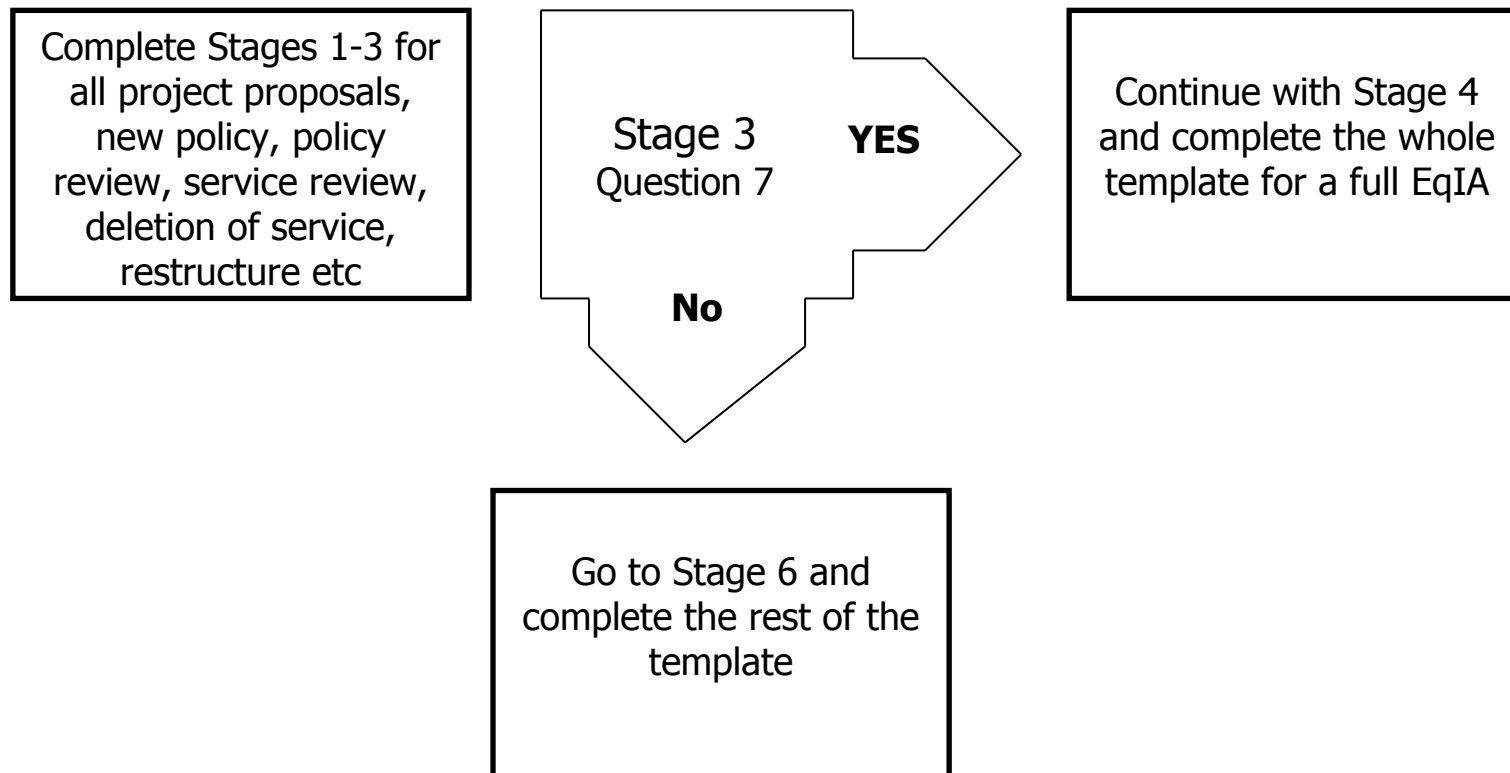


Appendix 2 Equality Impact Assessment Template

The Council has revised and simplified its Equality Impact Assessment process. There is now just one Template. Project Managers will need to complete **Stages 1-3** to determine whether a full EqIA is required and the need to complete the whole template.



Equality Impact Assessment (EqIA) Template

In order to carry out this assessment, it is important that you have completed the EqIA E-learning Module and read the Corporate Guidelines on EqIAs. Please refer to these to assist you in completing this assessment.

It will also help you to look at the EqIA Template with Guidance Notes to assist you in completing the EqIA.

Type of Project / Proposal:	Tick ✓	Type of Decision:	Tick ✓
Transformation/consultation	x	Cabinet	x
Capital		Portfolio Holder	
Service Plan		Corporate Strategic Board	
Other		Other	
Title of Project:	<p>Children’s Centre Consultation (as part of EIS/CS savings)</p> <p>Proposal to remodel and to close some Children’s Centres and Children’s Centre delivery sites.</p>		
Directorate / Service responsible:	Children’s Services/ Early Intervention		
Name and job title of lead officer:	Hilary O’Byrne Children’s Centre Project Lead		
Name & contact details of the other persons involved in the assessment:	<p>Kamini Rambellas – civic 1 ext 6978 / Performance intelligence – Sita Mistry – civic 1 ext 8140/stakeholder group- Joy Collins – civic 1 ext. 8856 / Priya Ganatra – civic 1 ext. 5237/Rachelle O’Byrne – 020 8736 6222 /Gemma Williams – 020 8416 8400</p>		
Date of assessment:	on-going from 24/09/14 – 15 January 2015		
Stage 1: Overview			
<p>1. What are you trying to do?</p> <p>(Explain proposals e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)</p>	<p>The aim of this proposal is to reduce the amount of children centres as part of the Early Intervention service in the Children and Families Directorate in order to achieve council savings of £16 million over the next 4 years. Children’s Centres provide support and assistance to families with children aged under 5, and some for those above, to achieve better outcomes for children and their families. Children’s Centres statutory guidance, April 2013</p> <p>The core purpose of children’s centres is to improve outcomes for young children and their families, with a particular focus on families in greatest need of support in order to reduce inequalities in:</p> <ul style="list-style-type: none"> Child development and school readiness Parenting aspirations and parenting skills; and Child and family health and life chances <p>Harrow has 16 Children’s Centres providing a range of early education, care and support services to young children and their families. The Children’s Centres are currently grouped in three Hubs with 5 lead full core offer centres and eleven delivery sites. We are currently consulting on</p>		

proposals to reduce the number of Children's Centre (CC) as part of the expected savings within the council and specifically within Children's Service Directorate. There are 3 new CC model options being consulted on - each model means a **reduction** in venues and reach to deliver CC services, and within the reduced models a **reduction** of staffing levels in some roles, and **deletion** of some posts will be required. In one model **an increase** in some grade positions is included. Other service providers will be impacted upon e.g. health provision, commissioned services, preschools provision and school communities.

A greater focus on targeted services and a reduction in the universal offer could lead to a public perception of stigmatisation with a lower voluntary take up of services by families that need them the most and missed opportunities for prevention and early intervention. There is a need to ensure that the Council's Children's Centres continue to provide universal and targeted services to meet the needs of the local communities; have the flexibility to respond to changes to promote a sustainable model; and are able to meet increasing pressures from changing demography.

The three models proposed are:

- Option 1: Retain 3 full core offer Children's Centres and 4 centre delivery points.
- Option 2: Retain 3 full core offer Children's Centres and 6 centre delivery points.
- Option 3: Retain 2 full core offer Children's Centres and 10 centre delivery points.

Option 1:

Children's Centres: Kenmore Park, Cedars and Grange

Delivery points: Elmgrove, Stanmore Park, Earlsmead and Hillview.

