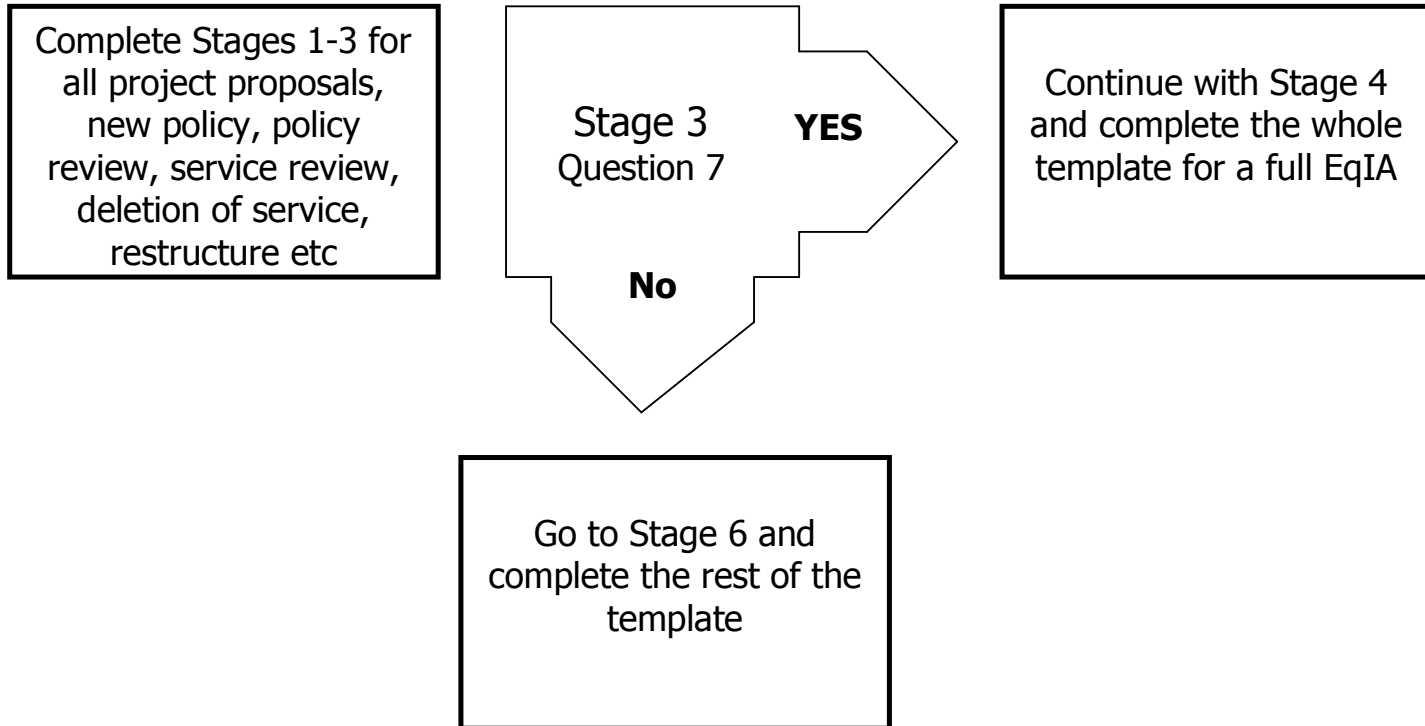


Equality Impact Assessment Template

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	✓	Cabinet	✓
Capital		Portfolio Holder	
Service Plan		Corporate Strategic Board	
Other		Other	
Title of Project:	C & F 01 Closure of Harrow Teachers' Centre		
Directorate / Service responsible:	Children and Families		
Name and job title of lead officer:	Alison Murphy, Divisional Director, Education and Commissioning		
Name & contact details of the other persons involved in the assessment:	Patrick O'Dwyer, Education Professional Lead, Education Strategy		
Date of assessment:	29 th January 2015 / amended 2 February 2015		
Stage 1: Overview			
1. What are you trying to do? (Explain proposals e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)	As a result of Cabinet's decision on 13 March 2014 to approve the secondary school expansion programme, the Teachers' Centre site has been approved for the expansion of Whitefriars Community School. The school will now include a		

	<p>secondary phase of education.</p> <p>This decision meant that staff employed at the Teachers' Centre were identified in that report as at 'risk' and it was clear that they needed to be re-located or another solution found.</p> <p>The services that these colleagues provided, through managing and serving the site, to the community of schools and to the council's Education Strategy and School Organisation and school improvement services (the HSIP) were no longer needed.</p> <p>Following the Council's policy, 'The Protocol for Managing Organisational Change', consultation was held with Teachers' Centre staff and they received risk of redundancy notices in January 2014. This affected five members of staff. The Council has sought to re-deploy staff where this was possible and to assist them in finding alternative employment where they could not be re-deployed. Redundancies took effect at the end of July 2014 (or in once case August).</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>The overall responsibility for staff rests with The Corporate Director, Children and Families. The arrangements for the disposal of the site was delegated to the Corporate Director, Environment and Enterprise.</p> <p>The site was used principally by three Council services: The Harrow Tuition Service, The Education Strategy and School Organisation</p>					

