



## **Early Childhood and Family Service – Transforming our Children’s Centres**

# **Equality and rural assessment – findings and recommendations**

**22 January 2019**

**Lead officer:** Equality & Armed Forces Covenant Officer (Bev Herron), in consultation with Assistant Director Early Help and Prevention (Sarah Jones), the Head of Children's Integrated Commissioning (Tim Eyres) and Kevin Howard (Commissioning and Service Development Manager - Younger Children)

**This assessment helps you to consider the impact of service changes on people with protected characteristics and in rural areas. The assessment can be updated at any time to inform service planning and commissioning.**

**For more information please contact Equality & Diversity team, email: [equality@norfolk.gov.uk](mailto:equality@norfolk.gov.uk) or tel: 01603 223816.**

# Contents

1.	The purpose of an equality assessment
2.	The legal context
3.	The assessment process
4.	The proposal
5.	Who is affected by this proposal
6.	Potential impacts
7.	Cumulative Impacts
8.	Recommended/mitigating actions
9.	Evidence used to inform this assessment
10.	Further information and contact details

## The purpose of an equality assessment

1. The purpose of an equality assessment is to enable elected members to consider the impact of a proposal on different people and communities prior to a decision being made.

## The Legal context

2. Public authorities have a duty under the Equality Act 2010 to consider the implications of proposals on people with protected characteristics. The Act states that public bodies must pay due regard to the need to:
  - Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act<sup>1</sup>;
  - Advance equality of opportunity between people who share a relevant protected characteristic<sup>2</sup> and people who do not share it<sup>3</sup>;
  - Foster good relations between people who share a relevant protected characteristic and people who do not share it<sup>4</sup>.

The full Act is available [here](#).

## The assessment process

3. This assessment comprises three phases:
  - **Phase 1** – evidence is gathered on the proposal – to examine who might be affected and how. This includes reviewing the findings of related assessments and public consultation, contextual information about local populations and other relevant data. Public consultation takes place.
  - **Phase 2** – the results are analysed. Where the assessment indicates that the proposal may impact adversely on people with protected characteristics, mitigating actions are identified. Because this proposal represents a major and complex service change, the assessment covers three key areas of analysis:
    - The different potential impacts (detrimental and positive) that may occur for parents, carers, children and young people – whether male or female; disabled; Black or minority ethnic; gay, lesbian or bisexual; transgender; or who have a religion or belief.
    - The potential cumulative impacts
    - The potential impacts for staff
  - **Phase 3** – when completed, the findings are provided to Children’s Services Committee, to enable any impacts to be considered by elected members before a decision is made.

## Overview of the proposal

4. This proposal is to replace the existing offer for Children's Centres through the development of a new Early Childhood and Family service.

### Summary of the proposal

5. The technical detail of the proposal is set out in the report to Children's Services Committee, and therefore is not replicated again here. However, in summary the aims of the new service are to:
  - Support more vulnerable families to help their children achieve their developmental milestones up to age 2.
  - Prevent more children aged 0-2 from experiencing neglect or emotional harm.
  - Increase social mobility for disadvantaged families with children aged 0-5.
  - Deliver services across each locality through active outreach in existing community venues, partnership working and building community capacity.
6. To do this the service will need to identify and work with vulnerable families as early as possible and target support and services to meet their needs.
7. Wherever possible the service wants families' needs to be met from peer-led support and services set up and run by the local community rather than providing a building in which generic services are delivered.
8. The differences between the existing service and the proposed service are:
  - The new service will prioritise outreach rather than being linked to physical buildings.
  - Greater use will be made of community venues, such as libraries, village halls and community centres, schools and families' homes.
  - As part of the proposal the service would have seven district early childhood and family bases – these would be used as places for staff to work across the district and to deliver some of the local services. The remaining 46 buildings currently being used to deliver children's centre services would no longer be used for this purpose.
  - The new service will not deliver services previously stated under the 'universal offer', currently provided for free. Instead these services, where available, will be delivered by alternative providers in community venues potentially at a cost to the user as charging will be at the discretion of the provider.

## Who is affected?

9. The proposal affects all current users of children's centre services in Norfolk – adults, children and families. This includes adults, children and families with protected characteristics e.g. disabled and Black and minority ethnic parents and families. It also affects people in rural areas and staff.

## Potential impact

10. If the proposal goes ahead, it will impact on all current users of children's centre services – adults, children and families, including those with protected characteristics and in rural areas.
11. The nature of the impact will differ depending upon the user's circumstances. For example, for some people, there may be a positive impact – a lone parent with a busy schedule living in a rural area may have increased access to information through enhanced online services which are available 24/7 or be able to access group support at a venue nearer to their home. For others, the impact may be detrimental because, for instance, they may no longer be able to access universal children's centre services at the same building or may have to start paying for a service.
12. This section examines in detail the different ways in which the proposal may impact on users of children's centre services. Some of the issues raised may be equally relevant to current service delivery and therefore do not reflect a change. This impact assessment does not seek to compare the two delivery models but details the potential impact of each of the key elements of service delivery proposed by the new model.
13. Any reference to a parent in this EqIA is a wide reference not only to a child's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a child.

### **Increased access to universal services via community-based groups (helping communities and parents offer local activities and groups)**

This aspect of the proposal represents the most significant area of change to existing service delivery. The following section looks at the potential impact of this change upon relevant protected characteristics in accordance with the Equality Act 2010.