This would involve **closing** the following sites:

- Whitefriars
- Chandos
- Pinner Wood
- Gange
- St. Josephs
- Rayners Lane
- The Pinner Centre
- Vaughan
- Roxbourne

Option 2:

This option proposes retaining 3 Children's Centres and 6 'delivery points':

Children's Centres: Kenmore Park, Cedars and Hillview

Delivery points: Gange, Chandos, Stanmore Park, Whitefriars, Grange and Pinner Wood

This would involve **closing** the following sites:

- Rayners Lane
- Vaughan
- Roxbourne
- St Josephs

- Earlsmead
- The Pinner Centre
- Elmgrove

This option also includes expenses for the Pinner Centre and Elmgrove buildings: This allows for the possibility of community-run projects

Option 3:

This option proposes retaining 2 Children's Centres and 8 'delivery points':

Children's Centres: Cedars and Hillview

Delivery points: Kenmore Park, Gange, Chandos, Stanmore Park, Whitefriars, Grange, Elmgrove and Pinner Wood

This would involve **closing** the following sites:

- Rayners Lane
- Earlsmead
- St Josephs
- Vaughan
- Roxbourne
- The Pinner Centre

This option also includes expenses for the Pinner Centre building: This allows for the possibility of community-run projects

Following consultation there is much opposition to making any changes to the Children's Centres sites and services with strong views about the impact on children's learning and development and strong views about the impact from the potential loss of support, advice and guidance for parents. These views, in one way or another, are echoed throughout the responses to the consultation.

In recognition by some of the need to make savings Option 3 emerges as the preferred option to be implemented.

Option 1

34.13% strongly disagree or disagree

24.00% strongly agree or agree

27.78% either did not respond or 'don't know'

14.09% were neutral

Option 2 lift

34.33% strongly agree or agree

23.41% strongly disagree or disagree

26.24% did not respond or 'don't know'

15.48% were neutral

	<p>Option 3 44.45% strongly agree or agree 19.84% strongly disagree or disagree 22.42% did not respond or 'don't know' 13.29% were neutral</p> <p>Recommendation Following the responses to 12 posed questions, designed with the intention of hearing the views and voice of; users, staff, partners and other interested parties about a future preferred model the recommendation to council is to approve Option 3 as the preferred future model, namely:</p> <p>Retain 2 Full Core Offer Children's Centres at Cedars and Hillview</p> <p>Operate 8 "delivery sites" that will continue to offer access to some of the early childhood services on behalf of the 2 children's centres.</p> <p>Option 3. Option 3 offers the most places to provide Children's Centre services reaching as far as possible albeit through a reduced number of centres. The expectation is that those most in need of support are reached.</p> <p>It is clear that there will be an overall impact on communities because of reducing the number of centres and hence impacting on the proximity to people's homes. However no one particular community within LSOA's would need to be disproportionately impacted upon.</p> <p>Full monitoring of centre reach to families will continue to take place. There is opportunity for outreach work within the model and increased partnership working, particularly with schools. Health services have been retained as far as is possible and retaining Pinner building offers the opportunity for reduced impact in the Pinner area. Relocation of services has been planned to reduce any impact on those most in need of support.</p>					
<p>2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</p>	Residents / Service Users	*	Partners	*	Stakeholders	*
	Staff	*	Age	*	Disability	*
	Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity	*

	Race	*	Religion or Belief		Sex	*
	Sexual Orientation		Other			
<p>3. Is the responsibility shared with another directorate, authority or organisation? If so:</p> <ul style="list-style-type: none"> • Who are the partners? • Who has the overall responsibility? • How have they been involved in the assessment? 	<p>Responsibility is not shared however there are key partners involved in service delivery in centres and therefore a small stakeholder equality group will be formed and will plan to meet on 3 occasions through the process.</p> <p>This stakeholder group, although not attended by some key partners, was a proactive and positive way of ensuring that we gained the views of all communities and partners in Harrow and in particular to reflect the users of the centres.</p>					

Stage 2: Evidence / Data Collation

4. What evidence / data have you reviewed to assess the potential impact of your proposals? Include the actual data, statistics reviewed in the section below. This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys; complaints etc. Where possible include data on the nine Protected Characteristics.

(Where you have gaps (data is not available/being collated), you may need to include this as an action to address in your Improvement Action Plan at Stage 7)

Age (including carers of young/older people)	<p>The reduction in Children Centres will affect children, their families e.g. parents, stakeholders, partners including partners in statutory services and voluntary sector services and some staff members.</p> <p>It is clear that families with children under 5 and their parents/carers will be affected by these proposal as they are the highest percentage of users access the children's centre services. There are also specific services for children over the age of five that will be affected and the consultation includes information about reviewing services for over five year olds that cannot continue to be met through CC funding which is specifically for under-fives. (small numbers of 5-12 years). The greatest impact would be on the Children's Centres services which are positioned in areas of deprivation using the demographic data from the previous decision making. (CC's were set up to be within a 1.5 mile pram pushing distance of each geographical community). Children's Centres provide services that are universal and targeted to mixed communities and this could affect the range and availability including proximity of access to service delivery for these families.</p> <p>There could be the potential impact on BME children and disabled children because of the nature of services and the vulnerability of the children that need services such as Speech and Language Therapy and support for children who have English as an additional language. However the discarded option of reducing to 1 centre did mitigate this, there will be a number of centres and our priorities will be to meet the needs of those most in need of centres help and support.</p> <p>Harrow generic data and Children's Centre specific data have been used to support decision making in putting forward the options for the future. Decisions have been made to minimise the impact on the users of centres and redesign of CC approach using the LSOA's and SOA's has been reviewed and considered for each option. A specific approach to supporting health provision to continue has been collated to 'reassign' where services that are no longer available in centres that close can be accessed elsewhere across the network; this has been done for each option and it is clear that each option will have a different impact. However each model does have a reassignment approach, and the impact is aligned with the number of centres e.g. the lower the number the greater the impact, the higher the number the lesser impact – an impact on reach to those not in LSOA's will occur for each proposed model.</p> <p><u>Harrow data:</u> Children's Centres are primarily there to serve families with children in the Early Years age group: that is children aged from pre-birth -5 years.</p>
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Based on Census 2011 data:

- In total 6.7 per cent (15,916) of Harrow’s residents are children aged four and under in 2011.
- There has been a 32% (+3,900) increase in 0-4 year olds since 2001.
- 6.7 per cent (15,916) of Harrow’s residents are children aged four and under, compared to 5.8% (12,019) in 2001
- Harrow is ranked in the top quartile nationally for 0-4 year olds
- 81.6 per cent (12,991) of all children aged 0 to 4 in Harrow are from minority ethnic groups (all groups excluding White British). 44.8 per cent (7,134) of all Harrow’s young children are of Asian/Asian British ethnic origin, the largest ethnic grouping.
- There are pockets of high concentration of 0-4 year olds in central and south-west harrow.
- Approximately, 6,100 children (Age 0-5) live in the 30% most deprived areas of Harrow (based on the Index of Deprivation affecting Children)

The intention is to retain and/ or increase preschool places.

Nursery/Pre-Schools based in centres	689 families	84% from BME groups 62% from most deprived areas	A high % of nursery children live in deprived areas
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Key Features of Population / Focus areas around each Childrens Centre (Source: census 2011):

Centre	Characteristics
Cedars Centre (Main Ward: Harrow weald/Hatch end)	Includes 4 of the most deprived Lower super output areas in Harrow. High percentage of lone parent households. High percentage of low income households. Higher proportion of families with more than 3 children Lower level of attainment at age 5 (EYFSP) Social housing
Chandos (Main Ward: Edgware)	Includes 4 of the most deprived Lower super output areas in Harrow. High percentage of White Other families, in particular Romanian High proportion of Black African families High proportion of 0-4 year olds High proportion of families who cannot speak English or cannot speak English well. High percentage of lone parent households
Pinner Wood (Main ward: Pinner)	Includes 1 of the most deprived Lower super output areas in Harrow. High proportion of White British families
Stanmore Park (Main ward: Stanmore Park,	Includes 4 of the most deprived Lower super output areas in Harrow. High percentage of low income households Lower level of attainment at age 5 (EYFSP)

	Canons)	Social Housing
	Whitefriars (Main ward: Wealdstone)	Includes 5 of the most deprived Lower super output areas in Harrow. High proportion of 0-4 year olds High proportion of families who cannot speak English or cannot speak English well. High percentage of lone parent households High percentage of low income households High proportion of Asian Arab families High proportion of Black Caribbean families Social Housing
	Kenmore Park (Main ward: Kenton East, Queensbury)	Includes 8 of the most deprived Lower super output areas in Harrow. High proportion of 0-4 year olds High proportion of Asian families High percentage of White Other families High proportion of families who cannot speak English or cannot speak English well. Lower level of attainment at age 5 (EYFSP) High percentage of lone parent households High percentage of low income households Higher proportion of families with more than 3 children
	Gange (Main ward: Marlborough)	Includes 3 of the most deprived Lower super output areas in Harrow. High proportion of 0-4 year olds High percentage of lone parent households. High percentage of White Other families, in particular Polish High percentage of low income households Lower level of attainment at age 5 (EYFSP)
	Elmgrove (Main ward: Greenhill, Kenton West)	Includes 2 of the most deprived Lower super output areas in Harrow. High proportion of Asian families High percentage of White Other families High proportion of families who cannot speak English or cannot speak English well. Lower level of attainment at age 5 (EYFSP)
	St. Josephs (Main ward: Belmont)	Includes 3 of the most deprived Lower super output areas in Harrow. High proportion of Asian families High percentage of low income households
	Hillview (Main ward: Harrow on the Hill)	Includes 3 of the most deprived Lower super output areas in Harrow. High proportion of 0-4 year olds High proportion of Asian Other families High proportion of families who cannot speak English or cannot speak English well. Lower level of attainment at age 5 (EYFSP)
	Pinner Centre (Main ward: Pinner South)	Includes 1 of the most deprived Lower super output areas in Harrow.

