; and improve their emotional wellbeing. For children's centre volunteer led groups parents said attending had helped them; develop their skills and learn new things, feel confident as a parent, and have friends to support them. They also spoke of the groups being friendly and enjoyable for their children.

If services relocate from centres, families that attend groups at those centres may be negatively impacted by the proposal as they may have to travel further to an alternative site in order to achieve the outcomes listed above, this may impact on attendance.

If it is not possible to offer crèche provision, this may negatively impact 0-5s, and their parents, particularly in Ringmer and Seaford, as parents will have to travel further to access a crèche so that they can attend groups/courses. This may impact on attendance at courses deemed necessary to divert families from social care.

Children attending the Bexhill nurseries and their families may be affected as they may have difficulty accessing alternative provision if there is a change in its flexibility and affordability.

Contact with birth families is the key issue that our Looked After Children (LAC) raise every year through service user feedback. Relocation of services from the centres will mean that contact will need to occur at alternative venues. These may be further from the family or in less child friendly venues, which may result in birth families being less able to attend.

Young people report that attending Targeted Youth Support youth clubs help things change for the better for them.

Young people said that attending had helped them: feel more able to join in fun things to do where they live; feel things are good about themselves; do things to keep themselves healthy; enjoy being at school/college; help them make friends; improve their emotional wellbeing; keep them off the street and out of trouble.

0-19 year olds and their parents may be negatively impacted by the proposal to target keywork to those at risk of needing social work intervention, as these families with lower levels of need e.g. needing support and advice will no longer be able to access keywork support from Children’s Services Early Help.

What actions have been/or will be taken to avoid any negative impact or to better advance equality?

Whilst the proposals recommend changes to the Early Help service which will result in some reductions of service across all age groups, the five mandatory Health Visiting checks will continue. As such 0-5s will still be seen by Health Visitors and those identified as requiring support (that are more likely to result in social care intervention) can still be referred to keywork support or family group work if this is deemed the most appropriate way forward.

The children’s centres which are proposed for de-designation have been assessed in order to consider where need is greatest and also where attendance is least, in order to minimise impact on 0-5s and their families. the goal is the early years or education services will continue from as many as these sites as possible e.g. groups run by volunteers. Where services must relocate they will be transferred to other community locations.

In locations where targeted family group work or youth work are needed but no East Sussex County Council building is available, community venues and buildings will be used.

Room hire will also be available at other children's centre sites for community organisations to continue to run activities (although it may not be possible to provide a crèche in all cases).

Other services, e.g. schools, can still refer families who may at risk of referral to social care to the keywork service for support.

The Council will work with other nursery providers to secure, so far as is reasonably practicable, sufficient nursery places in Bexhill, as it does in the rest of the county. This process may include sub-leasing the spaces for Rainbow and Cygnets nurseries to other nursery providers. If development of sufficient alternative provision in Bexhill proves impossible, it may be necessary to review closure of the nurseries.

e) Provide details of the mitigation.

Children's Services will continue to provide services at level 1 and 2 for 0-5s on behalf of Public Health.

Following public consultation, the following mitigations have been added to proposals:

Ongoing discussions with schools and other partners regarding options to take over High Weald, Seaford, Chailey, Battle, West St Leonards, Old Town (Eastbourne), Ringmer, Crowborough, Rye and Egerton Park Children's Centres. We will seek to work in partnership with new providers to enable an ongoing early years family support offer e.g. continuing groups run by volunteers at the centre. If no proposals can be made for these 8 centres by January 2020 they will close by April 2020.

We intend to continue using 3 sites for services when needed on a room-hire basis: The Bridge in Hastings, Newhaven and Heathfield.

Early years family support in Hampden Park will be relocated to Shinewater Children's Centre and Hampden Park Children's Centre will close

Wherever possible, we will use Council buildings or work with partners to find cost effective venues for relocated services, when needed in locations without children's centres.

The Council will work with other providers to secure, so far as is reasonably practicable, sufficient nursery places in Bexhill, as it does in the rest of the county. This process may include sub-leasing the spaces for Rainbow and Cygnets nurseries to other nursery providers. If development of sufficient alternative provision in Bexhill proves impossible, it may be necessary to review closure of the nurseries.

The Council will work with partners to maximise external funding to increase the availability of parenting support or parent peer mentoring groups and schemes.

We will maximise income from hiring out rooms in children's centres and assess the potential to charge for some activities.

We will strengthen still further our approach to working with volunteers.

f) How will any mitigation measures be monitored?

Through existing partnership arrangements with Public Health, Clinical Commissioning Groups and the Children's Services Strategic Planning Group, and the Children's and Young People's Mental Health and Emotional Wellbeing Transformation Programme.

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

a) How is this protected characteristic reflected in the County /District/Borough and in the population of those impacted by the proposal, project or service?

The exact numbers of children and parents/carers 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 as between 3.0% and 5.4% with prevalence higher among boys and lower among children under five. It is therefore estimated that there are 7,000 disabled children living in East Sussex. The table below shows the numbers of pupils with Special Educational Needs and Disabilities (SEND), DfE 2017. 13% of East Sussex children have SEN.

	Total Pupils	Pupils with statements or EHC plans		Pupils on SEND support		Total pupils with SEND	
		Number	%	Number	%	Number	%
ENGLAND	**8,669,080**	**242,184**	**2.8**	**1,002,069**	**11.6**	**1,244,253**	**14.4**
East Sussex	73,414	2,629	3.6	7,150	9.7	9,779	13.3

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

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

Ten disabled parents and less than five disabled children were registered as having accessed children's centre early intervention groups between 1 Sep 2017 to 31 Mar 2018. Less than five disabled parents and less than five disabled children accessed children's centre volunteer led groups 1 Sep 2017-31 Mar 2018.

No disabled children accessed a crèche at a children's centre.

96 young people attended 'Funky Teens' and 'Nik Naks' the targeted youth groups aimed at children with SEND, 1 July 2017 – 30 June 2018.

We do not know how many disabled children, young people or disabled parents Early Help Keywork is working with.

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?

According to the statistics available, disabled children and parents are not likely to be more affected than non-disabled children or parents by the relocation of services from children's centres, as disabled children and parents are not over-represented in attendance figures.

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

Although children or parents with disabilities are not over-represented in attendance figures, feedback from the public consultation indicated that there is a value in the availability of familiar "safe spaces" with specialist equipment. This was particularly in connection with children with Special Education Needs and parents with mental health issues. This means that these families may be more adversely affected than the general population by the if services are relocated to alternative venues.

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

Children's Services will ensure that 'disability' is included in the monitoring categories for children, young people and families that the services work with.

There is flexibility in the proposal – any group work or detached youth work that is deemed necessary for disabled children, young people or parents could be carried out when needed in ESCC/partner community locations. Current youth groups for young people with SEN and disabilities have dedicated funding and will continue. *Funky Teens* and *Nik Naks* will continue.

Twelve children's centre sites and four youth work sites will definitely be retained to enable services to be scaled up or down in support of external fundraising, so groups for disabled children and parents may be able to be run should external or additional funding be achieved in the future. Room hire will also be available at these sites for community organisations to continue to run activities for disabled children, young people and parents (although no crèche will be available).

Ongoing and promising discussions with schools and other partners regarding options to take over High Weald, Seaford, Chailey, Battle, West St Leonards, Old Town (Eastbourne), Ringmer, Crowborough, Rye and Egerton Park Children's Centres. We will seek to work in partnership with new providers to enable an ongoing early years family support offer e.g. continuing groups run by volunteers at the centre. If no proposals can be made for these 8 centres by January 2020 they will close by April 2020.

The Council will work with other providers to secure, so far as is reasonably practicable, sufficient nursery places in Bexhill, as it does in the rest of the county. This process may include sub-leasing the spaces for Rainbow and Cygnets nurseries to other nursery providers. If development of sufficient alternative provision in Bexhill proves impossible, it may be necessary to review closure of the nurseries.

