

**When completing this Equality Impact Assessment, please refer to the accompanying guidance document available on the intranet [here](#).**

**Part 1: Basic details**

<b>Project title</b>	Early Help Review
<b>Is this a new or existing document/service?</b>	Existing
<b>Responsible officer</b>	Sara Turnbull
<b>Job title</b>	Transformation Programme Manager
<b>Contact no.</b>	
<b>Team</b>	Early Help
<b>Service</b>	Education
<b>Business Unit</b>	Children's Services
<b>Date started</b>	June 2018
<b>Date completed</b>	31 Jan 19 (and kept under review following the outcome of a Cabinet decision)

**Part 2: Purpose and Objectives**

<b>2.1</b>	<b>What is the purpose of the project or change?</b>	The Early Help Review seeks to redesign an effective, efficient, and financially sustainable, Early Help service for Buckinghamshire to improve services for children and families. Currently, the County Council's early help services are not reaching children and families in need effectively. Analysis has shown only 15% of the children and families who currently access the Council's early help services in the scope of the review have been assessed as needing to access additional support. <sup>1</sup>
<b>2.2</b>	<b>What are the key objectives of the project or change?</b>	<ul style="list-style-type: none"> <li>• To improve outcomes for children and families by transforming the way in which services are delivered.</li> <li>• To ensure services are delivered within the financial resources available.</li> <li>• To ensure contacts, referrals and repeat referrals to social care reduce, and, children and their families receive the right support at the right time.</li> <li>• To ensure early help support is co-ordinated and aligned to social care provision.</li> <li>• To enable the tracking of outcomes across all early help services to provide evidence of impact and</li> </ul>

<sup>1</sup> Early Help Review Options Appraisal Appendix 2 - research report on prevalence and need.

<https://democracy.buckscc.gov.uk/documents/s121169/Appendix%20%20Research%20report%20on%20Prevalance%20and%20Needs.pdf>

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		<p>demonstrate sustainability.</p> <p>To achieve these project objectives a new integrated Family Support Service is proposed to be set-up which aims to:</p> <ul style="list-style-type: none"> <li>• Support vulnerable children and families to enable them to thrive and achieve positive outcomes.</li> <li>• Integrate services wherever possible to create stronger partnerships which make effective use of all resources and improve family and community resilience.</li> <li>• Improve access to services and reduce duplication to enable children and families needing our support to tell their story only once.</li> <li>• Evidence the impact of early help to reduce cost pressures on statutory services.</li> </ul>
2.3	<p><b>Which other functions, services or policies may be impacted?</b></p>	<p>The functions and service areas within the scope of this review are:</p> <ul style="list-style-type: none"> <li>• Buckinghamshire Family Information Service.</li> <li>• Children’s Centres.</li> <li>• Advice and support for young people provided by Connexions/ Adviza.</li> <li>• Family Resilience Service.</li> <li>• Barnardo’s Support for Parents.</li> <li>• Youth Service.</li> <li>• Support services: Families First &amp; Early Help Panel teams.</li> </ul> <p>The Council’s early help services work is part of a wider system of support to families provided by a variety of organisations. Stakeholders have been consulted and engaged as part of the consultation process (see BMG consultation report Appendix 1 to the Cabinet decision report).</p>
2.4	<p><b>Who are the main stakeholders impacted by this project or change?</b></p>	<ul style="list-style-type: none"> <li>• District Councils.</li> <li>• Buckinghamshire Clinical Commissioning Group.</li> <li>• Buckinghamshire College Group.</li> <li>• Buckinghamshire Healthcare NHS Trust.</li> <li>• Schools and Early Years Providers.</li> <li>• National Probation Service.</li> <li>• Parent Carers Forum.</li> <li>• NHS England.</li> <li>• Oxford Health Foundation NHS Trust.</li> <li>• Public Health.</li> <li>• Thames Valley Police.</li> <li>• Thames Valley Probation (Community Rehabilitation Company).</li> </ul>

