

# Equality Impact Assessment (EIA)



## 1. Topic of assessment

<b>EIA title</b>	Recommissioning of Children’s Centres in Surrey
<b>EIA author</b>	Nikki Parkhill

## 2. Approval

	<b>Name</b>	<b>Date approved</b>
<b>Approved by</b>	Nigel Denning	07 January 2019
<b>Approved by</b>	Dave Hill (Executive Director, Children, Families, Learning and Culture)	07 January 2019
<b>Approved by</b>	Mary Lewis (Cabinet Member for Children)	16 January 2019

## 3. Quality control

<b>Version number</b>	v. 12	<b>EIA completed</b>	07 January 2019
<b>Date saved</b>	10.1.19	<b>EIA published</b>	21 January 2019

## 4. EIA team

<b>Name</b>	<b>Job title</b>	<b>Organisation</b>	<b>Team role</b>
Lesley Hunt	Supporting Children's Manager	Surrey County Council	Project Insight
Sue Turton	Children's Centre Advisory Team Manager	Surrey County Council	Project Insight
Chris Tisdall	Principal Commissioning Manager Early Help and Early Years	Surrey County Council	Project Insight
Dom McVey	Lead Commissioner, Insight and Innovation	Surrey County Council	Researcher & data analysis- Public Consultation
Nigel Denning	Early Help Transformation Lead	Surrey County Council	Advice

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Adam Whittaker	Policy and Strategic Partnerships Manager	Surrey County Council	Advice
Janet Polley / Deborah Chantler	Senior Principal Solicitors	SCC	Legal Advice

## 5. Explaining the matter being assessed

### What policy, function or service is being introduced or reviewed?

This EIA assesses the impacts of proposed changes to children’s centres in Surrey on children, families and staff who have protected characteristics.

Children’s centres bring together services for young children from birth to five years and their families in a multi-professional way. They work with children and families within and across the community and also make direct contact with families not accessing other services. In order to reach the children who need support the most, children’s centres take services into family homes and community settings used by families as well offering them from the centre. The core purpose for children’s centres is to ensure that by the time children reach school age they are ready to take advantage of all the opportunities available to them. Children’s centres make a key contribution to enabling families to become more resilient. This means that families are more able to cope with change and difficult circumstances.

There are currently 58 children’s centres in Surrey primarily supporting families with children aged 0-5.

It is proposed that our new Family Centres will focus on the children and families in most need. Currently the children’s centres offer a universal service and there is strong evidence that the families who are in greatest need do not use the centres, instead sometimes accelerating into child protection and public care. Research undertaken at Durham University points to better outcomes where there is a stronger focus on ‘hard to reach’ children and families.

There will be at least one Family centre in every district and borough, 21 in total, with 9 satellite centres. We will also retain a mobile Family Centre. We will enable other service providers to offer some universal services from our Family Centres. Surrey County Council will signpost universal or open access services. The Family Centres will act as hubs for partner agencies and community organisations to offer universal services such as Health Visiting, breast feeding advice and support for new parents.

The new Family Centres will work with children aged 0 to 11 and their families. The services will be targeted and referrals will come via our new Early Help Hub, which will replace the current MASH (Multi Agency Service Hub) arrangements. This new approach builds on the Family Resilience model, based on early intervention and support, which has at its core the goal of keeping families together where possible. We are seeking to avoid children becoming subject to child protection or public care, as far as this is appropriate. There will be parallel services for adolescents.