The five mandatory checks Health Visiting checks will continue. As such disabled 0-5s and 0-5s with disabled parents will still be seen by Health Visitors and those identified as requiring support (that would otherwise result in social care intervention) can still be referred to keywork support or family group work if this is deemed the most appropriate.

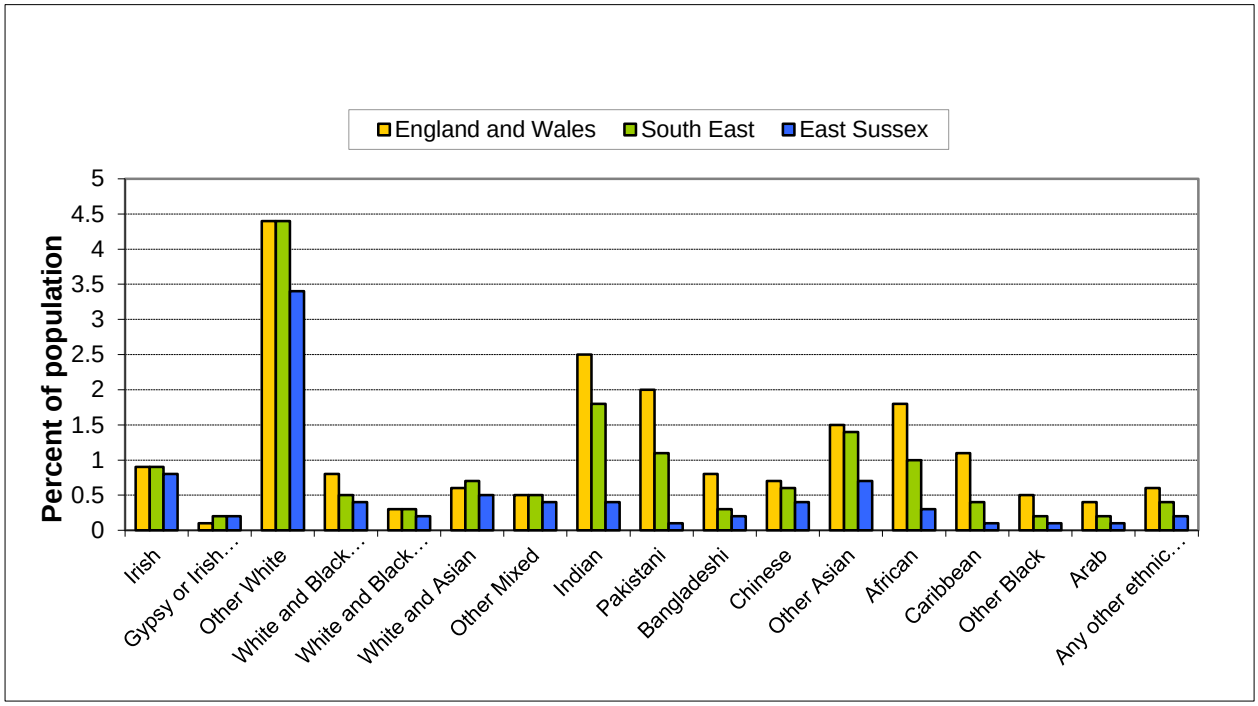
Other services, e.g. schools, can still refer families with disabled children, young people or disabled parents directly at risk of referral to social care to the keywork service for support.

4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.

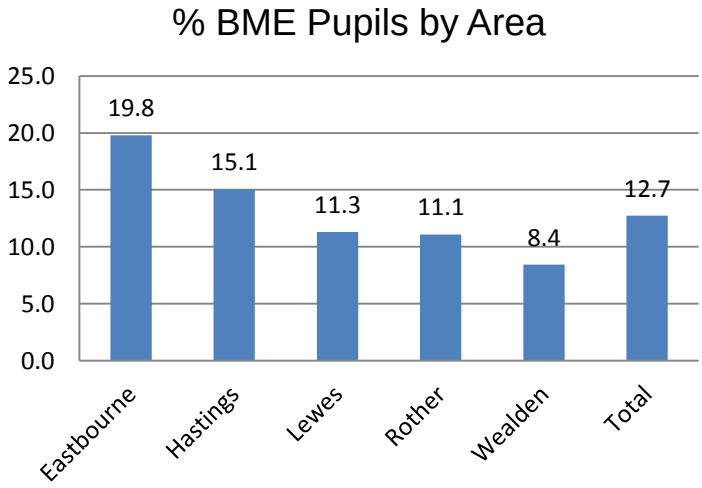
a) How is this protected characteristic reflected in the County /District/Borough?

8.3% of the population identified as Black and Minority Ethnic in East Sussex according to 2011 Census data.

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.



The chart below shows the percentage of the pupil population who identify as BME which according to school census data 2017, 12.7% of pupils identify as such. Eastbourne at 19.8% and Hastings at 15.1% 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?

The table below shows the numbers and percentage of BME children attending children's centres Early Intervention groups (EIGs) 1 Sep 17 – 31 Mar 18. 45% of the BME children who attend these groups identify as White Other.

Locality	BME children attending EIGs	All	%BME
HVCC Eastbourne	26	194	13.4
HVCC Hailsham and Seaford	9	339	2.7
HVCC Hastings	15	163	9.2
HVCC High Weald	<5	102	2.0
HVCC Lewes and Havens	6	145	4.1
HVCC Rother	15	197	7.6
HVCC St Leonards	20	172	11.6
Grand Total	**93**	**1,312**	7.1

The table below shows the number and percentages of BME parents who attended children's centres Early Intervention groups 1 Sep 17 – 31 Mar 18. 51% of the BME parents who attend these groups identify as White Other.

Locality	BME parents attending EIGs	All	BME %
HVCC Eastbourne	25	190	13.2
HVCC Hailsham and Seaford	13	320	4.1
HVCC Hastings	22	231	9.5
HVCC High Weald	<5	99	4.0
HVCC Lewes and Havens	6	145	4.1
HVCC Rother	13	225	5.8
HVCC St Leonards	25	246	10.2
Grand Total	**108**	**1,456**	7.4

The following table shows the number and percentages of BME parents who attended children's centres volunteer led groups 1 Sep 17- 31 Mar 2018.

Locality	BME parents attending volunteer led groups	All	BME %
HVCC Eastbourne	19	114	16.7
HVCC Hailsham and Seaford	<5	131	3.1
HVCC Hastings	10	127	7.9
HVCC High Weald	5	72	6.9
HVCC Lewes and Havens	7	74	9.5
HVCC Rother	26	259	10.0
HVCC St Leonards	8	73	11.0
Grand Total	**79**	**850**	9.3

The table below shows the number and percentages of BME children who attended children's centres volunteer led groups 1 Sep 17-31 Mar 2018.

Locality	BME children attending volunteer led groups	All	BME %
HVCC Eastbourne	21	130	16.2
HVCC Hailsham and Seaford	5	168	3.0
HVCC Hastings	9	143	6.3
HVCC High Weald	8	95	8.4
HVCC Lewes and Havens	5	72	6.9
HVCC Rother	28	300	9.3
HVCC St Leonards	12	85	14.1
Grand Total	**88**	**993**	8.9

The table below shows the numbers and percentages of BME children attending children's centres groups by centre 1 Sep 17-31 Mar 18. There are three centres with a higher percentage of attendances by BME children than the county and district/borough averages i.e. Devonshire, St Leonards and West St Leonards. West St Leonards has very low numbers of attendees overall.