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		<ul style="list-style-type: none"> <li>• Youth Offending Service.</li> <li>• Voluntary and Community Sector.</li> <li>• Service users of early help services, as well as more widely children and families 0-19 (and up to age 25 for those with special educational needs).</li> <li>• BCC employees in scope of the Early Help Review.</li> <li>• Providers and employees in scope of the Early Help Review.</li> </ul>
2.5	<b>Which other stakeholders may be affected by this project or change?</b>	<p>Many organisations provide support to children and families, not just the County Council. Effective early help relies upon local organisations working together to identify children and families who would benefit from early help; undertaking an assessment of need; and providing targeted early help services to address those assessed needs.</p>

### Part 3: Data and Research

3.1	<b>What data and research has been used to inform this assessment?</b>	<p><b>What data and research has been used to inform this assessment?</b></p> <p><b>Pre-consultation Research</b> The County Council undertook a range of pre-consultation research prior to going out to formal consultation on proposals. The Council published an options appraisal which includes an overview of the different evidence considered, as well as a research report delivered in-house and a pre-consultation qualitative research report carried out by BMG Research. Copies of the pre-consultation documents are available to view online at: <a href="http://www.buckscc.gov.uk/earlyhelp">www.buckscc.gov.uk/earlyhelp</a></p> <p>The qualitative research included in-depth interviews with residents and partners, as well as a workshop with both groups to ensure their views were included in the design of proposals.</p> <p>Quantitative research looked at needs, population density and changing demand to identify where support should be targeted. A research report was compiled to present an in-depth analysis of the profile of need for early help services in Buckinghamshire and the profile of existing service use. This report collated and analysed a variety of data, intelligence, web-resources, policy and guidance from local, regional and national sources in order to build a comprehensive picture of early help in Buckinghamshire and establish a clear needs assessment.</p> <p><b>Demographic data and needs analysis</b></p>
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Buckinghamshire has a total population of approximately 534,700. 30% of the population is aged 0-24 years, slightly higher than the South East (24%). The population overall has increased by 29,400 (4.6%) from 2011 to 2016 and is projected to increase by 107,200 (20%) from 2015 to 2039. Although a largely rural or semi-rural county, a quarter of residents live within the towns of Aylesbury and High Wycombe. A third of residents live in rural areas, compared to 20% across the South East (ONS Mid-Year Estimates 2015).

Approximately 122,200 children and young people under the age of 18 years live in Buckinghamshire. This is 22.9% of the total population in the area (534,700 people), which is slightly above the English average of 21.3%. Currently, the population aged 0-19 tends to be clustered to the South of Buckinghamshire in Wycombe, Chiltern and South Buckinghamshire. There are fewer young people in the more rural areas. By 2031, Aylesbury and Wycombe will be home for 70% of 0-19 year olds.

Buckinghamshire is home to an increasingly diverse population - 21% of the 0-19 year old population is of an ethnic minority (Black and Minority Ethnic or Black, Asian and Minority Ethnic (BAME), compared to the South East average of 14% (based on Census 2011). It is estimated that the BAME population aged 0-19 year will reach 47,000 by 2031 compared to 26,000 in 2011, making Asian and Asian British the largest groups in the younger and adult populations. To accommodate the rising population in the County, significant development is anticipated in Buckinghamshire including the need for affordable housing. From 2013–2033 it is estimated that there is a need for 9,600 affordable homes and 15,000 top of the range dwellings across Buckinghamshire. The majority of new house builds will be around Aylesbury and High Wycombe and around the northern county border with Milton Keynes.

Around two thirds of demand for Children's Services is situated in:

- Aylesbury and High Wycombe, which together account for approximately half of all service users.
- Chesham is the next biggest town in terms of service users - between 5 and 8%.
- Buckingham, Amersham, Burnham & Lent Rise, Beaconsfield, Marlow and Princes Risborough all have high proportions of service users across all of the six in-scope services.
- Rural areas account for between 5% and 11% of service users depending on the service.

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Factors affecting families who may benefit from early help include:

- Population growth.
- Housing growth.
- Deprivation.
- Protected characteristics.

The drivers of population growth among children and young people in Buckinghamshire are mainly due to:

**Births**—Between 6,000 to 6,300 births annually (birth rates are higher in the most deprived 20% of Buckinghamshire 72 compared to 62 average births per 1,000 women in Buckinghamshire).