#### **Age (children and young people)**

14. Some children aged 0-5 may not be able to access the same level of service or type of service that is currently provided if community alternatives are unavailable or if their parents are unwilling / unable to pay for them. This could mean that parents and children who currently rely on or benefit from these services may no longer be able to access equivalent support.
15. Children and families living in rural areas may be less likely to have access to community-led groups than children living in urban areas, simply because there may be fewer people in a rural area who are interested in starting or attending a group or making it sustainable. There may also be less availability of suitable premises.
16. If so, it could follow that children / families who cannot access a community-led group may be less visible to public services. This may not be an issue for families who are doing well, but it could mean that there are reduced opportunities for professionals to identify families who are struggling or who have more complex needs and require support or intervention.

17. Volunteers leading and organising community-based groups will not necessarily have a relevant professional qualification. They may not have sufficient expertise to recognise issues presented by a child or parent that meet a threshold of need and require intervention or be able to support parents who are struggling with specific issues – e.g. behavioural issues or breastfeeding. This lack of expertise may mean that it takes longer for the needs of some children/parents to be recognised and referred on to specialist support. This impact could be mitigated by investing in training and support for volunteers, which in the long run, could have a positive impact on a local community, as it would mean that more people in the local area were skilled to support parents and young people with complex needs.
18. There may be a positive impact for some children as investment in community-led provision means that there may be a greater choice for some families and less need to travel. This will impact positively not only on individuals who were previously using a children's centre but also parents who have previously chosen not to access children's centres. In doing so, it would present opportunities for parents and families living in the same area to meet and connect socially and build local support networks in venues that they are comfortable with prior to their children reaching school age.
19. The proposal may place increased demand / pressure upon existing community-led groups within the community that groups are unable to meet. For example, if parents in an area all try to access a single local group that can only service limited numbers, not all parents may be able to secure a place. Increased investment in community-led groups may mitigate some of this impact by enabling existing groups to increase capacity and / or new groups to be set up in the area, however, this will be dependent upon individuals and the capacity of a suitable venue and the availability and willingness of parents / staff / volunteers.
20. Travel for some parents may be more difficult or costly if similar alternative services are not available locally or are full to capacity. This may be particularly difficult for parents with very young children, children of multiple ages or disabled children. For example, a parent of three children may not be able to find a local group that could support all three children at the same time – especially if one child had more complex needs.
21. There may be a positive impact if investment in community-based groups means that there are an increased number of groups available, however, this may not assist families in remote rural communities where there is an older demographic and fewer public transport links.
22. It is conceivable that some parents who live in rural areas do not drive but are currently able to access children's centre services because they live on a bus route that takes them to an urban centre where they can access a children's centre. If the centre closes, and it is necessary for them to access services elsewhere, it is possible that the parent might find it difficult to reach equivalent services. However, the likelihood of this may be small, because if the parent is on a bus route, they should continue to have some flexibility to access services. Many (although not all) parents living in a very rural environment probably already drive to access other services and meet the demands of day to day life.
23. Some working families in very rural areas may only have access to one car and the other working parent may need to prioritise use of the car, which would limit the ability of the parent with caring responsibilities to access local groups. However, this issue could be applied to the current model.

## Sex

24. The proposal may impact more on women than men as women tend to be the primary care giver and will need to change where and how they access services.
25. Becoming a parent or experiencing challenges during parenting can be a difficult time for anyone. Therefore, support networks are vital to minimising the impact on an individual. Research indicates that women may be more likely than men to suffer from anxiety, particularly during the postnatal period and the early years of child-rearing. This may mean that women are more likely to be affected by the proposed changes, not only because they are more likely to be the ones accessing existing services but also because they may feel the impact more and be less able to cope with any potential loss of support.
26. However, some parents of either sex may benefit from increased investment in community-led groups providing more choice. They may feel more comfortable accessing services in their community, providing opportunities to meet peers and build a social network which can also provide signposting to other community-based services. This may decrease the amount they have to travel not just to access universal services delivered through children's centre buildings but also to attend local groups and community-based activities that are adult based and held at the same venue. For example, a parent attending a universal service at the Library may learn about a local reading club.
27. Women with mental health issues may be harder to identify than men due to their ability to mask their symptoms more effectively in social situations. As noted earlier, volunteers at community-led groups may lack the knowledge or skills to identify women who may need additional support due to a mental health issue. This may lead to the woman not gaining the support she needs or being unable to participate in sessions. The same issue may apply to children and men.
28. Some men may be reluctant to access community-groups which are predominantly female orientated, especially universal services rather than targeted support. This could lead to male care givers and their children missing out on emotional support and social interaction with peers. However, this impact applies equally to the current children's centre services model.
29. Some men may experience a positive impact through increased investment in community-led groups which can cater for specific needs, for example, a group of men may decide to set up a father's only session to provide an alternative option to existing groups.
30. Parents of either sex may not perceive that their safety and that of their child can be catered for as well in a community-based venue as it can be in some designated children's centre buildings. For example, some (but not all) buildings currently delivering children's centre services have a dedicated reception area and security system in place. Working with community-based groups that involve non-DBS checked volunteers may deter some parents from attending. However, because some existing children's centres do not have a reception and security system in place, these concerns could be applied to the current model. The concerns could be mitigated by providing clear information to parents about safeguarding and security processes, and appropriate advice and support to groups about good safeguarding practice.