	<p>The proposed changes will mean that there will be fewer children’s centres in Surrey, but that the offer currently provided for families with children aged 0-5 will be extended to those with children aged 0-11. Resources will be targeted to families who need them the most, so centres will be located in areas with the lowest socio-economic outcomes. This is a different approach from how the council has historically allocated funding.</p> <p>The proposal seeks to achieve a £1m saving in 2019/20. The revised funding formula for centres will however mean that some boroughs and districts will experience a greater reduction than others.</p>
<p><b>What proposals are you assessing?</b></p>	<p>The purpose of children’s centres will be to develop the resilience of families with children aged 0-11. To do this they will contribute to three main strategic outcomes:</p> <ul style="list-style-type: none"> <li>• Improving child and family health;</li> <li>• Narrowing the gap for disadvantaged children and families, and;</li> <li>• Strengthening family relationships and wellbeing.</li> </ul> <p>As a result of increased resilience, children will be enabled to be happy; healthy; learn; achieve their potential; and become economically independent citizens.</p> <p>This EIA considers the following proposals:</p> <ul style="list-style-type: none"> <li>• Children's Centres are remodelled to create Family Centres as part of a wider Family Service, to support the families with children aged 0 -11 that are the most vulnerable.</li> <li>• Family Centres are located in areas where children are most likely to experience poor outcomes, with at least 1 main centre in each district and borough supported by use of satellites, outreach workers and use of community venues.</li> <li>• To retain one mobile Family Centre in Surrey to deal with areas where there a small numbers of vulnerable children and families.</li> </ul>
<p><b>Who is affected by the proposals outlined above?</b></p>	<p>The proposal is expected to affect:</p> <ul style="list-style-type: none"> <li>• Children and families</li> <li>• The staff working in children’s centres</li> <li>• Health practitioners such Health visitors and Midwives who deliver from current children’s centres</li> <li>• Provision delivered by the Voluntary, Community and Faith Sector, and Lifelong Learning, that is currently offered at children’s centres. This may result in a broader loss of provision for families, and a loss of funding for the sector.</li> <li>• Young people who access youth provision at some of the venues being considered as delivery sites for children centre activities and the staff who work there</li> </ul>

- Schools due to impact on the school readiness of children, and change of use of buildings on their premises.

## 6. Sources of information

### Engagement carried out

Initial engagement sessions were held between January and February 2018 in the four Surrey quadrants, to acquaint partners and relevant stakeholders with the proposed model and what it could mean locally. Cluster meetings were also held across the 11 district and boroughs in Surrey during spring 2018 and engagement workshops were undertaken with current children’s centre staff in October 2018.

In addition, a seminar for Surrey County Council elected members took place in April 2018 which provided opportunity to discuss the overall Early Help consultation proposals with a strong focus on Children’s Centre restructure.

A formal public consultation ran from 30<sup>th</sup> October 2018 through to 4<sup>th</sup> January 2019 which involved an online survey delivered through Surrey Says (paper copies and an ‘easy read’ version were also available) and opportunities for face to face discussion at drop in events in every borough and district. Overall, we received 3739 responses to the survey. The vast majority of respondents agreed with the principle of earlier intervention, and two fifths agreed with allocating resources according to need. Recurrent themes included issues of access; rurality; transport; isolation; and a reduction of support for parents/ carers experiencing poor mental health and emotional wellbeing. These issues are discussed below and mitigations for these factors will be described.

### Data used

The following key data was used to inform the proposal:

- SCC Early Help Needs Assessment (2018) and District & Borough Needs analysis
- Income Deprivation affecting Children in Need Index (IDACI)
- Lower Super Output Areas (LSOAs) figures
- Gender distribution in Surrey - Surrey-i
- Responses to the Proposed Model from Providers– Surrey Says
- Feedback from initial engagement and cluster meetings with providers.
- Children and Family Health Surrey – NHS
- Health and Wellbeing of Children and Young people in Surrey
- Office for National Statistics Figures
- Surrey Children’s Centre EStart Data extracted October 2018
- Data from the Outcomes Star reporting system
- Social Mobility Commission (2017) Social Mobility in Great Britain: 5<sup>th</sup> State of the Nation Report

- SCC Children’s Centre Reach Profiles (2016)
- Surrey Children’s Centre Outcomes Star report (extracted in October 2018)
- Department for Communities and Local Government (DCLG), IMD 2015
- The analysis of the responses to Phase 1 of the Family Resilience public consultation which focussed specifically on the proposals relating to children’s centres in Surrey (January 2019)