Rayners Lane (Main ward: Roxbourne)	Includes 2 of the most deprived Lower super output areas in Harrow. High proportion of 0-4 year olds High proportion of Asian Other families High proportion of Black African families High percentage of lone parent households High percentage of low income households Social housing Higher proportion of families with more than 3 children
Roxbourne (Main ward: Rayners Lane)	Includes 2 of the most deprived Lower super output areas in Harrow. High proportion of families who cannot speak English or cannot speak English well. High percentage of Asian Other families
Grange (Main ward: West Harrow)	Includes 3 of the most deprived Lower super output areas in Harrow. High percentage of Mixed families
Earlsmead (Main ward: Roxeth)	Includes 2 of the most deprived Lower super output areas in Harrow. High percentage of Asian Other families High proportion of families who cannot speak English or cannot speak English well. Higher proportion of families with more than 3 children
Vaughan Road (Main ward: Headstone South/ West Harrow)	Includes 2 of the most deprived Lower super output areas in Harrow. High percentage of Asian Other families

Birth Rate Data

- The ONS live births for Harrow have substantially increased from 2,581 in 2001, to 3,088 in 2007 and to 3,585 in 2012 which is an increase of 39% since 2001.
- Of the 3,585 live births in 2012 69% were to non-UK born mothers. Of the 69% non-UK born mothers 51% were born in the Middle East & Asia, 29% in the European Union and 15% in Africa. A quarter of the mothers from the European Union were born in the 'New EU', which constitutes the twelve countries which joined the European Union (EU) between 2004 and 2012. Birth rates among British-born mothers have fallen from 1,307 births in 2001 to 1,126 in 2012.

Children's Centre Reach data (taken from eStart database)

As at 1st September 2014:

Harrow Reach data for 2 year period from: From 1st July 2012 up to 30th June 2014:

- 12,915 different families accessed Children's Centre services at least once.

- 15,788 carers/parents accessed Children's Centre services at least once.
- 11,360 Female Carers/Parents accessed Children's Centre services at least once.
- 3,789 Male carers/parents accessed Children's Centre services at least once
- 3,710 Fathers accessed Children's Centre services at least once.
- 665 known Lone Parent families accessed Children's Centre services at least once
- 104 Teenage parents accessed Children's Centre services at least once

Children

- 11,985 children under 5 accessed Children's Centre services at least once.
- 8,619 children seen were from BME (All groups except White British) groups (where Ethnicity was provided by the family – so the BME number is likely to be higher than reported). 37% of these BME children were of Asian Indian origin, 19% are White Other, 18% are Asian Other.
- 245 children seen with known disabilities/special needs

Hub level Reach data for 2 year period from: From 1st July 2012 up to 30th June 2014:

Cedars Hub (Cedars, Chandos, Pinner Wood, Stanmore Park,)

Approximately 85% of children living in the Reach areas around the Centres have accessed Children's Centres.

- 4,551 families accessed centres/services in the Cedars Hub
- 43% of these families live in the most deprived areas of Harrow
- 82% of these families are known to be from Black & Minority Ethnic (BME) Groups (i.e. non White British)
- Of the families from BME groups, the largest groups accessing the Hub are Asian Indian (38% families accessing), White Other (22%), Asian Other (15%), Black African/Other (8%)

Whitefriars

- Approximately 99% of children living in the Reach areas around the Centre have accessed Children's Centres.
- 2,453 families accessed centres/services at Whitefriars
- 57% of these families live in the most deprived areas of Harrow
- 90% of these families are known to be from Black & Minority Ethnic (BME) Groups (i.e. non White British)
- Of the families from BME groups, the largest groups accessing the Hub are Asian Indian (32% families accessing), White Other (21%), Asian Other (18%), Other Ethnic Group (10%)

Kenmore Hub (Kenmore Park, Elmgrove, Gange)

- Approximately 88% of children living in the Reach areas around the Centres have accessed Children's Centres.
- 1,586 families accessed centres/services in the Kenmore Hub
- 46% of these families live in the most deprived areas of Harrow
- 91% of these families are known to be from Black & Minority Ethnic (BME) Groups (i.e. non White British)
- Of the families from BME groups, the largest groups accessing the Hub are Asian Indian (39% families accessing), White Other (25%), Asian Other (16%), Black African/Other (6%)

St. Josephs

- Approximately 95% of children living in the Reach areas around the Centre have accessed Children's Centres.
- 1,586 families accessed centres/services at St Josephs
- 40% of these families live in the most deprived areas of Harrow
- 88% of these families are known to be from Black & Minority Ethnic (BME) Groups (i.e. non White British)
- Of the families from BME groups, the largest groups accessing the Hub are Asian Indian (41% families accessing), White Other (23%), Asian Other (17%), Black African/Other (6%)

Hillview Hub (Hillview, Grange, Pinner Centre, Rayners Lane, Roxbourne, Earlsmead, Vaughan Road NRC)

- Approximately 79% of children living in the Reach areas around the Centres have accessed Children's Centres.
- 5,218 families accessed centres/services in the Hillview Hub
- 33% of these families live in the most deprived areas of Harrow
- 81% of these families are known to be from Black & Minority Ethnic (BME) Groups (i.e. non White British)
- Of the families from BME groups, the largest groups accessing the Hub are Asian Indian (37% families accessing), Asian Other (22%), White Other (19%), Black African/Other (6%)

Number of Families Accessing Children's Centres

Centre	No. of Families Accessing Centres: 1st Jan '13–31st Aug '14 (Please note all centres are different sizes and have different capacity and staffing so it's not possible to make direct comparisons. For example those that offer certain services such as Health visitors & midwives are likely to have a higher no. of families accessing. Also some of the centres are not open during school holidays)
Cedars	2,238
Chandos	326
Pinner Wood	975
Stanmore Park	1,275
Whitefriars	2,118
Kenmore Park	2,113
Gange	1,263
Elmgrove	313
St. Josephs	1,378
Hillview	2,138
Pinner Centre	2,097
Rayners Lane	723
Roxbourne	212
Grange	305
Earlsmead	237
Vaughan Road	160

The proposal of reduction to children centres will affect families that have 0-5 year's children of all ethnic backgrounds

Summary of families Accessing Health Services at named Children's Centres

Pinner Centre.

Health services currently present at the Centre: Health Visitors, Midwives, Breastfeeding Support, Oral Health, 2 Year Checks

- On average, 640 families access Health Visitors at Pinner Centre on a yearly basis. 54% of these families live in the Pinner and Pinner South wards. 20% of these families come from north of the borough from areas such as Hatch End and Headstone North. 19% of families come from the south west of the borough from wards such as Rayners lane, West Harrow and Headstone South.
- On average, 114 families access midwives at Pinner Centre on a yearly basis. 48% of these families live in the Pinner and Pinner South wards. 24% of these families come from north of the borough from areas such as Hatch End, Harrow Weald and Headstone North. 24% of families come from the south west of the borough from wards such as Rayners lane, West Harrow and Headstone South.
- Options for relocating these plus other health services from the centre include Cedars, Hillview, Grange and Stanmore Park. There are direct bus links from Pinner Centre to Grange and Stanmore Park.