	<p>Harrow School Improvement Partnership (in partnership with schools)</p> <p>The site was also hired out for training purposes to other local firms and educational providers and to community groups and individuals.</p> <p>Rooms at the Teachers' Centre were used by HSIP for training purposes and by schools, other agencies and the community for a range of work related and community based activities. These latter events included weddings, birthdays and religious celebrations.</p> <p>The site was urgently needed to provide secondary places for the Local Authority's secondary school expansion programme. Without these places there would not be sufficient places in secondary provision for our children in the near future. The Teachers' Centre was a cost to the Council for many years. The subsidy to retain it could no longer be justified in the context of local and national pressures.</p> <p>This EQIA does not comment on support to individuals that may identify them within this small group of staff. All staff were actively supported at every step.</p>
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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)	These proposals will help to provide an additional 750 secondary age places (11-16) for Harrow's children and 75 places in the 6 th Form.
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	<p>Facilities used for teacher training and community activities are available elsewhere in the LA area and the loss of the HTC is not likely to affect services to the borough's communities adversely. The newly expanded school, when built, may continue to hire out its premises to the community.</p> <p>The Council has worked to ensure that staff who have been made redundant have continued to be supported into employment. One member of staff was re-deployed in the Council. Since redundancy, one member of staff has found employment externally, another works for an agency and a fourth has since emigrated.</p>		
Disability (including carers of disabled people)	The new Whitefriars Community School expansion will take full account of the best building practice with respect to accessibility for all.		
Gender Reassignment			
Marriage / Civil Partnership			
Pregnancy and Maternity			
Race	These proposals will help to provide an additional 750 secondary age places (11-16) for Harrow's children and 75 places in the 6 th Form. These will be available to all children regardless of ethnicity and faith and will meet the needs of a diverse and growing community in the area.		
Religion and Belief	see above		
Sex / Gender	see above		
Sexual Orientation			
Socio Economic	see above		
5. What consultation have you undertaken on your proposals?			
Who was consulted?	What consultation methods were	What do the results show about	What actions have you taken to

	used?	the impact on different groups / Protected Characteristics?	address the findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).
Teachers' Centre Staff were consulted about the proposed closure of the teachers' Centre and five staff informed of risk of redundancy.	Group and individual meetings; letters to individuals to offer additional support and response. One to one meetings with line-manager.	No specific group was disproportionately affected by this change.	
One to one meetings with staff before and after the issue of redundancy notices	One to one meetings with line-manager.	Some staff were very keen to be re-deployed within the Council but others were confident of finding alternative employment beyond the Council.	Two members of staff offered re-deployment; one accepted the offer and the other changed plans. Vacancy bulletin shared with all staff and HR advice offered.
Staff at the HTS, ESSO and HSIP were informed of the need to change location.	Meetings	HTS moved to Bentley Day Care Centre (now called The Helix Education Centre). ESSO to the Civic Centre (July 2014). HSIP to Grange School (July 2014).	Moves were assisted by other Council departments as appropriate to need and all were carried out successfully.
6. What other (local, regional, national research, reports, media) data sources that you have used to inform this	GLA data on projected growth in pupil numbers		

assessment? List the Title of reports / documents and websites here.	Harrow's School Expansion policy reports
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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									
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)	
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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).

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)				There is no differential impact for this or the following characteristics.
Disability (including carers of disabled)				

people)					
Gender Reassignment					
Marriage and Civil Partnership					
Pregnancy and Maternity					
Race					
Religion or Belief					
Sex					
Sexual orientation					
11. Cumulative Impact – Considering what else is happening within the			Yes	No	√

Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic?									
If yes, which Protected Characteristics could be affected and what is the potential impact?									
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?					Yes		No	✓	
If yes, what is the potential impact and how likely is to happen?									
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									
No	✓	✓	✓	✓	✓	✓	✓	✓	✓
If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a 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.									
<ul style="list-style-type: none"> ▪ 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.	

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

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.

<p>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? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>The Teachers' Centre closure means that the Council will provide no further services from that site. The Council will not be carrying out any further monitoring of the impact of this decision as alternatives are available and there is no resource to continue monitoring or any valuable purpose in doing so.</p>
<p>16. How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>There will be no on-going monitoring and, therefore, no results to report, to analyse or to publish.</p>
<p>17. Have you received any complaints or compliments about the proposals being assessed? If so, provide details.</p>	<p>No, other than staff related concerns regarding re-deployment. This decision enabled the provision of additional secondary school places in Harrow, meeting a significant demand. This was well received.</p>

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 and victimisation and other conduct prohibited by the Equality Act 2010	Advance equality of opportunity between people from different groups	Foster good relations between people from different groups
	The provision of additional secondary school	

	places ensures that children of all backgrounds will have high quality education close to home in modern purpose built environment.		
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)	A Murphy	Signed: (Chair of DETG)	R Rickman
Date:	2 February 2015	Date:	4.2.15
Date EqIA presented at the EqIA Quality Assurance Group	28.1.15	Signature of ETG Chair	pp R Rickman

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		Cabinet	✓
Capital		Portfolio Holder	
Service Plan		Corporate Strategic Board	
Other		Other	
Title of Project:	C & F 02 – Review of Morning Lane Contract - Harrow Systemic Support Service		
Directorate / Service responsible:	Children and Families		
Name and job title of lead officer:	Priya Ganatra		
Name & contact details of the other persons involved in the assessment:			
Date of assessment:	16 th January 2015/ updated 2 nd February 2015		
Stage 1: Overview			
1. What are you trying to do? (Explain proposals e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)	Reduce Children and Families Directorate spends on external contracts managed by the Commissioning Team. The service provided by Morning Lane Associates (MLA) is split into two core components: 1. Direct support to children who are in need, edge of care or in care and have emotional and behavioural needs. MLA works with c. 64 cases (per annum) for an average of 4.8 months, seeing them for 1 hour every two weeks.		

	<p>2. Training for social workers in reflective practice and supervision and challenge to individual social workers and social work teams.</p> <p>There is no legislative requirement for either service – these services are designed to reduce the needs of children and young people, i.e. by reducing the number coming into care (which reduces overall costs) and by improving the ability of our staff to hold cases safely and address mental health issues of children in need.</p> <p>The proposal is to reduce the budget from £322k to £272k, a reduction of 16%. The reduction in service would be for the direct work with children and young people whilst ensuring that there is continued staff development for the social work teams.</p> <p>MLA were successful in their innovation bid to the DfE for additional funding to work with social care teams. The budget reduction and any potential negative impact will be mitigated by this new service which includes a team of MLA staff to work with children on the edge of care thus reducing numbers coming into care. Children & Families Service can also mitigate the impact of the cuts by targeting services to those children who have the greatest level of need.</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>	<p>There is no shared responsibility with another directorate.</p>				

- Who are the partners?
- Who has the overall responsibility?
- How have they been involved in the assessment?

