

## Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service\*\* for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service\*\* may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA [guidance](#), for further information about undertaking and completing the assessment. For further advice and guidance, please contact your [Departmental Equalities Group](#) or [equality@leics.gov.uk](mailto:equality@leics.gov.uk)

*\*\*Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

Key Details	
<b>Name of policy being assessed:</b>	Early Help Review
<b>Department and section:</b>	Children & Families Service
<b>Name of lead officer/ job title and others completing this assessment:</b>	Natalie Stanger Sam Cooper
<b>Contact telephone numbers:</b>	0116 305 7931 / 0116 3058103
<b>Name of officer/s responsible for implementing this policy:</b>	Jane Moore, Assistant Director Education & Early Help Chris Thomas, Head of Service - Early Help
<b>Date EHRIA assessment started:</b>	November 2017 (screening process)
<b>Date EHRIA assessment completed:</b>	May 2018 (full assessment post consultation)

**NB.** Upon completion of the screening section of this assessment, it was determined that a full EHRIA assessment was required. Below is the full assessment completed in May 2018. The previous sections 1 & 2 form part of the EHRIA Screening Assessment completed in November 2017 which can be found for reference in Appendix C.

## Appendix B: Full Equality and Human Rights Impact Assessment (EHRIA) Report

### Section 3: Equality and Human Rights Impact Assessment Report

This part of the assessment will help you to think thoroughly about the impact of this policy and to critically examine whether it is likely to have a positive or negative impact on different groups within our diverse community. It is also to identify any barriers that may detrimentally affect under-represented communities or groups, who may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

### Section 3

#### A: Research and Consultation

When considering the target groups it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.

- 15.** Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you now explored the following and what does this information/data tell you about each of the diverse groups?
- a) current needs and aspirations and what is important to individuals and community groups (including human rights);
  - b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);
  - c) likely barriers that individuals and community groups may face (including human rights)

To enable the identification of current needs, aspirations and what is important to service users as well as potential impacts and barriers they may face as a result of the proposals, a 13 week consultation exercise took place from 22 January 2018 to 22 April 2018, specifically targeting parent/carer users of the service, key stakeholders, and staff. In addition extensive service user research with 787 families (Early Help Evaluation) has also been considered and incorporated when completing this document. This research reviewed Early Help families who were supported by a case worker from

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the Supporting Leicestershire Families Service and Children's Centre's who received an assessed service during 2013 and 2017.

The consultation contained the following elements :-

- Online and hard copy survey (including Easyread version)
- 7 locality public consultation meetings (one per district)
- 2 key stakeholder workshops
- 4 x staff workshops (plus additional staff focus groups)
- 40 service user drop in sessions (one in each Children's Centre/SLF centre) where staff were available to help people fill in the survey.
- 36 site visits to Children's Centres (one to each centre) to engage with landlords / site managers about the proposals
- 1:1 partner meetings with local District and Borough Council leads
- Meetings with key health partners

There were 794 responses to the consultation questionnaire and of these 54% were Early Help service users or family members of service users. Additional qualitative information was gathered before, during and after consultation during public meetings and stakeholder events and forms part of the detailed analysis of consultation responses which can be found in Appendix I. In addition we received 40 direct pieces of correspondence (email and letters) from a wide variety of stakeholders including breastfeeding groups, Parish Councils, Local Councillors, landlords etc. and in response to the proposals 5 petitions were received opposing the redesignation of centres.

- a) *current needs and aspirations and what is important to individuals and community groups (including human rights);*

One of the key findings of the consultation was respondents who cited local support or groups as being important in helping them to access support and many others reflected the view that the service should be kept as it is and centres should not be closed.