31. Where, for example, a women attends a children's centre to discretely access advice about domestic violence, it would be possible to find other 'neutral' venues where domestic violence information could be provided in a similarly discrete way.

### **Pregnancy / Maternity**

32. Accessing services may become difficult for mothers who do not have their own transport. If so this could lead to isolation, especially for new mothers who do not yet have a support network or pregnant women with more than one child who find it difficult to travel. However, this impact applies equally to the current children's centre services model.
33. During pregnancy mothers may find it more difficult to maintain attendance at groups and therefore having a community-led group nearer to them may be beneficial. This may also provide opportunities for other children in the family to maintain attendance that they might have otherwise missed out on if their mother is unable to travel far or enable opportunities for their other carers to take them if they are held closer to home at times which can be accessed outside of normal working hours.
34. Without access to universal services at children's centre buildings it may be more difficult to identify first time parents who need additional support early on. This may be because the parent in question does not perceive that a community-led group will be able to support them as well as professionals operating out of a dedicated children's centre building. This may include for example mothers who are suffering from post-natal depression who may not feel comfortable going to their GP.
35. Children's centres currently have a good reputation for encouraging mothers to breastfeed and can offer support and equipment when needed. This support may not exist in community-groups and some mothers may perceive that it would be inappropriate to breastfeed in a church for example or they may not feel comfortable in a Library setting with members of the public nearby. This could make some mothers feel less confident about breastfeeding, or a mother could stop breastfeeding if she was unable to access specialist support, especially in the early stages. Community-led groups should provide information promoting positive messages about breastfeeding and provide appropriate spaces for women to breastfeed.

### **Disability**

36. Children with disabilities and disabled parents may struggle to find community groups that can meet their needs. This could be because the building is not physically accessible, for example, or Deaf-friendly. Staff may not have adequate experience / skills to meet specific needs, for example, they may not know how to make a session accessible for a child with Autism. Families with disabled children or disabled parents may have restrictions placed on them as to which community groups they can access because they may not have appropriate facilities. This may mean that they are unable to mix with families outside of the disabled community or are limited as to which universal service they can physically access. This potential impact could be mitigated by giving groups clear advice about how to provide accessible and inclusive venues. Training could also be provided to volunteers, and guidance could be given to venue owners about how to address accessibility issues.



37. As noted earlier, some community-based groups may lack the skills or training to identify parents who need additional support early on or those parents whose mental / physical health is experiencing a dip, especially in the early stages of an issue emerging.
38. There may be a positive impact for some parents with a mental health issue. For example, they may find accessing universal services within their community in a less formal setting more appealing. This may be useful particularly for those with low level mental health issues who do not want the perceived stigma of dealing with more formal settings.
39. Some disabled parents or parents with disabled children may require support to find a community-led group that can cater for their needs. For example, a parent with mental health issues may need someone who they trust like a worker from the children's centre to give them advice on which community-group can support them rather than feeling confident to approach groups themselves, especially where there are several choices. In addition, they may require ongoing support to ensure that they are making best use of services and that any concerns are being closely monitored both for the parent and child. This may be more complex to support if the disabled parent or child is attending more than one community-based group and may put additional pressure on professionals supporting them.
40. A potential positive impact for parents with autism or those who have children on the autism spectrum, is that smaller, local groups may offer more scope for being autism friendly, as it may be easier to control factors like noise levels and lighting in a smaller group. The increased investment in community-based groups may enable groups to be established which are solely focused on supporting particular needs.

### **Race / ethnicity**

41. Some families whose first language is not English may lack the confidence to approach smaller, community-run groups, as they may be unsure whether they are welcome. However, this is easy to address, by ensuring that smaller groups convey clear messages that diversity is valued and respected. Some smaller community-groups may lack the expertise or resources to support additional needs such as English language support. Gypsies, Roma and Travellers are unlikely to engage with community-led groups, but this applies equally to the current service model.
42. For some families, having community-led support that reflects the diversity of their local community may encourage them to access services when they might otherwise not have done. This could help to foster strong links across the community and provide additional support, particularly for new parents and / or those who are newly arrived in the UK.
43. The proposal may be beneficial for children whose parents' first language is not English as it may provide them with a wider support network and opportunities to learn language skills alongside their parents before they are school age.

### **Gender reassignment**

44. Parents or families who identify as transgender, may perceive that community-led groups are not for them as they feel in the minority. They may feel uncomfortable, especially if the group is not able or willing to meet their needs for example faith-based community groups who may not be able to support their identity. This may also

be true of the current delivery model. It is likely that many community-led groups will rely more heavily on volunteers than paid staff. Volunteers may not have undergone the same kind of awareness training as a paid member of staff.

45. The increased investment in community-based groups may be positive for parents or families who identify as transgender as they may for example, decide to set up a group which focuses on support that is not met elsewhere.

### **Religion / belief**

46. Some parents may choose not to attend certain community groups where the group is being held at a location which has significance for another religion. This could reduce the options open to the parent.

### **Sexual orientation**

47. Lesbian and gay parents may lack confidence to approach some community-groups if the group does not convey a strong message of inclusion, or if it is delivered from a location that may be perceived to be potentially homophobic, for example, some faith-based community groups.
48. The increased investment in community-based groups may be positive for parents or families with different sexual orientations as they may for example, decide to set up a group which focuses on particular needs or promotes a strong ethos of inclusion.