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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)	There will be a reduction from 160 children and families per annum, to 109, a reduction of 41 cases per annum. This reduction in service will be overcome by the successful innovation bid to the DfE and also mitigating negative impact by prioritising which cases MLA support – based on Strengths and Difficulties Questionnaires (SDQ's) and needs assessment of each family to increase capacity and expertise in the edge of care service.
Disability (including carers of disabled people)	As above
Gender Reassignment	As above
Marriage / Civil Partnership	As above
Pregnancy and Maternity	As above
Race	As above
Religion and Belief	As above
Sex / Gender	As above
Sexual Orientation	As above

Socio Economic	As above
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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).
Children and Families Corporate Director			
Children and Families Portfolio Holder			

6. What other (local, regional, national research, reports, media) data sources that you have used to inform this assessment?

List the Title of reports / documents and websites here.

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									
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)

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).

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)				
Disability (including carers of disabled people)				
Gender Reassignment				
Marriage and Civil Partnership				

Pregnancy and Maternity				
Race				
Religion or Belief				
Sex				
Sexual orientation				
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? If yes, which Protected Characteristics could be affected and what is the potential impact?	Yes		No	
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		No	

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									
No									

If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a 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.

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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

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? <i>(Also Include in Improvement Action Plan at Stage 7)</i>	Quarterly monitoring by the lead Commissioner within Children and Families with Morning Lane will explore what measures can be taken on how the service is delivered to reduce the impact.
16. How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 7)</i>	The Lead Commissioner will work with the Business Intelligence Partner to ascertain if the reduction in service has an impact on other areas of Children and Families delivery such as an increase in the number of CLA and highlight any areas of concern to CSMT

17. Have you received any complaints or compliments about the proposals being assessed? If so, provide details.	No
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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 and victimisation and other conduct prohibited by the Equality Act 2010	Advance equality of opportunity between people from different groups	Foster good relations between people from different groups

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)	P Ganatra	Signed: (Chair of DETG)	R Rickman
Date:	02/02/15	Date:	4.2.15
Date EqIA presented at the EqIA Quality Assurance Group	28.1.14	Signature of ETG Chair	pp R Rickman

TEMPLATE 2 - Full Equality Impact Assessment (EqIA)

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 form and assessment.

What are the proposals being assessed? (Note: 'proposal' includes a new policy, policy review, service review, function, strategy, project, procedure, restructure)	C & F 06 - Reduction and consolidation of Children & families management staffing structure including proposed deletion of 1 Divisional Director post and 1 Service Manager post.
Which Directorate / Service has responsibility for this?	Chris Spencer, Corporate Director, Children & Families
Name and job title of lead officer	Chris Spencer, Corporate Director, Children & Families
Name & contact details of the other persons involved in the EqIA:	Kamini Rambellas
Date of assessment:	15.01.15

Stage 1: Overview

<p>1. What are the aims, objectives, and desired outcomes of your proposals?</p> <p>(Explain proposals e.g. reduction / removal of service, deletion of posts, changing criteria etc)</p>	<p>The aim of this proposal is to reduce and consolidate senior management: reducing one divisional director post</p> <p>The current senior management team comprises five posts in addition to the Corporate Director:</p> <ul style="list-style-type: none"> • Divisional Director for Quality Assurance, Commissioning and Schools (vacant from 01 Sept 2013); • Divisional Director for Targeted Services; • Divisional Director for Early Intervention Services; • Divisional Director for Special Needs Services. <p>The Council has committed to reducing the number of senior managers . These proposals will contribute to this. A comparison with other local authorities of similar population size in London suggests that it is quite common practice to have 3 divisional directors within children's services across London.</p> <p>Currently the EIS Service has two service managers posts , one with responsibility for the 4 early Help teams and the other with responsibility for the Children Centres. This proposal would merge those two roles in line with proposals set out in C+F 12</p> <p>A MTFs saving of £205 k is linked to this proposal.</p> <p>The principles underlying this proposal are focussed on:</p> <ul style="list-style-type: none"> • the importance of child's journey with 5 themes: <ol style="list-style-type: none"> 1. Culture that changes things for children
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	<p>2. Working together for children 3. Quality of casework and managing risk to children 4. Holding the perspective of the child (ie not just 'voice') 5. Good systems</p> <ul style="list-style-type: none"> ▪ achieving the right outcomes for the right child; <p>In summary, this proposal:</p> <ul style="list-style-type: none"> (i) Makes a contribution to the Children and Families and Council's Medium Term Financial Strategy; (ii) Rationalises the management functions
2. What factors / forces could prevent you from achieving these aims, objectives and outcomes?	<ul style="list-style-type: none"> - Lack of political support and level of perceived risk relating to this change - Workforce does not support organisational changes
3. Who are the customers? Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	<p>Staff Young people & families Partners including schools</p>
4. Is the responsibility shared with another department, authority or organisation? If so: <ul style="list-style-type: none"> - Who are the partners? - Who has the overall responsibility? 	<p>No. External partners include Health and Schools but they do not hold the Local Authority responsibilities</p>
4a. How are/will they be involved in this assessment?	
Stage 2: Monitoring / Collecting Evidence / Data	
<p>5. What information is available to assess the impact of your proposals? Include the actual data, statistics and evidence (including full references) reviewed to determine the potential impact on each equality group (protected characteristic). This can include results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys, workforce profiles, service users profiles, local and national research, evaluations etc</p> <p>(Where possible include data on the nine protected characteristics. Where you have gaps, you may need to include this as an action to address in the action plan)</p>	
Age (including carers of young/older people)	<p><u>Data on 9 protected characteristics is included in the information below where relevant</u></p> <p><u>Staffing data</u> <i>[NOTE: balancing information with the need to prevent individuals being identifiable.]</i></p>