Location where intervention ran	BME children attending CC groups	All	% BME
Battle CC	0	17	0.0
Crowborough CC	<5	34	2.9
Devonshire CC	13	54	24.1
East Hastings CC	<5	40	2.5
Egerton Park CC	0	7	0.0
Hailsham East CC	7	271	2.6
Hampden Park CC	<5	21	4.8
Hastings Town CC	7	62	11.3
Heathfield CC	0	<5	0.0
High Weald CC	<5	14	7.1
Lewes CC	0	14	0.0
Old Town CC (Eastbourne)	0	<5	0.0
Peacehaven CC	<5	46	8.7
Ringmer CC	<5	30	3.3
Robsack CC	<5	43	7.0
Seaford CC	<5	92	4.3
Shinewater CC	<5	35	11.4
Sidley CC	10	87	11.5
St Leonards CC	17	71	23.9
Uckfield CC	<5	92	2.2
West St Leonards CC	<5	<5	33.3
Grand Total	**89**	**1,669**	5.3

The table below shows the number and percentage of BME parents attending children's centre groups by centre from 1 Sep 2017 – 31 Mar 2018. There are four centres with a higher percentage of attendances by BME children than the county and district/borough averages i.e. Devonshire, Egerton, Old Town and St Leonards. Old Town has very low numbers of attendees overall.

Location where Intervention Ran	BME parents attending CC groups	All	% BME
Battle CC	<5	31	3.2
Crowborough CC	<5	33	6.1
Devonshire CC	13	55	23.6
East Hastings CC	14	124	11.3
Egerton Park CC	<5	11	18.2
Hailsham East CC	11	250	4.4
Hampden Park CC	<5	23	8.7
Hastings Town CC	10	92	10.9
Heathfield CC	0	<5	0.0
High Weald CC	0	11	0.0
Lewes CC	0	15	0.0
Newhaven CC	0	<5	0.0
Old Town CC (Eastbourne)	<5	<5	33.3
Peacehaven CC	<5	41	2.4
Ringmer CC	<5	37	5.4
Robsack CC	<5	47	2.1
Seaford CC	6	94	6.4
Shinewater CC	<5	36	11.1
Sidley CC	8	89	9.0
St Leonards CC	25	158	15.8
Uckfield CC	<5	85	3.5
West St Leonards CC	0	<5	0.0
Grand Total	**106**	**1,797**	5.9

The table below shows BME children who accessed crèche 1 Sep 17- 31 Mar 18. We can see that 4 centres have a higher percentage of attendances by BME children than the county and district/borough averages i.e. Devonshire, Hastings Town, St Leonards, and West St Leonards, although West St Leonards has few attendees overall.

Location where crèche ran	BME children accessing a crèche	All	% BME
Battle CC	0	9	0
Crowborough CC	0	11	0
Devonshire CC	10	36	27.8
East Hastings CC	0	15	0
Egerton Park CC	0	<5	0
Hailsham East CC	<5	23	4.3
Hampden Park CC	<5	12	8.3
Hastings Town CC	<5	26	15.4
High Weald CC	0	7	0
Peacehaven CC	<5	42	9.5
Ringmer CC	<5	25	4
Robsack CC	<5	21	4.8
Seaford CC	<5	10	10
Shinewater CC	<5	11	9.1
Sidley CC	<5	13	7.7
St Leonards CC	<5	14	35.7
Uckfield CC	0	13	0
West St Leonards CC	<5	<5	33.3
Grand Total	**31**	**293**	10.6

The table below shows the numbers and percentages of BME children and parents open to the Keywork 0-5 service in 2017.

	Parent	Child
BME	85	125
BME %	6.8	10.7
Total	**1,257**	**1,167**

The table below shows the numbers and percentage of BME children and adults open to the Keywork 5-19 service in 2017.

	Adult	Child
BME	119	283
BME %	5.3	9.2
Total	**2,239**	**3,068**

There is no ethnicity information about service users in relation to Targeted Youth Support (TYS) group sessions available. However, ethnicity data was captured in the group feedback survey and 9% of respondents who attended TYS targeted support groups were BME and 16% of respondents who attended youth club sessions identified as such. However, the samples achieved were not statistically significant therefore we cannot

generalise that the same proportion of BME young people exist as a percentage of all users.

BME young people that attend current TYS groups that completed the user feedback survey were more likely to say that things had changed for the better, that their 'family is getting on better', 'they were staying out of trouble', 'enjoying being at school', 'feeling more able to join in with fun things to do where they live', 'going to school/college as often as they should', 'doing things to keep themselves healthy' and 'feeling a lot of things are good about me'.

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?

It is not expected that BME children or parents who attend most centres will be more affected than White British children and parents by the relocation of children's centre groups or potential it will not be possible to make a crèche offer away from children's centres because they are not over-represented in attendance figures.

However for St Leonards there is an over-representation of BME children and parents who attend groups and crèche. There is also an over-representation of BME parents at Egerton and BME children attending the crèche at Hastings Town. Therefore these BME children and parents in these localities will be more affected by a relocation of services if it is not possible to provide crèche support in all cases.

BME children and BME parents with lower levels of need are not likely to be more affected than others by the proposal to reduce keywork to only work with those that would otherwise result in social care intervention.

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

BME children and parents who attended groups and crèche at St Leonards, BME parents at Egerton and BME children attending crèche at Hastings Town may be negatively impacted by the proposal to relocate services from these centres as it may not be possible to provide crèches at community locations.

BME parents who attend children's centre groups who completed the survey were more likely to report that things had changed for the better and that 'getting support and advice when they need it', 'having friends to support them', 'knowledge about keeping child safe' and 'healthy' were all better now.

BME children and BME parents with lower levels of need may be negatively impacted by the proposal to target keywork to those at risk of needing social work intervention.

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

Plans to include ethnicity service user data in relation to TYS group sessions available will be developed to understand take up and differences in outcomes for different groups.

There is flexibility in the proposal – any group work or detached youth work that is deemed for BME children, young people or parents could be carried out when needed in ESCC/partner community locations. Some sites will be retained to enable scalability of services in support of external fundraising, so groups for BME children, young people and parents may be able to be run should funding be achieved in the future. Room hire will also be available at these sites for community organisations to continue to run activities for BME children, young people and parents (although no crèche will be available).

The five mandatory checks Health Visiting checks will continue. As such, BME 0-5s and their parents will still be seen by Health Visitors and those identified as requiring support (that would otherwise result in social care intervention) can still be referred to keywork support or family group work if this is deemed the most appropriate.

Other services, e.g. schools, can still refer BME families directly at risk of referral to social care to the keywork service for support.

f) Provide details of any mitigation.

The East Sussex Equality and Involvement Group and local BME community groups will be proactively sent the consultation documents to ensure they have the opportunity for commenting on the proposals.

Ethnicity will be included in ongoing monitoring of family keywork and targeted youth groups.

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

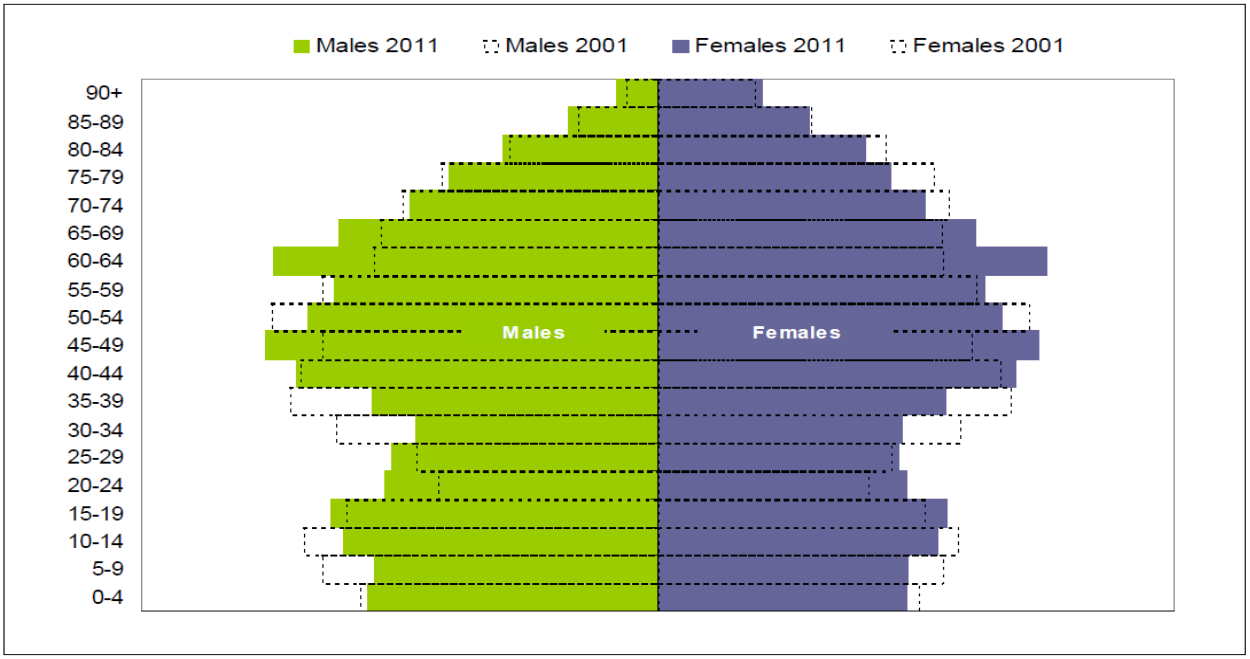
a) How is this protected characteristic target group reflected in the County/District/Borough?