Pinner Wood

Health services currently present at the Centre: Midwives, Speech & Language Therapy, 2 Year Checks

- On average, 164 families access midwives at Pinner Wood on a yearly basis. 52% of these families live in the Pinner and Pinner South wards. 32% of these families come from north of the borough from areas such as Hatch End, Harrow Weald and Headstone North. 13% of families come from the south west of the borough from wards such as Rayners lane, West Harrow and Headstone South.
- On average, 106 families access Speech & Language Therapy services at Pinner Wood on a yearly basis. 39% of these families live in the Pinner and Pinner South wards. 33% of these families come from north of the borough from areas such as Hatch End, Harrow Weald and Headstone North. 17% of families come from the south west of the borough from wards such as Rayners lane, West Harrow and Headstone South. The remainder come from across the borough
- Options for relocating these plus other health services from the centre include Cedars, Hillview, Grange and Stanmore Park. (see appendix 1)

Rayners Lane

Health services currently present at the Centre: Health Visitors, Oral Health

- On average, 282 families access Health Visitors at Rayners Lane on a yearly basis. 79% seen from the south west of the borough from wards such as Rayners lane, Roxbourne, Roxeth, West Harrow, Pinner South and Harrow on the Hill. 10% of these families come from north of the borough from areas such as Pinner, Hatch End and Headstone North. 9% of these families come from centre of the borough such as Greenhill, Marlborough and Headstone South.
- Options for relocating these plus other health services from the centre include Grange, Earlsmead, Cedars and Stanmore Park. There are direct bus links from Rayners Lane to Grange, Hillview, Earlsmead, Stanmore Park and Elmgrove.

Gange

Health services currently present at the Centre: Health Visitors, Oral Health

- On average, 410 families access Health Visitors at Gange on a yearly basis. 77% of these families come from centre of the borough such as Greenhill, Marlborough, Wealdstone and Headstone South. 9% come from north of the borough from areas such as Hatch End, Harrow Weald and Headstone North. 9% also come from east of the borough from wards such as Queensbury, Belmont, Kenton East and Kenton West.
- Options for relocating these plus other health services from the centre include Elmgrove and Cedars.

St.Josephs

Health services currently present at the Centre: Health Visitors, Oral Health, 2 Year Checks

- On average, 437 families access Health Visitors at St Josephs on a yearly basis. 65% come from east of the borough from wards such as Queensbury, Belmont, Kenton East, Kenton West, Edgware, Stanmore Park and Canons. 24% of these families come from centre of the borough such as Greenhill, Marlborough, Wealdstone and Headstone South. 8% come from north of the borough from areas such as Hatch End, Harrow Weald and Headstone North.
- Options for relocating these plus other health services from the centre include Kenmore Park and Cedars. There are direct bus links from St Josephs to Cedars.

Whitefriars

Health services currently present at the Centre: Midwives, Post natal Clinics, Breastfeeding, 2 Year Checks

- On average, 570 families access Midwives at Whitefriars on a yearly basis. 77% of these families come from centre of the borough such as Greenhill, Marlborough, Wealdstone and Headstone South. 15% come from east of the borough from wards such as Queensbury, Belmont, Kenton East, Kenton West, Edgware, Stanmore Park and

Canons. 6% come from north of the borough from areas such as Hatch End, Harrow Weald and Headstone North.

- On average, 520 families access Post Natal clinics at Whitefriars on a yearly basis. 78% of these families come from centre of the borough such as Greenhill, Marlborough, Wealdstone and Headstone South. 13% come from east of the borough from wards such as Queensbury, Belmont, Kenton East, Kenton West, Edgware, Stanmore Park and Canons. 7% come from north of the borough from areas such as Hatch End, Harrow Weald and Headstone North.
- Options for relocating these plus other health services from the centre include Kenmore Park and Cedars. There are direct bus links from Whitefriars to Hillview and Stanmore Park.

Summary of families Accessing Health Services at named Children's Centres

Pinner Centre.

Health services currently present at the Centre: Health Visitors, Midwives, Breastfeeding Support, Oral Health, 2 Year Checks

- On average, 640 families access Health Visitors at Pinner Centre on a yearly basis. 54% of these families live in the Pinner and Pinner South wards. 20% of these families come from north of the borough from areas such as Hatch End and Headstone North. 19% of families come from the south west of the borough from wards such as Rayners lane, West Harrow and Headstone South.
- On average, 114 families access midwives at Pinner Centre on a yearly basis. 48% of these families live in the Pinner and Pinner South wards. 24% of these families come from north of the borough from areas such as Hatch End, Harrow Weald and Headstone North. 24% of families come from the south west of the borough from wards such as Rayners lane, West Harrow and Headstone South.
- Options for relocating these plus other health services from the centre include Cedars, Hillview, Grange and Stanmore Park. There are direct bus links from Pinner Centre to Grange and Stanmore Park.

Pinner Wood

Health services currently present at the Centre: Midwives, Speech & Language Therapy, 2 Year Checks

- On average, 164 families access midwives at Pinner Wood on a yearly basis. 52% of these families live in the Pinner and Pinner South wards. 32% of these families come from north of the borough from areas such as Hatch End, Harrow Weald and Headstone North. 13% of families come from the south west of the borough from wards such as Rayners lane, West Harrow and Headstone South.
- On average, 106 families access Speech & Language Therapy services at Pinner Wood on a yearly basis. 39% of these families live in the Pinner and Pinner South wards. 33% of these families come from north of the borough from areas such as Hatch End, Harrow Weald and Headstone North. 17% of families come from the south west of the borough from wards such as Rayners lane, West Harrow and Headstone South. The remainder come from across the borough

- Options for relocating these plus other health services from the centre include Cedars, Hillview, Grange and Stanmore Park.

Rayners Lane

Health services currently present at the Centre: Health Visitors, Oral Health

- On average, 282 families access Health Visitors at Rayners Lane on a yearly basis. 79% seen from the south west of the borough from wards such as Rayners lane, Roxbourne, Roxeth, West Harrow, Pinner South and Harrow on the Hill. 10% of these families come from north of the borough from areas such as Pinner, Hatch End and Headstone North. 9% of these families come from centre of the borough such as Greenhill, Marlborough and Headstone South.
- Options for relocating these plus other health services from the centre include Grange, Earlsmead, Cedars and Stanmore Park. There are direct bus links from Rayners Lane to Grange, Hillview, Earlsmead, Stanmore Park and Elmgrove.

Gange

Health services currently present at the Centre: Health Visitors, Oral Health

- On average, 410 families access Health Visitors at Gange on a yearly basis. 77% of these families come from centre of the borough such as Greenhill, Marlborough, Wealdstone and Headstone South. 9% come from north of the borough from areas such as Hatch End, Harrow Weald and Headstone North. 9% also come from east of the borough from wards such as Queensbury, Belmont, Kenton East and Kenton West.
- Options for relocating these plus other health services from the centre include Elmgrove and Cedars.

St.Josephs

Health services currently present at the Centre: Health Visitors, Oral Health, 2 Year Checks

- On average, 437 families access Health Visitors at St Josephs on a yearly basis. 65% come from east of the borough from wards such as Queensbury, Belmont, Kenton East, Kenton West, Edgware, Stanmore Park and Canons. 24% of these families come from centre of the borough such as Greenhill, Marlborough, Wealdstone and Headstone South. 8% come from north of the borough from areas such as Hatch End, Harrow Weald and Headstone North.
- Options for relocating these plus other health services from the centre include Kenmore Park and Cedars. There are direct bus links from St Josephs to Cedars.