## 7. Impact of the new/amended policy, service or function

### 7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
<p style="text-align: center;"><b>Age</b></p>	<ul style="list-style-type: none"> <li>Children aged 0-11, and their families, will have access to targeted activities and services that will help them to progress.</li> <li>Funding and provision is being allocated based on the Index of Deprivation Affecting Children (IDACI). Therefore, children and families who live in areas of lower income will benefit from services being located within their community.</li> <li>Families who need support but do not live close to a children’s centre will be supported by outreach workers.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in universal services and fewer children’s centres will reduce access to provision for families: some existing entry points into preventative and targeted provision will be reduced. This may result in difficulties within families being missed, and these factors increasing.</li> <li>There may be an increased chance of children not meeting their milestones/ experiencing poor outcomes relating to health and wellbeing and school readiness.</li> <li>Children and families considered to have less/ lower level needs will have fewer opportunities to access provision as the delivery of universal services is significantly</li> </ul>	<p>According to the Office for National Statistics, there are approximately 71,000 children in Surrey aged 0-4 and 78,100 children aged 5-9.  <a href="https://www.surreyi.gov.uk/dataset/population-projections-2016-2041">https://www.surreyi.gov.uk/dataset/population-projections-2016-2041</a>)</p> <p>As at 30 June 2015, registration rates at the 58 Children’s Centres across Surrey show that the range of services available reached 80% of families living in disadvantaged areas and 74% of families overall - <i>Health and Wellbeing of Children and Young people in Surrey</i></p> <p>The Surrey Children’s Centre Reach Profiles (2016) showed a range of 79.69% - 91.28% and mean average of 83% children aged 0-4 registered with a children’s centre.</p> <p>As of 12.10.18, there were 56,861 children registered at children’s centres in Surrey. This demonstrates that the percentage of 0-4 year olds registered at children’s centres has remained constant. Between 1<sup>st</sup> October 2017 and 30<sup>th</sup> September 2018, 16,735 were seen at children’s centres more than 3 times. The mean average number of attendances is 6.5</p>

		<p>reduced, or in some locations moved to being signposted elsewhere.</p> <ul style="list-style-type: none"> <li>Children from military families may be negatively impacted by the proposed closure of Mychett and Pirbright &amp; Brookwood Children’s Centres.</li> </ul>	<p>times per annum with a range of 1 to 186 times seen during the 12 month period.</p> <p>Registration by age:</p> <ul style="list-style-type: none"> <li>7,703 children aged 0</li> <li>10,968 children aged 1</li> <li>12,311 children aged 2</li> <li>12,954 children aged 3</li> <li>12,825 children aged 4</li> </ul> <p>The Early Help Needs Assessment (SCC, 2018) and the borough and district based Early Help Advisory Boards have identified that there is a gap in provision for children aged 5-11 and their families.</p> <p>10% of children in Surrey live in poverty. Children living in poverty experience worse outcomes than their peers living in more affluent households. This is more pronounced in affluent areas such as Surrey (Social Mobility Commission, 2017)</p> <p>35% of military children in Surrey live in Surrey Heath.</p>
<p><b>Disability</b></p>	<ul style="list-style-type: none"> <li>The new funding model will increase the percentage of funding available to areas with high deprivation. Disabled children disproportionately live in low economic areas. Funding will therefore be matched more appropriately to disabled families.</li> </ul>	<ul style="list-style-type: none"> <li>The proposed restructure may reduce the quantity of frontline universal services. This change may affect children with disabilities and their families.</li> <li>It is thought that families with the most needs tend not to travel out of their local area as they do not drive and public transport is</li> </ul>	<p>Health and Wellbeing Surrey estimates that there are 8,500 children with a disability in Surrey. Of those children, it is estimated that 55% are living in poverty or near to living in poverty.</p> <p>According to the EStart data (October 2018), 167 children and 412 parents registered at children’s centres have declared a disability. However, of the children who have been seen at centres, 123 have been identified as having a disability and 179 have been listed as having ‘special needs’. It is unclear if any of those children have been identified against</p>