**Migration**—Families with young children and adults often move to Buckinghamshire, and a large proportion of young people aged 15 -19 years leave the county.

**Housing growth**—Latest estimates suggest that the population of Buckinghamshire is 534,700. 30% of the population are aged 0-24 years, which is slightly higher than for the south east region (24%).

**Deprivation**—Deprivation is often linked to higher levels of need within communities around the county. It is used as an indicator of need, and although it is not the only predictor for actual need in the community, it is regarded as a substantial contributing factor.

Buckinghamshire is the second least deprived county council in England according to the 2015 Indices of Multiple Deprivation (IMD). At a district level, Chiltern district is the third least deprived local authority (out of 326 local authorities) in England, and the least deprived in Buckinghamshire, ahead of South Bucks (25th least deprived), Wycombe (34th) and Aylesbury Vale (44th).

Nevertheless, there are pockets of more significant deprivation in local areas of the county.

The most deprived Buckinghamshire residents are situated in Aylesbury and High Wycombe. Aylesbury Vale is the only district with areas in Rank 2 (the worst rank for Buckinghamshire for overall deprivation), located in Quarrendon and Southcourt.

### **Family centre Locations**

The locations of family centres proposed are set out in

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Appendix 4 of the Cabinet decision papers. The data as set out in the Council's needs assessment was a critical factor in determining locations, alongside other factors such as geographical spread of sites.

### **Population data and protected characteristics**

As part of the Council's needs assessment research was carried out to identify information on the service user profile and wider potential population who may benefit from early help services. Key information known is summarised below:

**Age differences**—A comparison of projected changes from 2016 to 2031 identifies substantial differences between districts. The largest growth across all age groups is expected in Aylesbury Vale, which is also where the highest population of young people in Buckinghamshire is expected (38% of estimated 0-19 year old population by 2031).

Highest growth is expected in the 10-14 year old and 15-19 year old categories, supporting the need for effective services to meet the needs of families with teenagers as well as those with young children.

### **Age & service user profile**

Early help services are open to all parents/carers regardless of their age. Currently there are different age ranges of children that individual services support. The predominant service users are those accessing universal services at children's centres which focus on supporting families with children 0-5.

**Disability**—Disability is an indicator for potential need for early help services. The Joint Strategic Needs Assessment (JSNA) chapter on Special Education Needs and Disabilities (SEND) has identified an increase in the number of children aged 0-16 years taking up the Disability Living Allowance, with particular increases in Aylesbury Vale. 1 From 2012 to 2015, there was a 9% increase in claimants. As well as the number of children who will be eligible for SEND services, complexity of need has increased.

Children and young people with SEND are 15% more likely to be eligible and claiming free schools meals.

13.4% of the population said in the 2011 Census that they had a long-term health problem or disability limiting their day-to-day activities to some extent, 7.8% reported that their activities were limited a little and 5.6% said that they were limited a lot. Buckinghamshire has similar proportions across districts.

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### **Disability and service user profile**

The disability of early help service users overall is not data currently held. However, children's centre service user data shows that children are more likely to have a disability (15% compared with a 1% average across the county).

This data may reflect that some targeted sessional activities are delivered at children's centres by health such as CAMHS provision, as well as reflecting disability as one indicator of need.

**Gender**—The gender breakdown in Buckinghamshire is 51% female and 49% male, which is similar to national average.

### **Gender & service user profile**

Early help services are open to be accessed by all regardless of gender. The gender profile is different for each individual service within scope of this review. For example, the Family Resilience Service gender profile is broadly similar to the general population. In contrast, the profile of children's centre service users is predominately female (75% of registered users in 2017/18) which is also reflective of the profile of survey respondents.

**Pregnancy and Maternity**—There were 7,244 conceptions in Buckinghamshire in 2013. In 2014, there were 5,989 live births of which over a third were born to mothers from Aylesbury Vale or Wycombe district. Mothers in Buckinghamshire have a slightly older age profile than England but the majority of mothers are aged between 30-34 years at the time of delivery. Mothers in the most deprived quintile of the population have a higher birth rate than in the least deprived quintile.