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.

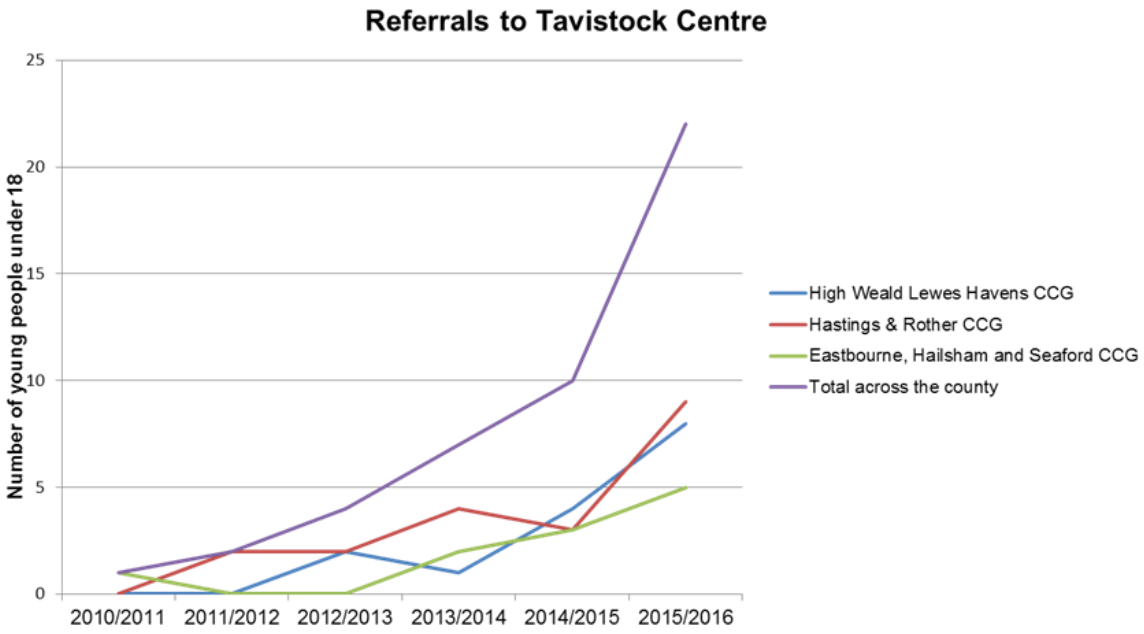
East Sussex population in 2001 and 2011 by age and gender



The table below shows the number and percentage of male and females on school roll according to the school census 2017.

Gender	Number	%
Female	31,407	48.3
Male	33,580	51.7
Total	**64,987**	

There is no verifiable data on the number of Transgendered people in East Sussex, however anecdotal information would suggest that the figure is around 1%. The chart below shows East Sussex referrals of under 18s to the Tavistock gender reassignment clinic by Clinical Commissioning Group (CCG).



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 percentage gender split of 0-5s attending children's centre early intervention groups 1 Sep 17-31 Mar 18.

Locality	Female	Male	Grand Total
HVCC Eastbourne	73	120	194
HVCC Hailsham and Seaford	158	180	339
HVCC Hastings	73	90	163
HVCC High Weald	38	64	102
HVCC Lewes and Havens	58	86	145
HVCC Rother	82	115	197
HVCC St Leonards	64	105	172
Grand Total	**546**	**760**	**1,312**
%	**41.6%**	**57.9%**	

The table below shows the number and percentage gender split of parents attending early intervention groups 1 Sep 17- 31 Mar 18.

Locality	Female	Male	Grand Total
HVCC Eastbourne	164	24	190
HVCC Hailsham and Seaford	294	24	320
HVCC Hastings	216	14	231
HVCC High Weald	96	3	99
HVCC Lewes and Havens	137	8	145
HVCC Rother	211	14	225
HVCC St Leonards	210	36	246
Grand Total	**1,328**	**123**	**1,456**
%	**91.2%**	**8.5%**	

The table below shows the number and percentage gender split of 0-5s attending children's centre volunteer led groups 1 Sep 17-31 Mar 18.

Locality	Female	Male	Grand Total
HVCC Eastbourne	64	64	130
HVCC Hailsham and Seaford	76	92	168
HVCC Hastings	72	71	143
HVCC High Weald	50	45	95
HVCC Lewes and Havens	27	45	72
HVCC Rother	142	158	300
HVCC St Leonards	40	45	85
Grand Total	**471**	**520**	**993**
%	**47.4%**	**52%**	

The table below shows the numbers and percentage gender split of parents attending volunteer led children's centre groups 1 Sep 17- 31 Mar 18.

Locality	Female	Male	Grand Total
HVCC Eastbourne	106	6	114
HVCC Hailsham and Seaford	130		131
HVCC Hastings	115	12	127
HVCC High Weald	69	3	72
HVCC Lewes and Havens	72	2	74
HVCC Rother	240	19	259
HVCC St Leonards	69	4	73
Grand Total	**801**	**46**	**850**
%	**94.2%**	**5.4%**	

The following table shows the gender split of those named young people that attend TYS targeted support groups and youth club sessions 1st July 2017 -30th June 2018.

Female	618	41.8%
Male	860	58.1%
Other	2	0.14%
All	1,480	100%

The table below shows the gender distribution of children open to Keywork 5-19 in 2017.

Female	1,478	48%
Male	1,585	52%

The table below shows the gender distribution of adults open to keywork 5-19 in 2017.

Female	1,397	62.4%
Male	840	37.5%

The table below shows the gender distribution of children open to keywork 0-5 in 2017.

Female	508	42.7%
Male	672	56.4%

The table below shows the gender distribution of parents open to keywork 0-5 in 2017.

Female	789	60.5%
Male	512	39.2%

Boys that attend TYS groups that completed the survey were more likely to say that things had changed for the better as a result of going to group. Further, that 'they were staying out of trouble', 'enjoying being at school/college', 'their drug/alcohol use wasn't causing them problems', and that 'they were doing things to keep themselves healthy'.

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?

Boys attending children's centres early intervention groups, and whose families are receiving 0-5 keywork, may be more affected by relocation of these groups, and targeting keywork to those who are at risk of needing social care intervention, as they are over-represented in attendance figures.

Women are likely to be more affected than men by the proposal to relocate children's centres groups and target keywork to those at risk of needing social work intervention, because they are over-represented in service user figures.

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

Boys attending children's centres early intervention groups may be negatively impacted by the relocation of these groups as they and their parents may find it more difficult to attend.

Women who attend children's centres groups may be negatively impacted by the relocation of these groups as they may find it more difficult to access the support to achieve the positive change that they indicate achieving through attending children's centres groups.

Boys (aged 0-5) and women with lower levels of need may be negatively affected by the proposal to target keywork to those families at risk of needing social care intervention as they are over-represented in the current cohort.

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

There is flexibility in the proposal – any group work or detached youth work that is targeted for boys or mothers could be carried out when needed in ESCC/partner community locations.

