

# Helping to make an impact

## Equality Assessment (EA) Form and Guidance Information

## INITIAL SCREENING – STAGE 1 (See Guidance information)

As a public authority we need to ensure that our strategies, policies, functions and services, current and proposed have given due regard to equality and diversity.

Please complete the following questions to determine whether a Full Equality Assessment is required.

<b>1. Name of policy, strategy or function:</b> Proposed reduction in children’s centres budgets for 2013/14.	<b>Ref:</b> CYPF1212CC
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<b>Responsible Officer:</b> Richard King	<b>Role:</b> Children’s Centre Area Manager - South
<b>Directorate:</b> CHILDREN, YOUNG PEOPLE AND FAMILIES	<b>Assessment Date:</b> 19 <sup>th</sup> November 2012

<b>Is this a:</b> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service <input type="checkbox"/>
<b>Is this:</b> New or Proposed <input type="checkbox"/> Already exists and is being reviewed <input type="checkbox"/> Is Changing <input checked="" type="checkbox"/>

**1. What are the main aims, objectives of the policy, strategy, function or service and the intended outcomes and who is likely to benefit from it**

Children’s centres (CC’s) provide access to a combination of services for families and children aged minus 9 months to 5 years, increasing to age 11 where appropriate. They have been subject of much change, from the 3 phased development of 75 children’s centres over 5 years, to their reorganisation into 16 localities in 2011/12 when over £5m was taken out of their total budget. Please refer to a previous full Equality Impact Assessment CYPF0112CC. Also see Appendix 2 for 2012 data.

For 2013 -14 there are further proposed savings, and an expectation that CC’s contribute to the wider development of Integrated Services to allow for the distribution of resources to ensure that timely appropriate services reach those families that need them most.

**Aims:** The aim of this savings proposal of £1 million to children’s centres is concerned with the further development of children’s centres’ Locality Model in support of the integration of Children’s Services to promote early intervention with children and their families which reduces the number of children who require public care. These £1 million savings contribute to the overall financial savings of £3 million identified for Early Years Service.

The proposed reduction in children’s centre budgets will be scaled to reflect the level of need. Therefore, children’s centres working within the most deprived areas will be protected from any reduction for the work that they do in those areas and those working with families in areas of less deprivation will receive higher reductions for targeted services but maintain universal services.

**Objectives:** The objective of this proposal is to look at the reduction in children’s centre budgets, the organisation of some children’s centre services and consider their contribution to the Integrated Access Teams (IAT’s), Education Welfare Service (EWS), Integrated Family Support Teams (IFSTs), Youth Services, Connexions, statutory Social Workers to provide targeted support; to fulfil statutory duties and responsibilities whilst offering intensive family support. Any change in practice will be supported by evidence based practice to identify risk factors to children such as neglect to, effect change and identify those children that require a Children’s Social Care service sooner rather than later. However, we acknowledge that this proposal is dependant on the budget cuts not affecting the above services such as the IFST’s, etc.

In addition there will be a rationalisation of the use of existing buildings and management posts.

**Outcomes:** The desired outcome is to further develop the Locality Model to align children's centres and their services to provide children, young people and their families with the right support, at the right time by the right service and to improve the early identification of need and prevent unnecessary escalation of those needs. Also to ensure the continuation of the core purpose and protect children from significant harm, improve engagement in learning and achievement in educational and reduce health inequalities.

**Benefits:** It is anticipated the benefits of this proposal is for children, young people and their families and will result in an early and seamless offer of targeted support across services that prevents their needs escalating and generate cashable savings for Birmingham City Council that contributes to the Authority's savings plan.

## 2. Explain how the main aims of the policy, strategy, function or service will demonstrate due regard to the aims of the General Duty?

1. Eliminate discrimination, harassment and victimisation?  x
2. Advance equality of opportunity?  x
3. Foster good relations?  x
4. Promote positive attitudes towards disabled people?  X
5. Encourage participation of disabled people?  x
6. Consider more favourable treatment of disabled people?  x

This policy is focussed on the use of children's centres buildings to integrate services and increase the opportunity for children, young people and their families to be identified, assessed and then, if needed, to receive an early offer of support. They will continue to foster good relationships with parents, partners and professionals. The basis of the proposal is centred on using children's centre buildings to deliver Universal Services as well as to further integrate targeted services with other teams such as Education Welfare Service (EWS), Integrated Family Support Teams (IFSTs), Youth Services, etc.