Whitefriars

Health services currently present at the Centre: Midwives, Post natal Clinics, Breastfeeding, 2 Year Checks

- On average, 570 families access Midwives at Whitefriars on a yearly basis. 77% of these families come from centre of the borough such as Greenhill, Marlborough, Wealdstone and Headstone South. 15% come from east of the borough from wards such as Queensbury, Belmont, Kenton East, Kenton West, Edgware, Stanmore Park and Canons. 6% come from north of the borough from areas such as Hatch End, Harrow Weald and Headstone North.
- On average, 520 families access Post Natal clinics at Whitefriars on a yearly basis. 78% of these families come from

	<p>centre of the borough such as Greenhill, Marlborough, Wealdstone and Headstone South. 13% come from east of the borough from wards such as Queensbury, Belmont, Kenton East, Kenton West, Edgware, Stanmore Park and Canons. 7% come from north of the borough from areas such as Hatch End, Harrow Weald and Headstone North.</p> <ul style="list-style-type: none"> Options for relocating these plus other health services from the centre include Kenmore Park and Cedars. There are direct bus links from Whitefriars to Hillview and Stanmore Park. 															
Disability (including carers of disabled people)	<p>245 individual children seen with known disabilities and special needs. Targeted speech and language and other services are delivered at designated centres. The intention is to retain these services through any model.</p> <p>Disability</p> <p>Children with disabilities are able to access all CC services and specific services are provided for children with identified SEN e.g. short breaks/play scheme/sensory rooms.</p> <p>Number of Families / Children Accessing January 2013 to September 2014</p> <p>Special Educational Needs/Disability services (includes Sensory Room) 1,069 families seen in the period above - 87% from BME groups 47% from most deprived areas. Quite high % reached from deprived area although these activities are focused on all groups in community, not just deprived.</p> <p>In the same period: Speech & Language Groups (includes TALK groups, SALT) 1,453 families - 89% from BME groups. 47% from most deprived areas. Quite high % reached from deprived although these activities are focused on all groups in community, not just deprived.</p>															
Gender Reassignment	<u>No data available.</u>															
Marriage / Civil Partnership	<table border="1"> <tr> <td>Children under 5 living in 30% most deprived Lower Super Output Areas</td> <td>3,925</td> <td>3188</td> <td>3410</td> <td>3197</td> </tr> <tr> <td>Teenage Parents</td> <td>58</td> <td>52</td> <td>63</td> <td>53</td> </tr> <tr> <td>Lone Parents</td> <td>375</td> <td>360</td> <td>468</td> <td>351</td> </tr> </table>	Children under 5 living in 30% most deprived Lower Super Output Areas	3,925	3188	3410	3197	Teenage Parents	58	52	63	53	Lone Parents	375	360	468	351
Children under 5 living in 30% most deprived Lower Super Output Areas	3,925	3188	3410	3197												
Teenage Parents	58	52	63	53												
Lone Parents	375	360	468	351												
Pregnancy and Maternity	<p>Children Centres are used by pregnant women and a range of ante natal midwifery, post natal and a range of health checks are delivered through the centres including healthy living and breastfeeding support.</p> <p>The intention is to retain the services, some may need to be relocated to other centres, and this will only be done where essential. Scrutiny of data informs us that women travel to centres currently. The distance would still be less for those that would have previously travelled to hospital services. E.g all maternity services used to be at NWL hospital wherever one lived in the borough. The impact would be greater if option 1 were chosen, however relocation plans have been considered for other options.</p>															
Race	BME communities are highly represented in usage of the centres.															

Harrow Reach data for 2 year period from: From 1st July 2012 up to 30th June 2014:

- 11,985 children under 5 accessed Children's Centre services at least once.
- 8,619 children seen were from BME (All groups except White British) groups (where Ethnicity was provided by the family – so the BME number is likely to be higher than reported). 37% of these BME children were of Asian Indian origin, 19% are White Other, and 18% are Asian Other.

It is not envisaged that there would be a disproportionate impact on BME compared to White groups; targeted services will be available in alternative centres. BME target groups are identified and this intelligence will be used to ensure that targeting to these groups continues and where necessary additional targeting processes will be implemented.

ESOL classes for speakers of other languages	379 families	52% from most deprived areas 32% from Asian other 28% from White Other 21% from Other Ethnic (includes Afghan)	A high % of ESOL attendees live in deprived areas which are as expected.
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Religion and Belief
The Children's Centres work with families with a range of religious views and beliefs. There is no expected impact on individuals or groups from any religious background or belief.

Sex / Gender
Women are overly represented as users of Children's Centres, which is an expectation as prenatal services are provided, and mothers are registered as main carers. Fathers from working families' access less. Fathers are welcome at all services in centres and specific fathers' services are available on Saturdays.
Staff at Centres are by nature of the work and in line with the national early years sector predominantly women and therefore potential redundancy will impact almost entirely on women.

From 1st July 2012 up to 30th June 2014: 3,710 Fathers accessed Children's Centre services at least once.
The consultation to date 9/12/2014 male/female/non-disclosure responses to the consultation have been as follows:
Male Total 6.09% Total of answers 7.07% Number 14 Female 80.00% 92.93% 184 [No Response] 13.91% -- 32 Total 100.00% 100.00% 230.
1 male staff member will be impacted upon whichever model is chosen, this post is a potential redundancy.

Fathers

At the end of the consultation the following analysis of data was undertaken.

- eStart data shows that 24% of all parents accessing centres are fathers. 14 individuals completing the consultation have indicated that they are a male which is 7% of all parents completing the survey. **This is a lower proportion than the 24% of fathers seen on eStart.** However, in the majority of cases Hub managers have reported that although father is present while the mother completes the survey, the survey response is

	generally submitted from the mother which explains the higher proportion of female responses. Also some of the responses would be from female staff members who are predominate in early years and Children's Centres.												
Sexual Orientation	<u>No data available.</u>												
Socio Economic	<p>The proposals will negatively impact in relation to a range of protected characteristics. Mitigation will be put in place through remaining provision but will be increasingly difficult if the most reduced service proposals are accepted. Travel to some centre's will mean longer journeys for parents – consideration will need to be given to length of groups so that the journey is considered 'worthwhile' for parents travelling longer distance. Bus and train routes have been planned for the potential changes. This could cause financial impact if more than 1 bus is used to arrive at a centre. In the main this will be a small percentage of families affected.</p> <p>January 2013 –September 2014</p> <ul style="list-style-type: none"> • 5,148 Families living in Harrow's most deprived areas have accessed Harrow's Children's Centres at least once from 1st January 2013 up to 1st September 2014. • 4,837 Children living in Harrow's most deprived areas have accessed Harrow's Children's Centres at least once from 1st January 2013 up to 1st September 2014 - 665 known Lone Parent families accessed Children's Centre services at least once - 104 Teenage parents accessed Children's Centre services at least once <p><u>Teenage parents</u></p> <ul style="list-style-type: none"> • eStart data shows that 0.5% of all parents accessing centres are teenage parents. 7 individuals completing the consultation have indicated that they are a teenage parent which is 3% of all parents completing the survey. This is a higher proportion than the 0.5% of teenage parents seen on eStart which indicates they have been fairly represented on the consultation responses so far. <p><u>Lone parents</u></p> <ul style="list-style-type: none"> • eStart data shows that 3.3% of all parents accessing centres are lone parents. 16 individuals completing the consultation have indicated that they are a lone parent which is 6.9% of all parents completing the survey. This is a higher proportion than the 3.3% of lone parents seen on eStart which indicates they have been fairly represented on the consultation responses so far. <p>Children from Workless Households: Number Reached in 2011 - 1,867 Number Reached in 2012 - 1852 Number Reached in 2013 - 1816 Number Reached in 2014 - 1524 (up to 31st October 2014)</p> <table border="1" data-bbox="645 1358 1944 1433"> <thead> <tr> <th></th> <th>2011</th> <th>2012</th> <th>2013</th> <th>2014 (to Oct)</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total of Target Groups</td> <td>11,409</td> <td>13,054</td> <td>13880</td> <td>12906</td> <td></td> </tr> </tbody> </table>		2011	2012	2013	2014 (to Oct)		Total of Target Groups	11,409	13,054	13880	12906	
	2011	2012	2013	2014 (to Oct)									
Total of Target Groups	11,409	13,054	13880	12906									

		Reach	
5. What consultation have you undertaken on your proposals?			
Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).
Parents/carers as users of centres Harrow community Staff in centres Staff in other service areas Schools Child-minders Preschools staff and parents Stakeholders e.g. CAB Health colleagues; Health Visiting Midwifery GP's PVI sector colleagues CCG Unions CC strategic group Commissioning Continued	Consultation paper Questionnaire: hard copy/online/Facebook/events/discussion groups/petition/feedback/letters/complaints/briefings/petitions/ attendance at meetings/EqIA group/dedicated email/dedicated telephone line.	The results show that people's concerns are much more about the impact for all children related to their care and development and their future outcomes. There is concern about travel to centres and this could have an impact on all families that will no longer have a centre as near to them irrespective of their characteristic. The options have taken account of the areas of most need and this mitigates this impact as far as is possible. Results show that retaining 10 places to deliver CC services is the preferred option, option 3, this will reduce the impact on travel and access to the support required and needed. The opportunity for schools to 'buy in' to CC delivery for families attending and due to transition to school. This can be via outreach and this will again mitigate the impact.	Remodelled original options following concerns re the impact of options put forward. Used demographic intelligence data from various sources and scrutinised the on-going collated data for CC delivery and planning. Used performance intelligence to scrutinise responses to ensure that all groups were represented. Used information to inform decision making about the 3 options being consulted on. Realigned LSOA's to each of the new models to minimise the impact. Commenced report; produced papers to explain the identified impact and offered solutions to arising issues e.g. health paper for CCG. Revised options to include some opportunities to reduce impact and generate income e.g. keeping additional buildings for income generation and social enterprise. Set up a good practice EqIA group.