## **Increased and improved on-line digital offer (providing information, advice and guidance for all)**

<p>This aspect of the proposal represents a less significant area of change to existing service delivery as it seeks to enhance the existing offer rather than create a new one. The following section looks, where relevant, at the potential impact upon relevant protected characteristics in accordance with the Equality Act 2010.</p>
---

### **Age**

49. The demographic age group of parents of 0-5-year olds mean that they are likely to be aware of how to access information digitally and have access to the necessary hardware, software and skills. However, for some children their carer may be for example their grandparents who may not be able or willing to access information in this way as they come from a generation where accessing information digitally was not common place. This may also be linked to fears about the safety of on-line information.

### **Sex**

50. Some parents and care givers may see this aspect of the proposal as positive as it will provide an easy, accessible, judgement-free place where they can get information. There are already many online Facebook and other groups across Norfolk with thousands of members that parents can access to get information about local services, exchange ideas and provide mutual support for parenting issues. For busy parents with little time, access to good online information is essential. There may also be a positive impact for women and men in full time employment who may not be able to get time off work to access information during normal working hours or

who may work part-time but have other children of school age restricting their time. The ability to access information on-line will allow them to be informed and be able to plan for events / attendance at groups etc that they may wish to be involved in.

51. Some male care givers may see this as a positive as it will provide an easy, accessible place where they can get information without having to attend groups that they perceive as having a female bias.
52. Parents of either sex may experience a positive outcome from being able to register to receive relevant information and advice on child development at the same time as registering their baby. The link with the 'Just one Norfolk' digital offer and the Norfolk Community Directory will ensure that parents can access the right information from a trusted source.
53. Parents of either sex may experience a detrimental impact if they live for example, in a rural area without good access to the internet or are on a low income and unable to afford IT equipment. This may mean that some parents may need to rely upon other sources of information which may not be up to date. However, the Council's digital inclusion strategy is working to ensure digital inclusion for all of Norfolk and has achieved a strong track record in making improvements in this area. Parents who are unable or unwilling to access information on-line from Just one Norfolk should be provided with alternative sources of information when they register their child.

### **Pregnancy / Maternity**

54. Some pregnant women may experience a positive impact from this proposed change as they will be able to access information prior to their child being born about services in their area. The linking of the 'Just one Norfolk' digital offer and the Norfolk Community Directory will help to bring together information in one trusted source not just on early years services but also health and a variety of community activities allowing the mother to be better informed by the time her baby arrives.
55. Being able to register for child development information at the same time as registering a baby may be positive, especially for first time mothers or parents with more than one child. This will enable them to access information from a single source rather than having to search independently saving time and effort. This may be particularly positive for parents of disabled children or children with health concerns as the information will include relevant links to health service information as well as general development milestones.
56. The proposal may be particularly appealing for mothers who are struggling but who do not want to approach their GP or other professional for fear of feeling inadequate.

### **Disability**

57. Some disabled parents and children may find it difficult to access information on-line. This may be due to a lack of accessibility built in to the website design or a lack of compatibility with software being used by the individual. Digital inclusion is a complex area to get right and disabled parents face many barriers to getting online.
58. As part of this equality impact assessment, a high level technical assessment was undertaken of the 'Just one Norfolk' website, which will act as the host for the new digital offer. The assessment concluded that overall the 'Just one Norfolk' website will provide a good foundation for digital inclusion for disabled parents. For example, it

contains an accessibility function called Recite. This provides tools associated with language, different coloured backgrounds/fonts, a ruler, masking functions as well as a screen reader. Access will differ slightly depending upon the software and hardware being used by individual parents.

59. Improving the on-line digital offer for children's centre services and joining this with the Just one Norfolk website presents an opportunity to carry out an in-depth review of the site and put in place enhancements to further aid accessibility. For example, it will be important to ensure that parents with Learning Difficulties can access and navigate information. The site currently contains a lot of information giving an overall visual impression of being very 'busy'. This may cause some parents to miss information or become overloaded unless they have additional support. The site does not currently contain a video to assist Deaf parents to navigate information using BSL. There is also a lack of general information embedded in the site to enable a screen reader to work. These are all issues that can be addressed through further work.
60. The availability of 'easy read' can at times be inconsistent, even on the same website (this issue relates to all public services in the UK, not just this proposal). Easy Read can also be the last thing to be updated as part of an information refresh but without it some disabled parents may find it difficult to navigate a large amount of complex text. This may be impacted by the offer from community-based groups which may lack the skills and budget to create truly accessible web design and information creating further inconsistency of information. The use of 'Just one Norfolk' should provide a single platform for accessing information. The link to other systems such as the Norfolk Directory will need to be reviewed to ensure that access is consistent and that the whole system is accessible rather than just elements of it.
61. It is unrealistic to expect disabled parents to access the internet at public locations because the technology available in these locations may be unable to support people with a wide range of access needs. For example, public computers may be located in busy, noisy, brightly lit public spaces which for some neurodiverse people may cause sensory overload. This may mean that some parents may be unable to access information on-line if they do not have access at home.
62. Many disabled people and families with disabled children are on a low income due to the increased costs they experience through their disability. This may prohibit them from accessing information electronically due to the cost of appropriate hardware and software.
63. Accessibility of broadband connections in the county and poor/fast connection speeds may also impact upon a family's ability to access information as some accessibility software may require additional capacity to function.
64. There may be a positive impact for disabled parents and parents with disabled children, as the proposal will enable them to access more information online, not only about children's services but information on health all in one place. This will provide an alternative to costly travel for some families who may otherwise struggle and provide a source of information that can be accessed 24/7. This may be particularly useful for example where one parent needs to access information but can only do so when their partner is home from work.
65. Forms and other information which require the user to enter information, remember passwords etc can present problems for some disabled parents, e.g. those with