	<ul style="list-style-type: none"> <li>• The focus on delivering targeted services is likely to include provision for families who have a child with special educational needs and/ or disabilities.</li> <li>• Outreach will be provided to ensure access for the families who would benefit most from support.</li> </ul>	<p>generally poor in those areas. It is estimated that only 6% have gone to another Children’s Centre.</p>	<p>both categories and if the data accurately reflects the number of disabled children and parents/ carers who access the provision.</p> <p>Of the 1038 families who are using the Outcomes Star:</p> <ul style="list-style-type: none"> <li>• 55 parents have a chronic health condition as do 53 children;</li> <li>• 9 parents and 43 children have a sensory impairment;</li> <li>• 32 parents and 37 children have a physical disability;</li> <li>• 423 parents have mental health issues, as do 43 children;</li> <li>• 57 parents and 131 children have a learning disability.</li> </ul> <p>It is important to note, however, that only 234 families have a single identified need, and therefore, the numbers listed above may capture an individual family for more than one category of need.</p> <p>The Early Help Needs Assessment (2018) has identified a gap in support for parents of children who have special educational needs and/ or disabilities and complex needs (incl. ASD and ADHD). A further gap identified is for access to provision that enables needs to be identified and responded to early.</p> <p>Post-natal depression has been identified as a key issue for many parents accessing children’s centres through the public drop-in sessions and the responses to the online survey. Post-natal depression is not linked to income. Partners and families are concerned about people who are experiencing post-</p>
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			<p>natal depression and their ability to access provision. It has been suggested that post-natal depression is compounded by social isolation and changes in employment patterns and social life when the primary carer takes time away from work to be with their child during parental leave. According to Health Surrey, postnatal depression can happen at any time for up to two years after giving birth and affects 1 in 8 women.</p> <p>The IMD 2015 showed that the top 10 areas with a mental health need amongst the adult population at a greater level than the England average as;</p> <p>:</p> <ul style="list-style-type: none"> <li>• Old Dean (Surrey Heath)</li> <li>• Merstham (Reigate and Banstead)</li> <li>• Preston (Reigate and Banstead)</li> <li>• Westway (Tandridge)</li> <li>• Horley Central (Reigate and Banstead)</li> <li>• Beare Green (Mole Valley)</li> <li>• Court (Epsom and Ewell)</li> <li>• Box Hill and Headley ( Mole Valley)</li> <li>• Portley (Tandridge)</li> <li>• St Michaels (Surrey Heath).</li> </ul> <p>Parents and community members who attended the public drop-in sessions during the consultation phase have highlighted the challenges of travelling for families who need to access a different children centre. In particular, they have highlighted that parents/ carers may need to take multiple buses which will be costly in both time and money. Public transport can be particularly inaccessible for disabled parents and children.</p>
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			Some respondents to the public consultation highlighted that some provision that facilitates early identification and support for families who have children with special educational needs and/ or disabilities may be affected by the closure of some centres.
<b>Gender reassignment</b>	<ul style="list-style-type: none"> <li>None identified for now although parents of children aged 5-11 who are questioning their gender identity, who identify as non-gender binary, or wish to transition, may be able to access more support.</li> </ul>	<ul style="list-style-type: none"> <li>None identified at this stage</li> </ul>	It has not been possible to find any data specifically related to gender reassignment and children’s centres. It is possible that for some people, a change in children’s centre provision and staffing may feel difficult due to a fear of discrimination.
<b>Pregnancy and maternity</b>	<ul style="list-style-type: none"> <li>Children’s centres will continue to provide invaluable support to families before, during and after pregnancy. The funding model will better target funding to areas of high deprivation where there are higher rates of pregnancy and support required for single parents.</li> </ul>	<ul style="list-style-type: none"> <li>Children’s centres bring together an array of services and professionals such as health visitors, midwives etc. who provide invaluable services to pregnant women and nursing mothers. These services include baby weighing clinics, sleep and weaning workshops, breastfeeding and post-natal depression support. The reduction in the number of children’s centres is likely to impact on the choices parents have of when and where</li> </ul>	<p>As of January 2018, there were 5,554 pregnant women registered with the Children’s Centres across Surrey.</p> <p>About 145 teenage parents and 3380 lone parents of 0-4 children are registered with Children’s Centres across Surrey.- <i>Estart Data</i></p> <p>Children born to women under 20 are at a higher risk of being born into poverty (Surrey Young Parents Framework- draft- March 2007).</p> <p>21% of young women who are not in education, employment or training are young parents.</p> <p>Younger fathers are at risk of experiencing anxiety and depression, poorer physical health and nutrition, are more likely to use alcohol and substances, have</p>