Children's centres are expected to provide universal services for pregnant families and those with children under 5 and their siblings up to the age of 11, seeking additional support when required. They are expected to target families who are less likely to access a children's centre and associated services and as such develop initiatives to ensure that children's centres attempt to meet the above Equality Duties.

In developing and implementing this proposal we will:

1. Eliminate discrimination, harassment and victimisation – by ensuring the impact of any budget reductions will not affect our most vulnerable families, for example those in need of protection. This will be achieved through the continuation of the offer of universal services, persistent targeted outreach and targeted services as well as by their contribution to the model of integration and designated links to local Children's Social Care teams.
2. Advance equality of opportunity - if there are fewer opportunities in the above fields then this may impact upon issues such as employability/skills for adults, along with the access to the core range of children's centre services – we will therefore need to consider how best to maintain access to such services as the Locality Model of delivery is further developed. Conversely for children, the new model is expected to increase the reach of children's centres, targeted and specialist services and access for our most vulnerable children, for example as the availability of two yr old day care is increased by the Government.
3. Fostering good relationships is expected to improve as children's centres play a prominent part in their communities. Their continuing presence and improved, coordinated/integrated service delivery arrangements is expected to provide a broader range of services accessible to more people such as the targeted support provided by the IFSTs and specialist services from Children's Social Care.
4. Participation and treatment of disabled people – this is a key element of the children's centre services as they ensure, and will continue to ensure accessibility to children's centre services and where possible improved through the new integrated service delivery model. There will be links made with the Children's Social Care disability services; ensuring children in need are less likely to 'fall through the net'.

## 3. What does your current data tell you about who your policy, strategy, function or service may affect:

Service users	Yes <input type="checkbox"/> X	No <input type="checkbox"/>
Employees	Yes <input type="checkbox"/> x	No <input type="checkbox"/>
Wider community	Yes <input type="checkbox"/> X	No <input type="checkbox"/>

Please provide an explanation for your 'Yes' or 'No' answer

(a) Service users

This proposal is not recommending a reduction in children's centres or children's centre services; however it is concerned with increasing access to existing and new services, such as the IFST's, IMT's (Integrated Multidisciplinary Teams) and IAT's (Integrated Access Teams), whilst achieving the required monetary reductions with a focus on supporting children and young people to remain safely within their families and communities.

It is proposed the savings are made through the localities planning services and focusing resources on areas of higher deprivation and families in most need as well as coupled with making efficiency savings, i.e. shared buildings, and natural wastage i.e. not replacing back office staff where back office support can be shared across centres, to ensure that universal services continue. Our recent data, from the use of CC scorecards (see appendix 1), indicates that the majority of work needs to be focused on increasing the registration of expectant parents, children under five and their families, especially in the most deprived areas of Birmingham and this needs to be taken into account when planning any reductions in budgets.

b) Employees

As indicated it is not expected that there be any loss of Birmingham City Council children's centre staff as children's centres will continue to provide services, especially family support. It is likely that the CC staff will be required to work in a more integrated way as part of wider teams within localities, building on the locality model implemented in 2012. The integration of management of children's centres and IFST's at a senior level will not directly affect CC staff.

We do not anticipate that CC staff will be affected by the possible review of salaries for family support workers who are BCC and paid a GR 3 and 4 to ensure there is parity in their JD/PS.

If there is this review of salaries, there will be appropriate consultation with staff and trade unions.

(c) The wider community

The intention of the model is to provide greater benefits for the wider community via a broader, more equitable service and increased integrated working/service offer alongside the IFSTs. Children's centres will have close links with IFST's (often co-located) and the IFST's will have closer links with schools, health and other delivery partners across each locality.

**4. Are there any aspects of the policy, strategy, function or service, including how it is delivered, or accessed, that could contribute to inequality? (including direct or indirect discrimination to service users or employees)**

Yes  or No  X

**Please provide an explanation for your 'Yes' or 'No' answer**

It is not anticipated any aspects of this proposal will directly or indirectly contribute to inequality. However, this proposed reduction could affect some of the more affluent areas of the city. This should be addressed through the planning of services for 2013/14 where localities will be required to make savings on buildings, admin and management costs.

The proposal is predicated that children and young people are receiving a 'universal' offer of intervention from schools, nursing or GP services and where the respective practitioner considers the child requires additional support they will complete a common assessment and discuss this at a Team Around The Family meeting. In order to ensure a consistent approach and application of practice the risks of inequality will be minimised by;

- Review and re-launch of a 'threshold' policy in Birmingham
- Development of a common set of procedures for all professionals
- Production of communication strategy/plan that will include;
  - promotional materials for practitioners
  - production of promotional materials children, young people and their families advising of accessibility
  - web-based information

When planning services localities will provide localised services, not necessarily delivered from a CC building but efficiently located in alternative sites such as health / community centres, schools etc. Children's centres are also required to work more closely with other agencies such as Health, CAMHS, so far as to bring greater multi-disciplinary working that will lead to greater service accessibility. Included in this will be closer working relationships with the Integrated Family Support Teams and Integrated Access Teams which will incorporate other professional teams..