memory or fatigue issues due to long term conditions. Often this can be due to the system timing out or not being able to save information and come back later. This may lead to some parents electing not to use information on-line or frustration when for example, a parent believes they have used an e-form to enter information to be contacted later, only to find that it has not worked properly. This could lead to missed contacts from parents in need of advice or help.

66. Updating information electronically may provide increased accessibility for some disabled people as it can be done quickly and is not dependent upon the ability to access hard copies to share information. This means that information can be shared almost immediately without the need to travel. Information can also be manipulated to make it accessible for example, by increasing font size on screen. This may provide greater independence when accessing information.

### **Race / ethnicity**

67. Parents who do not have English as their first language may have difficulty accessing complex information if it is not available in a language / format they can understand. This may mean that some parents may miss out on information about local community-based support and may have to find alternative sources of information about health issues.
68. This can be mitigated by directly engaging with Norfolk's 80+ BAME groups, particularly those that provide advice and support to people newly arrived from abroad or whose first language is not English, to make sure they are informed about the offer and know who to contact if they experience challenges accessing information or are unsure what services may be available.

### **Gender reassignment and sexual orientation**

69. The proposal will provide an opportunity to ensure that information and images published online are inclusive and reflect the diversity of all families living in Norfolk.

### **Group based support and one to one sessions (working with families who need extra help)**

This aspect of the proposal represents the least significant area of change to existing service delivery as it seeks to develop the existing offer rather than create a new one. However, service users who have previously accessed these services at buildings delivering children's centre services may experience a change. Impacts that have been highlighted elsewhere in this assessment have not been duplicated within this section. The following section looks, where relevant, at the potential impact upon relevant protected characteristics in accordance with the Equality Act 2010.

### **Age**

70. Although the service is aimed at families with children aged 0-5 years, the scope says that families with children in the 0-2 age range will be treated as a priority to provide support as early as possible. Whilst it is understood that early help is vital to success it is important that those aged 3-5 years are not disadvantaged.
71. Teenage parents may benefit from group sessions held at community venues close to their home. This may be because a less formal setting may feel less intimidating,

may involve less travel and may provide access to other social activities / clubs that use the same venue. Attendance may also provide additional support because it may be easier to form friendships, particularly as the teenage parent may be less likely than an older parent to have peers they can relate to.

72. The proposal may have a positive impact on teenage parents who may require more support than older parents. This may be for several reasons but for example a teenage mother trying to balance her education with bringing up a child may not feel comfortable in a group session where she may fear being judged or where there are limited peers to whom she can relate. She may also have limited travel options and therefore a community-based group session or one to one support in her own home may allow her to access the service more easily.
73. The provision of creche facilities to allow parents to attend group sessions will remain important. Accessibility will continue to need to be built into this, to support the needs of all parents, including disabled parents. Due to the young age group of this cohort it will require certain facilities / resources to be made available which may be more difficult to provide within some community venues as for example, a village hall may only consist of one large room with limited toilet and kitchen facilities. They may also lack the space to store equipment required for looking after small children impacting upon staff running the session who have to transport equipment.

### **Sex**

74. Parents of either sex who are first time parents or new to the area may benefit from group sessions held in community venues as they will enable them to meet peers in the same situation as themselves and build up local support networks which may then carry on into their child's schooling. It may also introduce them to other services for example, a parent attending a group session in a Library may become Library members as it becomes a familiar place.
75. Men who have chosen to act as their child's main carer may feel uncomfortable attending group sessions which they perceive as largely attended by women. They may therefore be less likely to participate in sessions or attend. However, this impact could be equally applied to the current model of provision.
76. It will be important to continue to ensure that the sex of the parent undertaking the support, particularly in a one to one setting is considered as, for example, men may feel more comfortable receiving one to one support from another man rather than a woman and vice versa.

### **Pregnancy / Maternity**

77. Pregnant women, new mothers and women with more than one child may find a positive outcome from this proposal. Having access to outreach support that can come to their home or be provided in a venue near to their home rather than having to access a children's centre building will mean that they may not have to travel so far, thereby reducing cost and stress and allowing them to continue receiving support late into the pregnancy. This may also provide an opportunity for them to access other services such as Libraries where the group session is held.