<p>Continued</p>		<p>Information from stakeholder group scrutiny</p> <p>Age</p> <ul style="list-style-type: none"> eStart data shows that 86% of all CC users are Children Aged 0-5, 12% are children aged 5-12 and 0.6% are children aged 13 – 18. (We assume a large number of staff/other residents have completed the survey too hence the 16.87% stating ‘Other’) This age breakdown for Childrens centre usage is in similar proportion to the age breakdown on the survey response. There is no specific impact – the centre where most usage by teenagers is in all models. <p>Parents/Carers with Disabilities</p> <ul style="list-style-type: none"> eStart data shows that 0.5% of all parents accessing centres have stated they have a disability. 27 parents/adults with disabilities have responded to the consultation which is 5.3% of all adults/parents that have completed the survey (based on 504 responses). <p>This is a higher proportion than the 0.5% of parents with disabilities seen on eStart which indicates they have been fairly represented on the consultation responses so far.</p> <p>Children with Disabilities</p> <ul style="list-style-type: none"> eStart data shows that 0.6% 	
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		<p>of all children accessing centres have stated they have a disability. This is a higher proportion than the 0.6% of children with disabilities seen on eStart which indicates they have been fairly represented on the consultation responses so far. 31 individuals indicating they have a child with disabilities have responded to the consultation which is 6.1% of all adults/parents that have completed the survey (based on 504 responses). There were some impact issues raised by users e.g. proximity of centres to their home address or the school where a sibling attends.</p> <p>Teenage parents</p> <ul style="list-style-type: none"> eStart data shows that 0.5% of all parents accessing centres are teenage parents. 23 individuals completing the consultation have indicated that they are a teenage parent which is 4.5% of all parents completing the survey. This is a higher proportion than the 0.5% of teenage parents seen on eStart which indicates they have been fairly represented on the consultation responses so far. <p>Lone parents</p> <ul style="list-style-type: none"> eStart data shows that 3.3% of all parents accessing centres are lone parents. 33 individuals completing the consultation have indicated that they are a lone parent which is 6.5% of all parents completing the survey. This is a higher proportion than the 	
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		<p>3.3% of lone parents seen on eStart which indicates they have been fairly represented on the consultation responses so far and will not be specifically impacted upon.</p> <p>There will be no specific impact on lone parents.</p> <p>Ethnicity: Asian/Asian British</p> <ul style="list-style-type: none"> eStart data shows that 45% of Centre users are noted as being Asian Indian, Asian other or Asian Pakistani. This is similar to the consultation response of Asian/Asian British proportion of 43.5% Asian Indian and Asian Pakistani are shown to be well represented on consultation response with the proportions being similar to those on eStart In the EqIA December report update, the group under represented was the Asian Other community. The Jan report shows a significant increase in responses from the Sri Lankan/Tamil community which is good. The response from Afghan community is higher also but only 9 responses from Afghan community so this could have been slightly higher – but they may not have ticked the right box for their Ethnicity <p>Ethnicity: Black/Black british</p> <ul style="list-style-type: none"> eStart data shows that 5.6% of Centre users are noted as being Black African, Black Caribbean or Black Other. This is higher than the consultation response of Black/Black 	
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		<p>British proportion of 1.98%</p> <ul style="list-style-type: none"> • Black Caribbean are shown to be well represented on consultation response with the proportions being similar to those on eStart • eStart data shows 3.5% of all centre users are Black African and on the consultation only 0.43% are Black African. In the December report, the group under represented was the Black African community – in particular Somali. The Jan report shows the numbers responding from the Black ethnic groups has increased and is in line with the proportion of our centre users that are Black African. There has been an increase in numbers of responses from Black African & Somali since December which is a good improvement. <p>Ethnicity: White/White British</p> <ul style="list-style-type: none"> • eStart data shows that 33% of Centre users are noted as being White British, White Irish or White Other. This is lower than the consultation response of White/British proportion of 49% indicating a high proportion of this group have responded. • White British and White Irish are shown to be well represented on consultation response with the proportions being similar or higher to those on eStart • eStart data shows 19% of all centre users are White Other (mainly Romanian) and on the 	
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		<p>December report consultation only 10.4% are White Other/Polish/Romanian. Polish community. The Jan report shows There has been an increase in responses from these groups – however the total proportion of responses from White Other/Polish/Romanian groups is still slightly lower than we'd expect. However they may have ticked 'Other' as their Ethnicity</p> <p>Ethnicity: Mixed</p> <ul style="list-style-type: none"> eStart data shows that 1.95% of Centre users are noted as being of Mixed origin. This is similar to the consultation response of Mixed proportion of 2.17% indicating a fair proportion of this group have responded. <p>There is no specific impact on any ethnic group instead the impact is across all ethnicities and reorganisation accounts for reaching those most in need and the intention is that ways will be identified further to manage this should the performance intelligence data show that we are failing to reach specific groups e.g. via outreach/partnership working.</p>	
<p>6. What other (local, regional, national research, reports, media) data sources that you have used to inform this assessment?</p>		<p>Core purpose of Children's Centres Children's Centres statutory guidance, April 2013 CS self-assessment strategy</p>	

List the Title of reports / documents and websites here.	Our plan: Children and Families www.harrow.gov.uk/children Our participation Strategy (as above) The Child's Journey http://harrowhub.harrow.gov.uk/download/6082/making_a_difference Healthy Child strategy www.twoyearprogresscheck.org.uk Early years 2 year offer strategy (ESSO) CC data report (PI team) Estart reports (available on request) Schools data (schools performance team).
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Stage 3: Assessing Potential Disproportionate Impact

7. Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes	Yes	Yes			Yes			Yes	
No			No	No		No	No		No

YES - If there is a risk of disproportionate adverse impact on any **ONE** of the Protected Characteristics, continue with the rest of the template.

- Best Practice:** You may want to consider setting up a Working Group (including colleagues, partners, stakeholders, voluntary community sector organisations, service users and Unions) to develop the rest of the EqIA
- It will be useful to also collate further evidence (additional data, consultation with the relevant communities, stakeholder groups and service users directly affected by your proposals) to further assess the potential disproportionate impact identified and how this can be mitigated.

NO - If you have ticked 'No' to all of the above, then go to **Stage 6**

- Although the assessment may not have identified potential disproportionate impact, you may have identified actions which can be taken to advance equality of opportunity to make your proposals more inclusive. These actions should form your Improvement Action Plan at Stage 7

Stage 4: Collating Additional data / Evidence

8. What additional data / evidence have you considered in relation to your proposals as a result of the analysis at Stage 3? (include this evidence, including any data, statistics, titles of documents and website links here)	LSOA data, Postcode data, CC estart data, current usage of each centre, realignment of REACH, potential at other locations, target setting. Realignment of REACH areas REACH figures calculated Health paper (OByrne) EQUIA analysis work with a 2 page summary from Performance intelligence officer
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9. What further consultation have you undertaken on your proposals as a result of your analysis at Stage 3?			
Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).
<p>Clinical Commissioning Group Midwifery service</p> <p>Targeted approach to ensure that we heard views from all groups as our scrutiny of the responses highlighted the need to do this. This was successful.</p>	<p>Survey Objective recording system Face to face meeting Receipt of letter Offer to attend a fuller meeting</p> <p>Approached leads of specific communities e.g the faith schools/traveller liaison officer Contacted users of specific services highlighted the specific minority groups that needed to be 'heard'. Face to face approach, telephone contact.</p>	<p>Impact is mitigated through a considered plan to realign families to other available centres and therefore required support e.g maternity services. Option 3 as the preferred option reduces any impact considerably.</p> <p>Children's access to opportunities for care, learning and development emerged still as a main concern, along with support for parents, early intervention and safeguarding.</p> <p>Option 3 emerging as the preferred model will support the most opportunity to reach those that we need to reach. Opportunities for social enterprise will also support to allay issues raised.</p>	<p>Discussion with health colleagues CCG would like future discussions when the decision is made. Considered the health paper prepared will support a future model. Midwifery leads consider that the option 3 will mitigate the impact – no additional need. Relocation of health services to maintain the current reach will be implemented..</p> <p>The responses confirmed the thinking and planning that has been undertaken for the options to be put forward. Specific issues raised will be collated so that a paper can be written to support increased understanding of the centres and the reasons why decisions are made. Myths and misunderstandings were evident and the CC strategic group will take forward a piece of work to that effect.</p>
EqlA group	Meetings; see analysis appendix		