	<p>Equality statistics breakdown of 4 current postholders: 2 women and 2 men; 2 jobshare a single post. All white UK; one from a particular faith group. Disabilities NIL; none are pregnant, 1 is caring for young children. [1 female postholder not included has resigned and leaves 31.08.13.]</p> <p>These staff are contained within the Council's top 5% workforce earners as reported in the Annual Equalities in Employment Report http://www.harrow.gov.uk/downloads/file/13514/appendix_1-annual_equalities_in_employment_report_201112 this includes:</p> <p>"The Council has set a BVPI of 20% of the top 5% of earners to be from BAME communities, currently this is 16.13%.....</p> <p>...the Council has set a BVPI performance indicator of 50% of the top 5% of earners being women. This is currently 44.72%.....</p> <p>...Concerns were raised by the Trade Unions, Harrow Equalities Centre and Harrow Association of Disabled People, of pay and status inequalities of females at the higher Paybands. A Corporate Equalities in employment sub-group is considering these findings however given that there are only 47 employees at Paybands 5 and 6 (1.95% of the non-schools workforce) consideration needs to be given to the low number of employees at these pay bands, when interpreting the data...</p> <p>...The Council has set a BVPI performance indicator of 5% of the top 5% of earners in the authority to have a disability (excluding those in maintained schools). The Council's performance against this indicator was 1.63% for this period however, the relatively small number of roles at Payband 6 mean the indicator is highly volatile. Performance may also be impacted by the Council's transformation programme..."</p> <p>http://www.harrow.gov.uk/downloads/file/13515/appendix_2-interim_annual_equalities_in_employment_report_dec_2012</p>
Disability (including carers of disabled people)	See above
Gender Reassignment	See above
Marriage / Civil Partnership	See above
Pregnancy and Maternity	See above
Race	See above
Religion and Belief	See above
Sex / Gender	See above
Sexual Orientation	See above
6. Is there any other (local, regional, national research, reports, media) data sources that can inform this assessment?	<p>See above hyperlinks to the corporate overview.</p> <p>As the number of staff is relatively small we have clear information and will be</p>

Include this data (facts, figures, evidence, key findings) in this section.	able to monitor impact.
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7. Have you undertaken any consultation on your proposals? (this may include consultation with staff, members, unions, community / voluntary groups, stakeholders, residents and service users)	Yes	X	No	
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NOTE: If you have not undertaken any consultation as yet, you should consider whether you need to. For example, if you have insufficient data/information for any of the protected characteristics and you are **unable** to assess the potential impact, you may want to consult with them on your proposals as how they will affect them. Any proposed consultation needs to be **completed before** progressing with the rest of the EqIA. **Guidance on consultation/community involvement toolkit can be accessed via the link below**
http://harrowhub/info/200195/consultation/169/community_involvement_toolkit

Who was consulted?	What consultation methods were used?	What do the results show about the impact on different equality groups (protected characteristics)?	What action are you going to take as a result of the consultation? This may include revising your proposals, steps to mitigate any adverse impact. (Also Include these in the Improvement Action Plan at Stage 5)
Ch&F Senior Management Team meeting	<p>Informal 1:1 discussion with Corporate Director re the possible options</p> <p>Facilitated discussion on the principles and elements to be considered prior to any consultation options documentation</p> <p>Children and Families Senior Management Team meeting discussions</p>	There are a number of options some involving radical change which is felt unwise at a time when an unannounced Ofsted inspection is overdue.	Nothing specific demonstrated.
Directorate Joint Committee			

Stage 3: Assessing Impact and Analysis

8. What does your information 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	Positive	Adverse	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur.	What measures can you take to eliminate or reduce the adverse impact(s)? E.g. consultation, research,

				implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 5)
Age (including carers of young/older people)			Staff The process for deleting one post will be done fairly without any age discrimination. Any required redundancy will be carried out in a fair manner with no discrimination based on the 9 protected characteristics.	Balanced selection panels.
Disability (including carers of disabled people)			There are no implications	
Gender Reassignment			There are no implications	
Marriage and Civil Partnership			There are no implications	
Pregnancy and Maternity			There is no specific impact on any group	
Race			There is no specific impact on any group	
Religion or Belief			There is no specific impact on any group	
Sex			There is no specific impact on any group	
Sexual Orientation			There are no implications	
Other (please state)			There are no implications	
9. Cumulative impact – Are you aware of any cumulative impact? For example, when conducting a major review of services. This would mean ensuring that you have sufficient relevant information to understand the cumulative effect of all of the decisions. Example: A local authority is making changes to four different policies. These are funding and delivering social care, day care, and respite for carers and community transport. Small changes in each of these policies may disadvantage disabled people, but the cumulative effect of changes to these areas could have a significant effect on disabled			Not aware of any cumulative impact but will continue to improve our monitoring framework to assess any potential impacts to any particular groups.	

people’s participation in public life. The actual and potential effect on equality of all these proposals, and appropriate mitigating measures, will need to be considered to ensure that inequalities between different equality groups, particularly in this instance for disabled people, have been identified and do not continue or widen. This may include making a decision to spread the effects of the policy elsewhere to lessen the concentration in any one area.

10. How do your proposals contribute towards the requirements of 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 and victimisation and other conduct prohibited by the Equality Act 2010	Advance equality of opportunity between people from different groups	Foster good relations between people from different groups	Are there any actions you can take to meet the PSED requirements? <i>(List these here and include them in the Improvement Action Plan at Stage 5)</i>
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<p>Harrow’s Children & Families Directorate currently operate within these requirements and will continue to do so if this proposal is implemented. There could be an adverse impact on disadvantaged children and young people and this will be monitored through ongoing performance data analysis and feedback.</p>	<p>See left column</p>	<p>See left column</p>	<p>See left column</p>
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11. Is there any evidence or concern that your proposals may result in a protected group 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)?

