

## Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service\*\* for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service\*\* may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA [guidance](#), for further information about undertaking and completing the assessment. For further advice and guidance, please contact your [Departmental Equalities Group](#) or [equality@leics.gov.uk](mailto:equality@leics.gov.uk)

*\*\*Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

| Key Details   |   |
|---|---|
| <b>Name of policy being assessed:</b>   | Early Help Review   |
| <b>Department and section:</b>  | Children & Family Service   |
| <b>Name of lead officer/ job title and others completing this assessment:</b> | Screening document -<br>Jenny Allen, Project Manager<br>Rebecca Marriott, Business Analyst<br>Full EHRIA -<br>Natalie Stanger<br>Sam Cooper |
| <b>Contact telephone numbers:</b>   | 0116 305 7931 / 0116 3058103  |
| <b>Name of officer/s responsible for implementing this policy:</b>            | Jane Moore, Assistant Director Education & Early Help<br>Chris Thomas, Head of Service - Early Help   |
| <b>Date EHRIA assessment started:</b>   | November 2017   |
| <b>Date EHRIA assessment completed:</b>                                       | November 2017 (screening pre-consultation )<br>May 2018 (full assessment post consultation)   |

## Section 1: Defining the policy

### Section 1: Defining the policy

You should begin this assessment by defining and outlining the scope of this policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in Leicestershire County Council's Equality Strategy.

#### 1 What is new or changed in this policy? *What has changed and why?*

The Early Help Review proposes to re-design LCC's Children & Family Services Early Help offer in order to provide a more integrated service to children, young people and families. If progressed, this will mean changes to both how we deliver our services and where we deliver them from.

The Early Help budget is required to make savings of £1.5m and, in addition to this, the existing Supporting Leicestershire Families Service is facing a reduction of £2.3m funding - an overall reduction to the Early Help budget of £3.8m (31%).

This means that our capacity to deliver Early Help services will be significantly reduced and we have to think differently as to how we can continue to meet our statutory responsibilities and make the best use of our resources, in order to ensure that we are delivering the right services to the right people.

Early Help is currently delivered by 4 separate services - Supporting Leicestershire Families (SLF), Youth Offending Service (YOS), Children's Centres (CC's) and the Early Help Information, Assessment and Support Service (EHAS). Each of these services targets a different group; YOS targets young people aged 10-17 who have offended or who are at risk of offending, Supporting Leicestershire Families targets families with a number of vulnerability or risk factors and incorporates a youth element supporting young people aged 11-19, and the Children's Centre Service targets expectant parents and families with 0-5 year olds.

The Early Help Review proposes to embed a whole family approach across Early Help and integrate the four existing services into a targeted 0-19 Family Wellbeing Service, which will focus on supporting the most vulnerable families in Leicestershire. This will enable the required savings to be made through a combination of service and management efficiencies, a reduction in the number of buildings and a reduction in frontline staff.

Other target operating models that were considered included a proportional budget reduction from each of the four Early Help services, and part-integrating services to reduce duplication within existing operating procedures.

The proposed 0-19 Family Wellbeing Service is intended to be delivered through drop in clinics, group work and/or casework (using a one worker per family principle). It is intended that the service will work with internal and external partners in order to better co-ordinate services and ensure that they are joined up as far as possible for service users. The detail of this is yet to be developed and will be shaped by further analysis and the outcomes of consultation.

V.06 04.06.18

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|   | <p>The service is intended to be fully flexible in its delivery, providing services through outreach support, in family homes and community settings, and through advice and signposting as well as through Family Wellbeing Centres.</p> <p>It is proposed that the service will work across two geographical localities (which are yet to be determined). This is mainly for operational purposes, to align the different areas that the existing four services work to. The boundary is yet to be defined and will be developed following further analysis and modelling. It is not anticipated that service users will be impacted by this change.</p> <p>There are currently 40 fixed buildings from which service users can access Early Help Services – 36 Children’s Centres and 4 SLF Centres.</p> <p>It is proposed that the new integrated service would be delivered from 15 Family Wellbeing Centres; a reduction of 25 buildings. The proposed locations of these buildings will be based on a number of criteria including their location, accessibility suitability for future use, current usage and geographical distribution across the county.</p> <p>The focus of the centres would expand to support children and young people across the full 0-19 age range and their families. It is intended that 5 of the Family Wellbeing Centres would function as ‘hub’ sites where staff would be located, and from which a wide range of services including group work and clinics would be delivered. A further 10 Family Wellbeing Centres would function as spoke sites to support the hubs and provide facilities to deliver a range of services for families, some of which would be targeted to meet specific local needs.</p> <p>Further work will be undertaken with partners to investigate alternative uses for the 25 existing Children’s Centres and SLF Centres that are no longer proposed to be used as delivery buildings in the new model. A number of these buildings are currently leased and licensed under various arrangements. Where possible, discussions will take place with partners and landlords to ensure that services continue to be provided for children through provision of nursery care and Free Early Education Entitlement (FEEE) for 2 and 3 year olds (e.g. private nursery providers).</p> |
| 2 | <p>Does this relate to any other policy within your department, the Council or with other partner organisations? <i>If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i></p> <p>This change is driven by the Council’s Medium Term Financial Strategy (MTFS) which was approved by the County Council on the 22 February 2017 to make £1.5M savings from Early Help Services. Coupled with the reduction of Government funding in relation to the Troubled Families DCLG grant this brings the total budget reduction to £3.8M (31%) for the Early Help Service.</p> <p>The four Early Help Services work with a wide range of internal and external partners to deliver the existing Early Help offer, and these partners will continue to be important to the delivery of the proposed Family Wellbeing Service.</p> <p>A number of partner organisations including Health and district and borough councils also operate services from, or share space within, existing Early Help delivery buildings.</p> <p>Initial stakeholder analysis work and engagement with partners has begun through early communication and a briefing event on 5<sup>th</sup> December. Further consultation with</p>  |

## V.06 04.06.18

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|   | <p>partner organisations will be undertaken throughout the consultation period, as appropriate, to help shape the new service offer.</p> <p>It is a statutory requirement for a Local Authority to undertake formal statutory consultation wherever there are proposals in respect of the opening, change of use or other major changes to the provision of Children's Centres. The views of service users and stakeholders are necessary to inform the outcome of the review and how the current service model can best be delivered as a result of the required budget reduction. More detail on the proposed consultation is included at Section 2 part 8 below.</p>   |
| 3 | <p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p><b>Service Users</b></p> <p>The four existing Early Help services work with children and young people aged 0-19 and their families who need support in Leicestershire. It is intended that the Family Wellbeing Service will continue to deliver to this group, but will become more targeted. Service users may find that they have to access services in a different way and/or from a different place, as the overall capacity of the service reduces to make the required savings. It is intended that integrating the four services and taking a whole family approach, rather than working separately with individuals within the family, will make the service more focussed and help to mitigate the impact of this as far as possible. As the new service model evolves following initial consultation we will undertake more research into which service users are affected by any proposed change and what impacts this will have on users who may have a protected characteristic.</p> <p>A range of services targeted specifically at families with children under the age of 5 is currently delivered from Children's Centres; many of these are led by partner organisations or volunteers. Families who currently access services at the 25 Children's Centres and SLF Centres for which alternative uses are being sought would potentially feel the biggest impact as they may need to travel to a different venue within the community or county in future, and in some cases may find that the services they access are delivered in a different way.</p> <p>The proposed locations of Family and Wellbeing Centres are based on a number of criteria including their location, accessibility, suitability for future use, current usage and geographical distribution across the county, in order to mitigate the impact for service users.</p> <ul style="list-style-type: none"><li>• It is proposed that the 5 Hub centres will be located at Loughborough, Coalville, Wigston, Hinckley and Melton. These are the largest settlements, all of which currently have multiple buildings used for service delivery in the current model.</li><li>• The 10 spokes are proposed to be located at Loughborough, Shepshed, Thurmaston, Coalville, Measham, Northern Parishes (Castle Donington), Earl Shilton, Market Harborough, Lutterworth and Huncote.</li><li>• 9 of the 25 buildings proposed for re-designation are situated within close proximity (approx. 1 mile) of an alternative service delivery building.</li><li>• Analysis of Children's Centre users during 2015-16 showed that a significant proportion of service users already access services from more than one centre.</li></ul> |