Stage 5: Assessing Impact and Analysis

10. What does your evidence tell you about the impact on different groups? Consider whether the evidence shows potential for differential impact, if so state whether this is an adverse or positive impact? How likely is this to happen? How you will mitigate/remove any adverse impact?				
Protected Characteristic	Adverse ✓	Positive ✓	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur. Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 9	What measures can you take to mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 7)
Age (including carers of young/older people)	✓		<p>Children over the age of five years:-</p> <p>The intention is that CC staff will not provide the services for over five year olds, with the exception of multi aged family activity sessions during holiday periods.</p> <p>After school clubs and holiday playschemes will be impacted upon.</p> <p>Private providers may need to be commissioned.</p> <p>Consultation specific to these services may need to follow.</p> <p>This affects 2 after school clubs and 2 holiday play schemes. A total of 221 families used the service in 1 year. Staff also support Hillview Nursery play scheme with 85 families attending in the same period.</p> <p>119 children are aged 0-5 (out of a total of 272 children altogether). As a percentage this is 44% of children age 0-5 So this impacts on 56% of users (at this time)</p> <p>For Hillview support - 57 children are aged 0-5 (out of a total of 98 children altogether). As a percentage this is 58% of children age 0-5. This impacts on 42% of users.</p> <ul style="list-style-type: none"> eStart data shows that 86% of all CC users are Children Aged 0-5, 12% are children aged 5-12 and 0.6% are children aged 13 – 18. This age breakdown is in similar proportion to the age breakdown on the survey response – however the proportion of responses from parents of children age 5-12 could be slightly higher <p>Teenage parents</p>	<p>The children that use these services are in the main from the schools attached to the Centre's. These were 'inherited' provision previously run by the youth service.</p> <p>Discussions with the schools are essential.</p> <p>There could be a negative impact on access to some families. The intention is for CC staff to reduce their work with over 5 year olds and alternative ways of providing the services for the older children will need to be considered e.g. schools providing the ASC or holiday scheme provision/ private sector provision/social enterprise opportunities.</p> <p>Increased targeting of After School clubs parents and parents accessing play-schemes services to complete consultation questionnaire. This took place and there were very few concerns raised about the reduction of the services for over 5's.</p> <p>Teenage parents do not need to be specifically targeted further for their views.</p>

			<ul style="list-style-type: none"> eStart data shows that 0.5% of all parents accessing centres are teenage parents. 7 individuals completing the consultation have indicated that they are a teenage parent which is 3% of all parents completing the survey. This is a higher proportion than the 0.5% of teenage parents seen on eStart which indicates they have been fairly represented on the consultation responses so far. 																						
Disability (including carers of disabled people)	√	√	<p>Impact for disabled children or disabled parents.</p> <p>237 of 248 responses did not have a child with a disability.</p> <p>Parents/Carers with Disabilities</p> <ul style="list-style-type: none"> eStart data shows that 0.5% of all parents accessing centres have stated they have a disability. 11 parents/adults with disabilities have responded to the consultation which is 4.7% of all adults/parents that have completed the survey (based on 230 responses). This is a higher proportion than the 0.5% of parents with disabilities seen on eStart which indicates they have been fairly represented on the consultation responses so far. <p>Concern is the proximity for those without vehicles; this impacts on all those without vehicles and that have a CC near to them that closes; available services for SEN, the intention is to sustain SEN services however children over age five may be affected as we will reduce services delivered by CC staff to over 5's; access to sensory rooms – it is the intention that these main sensory spaces will be retained.</p>	<p>Scrutinizing the data of responses received indicated that we had a lower than expected response from families with a disabled child, we therefore contacted key partners with the intention of increasing the response from this protected characteristic group.</p> <p>Following EqIA best practice group meeting the PI officer undertook further analyses and the position became clearer.</p> <p>Sensory room access remains in the 3 models</p> <p>Travel to these will not change</p> <p>Generic services provided in closely located spaces to schools will have an impact, if they close, for some families especially where they have a child with SEN and children attending school. Timings of groups will need to be reviewed to ensure that they are available at times that in the main work best for protected characteristics e.g. disabled children.</p> <p>Disabled specialist services will be retained and will be in the same spaces in option 2 and 3.</p>																					
Gender Reassignment			No specific impact anticipated	<table> <tr> <td>26.06%</td> <td>26.06%</td> <td>74</td> </tr> <tr> <td>Bisexual</td> <td>5.99% 5.99%</td> <td>17</td> </tr> <tr> <td>Gay Woman / Lesbian</td> <td>0.35% 0.35%</td> <td>1</td> </tr> <tr> <td>Gay Man</td> <td>0.35% 0.35%</td> <td>1</td> </tr> <tr> <td>Heterosexual</td> <td>63.03% 63.03%</td> <td>179</td> </tr> <tr> <td>Other – Please specify</td> <td>4.23% 4.23%</td> <td>12</td> </tr> <tr> <td colspan="2">Total 100.00% 100.00%</td> <td>284</td> </tr> </table>	26.06%	26.06%	74	Bisexual	5.99% 5.99%	17	Gay Woman / Lesbian	0.35% 0.35%	1	Gay Man	0.35% 0.35%	1	Heterosexual	63.03% 63.03%	179	Other – Please specify	4.23% 4.23%	12	Total 100.00% 100.00%		284
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			No specific impact anticipated																						

Marriage and Civil Partnership				
Pregnancy and Maternity	√	√	<p>The impact for families that receive their maternity services in centres that are proposed to close will be impacted on in as far as having to relocate to a different centre, the service will not stop. There is an intention to strive to retain these services in centres that are closing via other means e.g. increased partnership with health for funding and the PVI (Pinner Centre)</p> <p>High risk pregnant women do not receive their maternity services via the CC's instead via the hospital or specialist midwife.</p> <p>The main impact will be if option 1 is chosen by councilors. Affecting 2 main centres for health services.</p> <p>Option 3 is emerging as the preferred option this retains all midwifery centres if we can retain Pinner building.</p>	<p>A health paper has demonstrated how we intend to mitigate this with a reallocation of the LSOA's and the scrutiny of the post codes and the nearest centres to the post codes. It emerged from this work that mothers are not necessarily receiving services from the nearest centre located to them (this will be either choice or agreement with providers)</p>
Race			<p>No specific impact anticipated however we have worked to ensure that all ethnic groups accessing the centres are encouraged to offer their views to the proposed changes in order to highlight any issues.</p> <p>The impact will be across all races, however performance intelligence data informs where the target groups are and planning accounts for these.</p>	<p>Ethnicity: Asian/Asian British</p> <ul style="list-style-type: none"> eStart data shows that 45% of Centre users are noted as being Asian Indian, Asian other or Asian Pakistani. This is similar to the consultation response of Asian/Asian British proportion of 43.5% Asian Indian and Asian Pakistani are shown to be well represented on consultation response with the proportions being similar to those on eStart eStart data shows that 13% of Centre users are Asian Other (many of these Tamil Sri Lankan and Afghan) and on the consultation, only 5.5% of respondents have indicated they are Sri Lankan, Afghan or Asian other. This community has now been targeted to achieve further responses so that representation is evident. <p>Ethnicity: Black/Black british</p> <ul style="list-style-type: none"> eStart data shows that 5.6% of Centre users are noted as being Black African, Black Caribbean or Black