		<p>they can access this provision.</p> <ul style="list-style-type: none"> <li>The delivery of the Family Nurse Partnership, a service beneficial to many young mothers, could be impacted by the change.</li> </ul>	<p>poorer educational attainment and use violence within the family.</p> <p>Respondents to the consultation highlighted concerns about the negative impact of the reduction in the number of children’s centres on new parents, especially those who have limited support from families and/ or limited social networks, people who experience post-natal depression, those who experience challenges with breast feeding and women who are unable to drive in the weeks following the birth of their child who would currently be in walking distance of support. Respondents highlighted that these factors are compounded by rurality and infrequent, disjointed and costly public transport.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 78</p> <p style="text-align: center;"><b>Race</b></p>	<ul style="list-style-type: none"> <li>None identified</li> </ul>	<ul style="list-style-type: none"> <li>There may be a negative impact on families who access particular children’s centres that are proposed to close, or the mobile provision which may be withdrawn.</li> <li>Families from GRT communities can potentially lack trust in local services and councils, with a stigma relating to these. The formalisation of referral routes into provision, increased targeted provision and a loss of universal provision, may</li> </ul>	<p>The ethnicity of 56% (32,360 children) of the children registered at children’s centres is unrecorded. 17, 598 have been identified as White British, 1,797 any other white background. 88 have been registered as Gypsy, Roma or Traveller. However, we know that there are approximately 10,000 to 12,000 GRT families in Surrey which includes approximately 1400 children, although this is likely to be a conservative estimate (Surrey Brighter Futures Strategy 2014-2017). This raises questions about the quality of data recorded on Estart. Some families choose not to declare their race/ ethnicity due to fears of and/ or experiences of judgement and discrimination. It may be that this is similar for people from other BAME groups.</p> <p>This population is disproportionately affected by poverty and GRT children have poorer outcomes in relation to educational achievement and increased experiences of discrimination, bullying and school</p>

		deter families from accessing provision.	exclusions. There is also a higher incidence of mental health issues and GRT children experience significant barriers to accessing health care. There is a need to secure better and more stable accommodation for this population in order to improve health and educational outcomes for children.
<b>Religion and belief</b>	<ul style="list-style-type: none"> <li>None identified</li> </ul>	<ul style="list-style-type: none"> <li>The changes to location and times of sessions may have an impact on families who have commitments relating to their religion/ beliefs.</li> </ul>	According to the 2011 Census, 62.7% of Surrey is Christian, 0.5% Buddhist, 1.3% Hindu, 0.3% Jewish, 2.2% Muslim, 0.3% Sikh and 24.7% no religion. There is a 4% difference between the percentages of people who identify as Christian in rural areas (66.2%) versus the percentage who identify in urban areas (62.3%).
<b>Sex</b>	<ul style="list-style-type: none"> <li>None identified at this stage</li> </ul>	<ul style="list-style-type: none"> <li>The majority of parents using Children’s Centre services are female and any changes to the service will impact disproportionately on them, particularly those with young children.</li> <li>Some centres run specific services for dads, usually run on a weekend, which may be impacted by a reduction in staff and the number of sites.</li> </ul>	<p>Of 82,776 parents registered, 59.8% are female Of children seen, 48.92% are female and 51.03% male, with no gender given for the remaining children.</p> <p>Younger fathers are at risk of experiencing anxiety and depression, poorer physical health and nutrition, are more likely to use alcohol and substances, have poorer educational attainment, are more likely to experience time in custody, and to use violence within the family. (Surrey Young Parents Framework- draft-March 2007).</p> <p>63% of the respondents to the Public Consultation were female.</p> <p>Some respondents to the Public Consultation highlighted the importance of the activities delivered for fathers at children’s centres. Respondents mentioned in particular the value of men being able to</p>



			meet other fathers and to have the opportunity to develop a strong bond with their children. One father mentioned that he felt it particularly important for men to have the opportunity to spend time with their children without their mum so that she can have some time for herself in order to enhance her wellbeing.
<b>Sexual orientation</b>	<ul style="list-style-type: none"> <li>• None identified, although parents of children aged 5-11 who are questioning their sexual orientation may be able to access more support.</li> </ul>	<ul style="list-style-type: none"> <li>• None identified</li> </ul>	It has not been possible to find any data specifically related to sexual orientation and children’s centres. It is possible that for some people, a change in children’s centre and staff may feel difficult due to a fear of discrimination.
<b>Marriage and civil partnerships</b>	<ul style="list-style-type: none"> <li>• None identified</li> </ul>	<ul style="list-style-type: none"> <li>• None identified</li> </ul>	<p>Parents registered at Children’s Centres across Surrey as of 15.10.18 (eStart data extract):</p> <ul style="list-style-type: none"> <li>• Non-recorded status 13,513</li> <li>• Civil partnership 144</li> <li>• Divorced 184</li> <li>• Living with partner 16,743</li> <li>• Married 47,815</li> <li>• Separated 462</li> <li>• Single 3838</li> <li>• Widowed 77</li> </ul>
<b>Carers (protected by association)</b>	<ul style="list-style-type: none"> <li>• None identified</li> </ul>	Carers may have to travel further to access services (see the section on Disability) and may experience a loss of support, specifically for families with children who have special educational needs and/or disabilities.	<ul style="list-style-type: none"> <li>• See the section on Disability</li> </ul>