**V.06 04.06.18**

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|  | <ul style="list-style-type: none"> <li>A number of the centres proposed for re-designation are underused and some only deliver part of the existing Children’s Centre programme – for example, centres at Bushby and Vale of Belvoir are used as delivery sites by Health only, with families in these areas serviced by targeted outreach support from Children’s Centre workers where required.</li> </ul> <p>Consultation and further analysis is planned to further explore the impact of these proposed changes for service users.</p> <p><b>Staff</b><br/>The significant reduction in funding and proposed creation of a single 0-19 Family Wellbeing Service will result in changes to the existing organisational structure, including a review of roles and a reduction in the number of posts. More work to scope the roles required to deliver the proposed Family Wellbeing Service will be undertaken during and following the consultation period. Further analysis of the workforce and the potential impact on staff will take place once this scoping work has been completed. Anything relating to equalities in respect of staffing issues will be dealt with through standard HR procedures (Action Plans etc.)</p> <p><b>Partners</b><br/>A number of partner organisations including Health and district and borough councils currently operate services from, or share space within, existing Early Help delivery buildings. Those delivering services from the 25 existing Children’s Centres and SLF Centres for which alternative uses are being explored may need to relocate to, or deliver their services from, alternative venues where this space is not available as part of the new proposals. Although partner delivery will be critical to the Family Wellbeing Service, there may be some implications on the type and amount space available for partner organisations to deliver services from in the Family Wellbeing Centres.</p> |
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| <b>4</b> | Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? <b>(Please tick and explain how)</b> |            |           |  |
|          |  | <b>Yes</b> | <b>No</b> | <b>How?</b>  |
|          | Eliminate unlawful discrimination, harassment and victimisation  | ✓          |           | One of the outcomes of the support provided to families through the proposed Family Wellbeing Service will be the resilience, independence and awareness of equality issues which may strengthen the capacity of service users to challenge any experience of unlawful discrimination, harassment and victimisation. |
|          | Advance equality of opportunity between different groups   | ✓          |           | The existing Early Help services have a clear focus on reducing inequalities for families by focusing on those in greatest need of support. This will continue through the proposed Family Wellbeing Service.  |
|          | Foster good relations between different groups   | ✓          |           | The proposed Family Wellbeing Service will have a focus on group work in the new model and will continue to be delivered in a way that promotes community cohesion and good relationships between different groups of people, and encourages peer support in a supportive environment.                               |

## Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

### Section 2: Equality and Human Rights Impact Assessment Screening

The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for this policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to [Section 3](#) on Page 7 of this document.

### Section 2

#### A: Research and Consultation

|           |  | Yes | No* |
|-----------|--|-----|-----|
| <b>5.</b> | Have the target groups been consulted about the following?   |     | ✓   |
|           | a) their current needs and aspirations and what is important to them;  |     | ✓   |
|           | b) any potential impact of this change on them (positive and negative, intended and unintended);   |     | ✓   |
|           | c) potential barriers they may face  |     | ✓   |
| <b>6.</b> | If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?   | ✓   |     |
| <b>7.</b> | Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?   |     | ✓   |
| <b>8.</b> | *If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary.   |     |     |
|           | Significant research and analysis has taken place to inform high level proposals, including best practice research, function mapping and service user analysis. Further work will be undertaken alongside and following the formal consultation period to develop detail of the proposed service and how it will be delivered. |     |     |
|           | Some initial engagement relating to the proposals has taken place with staff and partners.   |     |     |
|           | It is a statutory requirement for a Local Authority to undertake formal statutory consultation wherever there are proposals in respect of the opening, change of use or other major changes to the provision of Children's Centres.  |     |     |
|           | The Cabinet report seeks permission to carry out a 12 week formal consultation period between January-April 2018. This will include consultation with a range of key   |     |     |

**V.06 04.06.18**

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|  | <p>stakeholders including the public, service users and potential service users, staff and Trade unions, advisory board members, internal partners and external partner organisations who may provide services (e.g. Health) to gather further evidence and views on the potential impact of the proposal.</p> <p>The output of the consultation will be analysed and a final Full Business Case will be produced to take account of any comments. The consultation will inform improvements to and the detail of the new proposed model.</p> |
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**Section 2**

**B: Monitoring Impact**

|           |  |            |           |
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| <b>9.</b> | Are there systems set up to:   | <b>Yes</b> | <b>No</b> |
|           | a) monitor impact (positive and negative, intended and unintended) for different groups; | ✓          |           |
|           | b) enable open feedback and suggestions from different communities                       | ✓          |           |

**Note: If no to Question 8, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.**

Existing data held by the four Early Help Services has been used as the starting point for analysis. This relates to service users who have accessed services during the 2016-17 financial year.

Further equalities information will be collected as part of the formal consultation process. This will provide an additional dataset and help fill in gaps in existing data, so that impact can be assessed by protected characteristic and mitigations implemented where appropriate.

Systems to monitor impact and enable open feedback and suggestions will be established throughout the consultation period.

**Section 2**

**C: Potential Impact**

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| <b>10.</b> | Use the table below to specify if any individuals or community groups who identify with any of the <a href="#">‘protected characteristics’</a> may <u>potentially</u> be affected by this policy and describe any positive and negative impacts, including any barriers. |            |  |
|            |  | <b>Yes</b> | <b>No</b>  |
|            | <b>Age</b>   | ✓          | <p>The Early Help Service offer targets 0-19 year olds and their families. Each service targets a specific age group; Children’s Centres work predominantly with children under the age of 5 and their parents, as well as expectant parents. The Youth Offending Service works primarily with children aged 10-17, and Supporting Leicestershire Families work across the full 0-19 spectrum, with its youth aspect focusing on 11-19.</p> <p>There are 14,148 Early Help service users aged 0-19, 59% of the total Early Help service users.</p> |

V.06 04.06.18

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|  |                          |          | <p>40% of service users are aged 19+, reflecting the whole family work undertaken by SLF and work carried out with parents by Children's Centres.</p> <p>The Early Help service worked with 11,074 children aged 0-5 in 2016/17, comprising 46% of the total service users. The potential reduction in the number of Children's Centres will have a specific impact on this group and their parents, particularly those who currently access services based at centres proposed for redesignation, who may have to travel to an alternative venue in the future.</p> <p>It is proposed that alternative uses are explored for the future use of the Children's Centres proposed for redesignation, including nursery care and Free Early Education Entitlement (FEEE) for 2 and 3 year olds which could have a positive impact for some service users of this age group.</p> <p>Teenage parents are a key target group for Children's Centre services and some centres currently offer specific groups for these service users. There may be an impact on these service users, particularly where they are currently held at centres proposed for redesignation. Access to transport and affordability could be more difficult for this group or they may have to travel further to access services.</p> <p>Consideration will be given to ways to mitigate these potential impacts when section 3 of this EHRIA is completed and this will be informed by the outcome of consultation.</p> |
|  | <p><b>Disability</b></p> | <p>✓</p> | <p>178 of the 23,839 recorded Early Help service users during 2016-17 identified themselves as disabled (0.01%). This is a relatively small proportion in comparison to the 3.23% of 0-15 year olds and 6.95% of 16-49 year olds in Leicestershire who report that their day to day activities are limited in some way by a long term health problem or disability. Further work will be undertaken to explore this dataset through consultation and assessment of the potential impact on this group.</p> <p>Some Children's Centres currently offer groups for children with disabilities and their parents/ carers. There may be an impact on service users of these groups, particularly where they are currently held at centres proposed for redesignation. These service users may have to travel further to receive comparable services.</p>  |



V.06 04.06.18

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|  |                                       |  | <p>Whilst the geographical distribution of the proposed Family Wellbeing Centres and the accessibility of their locations have been considered, travelling distances to Early Help services delivered through a reduced network of buildings may reduce access for people with physical mobility difficulties or other problems with travel as a result of mental health conditions or learning difficulties.</p> <p>Consideration will be given to ways to mitigate these potential impacts when section 3 of this EHRIA is completed and this will be informed by the outcome of consultation.</p>   |
|  | <b>Gender Reassignment</b>            |  | <p>There is no known evidence to suggest that a higher proportion of service users at the facilities which may be affected identify as trans or transgender than would be found in the wider population; there are no accurate statistics available relating to the number of people who identify as trans or transgender within Leicestershire or the UK as a whole. Gender identity is not incorporated into the Census or other official statistics. Early Help Services do not currently collect data relating to Gender Reassignment.</p> <p>It is intended that the proposals are inclusive and therefore would not discriminate against people identifying with this characteristic, however proposals could potentially have an impact on service users who may find that there are changes to the way in which they access services and/or the venue from which they are provided.</p> <p>If further analysis identifies an adverse impact on persons with this protected characteristic, consideration will be given to ways to mitigate these potential impacts when section 3 of this EHRIA is completed and this will be informed by the outcome of consultation.</p> |
|  | <b>Marriage and Civil Partnership</b> |  | <p>There is limited data available relating to this group; the marital status of 858 of the total 10,045 Early Help service users aged 16+ has been recorded (9%).</p> <p>Of these, 29% are married, 17% are co-habiting, and 1% is in a civil partnership. 43% of service users are recorded as single, 6% separated and 1% widowed. The largest group is therefore single; however the overall split between those in a marriage/partnership arrangement and those who are not is relatively even (46% against 53%).</p>   |