### **Pregnancy/Maternity & service user profile**

No overview data is held by the Council on the pregnancy/maternity and service users. However, many of the existing range of services that are delivered at children's centres are specifically targeted at new mothers such as anti- and post-natal health services. Whilst these services are out of scope of this review they are often delivered from children's centre buildings.

**Marriage and civil partnerships**—In the 2011 Census, 54% of the Buckinghamshire population described themselves as married, 28.8% as single, 8.1% divorced, 6.5% widowed, 2.3% separated and 0.2% registered in a same-sex civil partnership. The proportion of the population married was higher, whilst the proportion of those who were single,

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divorced, widowed or separated or in same sex civil partnerships was lower than the regional and national averages.

The 2011 census estimated that there are about 33,556 coupled families and 12,338 lone parents living across Buckinghamshire.

No data is held on the service user profile in regard to this protected characteristic.

**Race**—In Buckinghamshire, 21% of the 0-19 year old population are from Black and Minority Ethnic or Black, Asian and Minority Ethnic (BAME) backgrounds, compared to the South East average of 14% (based on Census 2011). There has been an increase in BAME groups compared to white groups – with an increase of 82% from 2001 – 2011 and a forecast increase of 62% in BAME groups from 2011 – 2031 across the Buckinghamshire population.

It is estimated that the BAME groups aged 0-19 year will increase to 47,000 by 2031 from 26,000 in 2011. Asian and Asian British are expected to be the largest groups. In 2011, the BAME population is much younger than the white population in Buckinghamshire.

It is estimated that there will also be distinct differences by town across the community with High Wycombe and Greater Aylesbury likely to see the greatest increases in BAME population growth by 2033.

There are a disproportionate number of people from BAME backgrounds who have repeat contact with social care. The JSNA also identified that almost a third of people living in the most deprived areas of Buckinghamshire are of non-white ethnicity compared to 6% in the least deprived areas.

Race & service user profile

The ethnicity profile of early help service users overall is not data currently held. However, in regard to children's centre service user data shows that children are more likely to come from BAME ethnic groups (30% compared with 21% Bucks average).

**Religion or belief**—The 2011 Census is the most up to date data source for religion or belief in Buckinghamshire. This showed that 69% of people in Buckinghamshire stated that they followed a religion (compared to 68% in England). The 0-19 year old population differ slightly to the Buckinghamshire average. A lower proportion reported to be Christian (53.7%)

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compared to the Buckinghamshire average (60.5%) and a higher proportion reported to be Muslim (8.4%) compared to Buckinghamshire (5.1%).

A high proportion of 0-19 year olds stated they were Muslim in Wycombe (14%) but this figure is lower for Chiltern (4%) and South Bucks (4%). There were slightly higher numbers of Sikh and Hindu groups in the South Bucks district of the county compared to the rest of the county.

No overview data is held by the Council on the religious profile of service users. Council services are open to all.

**Sexual Orientation and Transgender** —The Buckinghamshire Joint Strategic Needs Assessment estimated that there are likely to be approximately 7,500 people aged 16 and over who consider themselves gay/lesbian/bisexual.

No data is held on the service user profile in regard to either sexual orientation or transgender. Services are open to all.

### **Public Consultation**

BMG Research was commissioned by the Council to deliver a consultation survey. A copy of the consultation report is set out in Appendix 1 of the Cabinet decision papers. The key issues arising from the consultation in relation to protected characteristics were:

**Age**—Respondents to the consultation survey were predominantly a younger profile than the Bucks average. This is reflective of the service user profile of early help services.

Approximately half (49%) of consultation respondents were aged 35-49, and just under a third (31%) of respondents were aged 25-34. 10% of respondents were aged 50-64, 3% were aged 18-24, 3% came from the over 65s, and 1% of individuals responding to the consultation were aged 16-17. A further 1% preferred not to say.

Overall those from all age groups who responded to the survey were more likely to support the Council's preferred option B, which is what is proposed to Cabinet, setting up an integrated Family Support Service to operate via a network of family centres.

However, respondents were significantly more likely to prefer Option A if they were aged 25 to 34 or 35 to 49 (33% and 30% respectively in comparison to the average of 26% support for option A).