Twelve children's centre sites and four youth work sites will be retained to enable services to be scaled up or down in support of external fundraising, so groups for boys or mothers may be able to be run should funding be achieved in the future. Room hire will also be available at these sites for community organisations to continue to run activities for boys or mothers (although it may not always be possible to offer a crèche in community locations).

The five mandatory Health Visiting checks will continue. As such boys or mothers will still be seen by Health Visitors and those identified as requiring support (that would otherwise result in social care intervention) can still be referred to keywork support or family group work if this is deemed the most appropriate.

Other services, e.g. schools, can still refer families with boys, or mothers directly at risk of referral to social care to the keywork service for support.

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?

No foreseen impact on marital status/ civil partnerships.

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?

East Sussex rates of teenage conceptions have fallen below average England rates (16.1 compared with England's rate of 18.8 per 10,000 population). However in Hastings, they are notably higher (24.5 per 10,000).

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

The proposal to relocate services from particular children's centres will specifically affect mothers and pregnant women, as they may have accessed pre and post-natal information and support from the children's centres.

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?

Yes (as above).

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

The five mandatory Health Visiting checks will continue. As such, mothers will still be seen by Health Visitors and those identified as requiring support (that would otherwise result in social care intervention) can still be referred to keywork support or family group work if this is deemed the most appropriate.

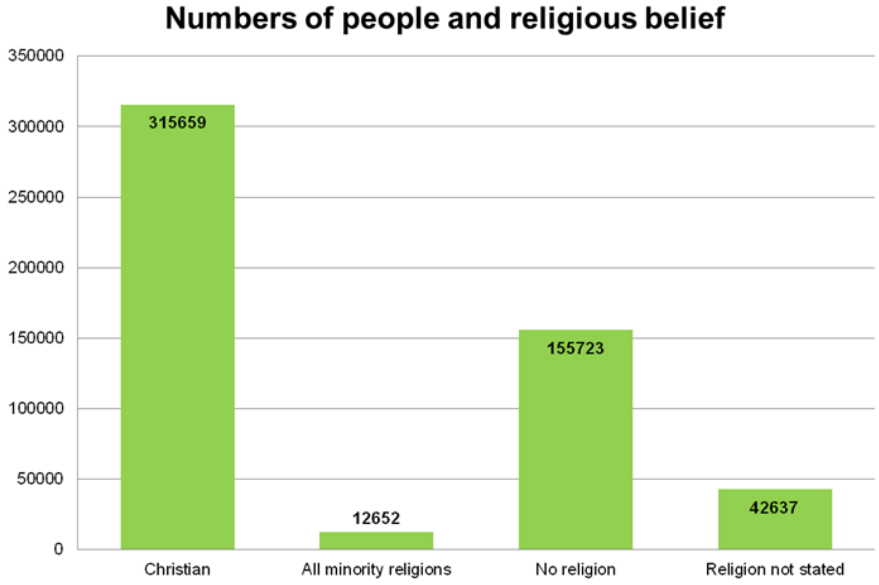
The Council has agreed to provide the two nurseries in Bexhill until September 2020 to minimise the disruption experienced by children and families. After September 2020, nurseries in Bexhill would no longer be operated by the Council, which will instead work with other providers to secure, so far as is reasonably practicable, sufficient nursery places in the area.

There are ongoing and promising discussions with schools and other partners regarding options to take over High Weald, Seaford, Chailey, Battle, West St Leonards, Old Town (Eastbourne), Ringmer, Crowborough, Rye, and Egerton Park Children's Centres. We will seek to work in partnership with new providers to enable an ongoing early years family support offer e.g. continuing groups run by volunteers at the centre.

The Council intends to continue using 3 sites for services when needed on a room-hire basis: The Bridge in Hastings, Newhaven and Heathfield.

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?

Data is not collected about religion of current users.

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

a) How is this protected characteristic 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

Sexual orientation: data not available

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

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

65 young people attended TYS targeted support groups for LGBTQ young people in 1 July 2017 – 30 June 2018.

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?

No, as these LGBTQ groups will continue to be supported.

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

There is positive impact on LGBTQ groups, as it has been proposed to retain the LGBTQ young people's groups.

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

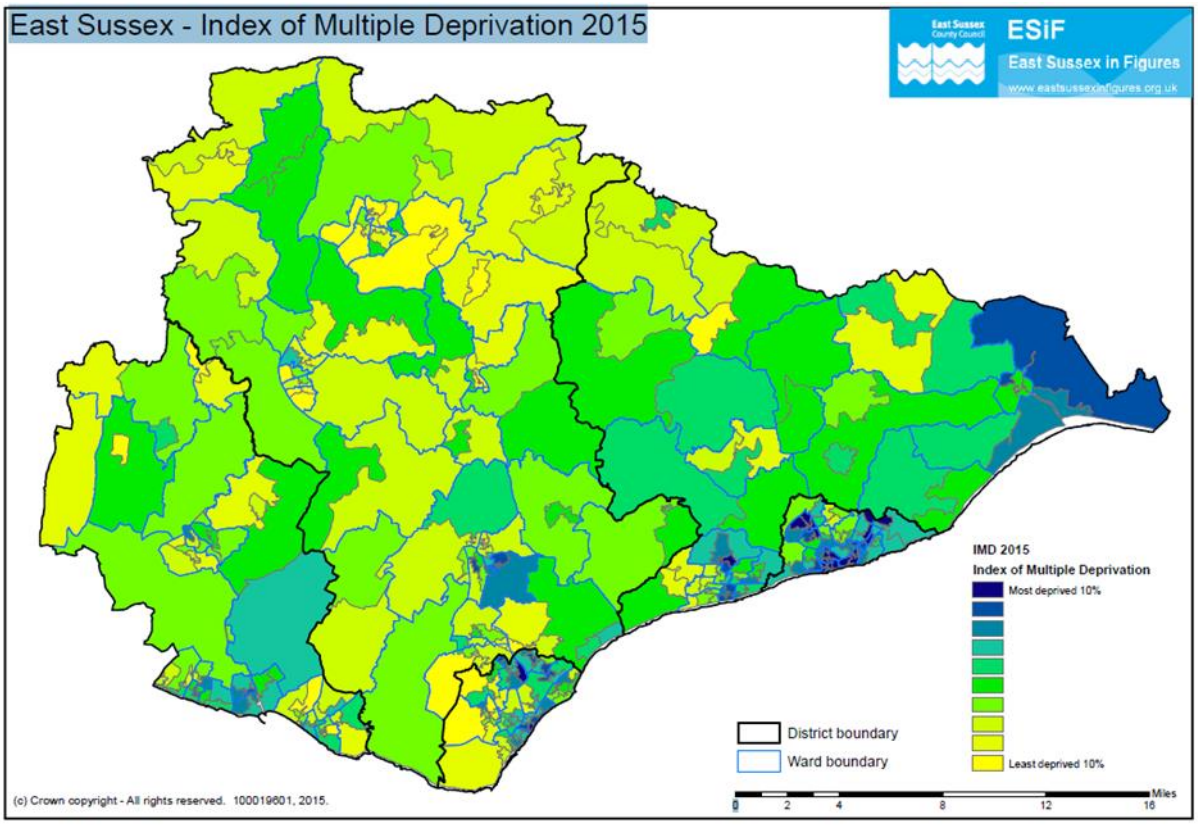
Other services, e.g. schools, can refer LGBTQ young people, directly at risk of referral to social care to the keywork service for support.

Additional external funding is being sought to enhance support the work with LGBT young people.

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?