V.06 04.06.18

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|  |                                |   | <p>The impact of the proposals will not be felt more acutely by those who are married or in a civil partnership than those who are single or co-habiting.</p> <p>It is intended that proposals are inclusive and therefore would not discriminate in any way against people identifying with this characteristic, however proposals could potentially have an impact on service users who may find that there are changes to the way in which they access services and/or the venue from which they are provided.</p> <p>If further analysis identifies an adverse impact on persons with this protected characteristic, consideration will be given to ways to mitigate these potential impacts when section 3 of this EHRIA is completed and this will be informed by the outcome of consultation.</p>  |
|  | <b>Pregnancy and Maternity</b> | ✓ | <p>The cohort of services users of the children's centres is likely to include a greater number of women who are pregnant or who have maternity responsibilities than would be found in the wider population as this is a key target group for Children's Centres, with many services being targeted towards expectant and post-natal mothers with children under 5.</p> <p>There is no data collected relating specifically to pregnancy and maternity, however the gender split relating to the adult population aged 19+ using Children's Centres (89% female, 10% male) reflects that many services are targeted towards this group; antenatal classes, breastfeeding support etc.</p> <p>Whilst the geographical distribution of the proposed Family Wellbeing Centres and the accessibility of their locations have been considered, travelling distances to Early Help services delivered through a reduced network of buildings may reduce access for women in advanced pregnancy or with babies, who may find travelling more difficult and who may have travel further to access services.</p> <p>Consideration will be given to ways to mitigate these potential impacts when section 3 of this EHRIA is completed and this will be informed by the outcome of consultation.</p> |
|  | <b>Race</b>                    | ✓ | <p>Data relating to this group is available for 17,084 of the overall 23,807 Early Help service users.</p>  |

V.06 04.06.18

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|  |                           |   | <p>Of these, 85% of service users identify as White and 10% as BME (other 5% not declared).</p> <p>The ethnic breakdown of service users varies across the county; ranging from 17% BME in Oadby &amp; Wigston to 3% in Melton. Some Children's Centres offer groups targeted at particular BME groups where there is a local need. There may be an impact on service users of these groups, particularly where they are currently held at centres proposed for redesignation. Further analysis will be undertaken to assess the local impact of proposed changes on this group and to identify appropriate mitigations, given the significant variance in the number BME service users across the county.</p> <p>It is intended that proposals are inclusive and therefore would not discriminate against people identifying with any particular race, however proposals could potentially have an impact on service users who may find that there are changes to the way in which they access services and/or the venue from which they are provided. Consideration will be given to ways to mitigate these potential impacts when section 3 of this EHRIA is completed and this will be informed by the outcome of consultation.</p> |
|  | <b>Religion or Belief</b> |   | <p>Data collected relating to this characteristic is limited and only available for 3,570 of the total Early Help service users.</p> <p>Of these, 46% identify as Christian, and 46% do not identify with a religion. A further 8% identify with other religions, although a significant proportion of these do not specify which.</p> <p>There is no known reason to believe that a disproportionate number of service users of any particular religion would be affected by the proposals and it is intended that the proposals are inclusive and therefore would not discriminate against people identifying with any religions or beliefs. However, the proposals could potentially have an impact on service users who may find that there are changes to the way in which they access services and/or the venue from which they are provided. Consideration will be given to ways to mitigate these potential impacts when section 3 of this EHRIA is completed and this will be informed by the outcome of consultation.</p>   |
|  | <b>Sex</b>                | ✓ | <p>Data is available for this group and the gender profile shows the split of Early Help service users</p>  |

V.06 04.06.18

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|  |  |   | <p>to be 62% female and 37% male (with the remaining 1% recorded as unknown, and 3 people identifying as indeterminate).</p> <p>Breaking the profile down into different age groups, the gender split of children aged 0-5 and young people using Early Help Services is fairly even as would be expected. In 0-5 year olds the split is 48% female, 51% male, and in 6-18 year olds the split is slightly more male with 44% female and 55% male.</p> <p>The gender split of the adult population aged 19+ is less even, with females being the predominant service users. 85% of service users are recorded as female, 15% as male. This split is the greatest in relation to users of Children's Centres (89% female, 10% male), where expectant parents and families with children under the age of 5 are the key target group.</p> <p>Both male and females will potentially be affected by changes to the service and location of delivery points, with larger number of adult females affected. Consideration will be given to ways to mitigate the potential impact of this when section 3 of this EHRIA is completed and this will be informed by the outcome of consultation.</p> |
|  | <b>Sexual Orientation</b>  |   | <p>There are no accurate statistics available relating to the sexual orientation of the Leicestershire population, or of the UK as a whole.</p> <p>The four Early Help services do not currently collect data relating to the Sexual Orientation of its service users.</p> <p>It is intended that proposals are inclusive and therefore would not discriminate against people identifying with any particular sexual orientation, however proposals could potentially have an impact on service users who may find that there are changes to the way in which they access services and/or the venue from which they are provided. Consideration will be given to ways to mitigate the potential impact of this when section 3 of this EHRIA is completed and this will be informed by the outcome of consultation.</p>  |
|  | <b>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum</b> | ✓ | <p>All current Early Help service users will potentially be affected by the proposals, with the result that some service users may need to access services either in a different way or from a different location.</p>  |

V.06 04.06.18

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| <p>seeker and refugee communities, looked after children, deprived or disadvantaged communities</p>   |  |            | <p>A number of criteria have been considered to help inform the locations of the proposed sites, including geographical distribution across the county, accessibility, deprivation and need, service user demand and suitability of buildings to help mitigate the impact of this as far as possible.</p> <p>Further analysis to explore the impact of the proposals in relation to these other groups will be undertaken during and following the consultation period and consideration will be given to ways to mitigate any potential impact of this when section 3 of this EHRIA is completed.</p>  |                 |
| <p>Community Cohesion</p>   |  |            | <p>Although belonging to a particular community is not a protected characteristic within the Equality Act 2010 and community cohesion is not a statutory equality objective, the Council recognises the importance of strong communities through the Leicestershire Communities Strategy 2017-21.</p> <p>Early Help services contribute to community cohesion as services work with a range of partner organisations and have developed a large volunteer base that supports and enhances the existing offer. Proposals for the Family Wellbeing Service would continue with this approach which is in keeping with the Council's strategy.</p> |                 |
| <p>11. Are the human rights of individuals <u>potentially</u> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? <b>(Please tick)</b></p> <p>Explain why you consider that any particular <a href="#">article in the Human Rights Act</a> may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]</p> |  |            |   |                 |
|   |  | <p>Yes</p> | <p>No</p>   | <p>Comments</p> |
| <p><b>Part 1: The Convention- Rights and Freedoms</b></p>   |  |            |   |                 |
| <p>Article 2: Right to life</p>   |  | <p>✓</p>   |   |                 |
| <p>Article 3: Right not to be tortured or treated in an inhuman or degrading way</p>  |  | <p>✓</p>   |   |                 |
| <p>Article 4: Right not to be subjected to slavery/ forced labour</p>   |  | <p>✓</p>   |   |                 |
| <p>Article 5: Right to liberty and security</p>   |  | <p>✓</p>   |   |                 |
| <p>Article 6: Right to a fair trial</p>   |  | <p>✓</p>   |   |                 |