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

If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a 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 4: Decision

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

Outcome 1 – No change required: when the EqlA has not identified any potential for unlawful conduct or adverse impact and all opportunities to enhance equality are being addressed.	X
Outcome 2 – Minor adjustments to remove / mitigate adverse impact or enhance equality have been identified by the EqlA. <i>List the actions you propose to take to address this in the Improvement Action Plan at Stage 5</i>	
Outcome 3 – Continue with proposals despite having identified potential for adverse impact or missed opportunities to enhance equality. In this case, the justification needs to be included in the EqlA 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 12a 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)	

12a. If your EqlA is assessed as **outcome 3 or have ticked ‘yes’ in Q11**, explain your justification with full reasoning to continue with your proposals.

Stage 5: Making Adjustments (Improvement Action Plan)

13. List below any actions you plan to take as a result of this impact assessment. This should include any actions identified throughout the EqlA.

Area of potential adverse impact e.g. Race, Disability	Action proposed	Desired Outcome	Target Date	Lead Officer	Progress
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Stage 6 - Monitoring

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

<p>14. How will you monitor the impact of the proposals once they have been implemented? How often will you do this? <i>(Also Include in Improvement Action Plan at Stage 5)</i></p>	<ul style="list-style-type: none"> - Monitoring of impact on individuals and active redeployment search for any displaced staff - Clear and fair consultation process with timeframes and balanced selection panels - Ongoing monitoring of performance data across Children and Families 			
<p>15. Do you currently monitor this function / service? Do you know who your service users are?</p>	Yes	X	No	
<p>16. What monitoring measures need to be introduced to ensure effective monitoring of your proposals? <i>(Also Include in Improvement Action Plan at Stage 5)</i></p>	<ul style="list-style-type: none"> - No new measures - Maintain equalities data monitoring in line with council practice 			
<p>17. How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 5)</i></p>	Council Equalities reporting			
<p>18. Have you received any complaints or compliments about the policy, service, function, project or proposals being assessed? If so, provide details.</p>	None			

Stage 7 – Reporting outcomes

The completed EqIA must be attached to all committee reports and a summary of the key findings included in the relevant section within them.

EqIA's will also be published on the Council's website and made available to members of the public on request.

<p>19. Summary of the assessment</p> <p>NOTE: This section can also be used in your reports, however you must ensure the full EqIA is available as a background paper for the decision makers (Cabinet, Overview and Scrutiny, CSB etc)</p> <ul style="list-style-type: none"> ➤ What are the key impacts – both adverse and positive? ➤ Are there any particular groups affected more than others? ➤ Do you suggest proceeding with your proposals although an adverse impact has been identified? If yes, what are your justifications for this? ➤ What course of action are you advising as a result of this EqIA? 	<p>The deletion of one divisional director post delivers £125k MTFS required savings and rationalises senior management function in line with the commitment made by the Chief Executive. It also positions Ch&F in line with expected national/statutory changes and ongoing reduced council budgets into the future.</p> <p>There is a potential risk of some adverse impact on disadvantaged children, young people and their families, which will be monitored through performance data.</p> <p>The consultation to delete one divisional director post will proceed.</p>
<p>20. How will the impact assessment be publicised? E.g. Council website, intranet, forums, groups etc</p>	<p>Council website, Directorate Joint Committee</p>

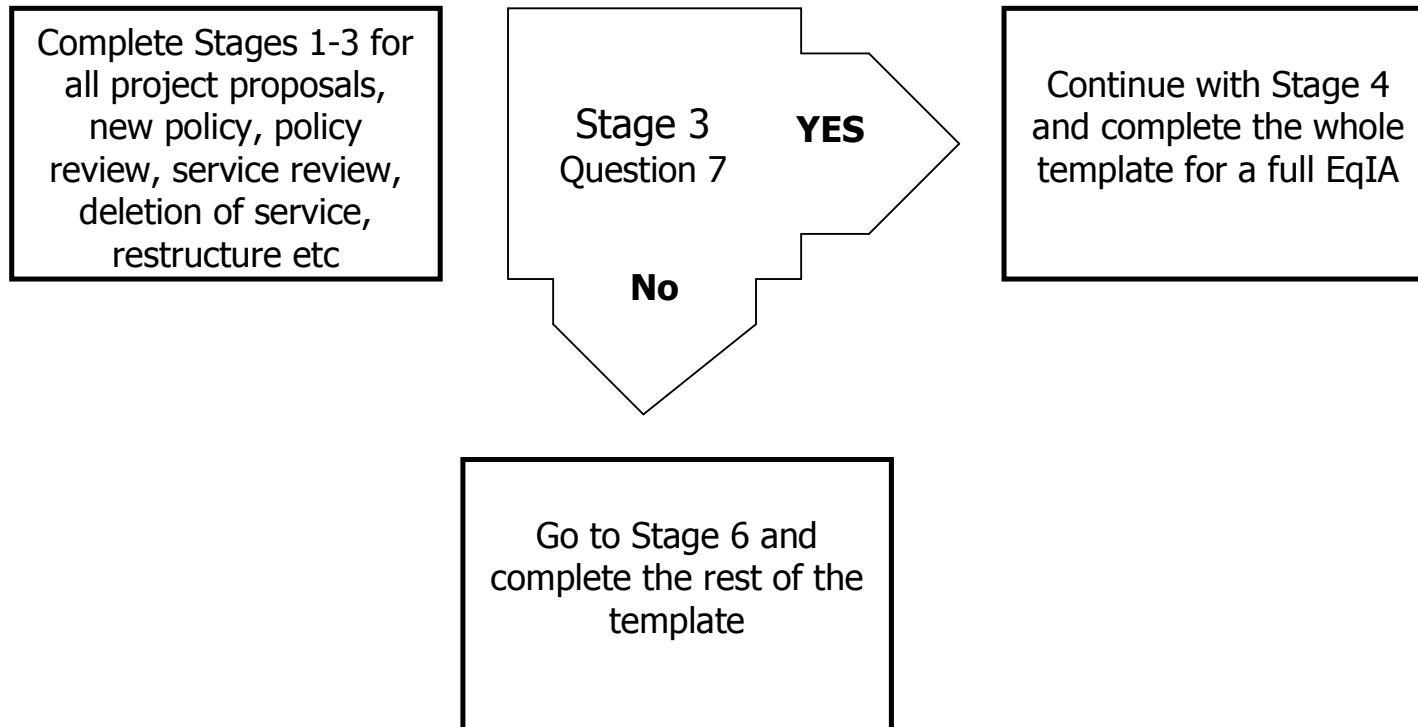
Stage 8 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)