## 7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
<b>Age</b>	<ul style="list-style-type: none"> <li>None identified at this stage</li> </ul>	<ul style="list-style-type: none"> <li>None identified at this stage</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from initial engagement and cluster meetings with Providers.</li> <li>CC staff data related to staff directly employed by SCC as of 2018</li> </ul>
<b>Disability</b>	<ul style="list-style-type: none"> <li>None identified at this stage</li> </ul>	<ul style="list-style-type: none"> <li>Staff with disabilities may be negatively impacted by the proposals if service relocation requires different methods of transport.</li> <li>Staff who are carers, and those they care for, may be negatively impacted if staff are relocated</li> <li>The changes to children’s centres, and therefore working arrangements, may have a negative impact on the mental health, emotional wellbeing and physical health of affected staff.</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from initial engagement and cluster meetings with Providers</li> </ul>
<b>Gender reassignment</b>	<ul style="list-style-type: none"> <li>None identified at this stage</li> </ul>	<ul style="list-style-type: none"> <li>None identified at this stage</li> </ul>	
<b>Pregnancy and maternity</b>	<ul style="list-style-type: none"> <li>None identified at this stage</li> </ul>	<ul style="list-style-type: none"> <li>Staff who are on maternity or adoption leave during the changes to staffing structures may be negatively impacted because they are not able to contribute to any developmental work within the directorate, or have the opportunity to choose which role to apply for.</li> </ul>	

<b>Race</b>	<ul style="list-style-type: none"> <li>• None identified at this stage</li> </ul>	<ul style="list-style-type: none"> <li>• None identified at this stage</li> </ul>	-
<b>Religion and belief</b>	<ul style="list-style-type: none"> <li>• None identified at this stage</li> </ul>	<ul style="list-style-type: none"> <li>• None identified at this stage</li> </ul>	
<b>Sex</b>	<ul style="list-style-type: none"> <li>• None identified at this stage</li> </ul>	<ul style="list-style-type: none"> <li>• The vast majority of staff employed in Children’s Centres are female, and therefore, women will be disproportionately affected by the proposed changes.</li> </ul>	<ul style="list-style-type: none"> <li>• All the current Children’s Centre managers are female.</li> </ul>
<b>Sexual orientation</b>	<ul style="list-style-type: none"> <li>• None identified at this stage</li> </ul>	<ul style="list-style-type: none"> <li>• None identified at this stage</li> </ul>	
<b>Marriage and civil partnerships</b>	<ul style="list-style-type: none"> <li>• None identified at this stage</li> </ul>	<ul style="list-style-type: none"> <li>• None identified at this stage</li> </ul>	
<b>Carers (protected by association)</b>	<ul style="list-style-type: none"> <li>• None identified at this stage</li> </ul>	<ul style="list-style-type: none"> <li>• Carers may experience a negative impact due to changes to working locations and working patterns which may result in it being challenging to fulfil caring responsibilities</li> </ul>	



## 8. Amendments to the proposals

Change	Reason for change
Reinstate the delivery of mobile provision through the use of a bus.	To ensure that families living in rural areas and isolated communities are able to access provision that enables their children to achieve positive outcomes. 55% of respondents to the public consultation disagreed/ strongly disagreed with removing this provision.
Ensure there is a robust approach to outreach across the county through the use of community venues and delivery in homes.	To ensure that families who are in need of support, but do not live close to a children’s centre or face barriers relating to transport, are able to access the services required.
Develop an approach to recruiting, training and involving volunteers and voluntary organisations in the delivery of provision alongside skilled and qualified paid staff.	This is response to feedback gathered through the public consultation. 62% of respondents thought that volunteers could help with running activities and nearly 50% said that they would volunteer. This approach provides greater flexibility and resource for delivery which may mean that some universal provision is able to continue.