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**Disability**—Around one-tenth (10%) of respondents identified themselves as having a longer term physical or mental health condition or illness which reduces their ability to carry out day-to-day activities, while four-fifths (82%) said this was not the case, 1% did not know and 6% preferred not to say. Four-fifths (82%) of respondents do not have any children with long-term mental or physical health problem, while 13% said this was the case. 1% did not know, 2% preferred not to say, and 1% stated this was not applicable.

The proportion of respondents who expressed the view that option B would have a negative impact on their family is higher amongst those with a physical or mental health issue (39%), in comparison to 27% overall.

**Gender and Pregnancy/Maternity**—The majority of survey respondents were female (610) which is reflective of the service user profile of children's centre users.

Whilst option B was the preferred option for all demographic groups, option A is more likely to be the preference when the respondent has a child under 5 or aged 5 to 9 (32% for each); and if the respondent is currently or has been pregnant in the last year (33%), in comparison to the average of 26% across all respondents.

In the open-text consultation responses a key theme was concerns about the accessibility of services if children's centres closed. In particular, a practical concern was raised in regard to how parents (and particularly women as the primary carers) might be able to access a proposed family centre if there was not a direct and accessible bus journey.

In response to this concern, the Council has made changes to the locations of the proposed family centres. Overall, 2 additional family centres are proposed to maximise accessibility in Ivers and east Wycombe. Accessibility was a key factor considered in all site locations (see Appendix 3 of the Cabinet papers on site locations).

**Race**—Overall those from all age groups who responded were more likely to support the Council's preferred option B.

However, respondents were significantly more likely to prefer option A if they were from a BAME background (40% in comparison to the average of 26% for option A).

Whilst the Council has no evidence of a negative impact of the proposals in relation to ethnicity, and has evidence of positive impact arising from the service design model, the

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		<p>consultation feedback indicates that there will need to be an effective communications plan to alleviate any concerns in implementing service changes.</p> <p><b>Religion</b>—Just under half (46%) of consultation respondents identified as Christian; at the 2011 census, 60.5% of Buckinghamshire’s residents did so. The ‘no religion’ group accounts for over a third (35%) of questionnaire respondents, compared with 24% of Buckinghamshire’s residents as a whole. A further 5% of survey respondents identified as Muslim, while 1% were Hindu, 1% Sikh, and an additional 2% belonged to a different religion; these figures are all broadly similar to the proportions given by Buckinghamshire residents overall at the 2011 census.<sup>2</sup></p> <p>Those identifying as Christian were significantly more likely to prefer option B, with 62% doing so, while Muslims were significantly less likely to prefer option B (42%).</p>
3.2	<p><b>Have any complaints on the grounds of discrimination been made in relation to this project?</b></p>	No
3.3	<p><b>Please provide evidence of these.</b></p>	N/A
3.4	<p><b>What <u>positive</u> impacts have been established through research findings, consultation and data analysis?</b></p>	<ul style="list-style-type: none"> <li>• The proposed model targets resources at supporting the most vulnerable children and families. We know that our current early help services are not reaching those families who need help most—only 15% of the families accessing the Council’s early help services in 2017/18 had an identified need for support.</li> <li>• Better support for families through ensuring stronger co-ordination and join-up of support across partner organisations, particularly with health and schools.</li> <li>• The retention of delivery sites across Buckinghamshire will maintain the accessibility of the service locally as well as via access through outreach by family support workers and online/telephone support.</li> <li>• Greater potential for flexible responses to changing demography and need, due to the number of localised delivery sites which can be varied to reflect increase/decreasing need or population.</li> <li>• Enhanced Buckinghamshire Family Information Service and on-line resource to enable increased opportunities for self-help.</li> </ul>

<sup>2</sup> 2011 Census data available at:

[https://webarchive.nationalarchives.gov.uk/20140712011717tf\\_/http://www.buckscc.gov.uk/community/research/2011-census/](https://webarchive.nationalarchives.gov.uk/20140712011717tf_/http://www.buckscc.gov.uk/community/research/2011-census/)