V.06 04.06.18

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|                                   | <b>Article 7: No punishment without law</b>                            |            | ✓         |  |
|                                   | <b>Article 8: Right to respect for private and family life</b>         | ✓          |           | Although the majority of services delivered by Early Help are voluntary, in order for them to be most effective some disclosure of personal information is needed – this would remain the case for the proposed Family Wellbeing Service, which would continue to operate in line with Data Protection and information sharing requirements I and to respect its service users’ rights to private and family life. |
|                                   | <b>Article 9: Right to freedom of thought, conscience and religion</b> |            | ✓         |  |
|                                   | <b>Article 10: Right to freedom of expression</b>                      |            | ✓         |  |
|                                   | <b>Article 11: Right to freedom of assembly and association</b>        |            | ✓         |  |
|                                   | <b>Article 12: Right to marry</b>                                      |            | ✓         |  |
|                                   | <b>Article 14: Right not to be discriminated against</b>               | ✓          |           | The proposed Family Wellbeing Service will continue to deliver services with due regard to the Public Sector Equality Duty, and to respect its service users’ rights.  |
| <b>Part 2: The First Protocol</b> |  |            |           |  |
|                                   | <b>Article 1: Protection of property/ peaceful enjoyment</b>           |            | ✓         |  |
|                                   | <b>Article 2: Right to education</b>                                   | ✓          |           | The proposals do not involve the denial of any rights to access the educational system; the proposed Family Wellbeing Service will continue to work with families to support and enable students to access education, including supporting them to take up 2 and 3 year Free Early Education Entitlement where they are eligible.  |
|                                   | <b>Article 3: Right to free elections</b>                              |            | ✓         |  |
| <b>Section 2</b>                  |  |            |           |  |
| <b>D: Decision</b>                |  |            |           |  |
| <b>12.</b>                        | Is there evidence or any other reason to suggest that:                 | <b>Yes</b> | <b>No</b> | <b>Unknown</b>   |

**V.06 04.06.18**

|  |   |  |   |   |
|--|---|--|---|---|
|  | a) this policy could have a different affect or adverse impact on any section of the community; |  |   | ✓   |
|  | b) any section of the community may face barriers in benefiting from the proposal               |  |   | ✓   |
| <b>13.</b>   | Based on the answers to the questions above, what is the likely impact of this policy           |  |   |   |
|  | No Impact <input type="checkbox"/>  | Positive Impact <input type="checkbox"/> | Neutral Impact <input type="checkbox"/> | Negative Impact or Impact Unknown <input checked="" type="checkbox"/> |
| <b>Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.</b> |   |  |   |   |
| <b>14.</b>   | Is an EHRIA report required?  | Yes <input checked="" type="checkbox"/>  | No <input type="checkbox"/>             |   |

**Section 2: Completion of EHRIA Screening**

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is required for further investigation of the impacts of this policy.

**Option 1:** If you identified that an EHRIA Report is required, continue to [Section 3](#) on Page 7 of this document to complete.

**Option 2:** If there are no equality, diversity or human rights impacts identified and an EHRIA report is not required, continue to [Section 4](#) on Page 14 of this document to complete.

## Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

**Section 3: Equality and Human Rights Impact Assessment Report**

This part of the assessment will help you to think thoroughly about the impact of this policy and to critically examine whether it is likely to have a positive or negative impact on different groups within our diverse community. It is also to identify any barriers that may detrimentally affect under-represented communities or groups, who may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of

**V.06 04.06.18**

this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

**Section 3**

**A: Research and Consultation**

When considering the target groups it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.

- 15.** Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you now explored the following and what does this information/data tell you about each of the diverse groups?
- a) current needs and aspirations and what is important to individuals and community groups (including human rights);
  - b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);
  - c) likely barriers that individuals and community groups may face (including human rights)

To enable the identification of current needs, aspirations and what is important to service users as well as potential impacts and barriers they may face as a result of the proposals, a 13 week consultation exercise took place from 22 January 2018 to 22 April 2018, specifically targeting parent/carer users of the service, key stakeholders, and staff. In addition extensive service user research with 787 families (Early Help Evaluation) has also been considered and incorporated when completing this document. This research reviewed Early Help families who were supported by a case worker from the Supporting Leicestershire Families Service and Children's Centre's who received an assessed service during 2013 and 2017.

The consultation contained the following elements :-

- Online and hard copy survey (including Easyread version)
- 7 locality public consultation meetings (one per district)
- 2 key stakeholder workshops
- 4 x staff workshops (plus additional staff focus groups)
- 40 service user drop in sessions (one in each Children's Centre/SLF centre) where staff were available to help people fill in the survey.
- 36 site visits to Children's Centres (one to each centre) to engage with landlords / site managers about the proposals
- 1:1 partner meetings with local District and Borough Council leads
- Meetings with key health partners

There were 794 responses to the consultation questionnaire and of these 54% were Early Help service users or family members of service users. Additional qualitative information was gathered before, during and after consultation during public meetings and stakeholder events and forms part of the detailed analysis of consultation responses which can be found in Appendix x. In addition we received 53 direct pieces of correspondence (email and letters) from a wide variety of stakeholders including breastfeeding groups, Parish Councils, Local Councillors, landlords etc.



## V.06 04.06.18

a) *current needs and aspirations and what is important to individuals and community groups (including human rights);*

One of the key findings of the consultation was respondents who cited local support or groups as being important in helping them to access support and many others reflected the view that the service should be kept as it is and centres should not be closed.

In total there were 82 comments received in the consultation responses about what is important and what individuals and communities need. The following were considered important by respondents;

- Contact with other parents
- Early intervention
- Listening to young people
- Face to face contact
- Location of services
- Effective multi agency working
- Health of babies, unborn babies and expectant mothers
- Financial and debt management
- Having access to a local centre

Below are some of those comments taken from the consultation responses:-

*“My wife attended a range of activities and found the centre to be a massively important support for her. More than that it helped forge relationships between parents in the village and helped establish strong community connections and support for many families”*

*“Joint working is important and this would be better facilitated by the proposed new service”*

*“A holistic view is important but that can still be achieved by sharing information. I also agree that early intervention is important and that people who need it the most receive help”*

*“Don't lose voice work, as listening to young people is important”*

*“Face to face contact with the centre staff is so important”*

*“Location of services is important when you can't travel, isolation and loneliness is a big issue when you are a new mum, the need to have regular contact with other parents is so important”*

Of the direct correspondence received from service users, groups and key stakeholders, some of the comments they raised around needs, aspirations and what is important include

*“Childrens centres have transformed the lives of young children and their parents across Leicestershire. The important role that they play in providing effective multi agency working is widely recognised both locally and nationally”*

*“The health of our babies, unborn babies, and expectant mothers is exceptionally*

**V.06 04.06.18**

*important – particularly given that the village is an area of deprivation and we know that this increases the likelihood of maternal and childhood health issues”*

*“As a parent of two young girls these centres were vital to both mine and the girls wellbeing. They enabled us to meet other families which we are still now in contact with and take part in activities which encouraged the girls to learn new skills, improve their confidence and progress to be ready for school”*

*“New parents who spend time with other new parents make the transition through the early years with greater stability and a reduced need for other support services such as mental health.”*

*“The need for access to early help service including financial and debt management support is vital and an important part of the Children’s Centre offer”*

*“Being able to access nearby post-natal and early years provision has fundamentally positive effects on mothers' mental health and children's welfare - thereby, as well as enhancing the whole childbirth and parenting experience, saving costs to health and community services if all goes wrong.”*

Out of 57 areas of need collected by workers, the Early Help Evaluation identified the following key areas of need which are collected by workers when they begin work with a family, and are present in over 50% of cases.

- Parenting difficulties (78%)
- A heavy reliance on benefits (65%)
- Low-level adult mental health (64%)
- Work-related benefits (62%)
- Single parent families (60%)
- Other adult mental health (59%)
- Negative child lifestyle (57%)
- Financial difficulties (56%)
- Unstable/disruptive family relationships (54%)
- Violent or aggressive behaviour in children (53%)
- Adult domestic abuse victims (52%)

*b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights)*

The proposed changes to the service include integrating the 4 current services (Children’s Centres, Supporting Leicestershire Families, Youth Offending Service and Early Help, Information, Support & Assessment) into one integrated Family Wellbeing Service.

The proposed service is intended to be delivered through

- Whole family working
- Drop in clinics
- Group work and/or casework (using the principle of one worker per family)
- Working with partners to join up and co-ordinate services
- Flexible delivery of services in family homes and community settings
- Advice, information and signposting to other organisations

## V.06 04.06.18

Further detail of this is currently being developed and will incorporate the outcomes of consultation and equalities and human rights considerations.