## 9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate the negative impact	By when	Owner
Disruption in services targeted at pregnant women and nursing mothers.	Ensure clear communication with health colleagues about the potential changes and supporting them to find alternative delivery sites to minimise disruption to services.	March 2019	Director for Family Resilience & Safeguarding
Children’s centres provide wide-ranging services and a disruption in service delivery is likely to be felt by children and their families.	Ensure that there is clear communication with families and partners so that they are clear about the changes to be made and the provision that will be available. Where particular communities, groups and individuals have been identified as being negatively impacted, develop a local solution via an outreach approach.	March 2019	Director for Family Resilience & Safeguarding
A reduced number of physical centres and opportunities to identify	<ul style="list-style-type: none"> <li>The new Early Help Hub will act as the referral pathway for the Children’s Centre</li> </ul>	April 2019	Director for Family

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<p>families in need of support. Effective arrangements to identifying families who need support and then ensure they are met need to be established.</p>	<p>Outreach workers. The Hub will consider the needs of the family and match with the most appropriate support.</p> <ul style="list-style-type: none"> <li>• Work closely with partners (including the VCFS) who deliver universal services to families to ensure that they are able to identify causes for concern and that referral routes into children’s centre activity are clear. Collaborative, co-ordinated and close partnership working has been highlighted by Ofsted as good practice in the delivery of early help services for families.</li> <li>• Ensure that families know where to go for help should they need it by promoting children’s centres and the Family Information Service through universal services.</li> <li>• Deploy outreach workers within communities identified as having higher/ specific needs.</li> </ul>		<p>Resilience &amp; Safeguarding</p>
<p>Some groups including military families, those who have children with special educational needs and/ or disabilities and families from the Gypsy, Roma and Traveller communities may experience particular barriers to accessing provision should their local centre close or targeted groups be re-located.</p>	<ul style="list-style-type: none"> <li>• Develop a deep understanding of the barriers experienced by families with particular needs in order to respond appropriately.</li> <li>• Work with other services and voluntary organisations that support GRT and military families.</li> <li>• Continue targeted outreach services, mobile provision and the allocation of adequate resources to support groups with particular needs.</li> <li>• Ensure that the service specification clearly identifies priority groups and the requirement for outreach work.</li> </ul>	<p>April 2019</p>	<p>Director for Family Resilience &amp; Safeguarding</p>

## 10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
<ul style="list-style-type: none"> <li>Women will be predominantly affected by the proposals through possible redundancy and resignations as they make up the majority of the workforce of Children’s Centres.</li> </ul>	Sex
<ul style="list-style-type: none"> <li>Disabled staff and staff who have caring responsibilities, and their families, may be negatively impacted by the proposals if service relocation requires different methods of transport. There is also the possibility of being redeployed to roles not best suited to disabled personnel.</li> </ul>	Disability