Should there be any changes in the locality or accessibility of services resulting in the possibility of a negative impact for service users, we will consult parents, other users and professionals as and when and where those changes are made. Consultation where significant change is potentially taking place is a statutory responsibility and when it is required for 2013/14 the following considerations would be relevant :

- A commitment to retaining the current number of children's centres so this ensures the positioning of children's centres in local communities
- CC managers having a good knowledge of their local communities and needs, including a commitment to local consultation
- A variety of local venues for access- CCs, schools, health centres etc – in addition to the network of children's centres
- Sites which are DDA compliant
- Ongoing monitoring of local need in each locality.

Children's centres will also benefit from the experience and findings from the consultations carried out in 2012 surrounding last year's changes.

Budget reductions will reflect the level of need, therefore, children living in the most deprived areas, who would be most likely to be adversely affected by any budget cuts, will be protected from any reduction and those living in less deprived areas may experience a reduced or relocated service. To mitigate against the potential negative impact of any changes in localities, the children's centres as part of their locality planning, will monitor the effect of those changes and co-ordinate/adjust services accordingly and any significant change will be consulted on as part of an Equality Assessment at a local level. Consortia Advisory Groups (CAG's) will monitor and influence the location of services, and as the CAG membership is multidisciplinary they will be in a position to overcome these issues through their own and other agencies. However, all families will continue to receive new birth visits and will be entitled to access universal services, for example stay and play groups and advice on children's health and safety.

Whilst CCs' mainly provide universal services there is also a responsibility to target specific groups if there are concerns that such groups are being disadvantaged, such as disabled parents.

Consultation with parents, partners and stakeholders will be ongoing on a locality level throughout 2013-14, especially in the period March to May, with the support and guidance from CAG's and other user groups. More local consultations will also consider any issues raised as a result of the EIA process.

The 2012/13 Consultation Plan will be updated.

Children's centres will also need to consider BCC health priority and this could be assisted by the Health Visiting Action Plan 2012-15 linking Health Visitors to children's centres. There is evidence of the extra health visitors becoming available, and closer links with children's centres and as health visitors operate across universal services this may mitigate against any negative effects from the budget reduction for children and families, including those with disabilities. For example, there are discussions about the linkages between Children's Centres and the Health Visitors carrying out their statutory new birth visits. Similar links will also be made as Health increases the number of children reviewed at 2.5 years of age.

The 2013 -14 Children's Centres' training plan is expected to improve the knowledge base of staff and therefore improve the service being offered to children and their families.

**5. Will the policy, strategy, function or service, have an adverse (negative) impact upon the lives of people, including employees and service users?**

Yes  or No  x

**Please provide an explanation for your 'Yes' or 'No' answer**

The proposed reduction in budget is unlikely to have an adverse impact on service users and staff but rather enhance and increase the accessibility of targeted services and create training and development opportunities for staff.

Also, the further development of the Locality Model, where the children's centres have been arranged into 16 localities of Hub, Spoke and Linked Sites (according to the needs of each community), will ensure that the 73 existing children's centre delivery sites and front line staff are maintained. The links between CC's and IFST's will be reinforced by their combined management at senior and middle management level and a closer working between teams at the locality level and these factors should ensure closer and more integrated planning of services including meeting the needs of people who might be discriminated against.

Consultation on any significant change in services will be carried out at a local level in partnership with individual children's centres and any changes in BCC staff rates of pay, etc, will also be consulted on in line with the wider EA.

**6. Is an Equality Assessment required?**

If your answer to question 2 has identified potential adverse impact and you have answered 'yes' to any of the following questions 3, 4, or 5, then you should carry out a Full Equality Assessment.

Does the Policy, Strategy, Function or Service require a Full Equality Assessment? Yes  No

If a Full Equality Assessment is required, before proceeding you should discuss the scope of the assessment with service managers in your service area as well as the Directorate Contact Officer.