Deprivation



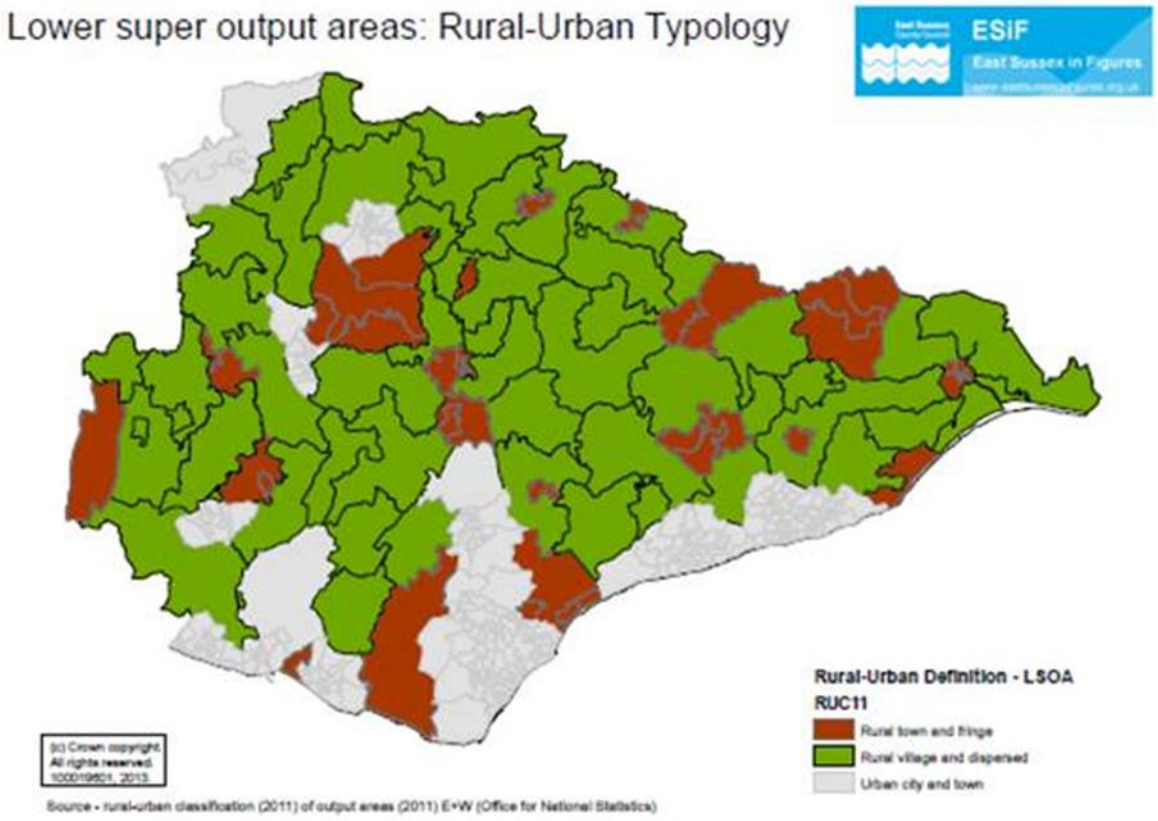
The above map shows the deprivation across East Sussex using the IMD indices of deprivation.

The table below shows numbers of children affected by income deprivation.

Area	Number of children 0-15	Number of children in families affected by income deprivation	As % of population
Eastbourne	17,008	3,478	20.4%
Hastings	16,768	4,838	28.9%
Lewes	17,283	2,575	14.9%
Rother	14,228	2,521	17.7%
Wealden	26,630	2,599	9.8%
East Sussex	91,917	16,011	17.4%

Rurality

The map below shows indicates the nature of urban and rural areas in East Sussex.



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

Deprivation

The table below shows the numbers and percentages of how many parents and children who attended the children's centres early intervention groups 1 Sep 17 -31 Mar 18, live in the 30% most deprived areas.

Locality	Parent 30%	Child 30%	Parent all	Child all	All 30%	All
HVCC Eastbourne	97	100	190	194	202	396
HVCC Hailsham and Seaford	82	85	320	339	171	669
HVCC Hastings	141	96	231	163	269	444
HVCC High Weald	<5	<5	99	102	<5	206
HVCC Lewes and Havens	55	59	145	145	116	298
HVCC Rother	68	62	225	197	140	446
HVCC St Leonards	152	116	246	172	303	504
Grand Total	**596**	**519**	**1,456**	**1,312**	**1,203**	**2,963**
%	**40.9%**	**43.1%**			**40.6%**	

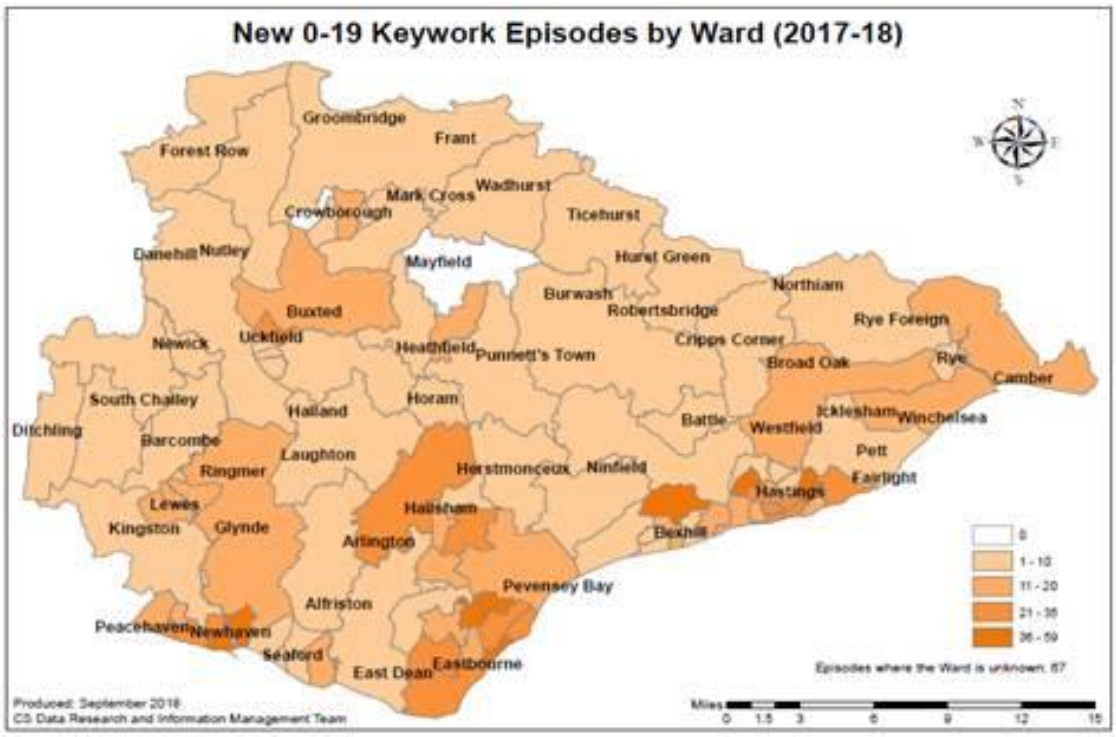
The following table shows the numbers and percentages of how many parents and children who attended the children's centres volunteer led groups 1 Sep 17 -31 Mar 18, live in the 30% most deprived areas.

Locality	Parent 30%	Child 30%	Parent all	Child all	All 30%	All
HVCC Eastbourne	46	55	114	130	101	250
HVCC Hailsham and Seaford	25	34	131	168	59	303
HVCC Hastings	66	69	127	143	135	274
HVCC Lewes and Havens	25	25	74	72	50	146
HVCC Rother	72	72	259	300	148	576
HVCC St Leonards	50	48	73	85	102	166
Grand Total	**284**	**303**	**850**	**993**	**595**	**1888**
%	**33.4%**	**30.5%**			**31.5%**	

The table below shows the numbers and percentages of attendees at a crèche, 1 Sep 17 - 31 Mar 18, who live in the 30% most deprived areas.