				<p>Other. This is higher than the consultation response of Black/Black British proportion of 1.98%</p> <ul style="list-style-type: none"> Black Caribbean are shown to be well represented on consultation response with the proportions being similar to those on eStart eStart data shows 3.5% of all centre users are Black African and on the consultation only 0.43% are Black African. We therefore need to target this group of users. <p>Ethnicity: White/White British</p> <ul style="list-style-type: none"> eStart data shows that 33% of Centre users are noted as being White British, White Irish or White Other. This is lower than the consultation response of White/British proportion of 49% indicating a high proportion of this group have responded. White British and White Irish are shown to be well represented on consultation response with the proportions being similar or higher to those on eStart eStart data shows 19% of all centre users are White Other (mainly Romanian) and on the consultation only 10.4% are White Other/Polish/Romanian. So we need to target this group – in particular the Polish families seem under represented. A targeted approach will take place to increase responses from this ethnic group. <p><u>Ethnicity: Mixed</u></p> <p>eStart data shows that 1.95% of Centre users are noted as being of Mixed origin. This is similar to the consultation response of Mixed proportion of 2.17% indicating a fair proportion of this group have responded.</p> <p>EQUIA panel suggested Polish numbers to respond seemed low. 4 Polish responses so far which is 1.7% of all responses.</p> <p>Census 2011 data shows 5.7% of Harrow's residents are Polish speakers and 6.9% are</p>
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				Romanian speakers It is possible that Polish families may have ticked the 'Other White' category.		
Religion or Belief			No specific impact anticipated			
Sex	√		<p>Fathers</p> <p>•eStart data shows that 24% of all parents accessing centres are fathers. 14 individuals completing the consultation have indicated that they are a male which is 7% of all parents completing the survey. This is a lower proportion than the 24% of fathers seen on eStart. However, in the majority of cases Hub managers have reported that although father is present while the mother completes the survey, the survey response is generally submitted from the mother which explains the higher proportion of female responses.</p> <p>Also some of the responses would be from a high percentage of female staff members that dominate the provision e.g. early years staff across the country are predominantly female.</p> <p>Women emerge as the main care givers and the highest percentage of users of the centre 76% and therefore impact will be more on women than men.</p>	<p>Ensure that fathers are encouraged to complete a consultation form from their perspective. Target the fathers group.</p> <p>Women are well represented in the responses.</p>		
Sexual orientation			No specific impact anticipated			
11. Cumulative Impact – Considering what else is happening within the Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic?			Yes	yes	No	

If yes, which Protected Characteristics could be affected and what is the potential impact?

Age – children - The proposals could have a cumulative impact with the following: - School expansion due to increase in numbers of children needing to access schools – increase in the number of children needing to access CC’s. Increase in target numbers in deprived areas.
Library closures and the impact on support to young children however also offers opportunity for use of CC space for libraries services via outreach and hosting books for loan.
Potential increase in provision for under 5’s by increasing the number of centres offering a space for voluntary sector preschool.

11a. Any Other Impact – Considering what else is happening within the Council and Harrow as a whole (for example national/local policy, austerity, welfare reform, unemployment levels, community tensions, levels of crime) could your proposals have an impact on individuals/service users socio economic, health or an impact on community cohesion?

If yes, what is the potential impact and how likely is to happen?

Yes	yes	No	
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Potential health if option 1 is chosen. The impact would be much reduced if the preferred option 3 is approved.

Access to midwifery and health visiting service and support for parents and children’s wellbeing. As above

12. Is there any evidence or concern that the potential adverse impact identified may result in a Protected Characteristic being disadvantaged?
 (Please refer to the Corporate Guidelines for guidance on the definitions of discrimination, harassment and victimisation and other prohibited conduct under the Equality Act) available on [Harrow HUB/Equalities and Diversity/Policies and Legislation](#)

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes	Yes	Yes			Yes			Yes	
No									

If you have answered "yes" to any of the above, set out what justification there may be for this in Q13a below - link this to the aims of the proposal and whether the disadvantage is proportionate to the need to meet these aims. (You are encouraged to seek legal advice, if you are concerned that the proposal may breach the equality legislation or you are unsure whether there is objective justification for the proposal)

If the analysis shows the potential for serious adverse impact or disadvantage (or potential discrimination) but you have identified a potential justification for this, this information must be presented to the decision maker for a final decision to be made on whether the disadvantage is proportionate to achieve the aims of the proposal.

- If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. **(select outcome 4)**
- If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. **(select outcome 4)**

Stage 6: Decision

13. Please indicate which of the following statements best describes the outcome of your EqIA (✓ tick one box only)

Outcome 1 – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality are being addressed.	
Outcome 2 – Minor adjustments to remove / mitigate adverse impact or advance equality have been identified by the EqIA. <i>List the actions you propose to take to address this in the Improvement Action Plan at Stage 7</i>	✓
Outcome 3 – Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. (Explain this in 13a below)	
Outcome 4 – Stop and rethink: when there is potential for serious adverse impact or disadvantage to one or more protected groups. (You are encouraged to seek Legal Advice about the potential for unlawful conduct under equalities legislation)	

13a. If your EqIA is assessed as **outcome 3 or you have ticked 'yes' in Q12**, explain your justification with full reasoning to continue with your proposals.

The council's economic situation determines that there is a need to make cuts, other options were considered and there was opportunity to change the centre proposals to ensure that the maximise reach to most vulnerable children were planned for including an improved targeted approach, using data intelligence, to make decisions re the options.

Stage 7: Improvement Action Plan

14. List below any actions you plan to take as a result of this Impact Assessment. This should include any actions identified throughout the EqIA.

Area of potential adverse impact e.g. Race, Disability	Action required to mitigate	How will you know this is achieved? E.g. Performance Measure / Target	Target Date	Lead Officer	Date Action included in Service / Team Plan
All ethnic groups	Use of the CC data performance intelligence	Quarterly reports Reorganisation of reach expectations	July 2015 October 2015 December 2015	Hub Managers Rachelle O'Byrne Gemma Williams	
REACH to those most	Data performance scrutiny Planning		ongoing	Hilary O'Byrne	

in need					
Health services	Meetings with key partners – planning-relocations where necessary Action plan for individual areas e.g. Public Health partnership working	As above via data performance	As above April 2015	Hilary O’Byrne	
Age	Identify alternative providers for the services for the older age range of children e.g. over 5 year olds	Providers identified	By July 2015	Hilary O’Byrne	

Stage 8 - Monitoring

The full impact of the proposals may only be known after they have been implemented. It is therefore important to ensure effective monitoring measures are in place to assess the impact.

15. How will you monitor the impact of the proposals once they have been implemented? What monitoring measures need to be introduced to ensure effective monitoring of your proposals? How often will you do this?
(Also Include in Improvement Action Plan at Stage 7)

Hub Managers along with Performance intelligence staff reporting to the Children’s centre committees and strategic group.
Quarterly reports are currently produced these offer access to information to scrutinise. Feedback protocols are in place and will be increased for a period of 6 months with outcomes analysed.

16. How will the results of any monitoring be analysed, reported and publicised?
(Also Include in Improvement Action Plan at Stage 7)

Circulation of CC monitoring to a wider ‘audience’ than the committees. Report to Director of Children’s Services. Work with the communications department. Use of the CC facebook and website.

17. Have you received any complaints or compliments about the proposals being assessed? If so, provide details.

No official complaints however comments received in the feedback related strongly to lack of financial information being offered and lack of general information to support a response to questions
Compliments about the events face to face which supported fuller understanding in order to respond to questions.

Stage 9: Public Sector Equality Duty

18. How do your proposals contribute towards the Public Sector Equality Duty (PSED) which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.

(Include all the positive actions of your proposals, for example literature will be available in large print, Braille and community languages, flexible working hours for parents/carers, IT equipment will be DDA compliant etc)

Eliminate unlawful discrimination, harassment

Advance equality of opportunity between

Foster good relations between people from

and victimisation and other conduct prohibited by the Equality Act 2010	people from different groups	different groups

Stage 10 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)

The completed EqIA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.

19. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?			
Signed: (Lead officer completing EqIA)	H O'Byrne	Signed: (Chair of DETG)	R Rickman
Date:	6.2.15	Date:	6.2.15
Date EqIA presented at the EqIA Quality Assurance Group	28.1.15	Signature of ETG Chair	pp R Rickman