Following the outcome of consultation and updates to the financial position, Cabinet will now be asked to consider a revised proposal to close 19 of the current Children's Centre / SLF buildings and continue to operate the new service from 21 centres across the County (previously it was proposed to close 25 centres). The service will reduce and become more targeted to support the most vulnerable or with the most needs, therefore LCC led universal services currently available to all will reduce or no longer be available. Instead better information and advice will be available and service users will be signposted to our partners where applicable. Further details of these changes can be found in the Early Help Report to Cabinet 6 July 2018.

### The likely impacts of these changes will include:-

- No longer receiving a service as the service reduces and becomes more targeted (further scoping work will be required to quantify)
- LCC led universal services may no longer be available to service users
- Receiving a different service from the current offer e.g. attending a drop in session at a centre or community venue instead of having a case worker visit them at home
- Accessing a service at another building or venue;
- Further travel to another building where their nearest centre is set to close (see individual building profiles);
- Accessing a service with service users from across all 4 current services (Children's Centres, Supporting Leicestershire Families, Youth Offending Service, Early Help Information, Support and Assessment).
- Accessing our partners' services elsewhere (e.g. in GP surgeries)
- Receiving advice, information or being signposted elsewhere or finding this information online.

There may be a reduction in access to health services (e.g. Midwifery & Health Visiting) where these are currently delivered in Children's centres.

In recognition of the level of health activity and reflection of consultation feedback we will jointly plan the services with health colleagues, with midwifery and health visiting as part of the Children's Centre core offer and develop effective information sharing protocols.

### *c) likely barriers that individuals and community groups may face (including human rights)*

Likely barriers are;

- Difficulties accessing public transport if further travel is required and if
  - it is not available in the area,
  - it is costly and not affordable to some
  - there are difficulties accessing public transport with a pushchair or for those with a disability or other issues such as high levels of anxiety
  - longer journey times are not feasible for parents who need to drop off and/or collect school aged children

#### V.06 04.06.18

- Having to travel / walk further to a building/service
- Not being able to 'drop in' to a local building for support
- Attending an unfamiliar building with unfamiliar staff, (service users with poor mental health / anxiety issues)
- Availability of staff to transport families to other buildings to meet the family's needs.

The Early Help evaluation identified the following key barriers to change:

- Life events and set-backs;
- Poor mental health and isolation;
- Negative upbringing;
- Negative relationships;
- A lack of family, peer and community support;
- Lack of knowledge and experience around parenting issues;
- Negative family qualities such as denial, lack of motivation to change, lack of trust in services, fear;
- Other parent issues such as stresses about housing, money or family disabilities;
- Cultural issues

Consultation comments received relating specifically to barriers to accessing services included the following reasons and can be linked to the above key barriers to change e.g domestic abuse is an example of a life event and set back, expensive transport is an issue linked to stresses about money etc.

- Public transport / expensive transport
- Closing centres
- Travelling further to a building
- Cultural, territorial and language barriers
- Poor mental health
- Lack of confidence
- Physical disabilities
- Time
- Domestic abuse

Specific comments taken from the consultation responses around barriers include

*“Barriers increase through the age groups as less professional contact is made”*

*“Barriers such as relying on public transport and having to get a double buggy on a bus”*

*“Closing local centres will be a barrier to accessing services”*

*“Concern that barriers to accessing service will seriously limit outcomes for children in the long run”*

*“Concern there will be less support for families who are just managing, the barriers for accessing the new service and travel to different buildings”*

*“Increased cultural and territorial barriers from having to access another centre”*

**V.06 04.06.18**

|  |  |
|--|--|
| <p><i>“Mental health, physical disabilities, expensive transport, lack of confidence, time, language, domestic abuse are all barriers to accessing services”</i></p> <p><i>“Need to break down barriers with hard to reach families, online will never work with this group of people”</i></p> <p><i>“Not feeling confident to access public transport to get to next nearest centre”</i></p> <p><i>“The buildings themselves are as important as the service we offer, take them away you create barriers, concern 0-5 offer will be diluted”</i></p> |  |
| <b>16.</b>   | <p>Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?</p>  |
| <p>The consultation results, together with the Early Help Evaluation and data held on current centre use is expected to be sufficient to enable us to understand the Equality and Human Rights Impact on service users and specifically those with protected characteristics at this stage however we do know there are some specific groups we have limited data on e.g. travellers that we may need to do some work on as the service model develops.</p>  |  |
| <p>When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.</p>   |  |
| <b>17.</b>   | <p>Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you further consulted with those affected on the likely impact and <u>what</u> does this consultation tell you about each of the diverse groups?</p> |
| <p>As the service develops and is implemented we will work with partners and others likely to be affected will be engaged with. We will monitor the impact on affected groups location by location as we implement the whole family service to ensure that no one protected characteristic group is more adversely affected.</p>   |  |
| <b>18.</b>   | <p>Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?</p>   |
| <p>Potentially: Further consultation may be required as the service model develops and eligibility criteria for accessing the new service are defined.</p>   |  |

**Section 3**

**B: Recognised Impact**

|            |  |
|------------|--|
| <b>19.</b> | <p>Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any ‘protected characteristics’ are <u>likely</u> be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.</p> |
|            | <b>Comments</b>  |

|  |                          |  |
|--|--------------------------|--|
|  | <p><b>Age</b></p>        | <p><i>Groups likely to be affected:</i><br/>There are 15,268 Early Help service users aged 0-19 in Leicestershire, 61% of all the Early Help service users. Nursery aged children (0-5) who are users of the Children’s Centre service (11,644) and children aged up to 19 who are users of the SLF service (2,844), and those aged between 10-19 who use the Youth Offending service (363) will be affected by the new proposed service and will potentially be impacted as identified above in Q15 section 3.</p> <p><i>Negative impacts:</i><br/>The proposed reduction of targeted services or removal of universal services will impact this group, some of whom may no longer receive Early Help services.<br/>Children who accessed partner services e.g. Health services at existing centres, may need to access these services elsewhere e.g. at GP surgeries.</p> <p><i>Positive impact:</i><br/>Children’s Centre users could be positively impacted if centres that will be redesignated could be used in future for nursery care and Free Early Education Entitlement (FEEE) for 2 to 3 year olds.</p> <p><i>Particular barriers applicable to this group:</i></p> <ul style="list-style-type: none"> <li>• travelling further to a centre could be more difficult for parents with pushchairs using public transport,</li> <li>• if longer journey times are necessary and parents are restricted to the school day (if collecting older children) this makes accessing a service more difficult.</li> </ul> |
|  | <p><b>Disability</b></p> | <p><i>Groups likely to be affected:</i><br/>20% of the Early Help service users have identified as having a child with a significant disability <sup>1</sup> and 20% of respondents to the consultation also indicated they have a child with a long-standing illness, disability or infirmity.</p> <p>25% of parents of service users have indicated they themselves have a significant limiting disability or illness according to Early Help Evaluation data and the number of respondents to the consultation who said they had a long standing illness, disability or infirmity was 18%.</p> <p>The Early Help Evaluation identified that 23% of</p>  |

**Comment [SC1]:** We need to clarify this with health as our service delivery model develops

**Comment [PF2]:** Agree, I know from other work I’m doing that some GP practices don’t have any available space

<sup>1</sup> EH Service User Needs Profile

V.06 04.06.18

|  |  |   |
|--|--|---|
|  |  | <p>respondents had Special Educational Needs, 44% had child development concerns and 32% with child learning difficulties. 11% of families had adults with learning difficulties</p> <p>These families often have a range of complex needs and may also experience having to manage multiple health appointments.</p> <p><i>Negative impacts:</i><br/>These service users could be impacted if their nearest centre is closed and they have to travel elsewhere, either resulting in longer journey times or by experiencing difficulties using public transport. This could be due to their disabilities or because of anxiety issues where they might find traveling distressing.</p> <p>Some Children’s Centres currently offer groups for children with disabilities and their parents/carers. If these services were to change or the location of these was changed this would impact on this group who would have to travel further to receive comparable services.</p> <p><i>Positive impact:</i><br/>A positive impact might be that some service users will receive a service in their home or more locally to them e.g. delivered from a community centre and this should be considered as mitigation for this user group.</p> <p><i>Particular barrier applicable to this group:</i><br/>Difficulties using public transport – this could be a parent or carer of a disabled child, or a disabled parent/carers. Travel difficulties could be due to their disabilities or because of anxiety issues where they and/or their child might find traveling distressing.</p> <p>As the service offer develops this group will require further consideration Whilst the eligibility thresholds are not yet defined, where there are complex cases these are still likely to receive targeted support.</p> |
|  | <p><b>Gender Reassignment</b></p>            | <p>Of the 794 respondents to the survey 1% identified as having a different gender identity from that assigned at birth. However, it should be noted that gender reassignment is not a key factor affecting the delivery of this service and is therefore not relevant to the analysis.</p>   |
|  | <p><b>Marriage and Civil Partnership</b></p> | <p><i>Groups likely to be affected:</i><br/>The Early Help Evaluation identified a high proportion of families which were single parent families compared to the Leicestershire average - 60%.</p> <p><i>Negative impacts:</i></p>  |