## **Disability**

78. Disabled parents or parents with disabled children may experience a positive outcome from the proposal as they may be able to access help through outreach in their own home if they so choose. This will mean that they may not have to travel so far, saving time and money. It may also provide additional reassurance, particularly for parents with issues which makes being amongst groups of people difficult and allows the support given to be tailored to the needs of the individual.
79. The proposal will maintain the current 'model' which focuses on a single issue such as parenting skills for each group meeting. However, the use of community-based venues may mean that any parent wanting to access a variety of 'topics' may have to access more than one location, especially if the community venue is shared use. This may be challenging for some disabled parents as they may be limited to which buildings they can access or park close to providing less choice as to which groups they can attend or incurring additional travelling costs
80. The proposal states that sessions will be held 'at venues close to them in their local communities where they feel comfortable'. For disabled parents and parents with disabled children it will be important that the venue is accessible and can meet their needs. For example, holding a session at a village hall which does not have hearing loops may stop disabled people accessing the group session. It is important that all venues to be used for this type of support are assessed ahead of the session to ensure that the building is accessible, and that relevant equipment is available and working. This will include ensuring that all staff attending the session are aware of how to make the session physically accessible for the parent, including how to use equipment and may exclude the use of some venues for certain types of support.
81. A parent or child who is neurodiverse may find it difficult to maintain attendance at group sessions, especially if their mental health is low or the group is large or autism-unfriendly. Attendance may also be affected by where the sessions are held as for example, a village hall may consist of a single, large room with loud acoustics and bright lighting which may cause sensory overload. For some individuals this may not be a consistent issue as there may be times at which they can cope and times at which they cannot. It will be important that the support received by a family in this situation is flexible and that it does not present the family with gaps in support due to a lack of suitable resources or the emphasis being put on the family to find alternative sources of support.

## **Race / ethnicity**

82. Parents whose first language is not English may benefit from this 'tailored' support, especially where they are new to an area but can access help in their own home. It will be important that the outreach is carried out in such a way that language and cultural differences do not become a barrier to understanding.

## **Gender reassignment**

83. Some families who identify as transgender may welcome one to one support delivered through outreach in their own home as they may feel uncomfortable in some group situations, e.g. if they are still coming to terms with gender questioning. Equally some families who identify as transgender may benefit from group-based

sessions held within their local community where they already know people and feel comfortable.

### **Sexual orientation**

84. Some parents in a same sex relationship may lack the confidence to attend a group session due to their concern about the perceived reaction of other parents. This may also depend on the venue in which the group session is held. For example, a gay couple being asked to attend a group session in a local catholic church hall. Therefore, they may welcome the option of one to one support delivered through outreach or benefit from a group session which is tailored to their needs.

### **Impact upon people with protected characteristics working in Children's Centre buildings and for Community-Based Groups**

85. Staff at existing children's centre buildings are predominantly women.
86. It is not possible at this stage to know which individuals may be at risk of redundancy as this decision will be made by the individual contract holder for each centre building should the proposal go ahead. There is no reason to expect that staff with protected characteristics (other than potentially gender) would be disproportionately represented in any redundancy or redeployment figures.
87. Many of the female staff affected by the proposals may have caring responsibilities of their own. Staff will be covered under the conditions of their contract, however changes to the way in which the service is delivered may impact upon their working conditions i.e. they may be asked to work at another location which may impact on their own flexible working.
88. The proposed change may have a positive impact for some staff and volunteers in enabling them access to training to develop their skills and enable the group they work for to 'grow'. This may enable volunteers for example, to elevate their skills to a point where they may consider paid employment rather than a volunteer role. This may also apply to parents who may be able to apply for funding to set up their own groups to meet local need. However, for some women there may be a detrimental impact, as they may not feel that they have the capacity or energy to take on a role such as this.
89. Staff and volunteers working in community settings may need to 'upskill' should families with higher levels of need choose to access universal services through their group. This may include needing more formal safeguarding training and greater awareness of accessibility for disabled families and health and safety than before. This may be physically and emotionally demanding for some staff and volunteers.
90. Any disabled staff working at buildings currently being used to deliver services associated with children's centres will be covered by the terms and conditions of their contract with the third party. There is a possibility that the proposal may mean that some disabled staff may be required to work elsewhere or differently. This may be challenging for some disabled staff, for example people who are neurodiverse may find the change in circumstances challenging.
91. Disabled staff and volunteers working for community-groups may experience positive outcomes from the proposal as the group they work with may attract additional



funding (e.g. for access improvements to local community facilities) and be able to grow.

92. The greater emphasis on outreach work may lead to increased lone working in a variety of settings. Appropriate procedures must be put in place to ensure the safety of staff of both sexes whilst carrying out these duties as well as ensuring that appropriate safeguarding procedures are in place.
93. By using more community-based venues and increased outreach, staff may be required to travel more and take responsibility for moving / storing equipment as some venues may not be able to store items and staff may need it for sessions in a variety of locations. Appropriate procedures must be put in place to ensure the health and safety of staff under these circumstances.