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

<p>21. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?</p>			
<p>Signed: (Lead officer completing EqIA)</p>	<p>Chris Spencer</p>	<p>Signed:</p>	<p>R Rickman</p>
<p>Date:</p>	<p>4 February 2015</p>	<p>Date:</p>	<p>4.2.15</p>
<p>Date EqIA presented at the EqIA Quality Assurance Group</p>	<p>28.1.14</p>	<p>Signature of ETG Chair</p>	<p>pp R Rickman</p>

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		Cabinet		
Capital		Portfolio Holder		
Service Plan		Corporate Strategic Board		
Other	x	Other		
Title of Project:	C&F 10 - Savings plan through recruitment of in-house foster carers			
Directorate / Service responsible:	Children and Families Directorate. Targeted Services Division.			
Name and job title of lead officer:	Kamini Rambellas			
Name & contact details of the other persons involved in the assessment:	Peter Tolley Service Manager Looked After Children and Placements			
Date of assessment:	14 January 2015 / updated 2 February 2015			
Stage 1: Overview				
1. What are you trying to do? (Explain proposals e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)	To achieve £200K savings by increasing the number of in house foster carers which provide better value for money than alternative placements. The average cost of an in-house foster placement is £350 per week compared to £750 per week for an agency foster carer and £2,000 per week for a residential placement			
2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)	Residents / Service Users	Partners	Stakeholders	x
	Staff	Age	Disability	
	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	
	Race	Religion or Belief	Sex	

	Sexual Orientation		Other	Youth Offending/criminal records
<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>The responsibility for recruitment of foster carers lies with the Children and Families Directorate. They have worked closely with the council's communications team in raising the profile of fostering within the borough through local media and poster campaigns.</p> <p>Children and Families have also worked closely with other departments in building up links with community groups and places of worship to facilitate the recruitment of a diverse pool of local foster carers</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)	As we are recruiting more local foster carers the only impact will be positive
Disability (including carers of disabled people)	As we are recruiting more local foster carers the only impact will be positive
Gender Reassignment	As we are recruiting more local foster carers the only impact will be positive
Marriage / Civil Partnership	As we are recruiting more local foster carers the only impact will be positive
Pregnancy and Maternity	As we are recruiting more local foster carers the only impact will be positive
Race	As we are recruiting more local foster carers the only impact will be positive.
Religion and Belief	As we are recruiting more local foster carers the only impact will be positive

Sex / Gender	As we are recruiting more local foster carers the only impact will be positive		
Sexual Orientation	As we are recruiting more local foster carers the only impact will be positive		
Socio Economic	As we are recruiting more local foster carers the only impact will be positive		
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).
Staff in Fostering and Adoption services	Provided to all staff and discussed in open staff and team meetings with Directors and Team Manager	Limited or nil impact. There is the potential for better value for money and improved service quality for Harrow Council.	Further consideration of possible options and future service requirements in the light of ongoing local and national statutory change.
Councillors, Corporate Parenting Panel	Discussion with Portfolio Holder and Corporate Parenting Panel	Limited or nil adverse impact. There is the potential for more local foster carers who can meet the needs of local children	.
6. What other (local, regional, national research, reports, media) data sources that you have used to inform this assessment? List the Title of reports / documents and websites here.		Fostering Services Regulations 2011 Care Planning and Review Regulations 2010. Harrow Councils Placement Sufficiency Strategy	

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									
No	x	x	x	x	x	x	x	x	x

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)

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 /	What actions have you taken to address the findings of the
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		Protected Characteristics?	consultation? (This may include further consultation with the affected groups, revising your proposals).
			.

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)				
Disability (including carers of disabled people)				

Gender Reassignment				
Marriage and Civil Partnership				
Pregnancy and Maternity				
Race				
Religion or Belief				
Sex				
Sexual orientation				
11. Cumulative Impact – Considering what else is happening within the			Yes	No

Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic?

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

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		No	
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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									
No									

If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a 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	Yes
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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.	

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

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.

<p>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? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>There is a Fostering Monitoring Group which meets monthly and is chaired by the Service Manager for Placements. This will then report to the Divisional Director.</p>
<p>16. How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>The Fostering Recruitment Strategy and Placements Sufficiency Strategy is updated every year and presented to the Corporate Parenting Panel for approval. These reports are available on the Harrow Council website</p>
<p>17. Have you received any complaints or compliments about the proposals being assessed? If so, provide details.</p>	<p>None</p>

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 and victimisation and other conduct prohibited by the Equality Act 2010	Advance equality of opportunity between people from different groups	Foster good relations between people from different groups
<p>Fostering Recruitment Strategy has included raising the profile of fostering through visits to places of worship and local community groups to ensure foster carers reflect the diversity local community</p>	<p>There is an active local foster carer association which represents foster carers from different backgrounds which works together to promote the needs of looked after children.</p>	