Children's centre where crèche(s) were run	Number of children using Crèche	Numbers from 30% most deprived areas	As %
Battle CC	9	<5	11.1
Crowborough CC	11	<5	9.1
Devonshire CC	36	18	50.0
East Hastings CC	15	7	46.7
Egerton Park CC	<5	<5	100.0
Hailsham East CC	23	12	52.2
Hampden Park CC	12	9	75.0
Hastings Town CC	26	21	80.8
Peacehaven CC	42	24	57.1
Ringmer CC	25	<5	8.0
Robsack CC	21	15	71.4
Seaford CC	10	<5	40.0
Shinewater CC	11	7	63.6
Sidley CC	13	8	61.5
St Leonards CC	14	10	71.4
West St Leonards CC	<5	<5	66.7
Total	**273**	**143**	**52.4**

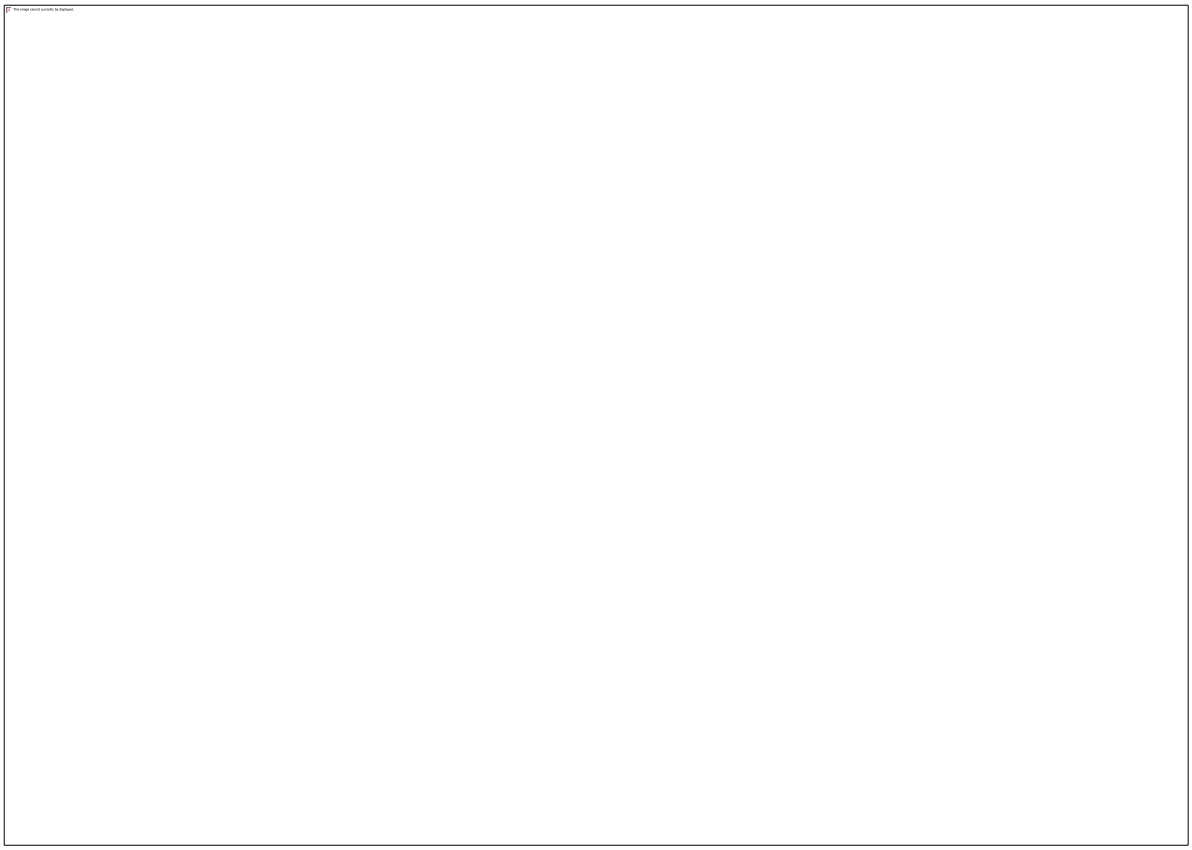
The following map shows 0-19 keywork episodes distribution across the county. If we consider this and the table below which shows the top 20 most deprived wards and the number of 0-19 keywork episodes 2017-18, we can see that the higher concentrations of keywork episodes are in the most deprived wards.

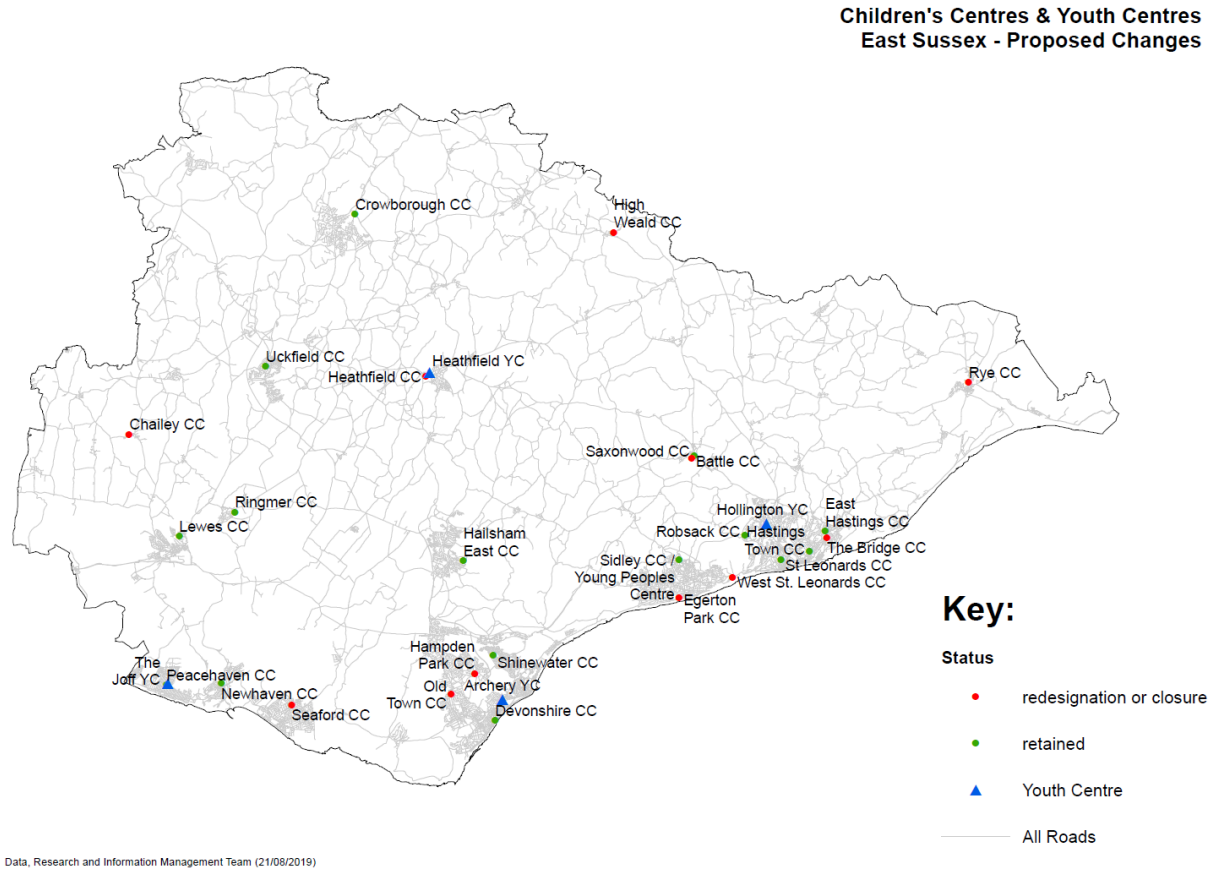


Top 20 most deprived wards ranked by deprivation (most deprived at the top)	Area	Total number of children aged 0-15	Number of children living in families affected by income deprivation	Percentage of children living in families affected by income deprivation	KW episodes	KW episodes as a percentage of whole population
Central St Leonards	Hastings	983	459	46.7	33	3.4
Tressell	Hastings	1,338	602	45.0	59	4.4
Baird	Hastings	1,077	464	43.1	47	4.4
Castle	Hastings	1,195	467	39.1	32	2.7
Hollington	Hastings	1,484	568	38.3	46	3.1
Sidley	Rother	1,343	494	36.7	36	2.7
Ore	Hastings	1,046	348	33.3	30	2.9
Gensing	Hastings	1,166	382	32.8	26	2.2
Hampden Park	Eastbourne	2,429	707	29.1	38	1.6
Central	Rother	865	248	28.7	17	2.0
Hailsham East	Wealden	698	201	28.7	24	3.4
Langney	Eastbourne	2,189	619	28.3	51	2.3
Devonshire	Eastbourne	2,376	667	28.1	50	2.1
Newhaven Valley	Lewes	818	222	27.1	23	2.8
Braybrooke	Hastings	945	252	26.7	22	2.3
Rye	Rother	688	183	26.6	9	1.3
Wishing Tree	Hastings	1,025	268	26.2	27	2.6
Peacehaven West	Lewes	670	167	25.0	23	3.4
Eastern Rother	Rother	684	157	23.0	15	2.2
Newhaven D & M	Lewes	1,602	357	22.3	42	2.6