## Cumulative Impacts

90. When considering the impact of a proposal, it is helpful to take into account other social factors which may be impacting on service users – for example; the rising cost of living; changes to welfare reform, changes to other public services and social issues such as the rise in social media.
91. Although it is not possible to explore every scenario the following examples give an overview of the types of cumulative issues that may arise:

### **If you are a new mother who is a lone parent with disabilities including a mental health issue, you may experience the proposed new digital offer in this way:**

92. Being a lone parent, you are limited as to what time you can spend away from your parental responsibilities. The proposal may benefit you by providing a source of information that can be accessed at a time that fits around your schedule, which doesn't require you to make a journey, and which enables you to obtain information in a way which is accessible to you. This is important because your condition means you suffer from fatigue and memory problems and you can't take in large amounts of written information.
93. This is exacerbated because your baby wakes up a lot during the night, so you're very tired. You've joined the huge (9000 members) "Babes with Babies" Norfolk Facebook online community and have found it reassuring to talk with other mums online to get advice and reassurance – sometimes at 3am when your baby wakes to feed. A lot of mums feel confident talking about their mental health issues in this group, which has made you feel more confident verbalising the anxiety you're experiencing, and posts from people experiencing a dip in their mental health attract a lot of support.
94. You're on a low income, and a recent reduction in your benefit entitlement means you're getting £10 per week less now than you did six months ago. This is a worry for you, as in the past you have struggled to cover your smartphone bill, which you use to access online information. You worry about what would happen if your phone was cut off because it's your lifeline.
95. You tend to use your smartphone because your disabilities mean that you require a certain type of software to enable you to access web information on a computer.

This software is expensive and you can't afford it. You also worry that any equipment you purchase will be rapidly out of date, adding to the cost and requiring the skills and knowledge to purchase the right thing and update it when necessary.

96. Late one night you experience a serious dip in your mental health. Even though it's out of hours at night, you're able to research your options and local support networks that are nearby immediately, instead of having to wait for opening hours the next morning. You post a message on the Babes with Babies message board, and three mums come back to you immediately urging you to contact your GP to get checked out. One of the mums, who is also a lone parent and with whom you've chatted online before, messages you privately to suggest a coffee the next day.

**If you are female teenage parent with a disabled child living in an urban area, you may experience the proposed new service model in this way:**

97. As a teenage parent you are not confident to access universal services as you feel that the other parents will be older and judge you.
98. However, you're happy to access a targeted group and one to one support and doing so increases your confidence to a point where you want to attend a universal service.
99. You were apprehensive about attending a large children's centre as you felt that you might be in the minority due to your age. However, the stay and play session your social worker helped you to find in your local children's centre was welcoming.
100. Being on a low income means you prioritise essentials for your child and rely heavily on your step-mum's financial support. The proposal means that you can no longer attend the stay and play session at your local children's centre, and you have to journey slightly further in a different direction to attend a new stay and play group that is community led. The bus journey costs £1 more and you have to start paying £3 per session to attend the stay and play group whereas previously it was free. This means you're now paying £16 more per month than you were previously. Your step mother gives you the money each week, but you worry about what you would do if she wasn't helping you financially.
101. Your child initially settles well into the new group. His condition means that he often shouts very loudly and gets angry, and there was an incident where one of the volunteers at the stay and play told you it wasn't acceptable as it was disturbing other people. This really upset you. Fortunately, soon after this, volunteers at the stay and play were trained to understand how to positively manage disruptive behaviours arising from disabilities, and the next time your child exhibited this behaviour it was dealt with positively.
102. Some of the volunteers at the stay and play group have a limited knowledge of how to ensure physical accessibility for your child. This means that sometimes your child is unable to join in with activities, because the right support was not in place. However, after a while you develop the confidence to explain this to the organiser and work together to provide your child access. The organiser contacts Norfolk County Council for advice on how to put some physical adjustments in place.
103. You have thoughts about setting up your own group for other teenage parents. You don't feel ready for this, but you set up a small Facebook group with some of the

young mums you met at the new stay and play. This means you can chat online during the week, outside of the community-led session.

**If you are a disabled father with mobility issues living on the outskirts of Norwich who has chosen to act as your child's main care giver, you may experience the proposed new service model in this way:**

104. The use of community-based venues mean that you perceive that you have more choice of where to access services. You decide to set up your own group to meet more fathers who are acting as their child's main carer, thereby widening your social network.
105. Although you own and run a car, disabled parking and access at some community buildings in your area are limited. This is also because community buildings such as GP surgeries are already well-used by the local community and therefore there are competing pressures.
106. The parish building you want to use closest to your home does not currently have fully accessible toilet facilities. This is because although a disabled toilet is available it is not big enough to accommodate your large electric wheelchair and the baby changing facilities are based in the female toilets.
107. This means you have to find another more accessible venue that also has disabled parking. You find one which is slightly further away and less convenient.
108. However, you launch the group and it is a success. You regularly meet up with six other fathers for your children's sensory play sessions. The main challenge you find is that your condition makes you very tired, so some weeks you have to cancel the session or get someone else to run it for you as you are not able to attend.
109. Over the next year, you successfully secure funding to enhance the accessibility of the toilet facilities in the initial venue of your choice. This means you can move the sensory play session closer to where you live, which makes it easier to run and attend. You increase the sessions to twice a week. You are really proud of your work to achieve this, as it was not easy, but it has led to a major improvement in the accessibility of your local parish rooms and is a legacy for the wider community.

**If you are a woman from a BAME community living in a rural area, you may experience the proposed new service model in this way:**

110. Living in a rural community you have less choice as to what community-based groups you can access. This is because there aren't any groups in your local area and the groups in the nearest urban centre meet at a time when you cannot access them.
111. The opportunity for community-led groups to grow and develop because of additional funding inspires you. However, you lack the confidence to set up a group of your own and do not know enough women in your situation making the prospect of setting up a group impractical.