If a Full Equality Assessment is **Not** required, please sign the declaration and complete the Summary statement below, then forward a copy of the Initial Screening to your Directorate Contact Officer

If a Full Equality Assessment **Is** required, you will need to sign the declaration and complete the Summary statement below, detailing why the Policy, Strategy, Function or Service is moving to a Full Equality Assessment. Then continue with your Assessment


## DECLARATION

A Full Equality Assessment not required, the Initial Screening has demonstrated that the Policy, Strategy, Function or Service is robust; there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

Chairperson: Richard King

Summary statement: The further development of the Locality Model and more integrated working, building on the work that commenced last year, will ensure that the proposed £1 million reduction in Children's Centre budgets will not adversely affect those service users that are in most need. Any potential significant changes (i.e. a service being moved to alternative site) for non essential users will be mitigated against at a local level by each individual Children's Centre/Locality.

Sign-off Date:



13-2-13.

Quality check: The screening document has been checked using the agreed audit arrangements in the Directorate:

<p>Name: (Officer/Group carrying out the Quality Check) <b>Veronika Quintyne</b></p> <p>Directorate:<b>CYPF</b></p> <p>Contact number: <b>0121 4643073</b></p>	<p>Date undertaken: <b>10.01.2013</b></p>	<p>Screening review statement: <b>Once there is further clarity provided in this risk assessment on whom the change to the function will impact and what the impact is likely to be and on the mitigations considered, I will be able to provide an appropriate and measured check in line with BCC audit arrangements</b></p>
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#### Equality Assessment Task Group Members

	<b>Name Please add the name, role and contact number of all colleagues who have contributed to this screening .</b>	<u>Role on Task Group</u> (e.g. service user, manager or service specialist)	<u>Contact Number</u>
1.	Chairperson Richard King	Children's Centre Area Manager - South	0121 464 4300
2.	Karen Pearson	Head of Early Years, Childcare and Children's Centres	0121 675 7135
3.	Julie Wall	Locality Development Manager	0121 4642725
4.			
5.			
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10.			



## Appendix 1 -

### Achell Children's Centres Locality Score Card

#### Overall measures

Measure	Level	Source	Frequency	Target
OfSTED outcome by Centre	CC	Ofsted	As relevant	Outstanding/Good
Annual conversation RAG rating by Centre	CC	LA	Annual	Outstanding/Good

#### Enjoying and achieving measures

Measure	Level	Source	Frequency	Target
Children's achievement of at least 78 points across the EYFS with at least 6 in each of the scales PSED and CLL	School/Locality	Area Report	Annual	Increase of 3% over three years, with annual progress reviews toward target

#### Economic and social well-being measures

Measure	Level	Source	Frequency	Target
Proportion of children aged 0-4 living in households dependent on workless benefits	SOA	Area Report	Annual	Decrease from 2011 locality baseline
% of eligible families benefiting from the childcare element of WTC	SOA	Area Report	Annual	Increase from 2011 locality baseline
% of take up of free childcare in reach area by deprivation	SOA	Area Report	Annual	Minimum of 60 new children take up 2 yr old offer from top 20% soa's
Take up of formal childcare by low income working families	SOA	Area Report / CCM	Annual	Increase take up from numbers worked with over the year

## Safeguarding Measures

Measure	Level	Source	Frequency	Target
Number of children subject to a Child Protection Plan	Centre / Locality/SOA	CCM / Area Report	Quarterly	Increase in numbers of families with a child under 5 subject to a CPP worked with at appropriate levels (especially access to appropriate parenting programmes)
Number of new CPP cases	Centre / Locality/SOA	CCM / Area Report	Quarterly	100% attendance at case conference / core group meetings
Number of children with a CAF	Centre/ Locality/SOA	CCM / Area Report	Quarterly	Increase in numbers of families with a child under 5 where a CAF in place worked with at appropriate levels (especially access to appropriate parenting programmes)
Number of re-referrals to CSC	Centre / Locality/SOA	CCM / Area Report	Quarterly	Work with 100% of families with child under 5 where referral to CSC has taken place
Number of children with complex additional needs/ disabilities where ES approach is being used	Centre / Locality/SOA	CCM / Area Report	Quarterly	100% of children with complex additional needs/ disabilities are accurately recorded on CCM of which at least 20% have a Family Service Plan in place

## Reducing Health Inequalities Measures

Measure	Level	Source	Frequency	Target
Proportion of children in reception year who are obese/overweight/normal weight	Locality/SOA	Area Report	Annual	Decrease to Bham average (10.6%) over 3 years with annual progress review toward target
% mothers initiating breastfeeding	Locality/SOA	Area Report	Annual	Increase of 2%
% infants breastfed at 6-8 weeks	Locality/SOA	Area Report	Annual	Increase of 2%
Low Birth weight Rate	Locality/SOA	New Birth	Quarterly	Reduction of 2% over 3 years with annual progress review toward target