## 11. Summary of key impacts and actions

<p><b>Information and engagement underpinning equalities analysis</b></p>	<ul style="list-style-type: none"> <li>Initial engagement sessions were held between January and February 2018 in the four Surrey quadrants to acquaint partners and relevant stakeholders with the proposed model and what it could mean locally.</li> <li>Cluster meetings were held across the 11 District and Boroughs in late February and early March 2018. These provided opportunities to initiate development of the governance plans and funding proposals for the future Family Places model within each district and borough.</li> <li>A member seminar took place in April. This provided an opportunity to discuss the overall Early Help consultation proposals with a strong focus on Children’s Centre restructure.</li> <li>A formal public consultation ran from 30<sup>th</sup> October 2018 through to 4<sup>th</sup> January 2019 which involved an online survey delivered through Surrey Says (paper copies and an ‘easy read’ version were also available) and opportunities for face to face discussion at drop in events in every borough and district</li> </ul> <p>The following key data was used to inform the proposal:</p> <ul style="list-style-type: none"> <li>SCC Early Help Needs Assessment (2018) and District &amp; Borough Needs analysis</li> <li>Income Deprivation affecting Children in Need Index (IDACI)</li> <li>Lower Super Output Areas (LSOAs) figures</li> <li>Gender distribution in Surrey - Surrey-i</li> <li>Responses to the Proposed Model from Providers– Surrey Says</li> <li>Feedback from initial engagement and cluster meetings with providers.</li> <li>Children and Family Health Surrey – NHS</li> <li>Health and Wellbeing of Children and Young people in Surrey</li> <li>Office for National Statistics Figures</li> </ul>
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	<ul style="list-style-type: none"> <li>• Surrey Children’s Centre EStart Data extracted October 2018</li> <li>• Data from the Outcomes Star reporting system</li> <li>• Social Mobility Commission (2017) Social Mobility in Great Britain: 5<sup>th</sup> State of the Nation Report</li> <li>• SCC Children’s Centre Reach Profiles (2016)</li> <li>• Surrey Children’s Centre Outcomes Star report (extracted in October 2018)</li> <li>• Department for Communities and Local Government (DCLG), IMD 2015</li> <li>• The analysis of the responses to Phase 1 of the Family Resilience public consultation which focussed specifically on the proposals relating to children’s centres in Surrey (January 2019)</li> </ul>
<p><b>Key impacts (positive and/or negative) on people with protected characteristics</b></p>	<ul style="list-style-type: none"> <li>• Children aged 0-11, and their families, will have access to targeted activities and services that will help them to progress.</li> <li>• Funding and provision is being allocated based on the Index of Deprivation Affecting Children (IDACI). Therefore, children and families who live in areas of lower income will benefit from services being located within their community.</li> <li>• Families who need support but do not live close to a children’s centre will be supported by outreach workers.</li> <li>• More women will be affected by the proposals through possible redundancy and resignations as they make up the majority of the workforce of children’s centres.</li> <li>• Disabled staff and staff who have caring responsibilities, and their families, may be negatively impacted by the proposals if service relocation requires different methods of transport. There is also the possibility of being redeployed to roles not best suited to disabled personnel.</li> <li>• Some children and families who experience particular barriers to engagement, are unable to travel to their nearest children’s centre or do not engage with universal provision may miss out on support and activity at an early stage because they remain unknown to the outreach teams.</li> <li>• The consultation responses have shown a low level of agreement with the proposed locations of Family Centres. The responses largely focus on the loss of a local facility and access to the universal services they provide. A significant number of responses suggested using alternative community venues.</li> </ul>
<p><b>Changes you have made to the proposal as a result of the EIA</b></p>	<ul style="list-style-type: none"> <li>• Reinstate the delivery of mobile provision through the use of a bus</li> </ul>

**Key mitigating actions planned to address any outstanding negative impacts**

- Ensure clear communication with health colleagues about the potential changes and supporting them to find alternative delivery sites to minimise disruption to services and enable them to continue to provide universal activities at the remaining centres in the future model.
- Ensure that there is clear communication with families and partners so that they are clear about the changes to be made and the provision that will be available. Where particular communities, groups and individuals have been identified as being negatively impacted, develop a local solution via an outreach approach.
- Work closely with partners (including the VCFS) who deliver universal services to families to ensure that they are able to identify causes for concern and that referral routes into children’s centre activity are clear. Collaborative, co-ordinated and close partnership working has been highlighted by Ofsted as good practice in the delivery of Early Help services for families.
- Ensure that families know where to go for help, should they need it, by promoting children’s centres and the Family Information Service through universal services.
- Deploy outreach workers within communities identified as having higher/ specific needs.
- Develop a deep understanding of the barriers experienced by families with particular needs in order to respond appropriately
- Work with other services and voluntary organisations that support GRT and military families.
- Continue targeted outreach services, mobile provision and the allocation of adequate resources to support groups with particular needs.
- Ensure that the service specification clearly identifies priority groups and the requirement for outreach work.
- Ensure that the services specification includes enabling and developing Universal activities that can be provided by other partner agencies.

**Potential negative impacts that cannot be mitigated**

- More women will be affected by the proposals through possible redundancy and resignations as they make up the majority of the workforce of Children’s Centres.
- Staff with disabilities may be negatively impacted by the proposals if service relocation requires different methods of transport.

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