V.06 04.06.18

|  |                                       |  |
|--|---------------------------------------|--|
|  |                                       | <p>This group will be impacted as identified in Q15 above.</p> <p><i>Particular barriers applicable to this group:</i><br/>This group is potentially more likely to experience a range of diverse and complex needs including financial difficulties, limited support networks or domestic abuse.</p> <p>Barriers single parents with other needs could experience might include having greater difficulty accessing services whilst juggling childcare / school drop off arrangements impacting their ability to attend centres or sessions that are further distance to travel.</p> <p>They may find accessing a centre further away difficult due to affordability of public transport.</p> <p>These parents could become more isolated if they find it harder to access services, particularly if they have limited support networks.</p>  |
|  | <p><b>Pregnancy and Maternity</b></p> | <p><i>Groups likely to be affected:</i><br/>1,189 expectant mothers attended ante natal sessions at Children’s Centres in 2017/18 equating to 5% of all Early Help service users and 5.7% of Children’s Centre service users.</p> <p>11,644 of the Children’s Centre service users in 2017/18 were under 5 and therefore the majority of the service users will be parents with young children.</p> <p><i>Negative impacts:</i><br/>Therefore this group will be impacted by the proposed changes, the reduction in universal services and by previously accessing partner services in centres that are proposed for closure. (In 2016/17 59% of service users only had a Children’s Centre universal involvement which includes one-off contacts &amp; attending volunteer-led groups or universal services provided by other organisations).</p> <p><i>Particular barriers applicable to this group:</i><br/>Accessing public transport if further travel is required, because of:</p> <ul style="list-style-type: none"> <li>• the difficulties of accessing public transport with a pushchair and/or more than one child</li> <li>• the difficulties posed by longer journey times with new babies.</li> </ul> |
|  | <p><b>Race</b></p>                    | <p><i>Groups likely to be affected:</i><br/>6% of the respondents to the consultation identified as BME, the remaining 94% identified as white. However in the Early Help Evaluation 13% of the</p>  |



|  |                                  |  |
|--|----------------------------------|--|
|  |                                  | <p>respondents identified as BME which is higher than the County BME population (9%). Further details of the BME population are provided by each centre (see Centre Profiles in Appendix X).</p> <p>According to the Early Help Evaluation there were 2 groups of families which were more likely to receive services from the Children’s Centres and this research showed there were even higher proportions of BME in these cohorts with lower needs (16-17%), therefore this group could be impacted by service changes or eligibility threshold increases.</p> <p>There are areas in the County with higher BME populations including Charnwood with the highest BME population, which also includes a large Polish community. There are also Polish communities in North West Leicestershire, Braunstone, Melton, and Wigston and there is also a high BME population in Oadby &amp; Wigston.</p> <p>There are also traveller communities located in Harborough and Bagworth and use these two centres</p> <p><i>Negative impacts:</i><br/>Some Children’s Centres offer groups targeted at particular BME groups such as international stay and play sessions and also offer interpreters where there is a local need. Service users are also directed to partner organisations (English for Speakers of Other Languages - ESOL) for services. Outreach services and group sessions are offered specifically to traveller communities at Bagworth and Harborough Children’s Centres. There may be an impact on the users of these services and groups, if they do not meet service thresholds.</p> |
|  | <p><b>Religion or Belief</b></p> | <p>Of the 794 respondents to the consultation 55% identified as having no religion, and 40% Christian. Less than 1% identified as Buddhist, Hindu, Jewish, Muslim, or Sikh, and 3% as having another religion or belief. It should be noted that religion is not a key factor affecting the delivery of this service and is therefore not relevant to the analysis.</p>  |
|  | <p><b>Sex</b></p>                | <p>89% of respondents to the consultation were women, 11% men and 1% identify as other.</p> <p>Of the 26,526 Early Help Service users that accessed our services in 2017/18 63% were female and 36% were male (1% did not specify their gender).Of the 22,167 Children’ Centre users in 2017/18 66% were female and 33% were male (1% did not specify their gender).</p>   |

**Comment [WB3]:** Is it relevant anywhere to comment (positively) that there are a lot of faith based groups around (numerous in Loughborough certainly run by Hindu and Christian community groups – probably lots more) that cater for particular groups / needs, eg toddler groups, debt counselling, ‘start rite’ groups for parenting, lunch clubs, etc. Just realised this comment could be relevant to the previous section on Race.

V.06 04.06.18

|   |                           |   |
|---|---------------------------|---|
|   |                           | Whilst both males and females will be affected by changes to the service and locations of the centres, large numbers of adult females will be affected, as detailed in Q15 and also in sections relating to Age, and Pregnancy and Maternity.   |
|   | <b>Sexual Orientation</b> | Of the 794 respondents to the consultation 94% identified as being straight/heterosexual, 2.5% bisexual, .0.2% lesbian and 3% other. It should be noted, however, that the sexual orientation of parents is not a determining factor in the delivery of any of the Early Help services, and is therefore not relevant to this analysis.   |
| <b>The following groups whilst not protected, are relevant to the Early Help service and will be affected by the proposals.</b> |                           |   |
|   | <b>Urban/Rural</b>        | <p><i>Groups likely to be affected:</i></p> <p>27% of all Early Help service users in 2017/18 live in rural areas<sup>2</sup>.compared to 30% of the total Leicestershire population<sup>3</sup>. A further breakdown on a centre by centre basis is provided in the Centre Profiles in Appendix <a href="#">x</a>.</p> <p><i>Impacts:</i></p> <p>Service users living in rural areas whose nearest centre will be closed or redesignated might have to travel further to access a service; however they may also be impacted by accessing a service that is still local but in a different location e.g. a community setting.</p> <p><i>Particular barriers applicable to this group:</i></p> <p>Potential lack of appropriate public transport or increased journey times which are not possible for those with young children, using a pushchair, or for parents of school aged children who need collecting from school. Public transport could also be costly and may not be affordable.</p> |
|   | <b>Deprivation</b>        | <p><i>Groups likely to be affected:</i></p> <p>42% of Early Help Service users live in the 30% most deprived areas of Leicestershire compared to 31% of the overall Leicestershire Population<sup>4</sup>.</p> <p>Further details by centre are included in the Centre Profiles in Appendix <a href="#">x</a>.</p>  |

<sup>2</sup> using the ONS urban rural classification 2011.

<sup>3</sup> based on the ONS Mid Year Estimates 2016) and the ONS 2011 Urban Rural classification as Census Output Area level.

<sup>4</sup> Based on the ONS Mid Year Population estimate for 2016 (total of 682,957 people living in the County) and the Indices of Deprivation 2015, Income Deprivation Affecting Children domain (IDACI).