## Range of services and target group measures

Measure	Level	Source	Frequency	Target
Number of children in BME groups	Locality/SOA	CCM	Quarterly	5260
% of children in BME groups accurately registered	Locality/SOA	CCM	Quarterly	70%
% of children in BME groups seen	Locality/SOA	CCM	Quarterly	42%
No of children in SOAs in 10% most deprived SOAs	Locality/SOA	Area Report	Annual	5469
% of children in 10% most deprived SOAs registered (incorporating pre assessment)	Locality/SOA	CCM	Quarterly	80%
% of children in 10% most deprived SOAs seen	Locality/SOA	CCM	Quarterly	48%
No of children in SOAs in 10-20% most deprived SOAs	Locality/SOA	Area Report	Annual	599
% of children in 10-20% most deprived SOAs registered (incorporating pre assessment)	Locality/SOA	CCM	Quarterly	70%
% of children in 10-20% most deprived SOAs seen	Locality/SOA	CCM	Quarterly	42%
No of children in SOAs in 20-30% most deprived SOAs	Locality/SOA	Area Report	Annual	102
% of children in 20-30% most deprived SOAs registered (incorporating pre assessment)	Locality/SOA	CCM	Quarterly	60%
% of children in 20-30% most deprived SOAs seen	Locality/SOA	CCM	Quarterly	36%
No of children in SOAs in 70% least deprived SOAs	Locality/SOA	Area Report	Annual	0
% of children in 70% least deprived SOAs registered (incorporating pre assessment)	Locality/SOA	CCM	Quarterly	-
% of children in 70% least deprived SOAs seen	Locality/SOA	CCM	Quarterly	-
Number of lone parents	Locality/SOA	Area Report	Annual	Not measured as

Measure	Level	Source	Frequency	Target
% lone parents accurately registered	Locality/SOA	CC	Quarterly	As above
% lone parents seen	Locality/SOA	CC	Quarterly	As above
No teenage mothers	Locality/SOA	Area Report	Annual	96
% teenage mothers accurately registered	Locality/SOA	CCM	Quarterly	90%
% teenage mothers seen	Locality/SOA	CCM	Quarterly	54%
No children with a disability	Locality/SOA	Area Report	Annual	22
% children with disabilities accurately registered	Locality/SOA	CCM	Quarterly	70%
% children with disabilities seen	Locality/SOA	CCM	Quarterly	50%
Proportion of new births registered within 2 months of birth in the reach area	Locality/SOA	CCM	Quarterly	95%
Number of teenage pregnant women accurately registered	Locality/SOA	CCM	Quarterly	Not measured as target for 2012/13 – will use CCM to establish baseline
Number of teenage pregnant women seen	Locality/SOA	CCM	Quarterly	As above
Number of parents with a disability accurately registered	Locality/SOA	CCM	Quarterly	As above
Number of parents with a disability seen	Locality/SOA	CCM	Quarterly	As above

Appendix 2 – Children's Centre User Data for 2012

For the period 1/1/12 - 31/12/12	African	Bangladeshi	Caribbean	Chinese	Indian	Other Asian	Other Black	Other ethnic Group	Other Mixed	Pakistani	Unknown	White/Asian	White/Black African	White/Black Caribbean	White-British	White-Irish	White-Other	BME	Grand Total
City Total of under 5's	4321	3797	3509	590	4225	1493	598	3749	1734	18972	7956	1291	1693	347	28847	114	1757	48190	84993
No under 5s registered	3084	2164	1517	485	2674	1243	608	1743	1350	12376	8441	801	380	1540	15943	152	1419	31536	55920
No children under 5 seen	1610	1209	698	242	1339	699	300	839	705	7387	3766	435	195	845	8399	92	707	17302	29467
% of under 5 registered	71.4%	57.0%	43.2%	82.2%	63.3%	83.3%	101.7%	46.5%	77.9%	65.2%	106.1%	62.0%	109.5%	91.0%	55.3%	133.3%	80.8%	65.4%	65.8%
% of under 5 seen	37.3%	31.8%	19.9%	41.0%	31.7%	46.8%	50.2%	22.4%	40.7%	38.9%	47.3%	33.7%	56.2%	49.9%	29.1%	80.7%	40.2%	35.9%	34.7%
Average % seen Male																			51.5%
Average % seen Female																			48.5%

\* data source – Children's Centre Manager / Jan 2013  
Please note that the registered and seen figures may include children from outside of Birmingham.