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		<ul style="list-style-type: none"> <li>• Each school will have a named link family support worker within an area team to ensure the timely identification of families in need and develop support plans. This will help schools to address the rising level of ECHP and increase SEN support.</li> <li>• Increased outreach capacity through integration of services ensuring support plans for children and families are collaborative, clear and effective.</li> <li>• <b>Age</b>—The proposals for change include setting up an integrated family support service which supports families with children 0-19 (up to 25 for those with special educational needs). The family centres would enable increased access to support for families with older children with a wider remit than the current children’s centres which are for families with children 0-5.</li> <li>• <b>Disability</b>—The increased targeting of the service at the more vulnerable should have a positive overall impact for disabled children and families.</li> <li>• <b>Gender</b>—Targeted support for those in need including specialist practitioners in key areas including SEND, domestic abuse and parenting. This specialist support may be particularly beneficial to women so have a positive gender impact reflecting the societal demography of women as primary carers. Currently, there are low numbers of male parents who access children’s centre services. Introducing a more targeted approach provides the opportunity to consider how best to engage with this group to enhance service provision.</li> <li>• <b>Pregnancy/Maternity</b>—Targeted support for those in need is a key aspect of the service design including greater integration of service working with health, which should have a positive impact on this group.</li> <li>• <b>Race</b>—Increased targeting work is aimed at avoiding problems getting worse and the need for social care interventions. There are a disproportionate number of people from BAME backgrounds who have repeat contact with social care. Therefore, the design of the new model, if effective, will have a positive impact in relation to this protected characteristic.</li> </ul>
3.5	<p><b>What <u>negative</u> impacts have been established through research findings, consultation and data analysis?</b></p>	<ul style="list-style-type: none"> <li>• There will be fewer opportunities for the identification of families through children’s centres. However, this would be offset by improved liaison with schools, early years settings, and health to support increased early identification. A core function of the integrated area teams will be to identify families in need.</li> <li>• There will be a reduced number of fixed delivery sites</li> </ul>

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across the county. However this is replaced by more integrated services, outreach work and increased accessibility to family support services through a variety of ways including easier self-referral. Targeted services will remain accessible and the Council will support access to universal services through direct delivery at family centres and through the wider work of the service in promoting community provision.

- **Age**—The service design model is assessed as having an overall positive impact for families 0-19 (and for children up to the age of 25). However, it is recognised that some parents/carers with children 0-5 have expressed concern about the closures of children's centres, as can be seen in the survey responses.
- **Disability**—The service model is assessed as having an overall positive impact for children and families with disabilities, as a result of targeted provision to those with additional needs. However, in areas where children's centres are to close parents who wish to access universal/open access stay and play baby/toddler activities may need to look to other community/private provider alternatives. As the profile of children accessing children's centres is disproportionately children with disabilities this is identified as a potential negative impact and a need for mitigation through ensuring that parents are aware of the range of local community activities available.
- **Gender**—The service model is assessed as having an overall positive impact for women and men. However, in those areas where children's centres are to close, users who wish to access universal/open access stay and play baby/toddler activities may need to look to other community/private provider alternatives. As the profile of children's centre users is disproportionately female (75%) this is identified as a potential negative impact and a need for mitigation through ensuring that parents are aware of the range of local community activities available.
- **Pregnancy/Maternity**—The service model is assessed as having an overall positive impact for pregnancy/maternity. However, in those areas where children's centres are to close there may be a disproportionate impact on mothers as a result of the need for possible changes in some locations of where health services are delivered in future. This is mitigated by both the alternate use of buildings proposal where ongoing health delivery will be maintained in some de-designated sites and further by the commitment of both Public Health and Buckinghamshire Health Trust to localised delivery for their client group, even if this

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		<p>means identifying alternate local delivery sites where continued use of children’s centre buildings cannot be maintained.</p> <ul style="list-style-type: none"> <li>• <b>Race</b>—The service model is assessed as having an overall positive impact on race. However, respondents were significantly more likely to prefer Option A if they were from a BAME background (40% in comparison to the average of 26% for option A). This evidence supports the need for mitigation through an effective communications plan which is targeted at different groups, including BAME groups, on the service changes.</li> </ul>
3.6	<b>What additional information is needed to fill any gaps in knowledge about the potential impact of the project?</b>	As part of the implementation planning, the new Family Support Service will ensure that data on protected characteristics is collected on the profile of service users. This will help the service to monitor and target services to different groups to increase the accessibility of services, meet needs, and improve the outcomes of different groups.