Rurality

The maps below are set together to demonstrate the correlation between urban/rural geographical designations in East Sussex and the Children's Centres that are proposed for change:





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?

Deprivation

Social and economic deprivation is strongly associated with need for early help services (Department of Work and Pensions, Improving lives: Helping workless families, 2017).

43.5% of children who use children's centre early intervention groups are from the 30% most deprived areas.

30.5% of children who access the children's centre volunteer led groups are from the 30% most deprived areas.

52.4% of crèche attendees are from the 30% most deprived areas.

There are a particularly high percentage of users from the 30% most deprived areas, i.e. over 50% of all users in the following children's centres; Devonshire, East Hastings, Hampden Park, Hastings Town, Newhaven, Peacehaven, Robsack, Shinewater, St Leonards, West St Leonards.

There are higher concentrations of keywork episodes in wards with higher levels of deprivation.

Feedback during the public consultation included concerns that children of parents on a low income could be disadvantaged by any changes to the affordability of nursery places in Bexhill.

Rurality

Children's Centres which are proposed for relocation of services which are in or near rural areas (rural towns and fringe and in rural villages and dispersed rural areas) are:

- High Weald Children's Centre
- Chailey Children's Centre
- Ringmer Children's Centre
- Battle Children's Centre
- Rye Children's Centre
- Crowborough Children's Centre**

**Although Crowborough Children's Centre is proposed for de-designation, and it is in an 'urban' area, it is on the geographical border of an area designated as rural village and dispersed rural area. Therefore, any relocation of services from Crowborough Children's Centre may also affect the rural populations nearby.

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

Deprivation

Children from the most deprived areas attending children's centre early intervention groups, volunteer led groups and crèche may be negatively impacted by the relocation of these groups if they and their parents are unable to attend they will be unable to achieve the outcomes identified in the survey of group users.

Families with lower levels of need that are from the most deprived areas may be negatively affected by the proposal to target keywork to those at risk of needing social care intervention as they might no longer be able to access support.

Rurality

There may be a negative impact on the families who may currently attend groups in the rural areas, as they may have to travel further to attend any groups currently operation from these areas.

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

There is flexibility in the proposal – any group work or detached youth work that is deemed for children, young people and families affected by deprivation could be carried out when needed in ESCC/partner community locations in both urban and rural areas. This will include support being provided in people's own homes, rather than in external settings.

Twelve children's centre sites and four youth work sites will be retained to enable services to be scaled up or down in support of external fundraising, so groups for families or young people affected by deprivation may be able to be run should funding be achieved in the future. Uckfield Children's Centre is also proposed to be retained, and this serves the rural areas nearby.

There are ongoing and promising discussions with schools and other partners regarding options to take over High Weald, Seaford, Chailey, Battle, West St Leonards, Old Town (Eastbourne), Ringmer, Crowborough, Rye and Egerton Park Children's Centres. We will seek to work in partnership with new providers to enable an ongoing early years family support offer e.g. continuing groups run by volunteers at the centre.

The Council intends to continue using 3 sites for services when needed on a room-hire basis: The Bridge in Hastings, Newhaven and Heathfield.

Room hire will also be available at these sites for community organisations to continue to run activities families or young people affected by deprivation (although no crèche will be available).

The five mandatory Health Visiting checks will continue. As such 0-5s and their parents affected by deprivation will be seen by Health Visitors and those identified as requiring support (that would otherwise result in social care intervention) can still be referred to keywork support or family group work if this is deemed the most appropriate.

Other services, e.g. schools, can still refer families affected by deprivation, directly at risk of referral to social care to the keywork service for support.

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.
X	**A No major change** – Your analysis demonstrates that the policy/strategy is robust, and mitigation proposals have been identified where there is potential for negative impact. There is no unlawful discrimination and you have taken all appropriate opportunities to advance equality and foster good relations between groups.	The proposals take into account other relevant services and include measures to mitigate potential negative impact. These include the following: Healthy Child Programme Activities funded through the Public Health ring-fenced grant will continue to be delivered. Activities delivered by communities will be signposted to other possible venues. A wide range of factors were used to inform the assessment of East Sussex children's centres, in order to minimise impact on vulnerable 0-5s and their families. The key factors considered were: • Current usage to provide activities/sessions/services to families. • No council buildings nearby into which services could be integrated. • Capacity and suitability for providing staff accommodation for future services. • Suitably located to service areas of high need / countywide reach. • Value for money. The goal is to continue early years or education support in as many locations as possible and there are ongoing and promising discussions with partners to secure this for ten centres. If necessary, services may be transferred to other nearby community locations. Although the number of families that the service will work with is expected to reduce , focussed interventions and targeted group work will be used whenever appropriate, in order to support as many families as possible.
	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.	

		In locations where targeted family group work or youth work are needed but no East Sussex County Council building exists, nearby community venues and buildings will be used. Room hire will also be available at the twelve retained children's centres and four youth centres for community organisations to continue to run activities. The five mandatory Health Visiting checks will continue. As such 0-5s will still be seen by Health Visitors and those identified as requiring support (that are more likely to result in social care intervention) can still be referred to keywork support or family group work if this is deemed the most appropriate. Those children identified as Level 2 will be referred to Community Nursery Nurse support as required. Other services, e.g. schools, can still refer families directly at risk of referral to social care to the keywork service for support. The Council has agreed to provide the two nurseries in Bexhill until September 2020 to minimise the disruption experienced by children and families. After September 2020, nurseries in Bexhill would no longer be operated by the Council, which would instead work with other providers to secure, so far as is reasonably practicable, sufficient nursery places in the area. Mitigations include identifying two elements in the new vision and Strategy which focus on collaboration, such as seeking external funding in collaboration with partners for early help preventative services. Children's Services will ensure that 'disability' and 'ethnicity' are included in the monitoring categories for children, young people and families that the services work with. Keyworkers will continue to work with families in a range of appropriate settings including the family home, schools and other community venues. In summary: the proposal contains some flexibility - there is scope to deliver group work sessions if deemed necessary. Health Visiting and the Healthy Child Programme will continue and, as such families at risk of social care intervention can still be identified and referred for early help. Others services e.g. schools can continue to refer families that are high risk. Some buildings will be retained that will be available for community use or should future funding become available.

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?

Children's Services Strategic Planning Group

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

Ongoing service review through service user feedback and audits.

Date completed:	**5 September 2019**	**Signed by (person completing)**	**Atiya Gourlay**
		Role of person completing	**Equality & Participation Manager**
Date:	**5 September 2019**	**Signed by (Manager)**	**Stuart Gallimore**

Part 6 – Equality impact assessment action plan

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

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 (to be completed following the public consultation period ends in October 2019)

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)

Children's Services
East Sussex County Council
County Hall
St Anne's Crescent
Lewes BN7 1UE
Website: www.eastsussex.gov.uk/earlyhelp
E-mail: earlyhelp.consultation@eastsussex.gov.uk
Phone: 01273 336626

September 2019