In total there were 82 comments received in the consultation responses about what is important and what individuals and communities need. The following were considered important by respondents;

- Contact with other parents
- Early intervention
- Listening to young people
- Face to face contact
- Location of services
- Effective multi agency working
- Health of babies, unborn babies and expectant mothers
- Financial and debt management
- Having access to a local centre

Below are some of those comments taken from the consultation responses:-

*"My wife attended a range of activities and found the centre to be a massively important support for her. More than that it helped forge relationships between parents in the village and helped establish strong community connections and support for many families"*

*“Joint working is important and this would be better facilitated by the proposed new service”*

*“A holistic view is important but that can still be achieved by sharing information. I also agree that early intervention is important and that people who need it the most receive help”*

*“Don't lose voice work, as listening to young people is important”*

*“Face to face contact with the centre staff is so important”*

*“Location of services is important when you can't travel, isolation and loneliness is a big issue when you are a new mum, the need to have regular contact with other parents is so important”*

Of the direct correspondence received from service users, groups and key stakeholders, some of the comments they raised around needs, aspirations and what is important include

*“Childrens centres have transformed the lives of young children and their parents across Leicestershire. The important role that they play in providing effective multi agency working is widely recognised both locally and nationally”*

*“The health of our babies, unborn babies, and expectant mothers is exceptionally important – particularly given that the village is an area of deprivation and we know that this increases the likelihood of maternal and childhood health issues”*

*“As a parent of two young girls these centres were vital to both mine and the girls wellbeing. They enabled us to meet other families which we are still now in contact with and take part in activities which encouraged the girls to learn new skills, improve their confidence and progress to be ready for school”*

*“New parents who spend time with other new parents make the transition through the early years with greater stability and a reduced need for other support services such as mental health.”*

*“The need for access to early help service including financial and debt management support is vital and an important part of the Children's Centre offer”*

*“Being able to access nearby post-natal and early years provision has fundamentally positive effects on mothers' mental health and children's welfare - thereby, as well as enhancing the whole childbirth and parenting experience, saving costs to health and community services if all goes wrong.”*

Out of 57 areas of need collected by workers, the Early Help Evaluation identified the following key areas of need which are collected by workers when they begin work with a family, and are present in over 50% of cases.

- Parenting difficulties (78%)
- A heavy reliance on benefits (65%)
- Low-level adult mental health (64%)

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- Work-related benefits (62%)
- Single parent families (60%)
- Other adult mental health (59%)
- Negative child lifestyle (57%)
- Financial difficulties (56%)
- Unstable/disruptive family relationships (54%)
- Violent or aggressive behaviour in children (53%)
- Adult domestic abuse victims (52%)

*b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights)*

The proposed changes to the service include integrating the 4 current services (Children's Centres, Supporting Leicestershire Families, Youth Offending Service and Early Help, Information, Support & Assessment) into one integrated Family Wellbeing Service.

The proposed service is intended to be delivered through

- Whole family working
- Drop in clinics
- Group work and/or casework (using the principle of one worker per family)
- Working with partners to join up and co-ordinate services
- Flexible delivery of services in family homes and community settings
- Advice, information and signposting to other organisations

Further detail of this is currently being developed and will incorporate the outcomes of consultation and equalities and human rights considerations.

Following the outcome of consultation and updates to the financial position, Cabinet will now be asked to consider a revised proposal to redesignate 19 of the current Children's Centre / SLF buildings and continue to operate the new service from 21 centres across the County (previously it was proposed to redesignate 25 centres). The service will reduce and become more targeted to support the most vulnerable or with the most needs, therefore LCC led universal services currently available to all will reduce or no longer be available. Instead better information and advice will be available and service users will be signposted to our partners where applicable. Further details of these changes can be found in the Early Help Report to Cabinet 6 July 2018.

The likely impacts of these changes will include:-

- No longer receiving a service as the service reduces and becomes more targeted (further scoping work will be required to quantify)
- LCC led universal services may no longer be available to service users
- LCC volunteer led universal services may reduce and change
- Health led universal services delivered by Leicestershire Partnership Trust (LPT) may also be affected (ongoing discussions to determine impact)
- Receiving a different service from the current offer e.g. attending a drop in session at a centre or community venue instead of having a case worker visit them at home
- Accessing a service at another building or venue;

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- Further travel to another building where their nearest centre is to be redesignated (see individual building profiles);
- Accessing a service with service users from across all 4 current services (Children's Centres, Supporting Leicestershire Families, Youth Offending Service, Early Help Information, Support and Assessment).
- Accessing our partners' services elsewhere (e.g. in GP surgeries)
- Receiving advice, information or being signposted elsewhere or finding this information online.

There may be a reduction in access to health services (e.g. Midwifery & Health Visiting) where these are currently delivered in Children's centres.