### Part 4: Testing the impact

<p>Within this table, please indicate (✓) whether the project will have a positive, negative or neutral impact across the following nine protected factors and provide relevant comments.</p> <p><i>Note 1: Listing a negative outcome does not mean the project cannot continue.</i></p> <p><i>Note 2: This is an opportunity to identify and address issues for improvement</i></p>						
		Positive Impact	Negative Impact	Neutral Impact	What evidence do you have for this?	Improvement Actions Required
4.1	Age	✓	✓		<p>Positive—Family centres set-up to provide support to families with children 0-19, wider than the current remit of children’s centres 0-5.</p> <p>Negative—In areas where children’s centres are closed parents/carers of children 0-5 will be impacted and may wish to access alternative provision e.g. community run baby and toddler groups/activities or travel to their nearest family centre.</p>	Buckinghamshire Family Information Service website to be enhanced to signpost to local community family activities.
4.2	Disability	✓	✓		<p>Positive—increased targeting supports this group.</p> <p>Negative—A disproportionate number of children accessing children’s centre services are disabled therefore will be impacted by the closure of children’s centres. In addition, the survey responses indicated that those with physical or mental health issues had higher levels of negative views about the potential impact of option B on their</p>	An effective communications implementation plan to be put in place, including continuing engagement with key groups such as FACT, to ensure that services are designed and communicated to parents of children with disabilities.

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					families.	
4.3	Gender	✓	✓		<p>Positive—increased targeting of provision provides opportunity for specialist support with health and support for fathers.</p> <p>Negative—In those communities where children’s centres are closed, parents (particularly mothers) may need to access alternative provision (such as community run baby and toddler activity sessions).</p>	<p>Creation of three new posts in the service dedicated to building community capacity.</p> <p>Improvements to the Buckinghamshire Family Information Service Website.</p> <p>Closer working with health providers to enable earlier identification of need.</p>
4.4	Marriage / Civil Partnership			✓		
4.5	Pregnancy / Maternity/ Paternity	✓	✓		<p>Positive—increased targeting of services to those in need will improve accessibility for this group.</p> <p>Negative—In areas where children’s centres are closed, the locations of where anti-natal and post-natal care is delivered from may need to change.</p>	<p>The Council has been working closely with BHT and other health partners to mitigate this risk. In many of these buildings services will continue unaffected by agreement of the new lease holder (predominately schools).</p> <p>Health partners are committed to continuing localised health delivery and will be identifying local alternative venues as needed.</p>
4.6	Race	✓	✓		<p>Positive—A key objective of the new service design is to prevent problems getting worse and the need for social care interventions. The service will be targeted at this group to improve outcomes.</p> <p>Negative—The survey results indicated disproportionate support for alternative service design models.</p>	<p>As part of the communications plan for the launch of the new service, engagement with BAME communities will be critical.</p>
4.7	Religion/ Belief			✓		
4.8	Sexual Orientation			✓		
4.9	Transgender			✓		
4.10	Carers	✓	✓		<p>Positive—The new service is designed to maximise support for carers who need additional support.</p> <p>Negative—Where children’s centres are closing carers may want/need to access alternative universal open access activities e.g. stay and play baby/toddler groups.</p>	<p>Buckinghamshire Family Information Service website to be improved to signpost to local community family activities.</p>

## Equality Impact Assessment Template

### **Part 5: Director / Head of Service Statement**

<p>I am fully aware of the duties required of Buckinghamshire County Council (BCC) under the Equality Act 2010 and I have read our Equality Strategy.</p> <p>I am satisfied that this Equality Impact Assessment shows that we have made every possible effort to address any actual or potential unlawful discrimination.</p>	<b>Name:</b> Gareth Morgan
	
	<b>Signature</b> <b>Date:</b> 31 January 2019