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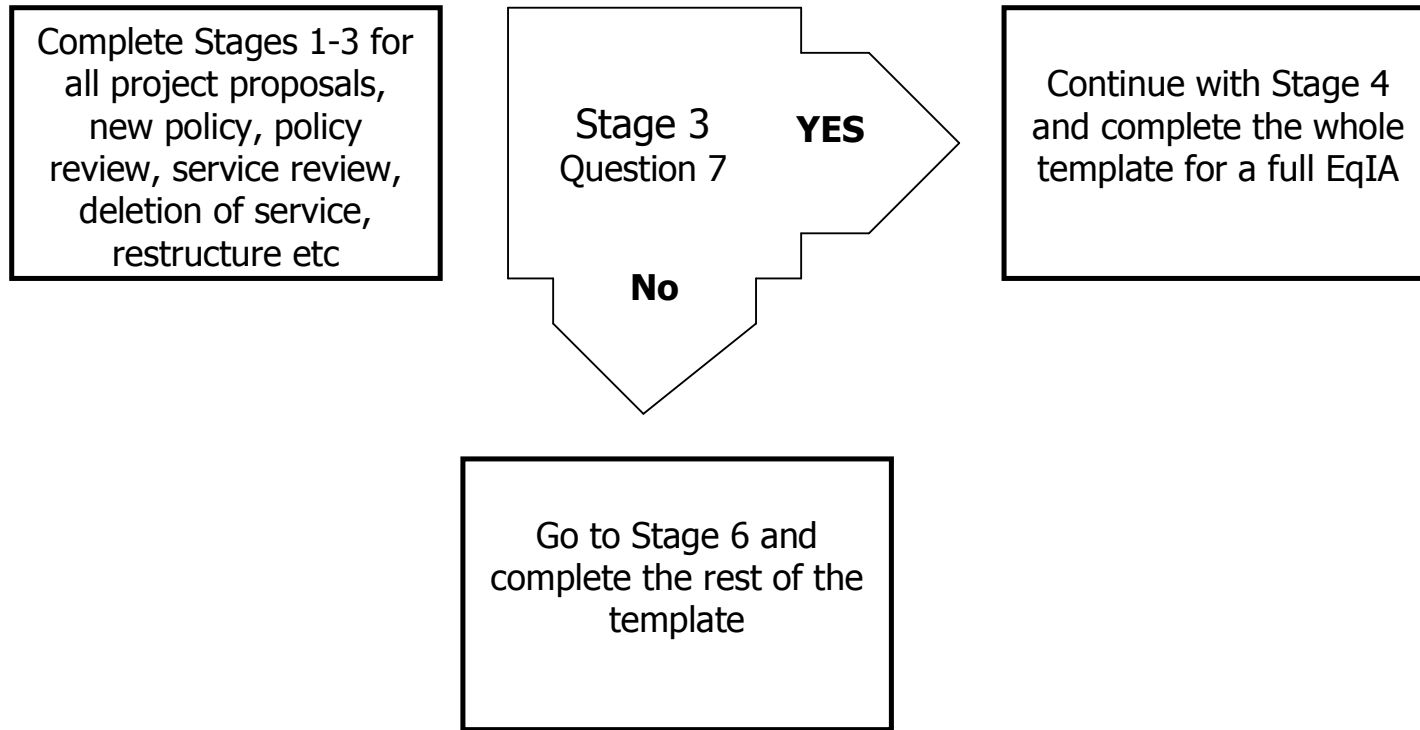
Stage 10 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)

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?	This document will be reviewed by all members of the Children and Families Senior Leadership Team and the Directorate Equalities Task Group.		
Signed: (Lead officer completing EqIA)	Peter Tolley	Signed: (Chair of DETG)	R Rickman
Date:	2.2.15	Date:	4.2.15
Date EqIA presented at the EqIA Quality Assurance Group	28.1.15	Signature of ETG Chair	pp R Rickman

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>CF 12 - 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> <p>Based on Census 2011 data:</p>
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- 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, Canons)	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) Social Housing
Whitefriars	Includes 5 of the most deprived Lower super output areas in Harrow.

	(Main ward: Wealdstone)	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:	Includes 2 of the most deprived Lower super output areas in Harrow. High proportion of 0-4 year olds	

Roxbourne)	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:

Harlow 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

<u>Centre</u>	<u>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)</u>
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 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 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 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.

	<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	No data available.																				
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></td> <td></td> <td></td> </tr> <tr> <td></td> <td></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
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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	<p>BME communities are highly represented in usage of the centres.</p> <p>Harrow Reach data for 2 year period from: From 1st July 2012 up to 30th June 2014:</p> <ul style="list-style-type: none"> 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. 																				

	<p>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.</p>
<p>Religion and Belief</p>	<p>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.</p>
<p>Sex / Gender</p>	<p>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.</p> <p>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.</p> <p>1 male staff member will be impacted upon whichever model is chosen, this post is a potential redundancy.</p> <p><u>Fathers</u></p> <p>At the end of the consultation the following analysis of data was undertaken.</p> <ul style="list-style-type: none"> 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.
<p>Sexual Orientation</p>	<p>No data available.</p>

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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;"></th> <th style="width: 15%;">2011</th> <th style="width: 15%;">2012</th> <th style="width: 15%;">2013</th> <th style="width: 20%;">2014 (to Oct)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Total of Target Groups Reach</td> <td style="text-align: center;">11,409</td> <td style="text-align: center;">13,054</td> <td style="text-align: center;">13880</td> <td style="text-align: center;">12906</td> </tr> </tbody> </table>		2011	2012	2013	2014 (to Oct)	Total of Target Groups Reach	11,409	13,054	13880	12906
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<p>5. What consultation have you undertaken on your proposals?</p>											

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?
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			(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.	<p>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.</p> <p>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.</p> <p>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.</p> <p>Information from stakeholder group scrutiny</p> <p>Age</p> <ul style="list-style-type: none"> eStart data shows that 86% 	<p>Remodelled original options following concerns re the impact of options put forward.</p> <p>Used demographic intelligence data from various sources and scrutinised the on-going collated data for CC delivery and planning.</p> <p>Used performance intelligence to scrutinise responses to ensure that all groups were represented.</p> <p>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.</p> <p>Commenced report; produced papers to explain the identified impact and offered solutions to arising issues e.g. health paper for CCG.</p> <p>Revised options to include some opportunities to reduce impact and generate income e.g. keeping additional buildings for income generation and social enterprise.</p> <p>Set up a good practice EqIA group.</p>

Continued		<p>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')</p> <ul style="list-style-type: none"> 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% 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 	
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		<p>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).</p> <p>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 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. 	
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		<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 British proportion of 1.98% Black Caribbean are shown to be well represented on consultation response with the proportions being similar to those on 	
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		<p>eStart</p> <ul style="list-style-type: none"> 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 December report consultation only 10.4% are White Other/Polish/Romanian. Polish community. The Jan report shows There has been an increase in 	
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		<p>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? List the Title of reports / documents and websites here.</p>		<p>Core purpose of Children's Centres Children's Centres statutory guidance, April 2013 CS self-assessment strategy 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)</p>	

CC data report (PI team)
 Estart reports (available on request)
 Schools data (schools performance team).