V.06 04.06.18

|  |                                     |   |
|--|-------------------------------------|---|
|  |                                     | <p><i>Negative Impacts:</i><br/>This group may be impacted when accessing services if they are required to travel further and barriers include the potential high cost of public transport or the availability of public transport if they have to rely on this form of transport.</p> <p>As with the previous group, they may also receive a service locally within a community setting which would then mitigate this impact.</p>   |
|  | <p><b>Teenage/Young Parents</b></p> | <p><i>Groups likely to be affected:</i><br/>There were 174 teenage parents (parents under 20) known to the Children’s Centre service in 2017-18. This figure is potentially higher where they are not known to the service. The Early Help evaluation identified 17% of families had had a teenage pregnancy.</p> <p>Teenage parents are a key target group for Children’s Centre services and some centres currently offer specific groups for these service users.</p> <p><i>Negative impacts:</i><br/>This group will be impacted by the service changes, e.g. if these groups are no longer offered or particularly where they are currently held at centres proposed for redesignation, which means they would have to travel further to access services.</p> <p><i>Particular barriers applicable to this group:</i><br/>Access to transport and affordability could be more difficult for this group</p> |
|  | <p><b>Mental Health</b></p>         | <p><i>Group likely to be affected:</i><br/>The Early Help evaluation identified 64% of families as having low level adult mental health – this is the largest adult need identified in the evaluation. In addition, 59% had other adult mental health issues.</p> <p><i>Negative impacts:</i><br/>There may be an impact on mothers or parental mental health and potentially levels of post-natal depression if new mothers/parents do not get the right support, if there is reduced support or as services change and they are unsure how to access or have to access unfamiliar services or centres.</p> <p><i>Particular barriers applicable to this group:</i></p> <ul style="list-style-type: none"> <li>• attending unfamiliar settings or meeting unfamiliar faces rather than workers they know and trust</li> <li>• having to travel on public transport may be more</li> </ul>                      |

V.06 04.06.18

|  |  |  |
|--|--|--|
|  |  | <p>distressing or impossible</p> <ul style="list-style-type: none"> <li>• not being able to drop into a familiar or local building</li> <li>• attending large groups may be stressful</li> <li>• Busy, unwelcoming buildings that are not purpose built may also provide additional barriers to some families requiring support</li> </ul>   |
|  | <b>Isolation/Limited support Network</b> | <p><i>Group likely to be affected:</i><br/>The Early Help Evaluation identified that 47% of service users had no or limited support networks.</p> <p><i>Negative impacts:</i><br/>This group could be impacted by the proposed changes if services reduce and they are no longer available to them increasing their isolation or if they must travel further to access services, particularly groups.</p> <p><i>Particular barriers applicable to this group:</i><br/>No or limited public transport or longer journey times. Parents of children of school age may then not be able to access services if journey times are increased.</p>  |
|  | <b>Domestic Abuse</b>                    | <p><i>Groups likely to be affected:</i><br/>The Early Help evaluation identified that 36% of respondents were child victims and 52% were adult victims of domestic abuse. Some of these service users were more likely to receive services from the SLF service. Domestic abuse is often linked to other needs; mental health, child behaviour, child aggression, high levels of poor parenting and teen pregnancy.</p> <p><i>Negative impacts:</i><br/>This group will be impacted by the service changes should they become more targeted or should their nearest centre close requiring them to travel further to access services.</p> <p><i>Particular barriers applicable to this group:</i></p> <ul style="list-style-type: none"> <li>• Accessing public transport may be distressing</li> <li>• Affordability of public transport</li> <li>• Not being able to drop into a centre</li> <li>• Attending an unfamiliar setting or meeting unfamiliar staff.</li> </ul> |
|  | <b>Drugs/Alcohol Misuse</b>              | <p><i>Groups likely to be affected:</i><br/>The Early Help evaluation identified that 5% of service users had a child with a drug misuse issue and 2% from alcohol misuse. 10% of adults had drug misuse issues and 10% alcohol misuse</p> <p><i>Negative impacts:</i></p>   |

V.06 04.06.18

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|  |   | The evaluation highlighted that attending groups or sessions supported some sufferers of substance misuse and therefore if the service becomes more targeted and service users do not meet eligibility there will be a negative impact on this group.   |
|  | <b>Violent and Aggressive Behaviour/ASB</b> | <p><i>Group likely to be affected:</i><br/>The Early Help evaluation identified 53% of service users / respondents had a child with violent or aggressive behaviour and 54% of families are in unstable or disruptive relationships.</p> <p><b>Can the service managers provide more info here?</b></p> <p><i>Negative impacts:</i></p> <p><i>Positive impacts:</i></p> <p><i>Particular barriers applicable to this group:</i></p>   |
|  | <b>Financial Difficulties</b>               | <p><i>Group likely to be affected:</i><br/>The Early Help Evaluation identified that 62% of respondents of adults were on work related benefits, with 65% of families being heavily reliant on benefits, some 56% were experiencing family financial difficulties and 26% were in rent arrears.</p> <p><i>Negative impacts:</i><br/>The combination of these factors may influence the ability to attend a centre that has a greater travelling distance. The other thing to consider is that presently some centres offer targeted group support, support with DWP or understanding benefit or help paying bills and if this offer is withdrawn this group will be adversely affected.</p> <p><i>Particular barriers applicable to this group:</i><br/>Any change to service provision that has a financial implication for the service users e.g transport costs.</p> |
|  | <b>Carers</b>                               | <p><i>Groups likely to be affected:</i><br/>The Early Help Evaluation identified that 9% of respondents were child carers and 21% were adult carers.<br/>Currently some centres offer services specific to this group.</p> <p><i>Negative impacts:</i><br/>If the services change or reduces this will have a negative impact on this group.</p>  |
|  | <b>Asylum seekers, refugee community</b>    | <p><i>Groups likely to be affected:</i><br/>Whilst we know that a number of asylum seeking</p>  |

**Comment [NS4]:** More detail from the service managers.

V.06 04.06.18

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|  |  | <p>children access Children’s social care, the number accessing services through Early Help is small. Current information tells us that there are asylum seeking families in the Melton area who have accessed the SLF service and a small number in the Market Harborough and Charnwood areas but no group specific services are offered.</p> <p><i>Particular barriers applicable to this group:</i><br/>Language barriers and financial difficulties. However it should be noted that the same holistic assessment would apply to this group of people when accessing services.</p> |
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| <b>20.</b> | <p>Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?</p> |  |
|            |  | <b>Comments</b>  |
|            | <b>Part 1: The Convention- Rights and Freedoms</b>   |  |
|            | <b>Article 2: Right to life</b>  | <b>N/A</b>   |
|            | <b>Article 3: Right not to be tortured or treated in an inhuman or degrading way</b>   | <b>N/A</b>   |
|            | <b>Article 4: Right not to be subjected to slavery/ forced labour</b>  | <b>N/A</b>   |
|            | <b>Article 5: Right to liberty and security</b>  | <b>N/A</b>   |
|            | <b>Article 6: Right to a fair trial</b>  | <b>N/A</b>   |
|            | <b>Article 7: No punishment without law</b>  | <b>N/A</b>   |
|            | <b>Article 8: Right to respect for private and family life</b>   | <p>Some respondents to the consultation suggested that the proposals could be an additional burden on families that already face a large number of difficulties in everyday life. Proposals could result in increased stress, poorer health, diminished ability to work, and strain on family relationships. As identified on page 14 in order for the new service to be effective some disclosure of personal information is needed and will continue to operate in line with Data Protection and information sharing</p> |

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|  | requirements.  |
| <b>Article 9: Right to freedom of thought, conscience and religion</b>                 | <b>N/A</b>   |
| <b>Article 10: Right to freedom of expression</b>                                      | <b>N/A</b>   |
| <b>Article 11: Right to freedom of assembly and association</b>                        | <b>N/A</b>   |
| <b>Article 12: Right to marry</b>  | <b>N/A</b>   |
| <b>Article 14: Right not to be discriminated against</b>                               | Some consultation responses viewed the proposals as discriminatory against vulnerable groups, such as families with low income or mental health difficulties, where greater travel distance might be required to access services, and would result in greater inequality between those groups and non vulnerable families.   |
| <b>Part 2: The First Protocol</b>  |  |
| <b>Article 1: Protection of property/ peaceful enjoyment</b>                           | <b>N/A</b>   |
| <b>Article 2: Right to education</b>   | <p>Consultation responses viewed the Children's Centres in particular and the Children's Centre Programme vital for the social and cognitive development of young (0-5) children, and a vital mainstay of children's early education including 'school readiness' due to the social and experiential benefits for children. As a result of the proposals some respondents felt that some children would not be able to attend and that their future outcomes would deteriorate as a result.</p> <p>The proposed Family Wellbeing Service will continue to work with families to support and enable students to access education, including supporting them to take up 2 and 3 year Free Early Education Entitlement where they are eligible and may also supporting families to seek alternative education provision as appropriate and improving education attendance</p> |
| <b>Article 3: Right to free elections</b>  | <b>N/A</b>   |
| <b>Section 3</b>   |  |
| <b>C: Mitigating and Assessing the Impact</b>  |  |
| Taking into account the research, data, consultation and information you have reviewed |  |

**Comment [NS5]:** Need service view on this suggestion. This is taken from the HR part of the screening doc – should this go in the mitigation at the end instead?