In recognition of the level of health activity and reflection of consultation feedback we will jointly plan the services with health colleagues, with midwifery and health visiting as part of the Children's Centre core offer and develop effective information sharing protocols.

- c) *likely barriers that individuals and community groups may face (including human rights)*

Likely barriers are;

- Difficulties accessing public transport if further travel is required and if
  - it is not available in the area,
  - it is costly and not affordable to some
  - there are difficulties accessing public transport with a pushchair or for those with a disability or other issues such as high levels of anxiety
  - longer journey times are not feasible for parents who need to drop off and/or collect school aged children
- Having to travel / walk further to a building/service
- Not being able to 'drop in' to a local building for support
- Attending an unfamiliar building with unfamiliar staff, (service users with poor mental health / anxiety issues)
- Availability of staff to transport families to other buildings to meet the family's needs.

The Early Help evaluation identified the following key barriers to change:

- Life events and set-backs;
- Poor mental health and isolation;
- Negative upbringing;
- Negative relationships;
- A lack of family, peer and community support;
- Lack of knowledge and experience around parenting issues;
- Negative family qualities such as denial, lack of motivation to change, lack of trust in services, fear;
- Other parent issues such as stresses about housing, money or family disabilities;
- Cultural issues

Consultation comments received relating specifically to barriers to accessing services

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included the following reasons and can be linked to the above key barriers to change e.g domestic abuse is an example of a life event and set back, expensive transport is an issue linked to stresses about money etc.

- Public transport / expensive transport
- Closing centres
- Travelling further to a building
- Cultural, territorial and language barriers
- Poor mental health
- Lack of confidence
- Physical disabilities
- Time
- Domestic abuse

Specific comments taken from the consultation responses around barriers include

*“Barriers increase through the age groups as less professional contact is made”*

*“Barriers such as relying on public transport and having to get a double buggy on a bus”*

*“Closing local centres will be a barrier to accessing services”*

*“Concern that barriers to accessing service will seriously limit outcomes for children in the long run”*

*“Concern there will be less support for families who are just managing, the barriers for accessing the new service and travel to different buildings”*

*“Increased cultural and territorial barriers from having to access another centre”*

*“Mental health, physical disabilities, expensive transport, lack of confidence, time, language, domestic abuse are all barriers to accessing services”*

*“Need to break down barriers with hard to reach families, online will never work with this group of people”*

*“Not feeling confident to access public transport to get to next nearest centre”*

*“The buildings themselves are as important as the service we offer, take them away you create barriers, concern 0-5 offer will be diluted”*

<b>16.</b>	Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?
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The consultation results, together with the Early Help Evaluation and data held on current centre use is expected to be sufficient to enable us to understand the Equality and Human Rights Impact on service users and specifically those with protected characteristics at this stage however we do know there are some specific groups we have limited data on e.g. travellers that we may need to do some work on as the service model develops.

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When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.

17. Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you further consulted with those affected on the likely impact and what does this consultation tell you about each of the diverse groups?

As the service develops and is implemented we will work with partners and others likely to be affected will be engaged with. We will monitor the impact on affected groups location by location as we implement the whole family service to ensure that no one protected characteristic group is more adversely affected.

18. Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?

Potentially: Further consultation may be required as the service model develops and eligibility criteria for accessing the new service are defined.

## Section 3

## B: Recognised Impact

19. Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are likely be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.

	Comments
<b>Age</b>	<p><i>Groups likely to be affected:</i> There are 15,268 Early Help service users aged 0-19 in Leicestershire, 61% of all the Early Help service users. Nursery aged children (0-5) who are users of the Children's Centre service (11,644) and children aged up to 19 who are users of the SLF service (2,844), and those aged between 10-19 who use the Youth Offending service (363) will be affected by the new proposed service and will potentially be impacted as identified above in Q15 section 3.</p> <p><i>Negative impacts:</i> The proposed reduction of targeted services or removal of universal services will impact this group, some of whom may no longer receive Early Help services. Children who accessed partner services e.g. Health services at existing centres, may need to access these services elsewhere e.g. at GP surgeries or community venues which may be a significant distance from where they live.</p>