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

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	What do the results show about	What actions have you taken to
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	used?	the impact on different groups / Protected Characteristics?	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>
EqIA 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 ✓	<p>Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur.</p> <p>Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 9</p>	<p>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)</p>
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> <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 	<p>The children that use these services are in the main from the schools attached to the Centres. These were 'inherited' provision previously run by the youth service.</p> <p>Discussions with the schools are essential to support continuation of services for over five as part of their statutory duties.</p> <p>There is no statutory duty for children's centres to provide specific services for over fives.</p> <p>There could be a negative impact on access for 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>The continued intent to provide multi-age family activity sessions mitigate against any impact on some children aged 5 and over.</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>Realignment in option 3 has been planned to ensure that the L.A. can fulfill the statutory duties within a reduced funding</p> <p>Teenage parents do not need to be specifically targeted further for their views. There are some specialist interventions and services for teenage parents these are not affected in the changes whichever option is chosen.</p>

			<p>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>	<p>Alternative centres can be attended where needed. Teenage parents were well represented in the survey.</p>
<p>Disability (including carers of disabled people)</p>	√	√	<p>Impact for disabled children or disabled parents. 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>Feedback suggested that the proposed option for provision will mitigate adverse impact.</p> <p>Following EqIA best practice group meeting the PI officer undertook further analyses.</p> <p>Sensory room access remains in the 3 models. 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. In mitigation timings of groups will be reviewed and new timings agreed to assist 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. This mitigates the impact on services for disabled children.</p> <p>Parents currently travel to these services.</p> <p>The centres where there are specific facilities and services for children with SEN and children with disabilities are retained in option 2 and 3 with option 3 offering maximum opportunity to meet the needs of these children. Therapy services and interventions are retained fully and have opportunity for enhancing in option 3.</p> <p>Children with SEN and children with disabilities are welcome and integrated at all services in centres and clearly</p>

				respondents considered that the more places for services to be provided the least impact this would have on communities including those with specific needs. These factors mitigate the impact of disabled children and their families.
Gender Reassignment			No specific impact anticipated	<p>26.06% 26.06% 74</p> <p>Bisexual 5.99% 5.99% 17</p> <p>Gay Woman / Lesbian 0.35% 0.35% 1</p> <p>Gay Man 0.35% 0.35% 1</p> <p>Heterosexual 63.03% 63.03% 179</p> <p>Other – Please specify 4.23% 4.23% 12</p> <p>Total 100.00% 100.00% 284</p>
Marriage and Civil Partnership			No specific impact anticipated	
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 but 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> <p>Therefore the changes are not likely to have a significant impact on the provision of services to pregnant women.</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</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%

			<p>planning accounts for these.</p>	<ul style="list-style-type: none"> • 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 Other. This is higher than the consultation response of Black/Black British proportion of 1.98% • 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.
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				<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 Romanian speakers</p> <p>It is possible that Polish families may have ticked the 'Other White' category.</p>
Religion or Belief			No specific impact anticipated	
Sex	√		<p>Male/ Fathers</p> <p>No specific impact identified for male users and fathers.</p> <p>1 male staff member will be at risk of redundancy.</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>Women/mothers</p> <p>Women emerge as the main care givers and the highest percentage of users of the centre 76% and therefore</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> <p>Women are more likely to be affected than men as women are more often the main carer of children, and maternity services and breastfeeding services are provided through centres. The intention with option 3 is that these services are not affected, instead if required in the case of one centre for the service to be relocated, this supports to mitigate the impact on women.</p> <p>Women are well represented as users of Children's Centres, which is an expectation as prenatal services are provided,</p>

			<p>impact will be more on women than men.</p> <p>There will be an impact on female staff as there is potential for redundancy affecting women more than men.</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>	The protocol for managing organisational change will be followed to mitigate this impact as possible.			
Sexual orientation			No specific impact anticipated				
<p>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?</p> <p>If yes, which Protected Characteristics could be affected and what is the potential impact?</p>				Yes	yes	No	
				<p>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.</p> <p>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.</p> <p>Potential increase in provision for under 5’s by increasing the number of centres offering a space for voluntary sector preschool.</p>			
<p>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?</p> <p>If yes, what is the potential impact and how likely is to happen?</p>				Yes	yes	No	
				<p>Potential health if option 1 is chosen. The impact would be much reduced if the preferred option 3 is approved.</p> <p>Access to midwifery and health visiting service and support for parents and children’s wellbeing. As above</p>			

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	
No		No	No	No	No	No	No		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.
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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 in need	Data performance scrutiny Planning		ongoing	Hilary O'Byrne	
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.

<p>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)</p>	<p>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.</p>
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<p>16. How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>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.</p>
<p>17. Have you received any complaints or compliments about the proposals being assessed? If so, provide details.</p>	<p>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.</p>

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)

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

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.

<p>19. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?</p>			
<p>Signed: (Lead officer completing EqIA)</p>	<p>H O'Byrne</p>	<p>Signed: (Chair of DETG)</p>	<p>R Rickman</p>
<p>Date:</p>	<p>6.2.15</p>	<p>Date:</p>	<p>6.2.15</p>

Date EqIA presented at the EqIA Quality Assurance Group	28.1.15	Signature of ETG Chair	pp R Rickman
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