**V.06 04.06.18**

| and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.  |  |   |                                   |   |  |
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| <b>21.</b>   | If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.   |   |                                   |   |  |
| <p>Based on the feedback from consultation and from research there is a potential adverse impact or discrimination for some families.</p> <p>The impact is justified although is not necessarily applicable across the board as different families find themselves in different scenarios. The following impacts are justified:</p> <ul style="list-style-type: none"> <li>• Limited local availability of provision results in longer journey time impacting the ability of some parents to take their children to a centre due to other commitments</li> <li>• Affordability of travel costs particularly those from low income families or those with disabled children . For those service users who will still meet eligibility criteria, services will be provided locally to them, either in the home or at a community venue or some service users may be transported to our centres.</li> <li>• Service users will access Health services e.g health visiting service in particular elsewhere e.g GPs surgeries.</li> </ul> |  |   |                                   |   |  |
| <p>N.B.</p> <p>i) If you have identified adverse impact or discrimination that is <u>illegal</u>, you are required to take action to remedy this immediately.</p> <p>ii) If you have identified adverse impact or discrimination that is <u>justifiable or legitimate</u>, you will need to consider what actions can be taken to mitigate its effect on those groups of people.</p>   |  |   |                                   |   |  |
| <b>22.</b>   | <p>Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.</p> <ul style="list-style-type: none"> <li>a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination</li> <li>b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed</li> <li>c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why</li> </ul> |   |                                   |   |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><b><i>Negative impacts/barriers</i></b></th> <th style="text-align: left;"><b><i>Proposed mitigation</i></b></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• No longer receiving a service as the service reduces and becomes more targeted.</li> <li>• LCC led universal services could no longer be available to service users</li> </ul> </td> <td style="vertical-align: top;"> <p>In the consultation the following was suggested for people to access support (Q17) “knowing what is on offer where and when” “Good publicity of services available so people know the services are still available even if not on the doorstep.”</p> <p>To mitigate against service users no longer receiving services, better online</p> </td> </tr> </tbody> </table>  |  | <b><i>Negative impacts/barriers</i></b> | <b><i>Proposed mitigation</i></b> | <ul style="list-style-type: none"> <li>• No longer receiving a service as the service reduces and becomes more targeted.</li> <li>• LCC led universal services could no longer be available to service users</li> </ul> | <p>In the consultation the following was suggested for people to access support (Q17) “knowing what is on offer where and when” “Good publicity of services available so people know the services are still available even if not on the doorstep.”</p> <p>To mitigate against service users no longer receiving services, better online</p> |
| <b><i>Negative impacts/barriers</i></b>  | <b><i>Proposed mitigation</i></b>  |   |                                   |   |  |
| <ul style="list-style-type: none"> <li>• No longer receiving a service as the service reduces and becomes more targeted.</li> <li>• LCC led universal services could no longer be available to service users</li> </ul>  | <p>In the consultation the following was suggested for people to access support (Q17) “knowing what is on offer where and when” “Good publicity of services available so people know the services are still available even if not on the doorstep.”</p> <p>To mitigate against service users no longer receiving services, better online</p>   |   |                                   |   |  |



V.06 04.06.18

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|  | <p>advice and information will be available to service users, and we will work closely with our partners and refer service users to external organisations where applicable.</p> <p>When developing eligibility thresholds, we will consider those who are most in need or who could be unfairly disadvantaged by the changes.</p>  |
| Receiving a different service from the current offer e.g. attending a drop in session at a centre or community venue instead of having a case worker visit them at home  | Affected services users will be supported through this transition.  |
| <p>Further travel to another building where their nearest centre is set to close<br/>Difficulties accessing public transport if further travel is required and if</p> <ul style="list-style-type: none"> <li>• it is not available in the area,</li> <li>• if it is costly and not affordable to some</li> <li>• because of the difficulties of accessing public transport with a pushchair or for those with a disability</li> <li>• longer journey times are not do-able for parents who need to collect school aged children</li> <li>• having to travel on public transport may be more distressing</li> </ul> | <p>If service users are required to travel further and it is unaffordable or not available, or is problematic due to their needs the following mitigation may apply;</p> <ul style="list-style-type: none"> <li>• the service users with the greatest needs may be provided with transport to a venue</li> <li>• services may be provided locally in community setting</li> <li>• services for some will continue to be provided within the home</li> </ul> <p>As the service model is further developed, and eligibility criteria is determined the above mitigation will be considered.</p> |
| Not being able to 'drop in' to a local building for support.   | Possible mitigation suggestions made through consultation were<br>Telephone support for service users.  |
| Attending an unfamiliar building with unfamiliar staff. (Service users with poor mental health / anxiety issues)   | The service will aim as far as possible to ensure consistent staff are provided at community venues. Where suitable and available the same venues will be used in communities.<br>Buildings will be assessed for suitability for people with mental health issues.<br>Affected services users will be supported through this transition.  |
| Language barriers for non-English speaking service users   | Where service user still meet eligibility interpreters to support service users.  |
|  | For vulnerable groups identified above, where targeted services are currently offered, consideration will need to be given when developing the new service to continue to offer some specific services to   |

V.06 04.06.18

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|  | alleviate any disadvantage to these groups.   |
| <b>Section 3</b>   |   |
| <b>D: Making a decision</b>  |   |
| <b>23.</b>   | Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights. |
| <p>As long as the mitigations are accepted and approved as part of the final proposals, it is believed that the new service would meet LCCs responsibilities in these areas.</p> <p>The EHRIA considers each of the potentially negative impacts which have been identified, and discusses how they could be mitigated. It should be noted that whilst it is possible to mitigate the impacts as far as possible there may still be an adverse impact experienced by some families. Members are asked to read the analysis and to consider the adverse impact identified and the degree of mitigation which is, or is not, possible.</p> <p>In particular Members will wish to be satisfied that the outcomes for children, particularly the most disadvantaged, would not be adversely affected to the extent of compromising the duty to have sufficient Childrens Centres to meet local need .)</p> |   |

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| <b>Section 3</b>   |   |
| <b>E: Monitoring, evaluation &amp; review of your policy</b> |   |
| <b>24.</b>   | <p>Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact?</p> <p>Will we be reviewing at a given point in time the impact the changes have had on certain user groups.</p>   |
| <b>25.</b>   | <p>How will the recommendations of this assessment be built into wider planning and review processes?<br/><i>e.g. policy reviews, annual plans and use of performance management systems</i></p> <p>If the proposals receive approval, this would take effect from April 2019 following a HR Action plan and finalisation of plans for retained buildings and disposal plans in place for those not being retained. A post implementation review of the new service would be built in 3-6 months after go live to ensure those impacted are not discriminated against and that families, and stakeholders such as Health Visitors continue to be able to access the new service</p> <p>By retargeting our services to those most in need, regardless of their background and protected characteristics and having regard to local circumstance. We know engagement of families is critical to enabling change and we are committed to overcoming the barrier to involvement that some difference can present.</p> |

Comment [NS6]: Need service input

Comment [JA7]: Service check – they would need to sign up to that

**Section 3:  
F: Equality and human rights improvement plan**

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

| Equality Objective   | Action  | Target   | Officer Responsible                                 | By when    |
|--|---|--|---|------------|
| Children and Youth from deprived or disadvantaged families are unable to afford travel costs to new centres resulting in inability to access provision | 3-6 post implementation review  | Ensure deprived or disadvantaged families can continue to access provision following service changes | Not sure who goes in here, Chris T, Jane, or Paul M | April 2019 |
| Monitor and review the situation once the proposals are implemented  | Ongoing monitoring of impact<br><br>Inform Members and consider further mitigation if the outcomes are more negative than anticipated | To ensure no unforeseen effects have occurred  | The service?  | Ongoing    |
| A meeting is scheduled to draft an action plan with the service on 6/06/18.  |   |  |   |            |

V.06 04.06.18

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## Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your [Departmental Equalities Group](#) and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to [louisa.jordan@leics.gov.uk](mailto:louisa.jordan@leics.gov.uk), Members Secretariat, in the Chief Executive's department for publishing.

### Section 4 A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

Equality and Human Rights Assessment Screening

Equality and Human Rights Assessment Report

1<sup>st</sup> Authorised Signature (EHRIA Lead Officer): .....

Date: .....

2<sup>nd</sup> Authorised Signature (DEG Chair): .....

Date: .....