112. English is not your first language. Your culture means that you do not feel comfortable being part of a group that includes male attendees, staff or volunteers, or that has the potential for you to mix with men outside of your family.
113. The County Council identified that there were a small number of women with young children from diverse backgrounds in your area (including both white British and Bangladeshi) who were interested in being part of a group. The Council worked with the local community to help establish a small community-led group which you joined.
114. You were nervous at first as you didn't know anyone, but your child enjoyed the play sessions and you enjoyed the opportunity to meet other new mothers who were feeling a little isolated as new parents in a rural area. After 12 months, you had the confidence to join a rota to help run the sessions. This provided you with an opportunity to develop new skills and social networks.

## Conclusions

115. There is no legal impediment to going ahead with the proposal. It would be implemented in full accordance with due process, national guidance and policy. Similar proposals have been implemented elsewhere in the UK which involve reducing the amount of buildings used to deliver universal children's centre services in favour of community-based solutions and outreach. The enhanced digital offer is also replicated in many other areas of service delivery.
116. It is possible to conclude that the proposal may have a detrimental impact on some groups of people, for the reasons set out in this assessment. It may also have some positive impacts, set out in the assessment. The process of designing new community-based groups and outreach services presents an opportunity to integrate inclusion and accessibility into communities.
117. Children's Services Committee is therefore advised to take these impacts into account when deciding whether the proposal should go ahead, in addition to the mitigating actions recommended below.
118. Some of the mitigating actions will address the potential detrimental impacts identified in this assessment, but it is not possible to address all the potential impacts. Ultimately, the task for Children's Services Committee is to balance these impacts alongside the need to manage reduced resources and continue to provide essential children's services to those who need them most.

## Proposed mitigating actions

119. The following mitigating actions seek to address the impacts identified within this assessment:

	<b>Proposed mitigating action/s</b>	<b>Lead</b>	<b>Date</b>
1.	If the proposal goes ahead, ensure that the findings of this assessment are communicated across all teams responsible for implementation, to ensure that the issues highlighted are systematically addressed in delivery plans, service design and commissioning.	Assistant Director Early Help and Prevention	From 1st April 2019

Proposed mitigating action/s		Lead	Date
2.	Increased investment in community-based groups to be targeted at areas of most need, including rural areas. This should aim to; map and identify gaps in capacity, ensuring as far as possible, a consistent offer across the county and; invest in the expertise / skills of the workforce (both paid and voluntary) and the community venues to be used for service delivery.	Assistant Director Early Help and Prevention	From 1st April 2019
3.	Work across all statutory agencies (children's services, adult services, health) to develop a support network for community groups running universal services and establish a mechanism for parents to report issues as to practice.	Assistant Director Early Help and Prevention	From 1st April 2019
4.	Develop a self-assessment tool for reviewing the accessibility, inclusivity and suitability of community-based venues. To include the development of guidance for groups in determining what they need to provide linked with funding applications.	Equality & Diversity Manager in consultation with Assistant Director Early Help and Prevention	By end July 2019
5.	Further review to be carried out of the on-line offer 'Just one Norfolk' platform and the 'Norfolk Directory' to identify opportunities for enhancing accessibility of digital information, particularly focusing on the needs of disabled users, including those with learning difficulties or who are Deaf. Following the review ensure that web information meets accessibility standards and set clear parameters for the ongoing development of the site.	Assistant Director Early Help and Prevention	From 1st April 2019
6.	If the proposal goes ahead, engage directly with Gypsy, Roma and Traveller communities, and Norfolk's Black, Asian and minority ethnic groups (those which play a key role in Norfolk in supporting newly arrived people whose first language is not English), to make sure they are informed about the offer, and know who to contact if individuals cannot access information or are unsure what services may be available.	Equality & Diversity Manager in consultation with Assistant Director Early Help and Prevention	From 1st April 2019

## Evidence used to inform this assessment

- Equality Act 2010
- Public Sector Equality Duty
- Relevant business intelligence is held in papers elsewhere on this agenda which have been used to develop this assessment. This includes data associated with the usage of children's centres by protected characteristic groups.
- University of Cambridge and Westminster City Council, funded by UK National Institute for Health Research into anxiety.

## Further information

120. For further information about this equality impact assessment please contact Bev Herron Equality and Armed Forces Covenant Officer.



If you need this document in large print, audio, Braille, alternative format or in a different language please contact Bev Herron on 0344 800 8020.

---

### <sup>1</sup> Prohibited conduct:

Direct discrimination occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have, or because they associate with someone who has a protected characteristic.

Indirect discrimination occurs when a condition, rule, policy or practice in your organisation that applies to everyone disadvantages people who share a protected characteristic.

Harassment is “unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”.

Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act; or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.

2 The protected characteristics are:

- **Age** – e.g. a person belonging to a particular age or a range of ages (for example 18 to 30-year olds).
- **Disability** - a person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
- **Gender reassignment** - the process of transitioning from one gender to another.
- **Marriage and civil partnership**
- **Pregnancy and maternity**
- **Race** - refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
- **Religion and belief** - has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism).
- **Sex** - a man or a woman.
- **Sexual orientation** - whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

---

3 The Act specifies that having due regard to the need to advance equality of opportunity might mean:

- Removing or minimizing disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic;
- Taking steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of others;
- Encouraging people who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such people is disproportionately low.

4 Having due regard to the need to foster good relations between people and communities involves having due regard, in particular, to the need to (a) tackle prejudice, and (b) promote understanding.