		<p><i>Positive impact:</i> Children's Centre users could be positively impacted if centres that will be redesignated could be used in future for nursery care and Free Early Education Entitlement (FEEE) for 2 to 3 year olds.</p> <p><i>Particular barriers applicable to this group:</i></p> <ul style="list-style-type: none"> <li>• travelling further to a centre could be more difficult for parents with pushchairs using public transport,</li> <li>• if longer journey times are necessary and parents are restricted to the school day (if collecting older children) this makes accessing a service more difficult.</li> </ul>
	<p><b>Disability</b></p>	<p><i>Groups likely to be affected:</i> 20% of the Early Help service users have identified as having a child with a significant disability <sup>1</sup> and 20% of respondents to the consultation also indicated they have a child with a long-standing illness, disability or infirmity.</p> <p>25% of parents of service users have indicated they themselves have a significant limiting disability or illness according to Early Help Evaluation data and the number of respondents to the consultation who said they had a long standing illness, disability or infirmity was 18%.</p> <p>The Early Help Evaluation identified that 23% of respondents had Special Educational Needs, 44% had child development concerns and 32% with child learning difficulties. 11% of families had adults with learning difficulties.</p> <p>These families often have a range of complex needs and may also experience having to manage multiple health appointments.</p> <p><i>Negative impacts:</i> These service users could be impacted if their nearest centre is redesignated and they have to travel elsewhere, either resulting in longer journey times or by experiencing difficulties using public transport. This could be due to their disabilities or because of anxiety issues where they might find traveling distressing.</p> <p>Some Children's Centres currently offer groups for children with disabilities and their parents/carers. If these services were to change or the location of these</p>

<sup>1</sup> EH Service User Needs Profile

		<p>was changed this would impact on this group who would have to travel further to receive comparable services.</p> <p><i>Positive impact:</i> A positive impact might be that some service users will receive a service in their home or more locally to them e.g. delivered from a community centre and this should be considered as mitigation for this user group. We have also maintained a commitment to deliver the SEND Youth Groups across the County that currently run within SLF.</p> <p><i>Particular barriers applicable to this group:</i> Difficulties using public transport – this could be a parent or carer of a disabled child, or a disabled parent/carer. Travel difficulties could be due to their disabilities or because of anxiety issues where they and/or their child might find traveling distressing.</p> <p>As the service offer develops this group will require further consideration, including consideration for service users with different physical disabilities e.g those with sensory disabilities as well as those with a mobility disability. Whilst the eligibility thresholds are not yet defined, where there are complex cases these are still likely to receive targeted support.</p>
	<b>Gender Reassignment</b>	<p>Of the 794 respondents to the survey 1% identified as having a different gender identity from that assigned at birth. Whilst gender reassignment is not a key factor affecting the delivery of this service a young person and their family may access the service if they are affected for example by mental health or behavioural issues and therefore they could be impacted by the potential impacts identified in Section 3 Q15.</p>
	<b>Marriage and Civil Partnership</b>	<p><i>Groups likely to be affected:</i> The Early Help Evaluation identified a high proportion of families which were single parent families compared to the Leicestershire average - 60%.</p> <p><i>Negative impacts:</i> This group will be impacted as identified in Q15 above.</p> <p><i>Particular barriers applicable to this group:</i> This group is potentially more likely to experience a range of diverse and complex needs. Barriers single parents with other needs could experience might include having greater difficulty accessing services whilst juggling childcare / school drop off arrangements impacting their ability to attend centres or sessions that are further distance to travel.</p>

		<p>They may find accessing a centre further away difficult due to affordability of public transport.</p> <p>These parents could become more isolated if they find it harder to access services, particularly if they have limited support networks.</p>
	<p><b>Pregnancy and Maternity</b></p>	<p><i>Groups likely to be affected:</i> 1,189 expectant mothers attended ante natal sessions at Children's Centres in 2017/18 equating to 5% of all Early Help service users and 5.7% of Children's Centre service users.</p> <p>11,644 of the Children's Centre service users in 2017/18 were under 5 and therefore the majority of the service users will be parents with young children.</p> <p><i>Negative impacts:</i> This group will be impacted by the proposed changes, the reduction in universal services and by previously accessing partner services in centres that are proposed for redesignation. (In 2016/17 59% of service users only had a Children's Centre universal involvement which includes one-off contacts &amp; attending volunteer-led groups or universal services provided by other organisations).</p> <p><i>Particular barriers applicable to this group:</i> Accessing public transport if further travel is required, because of:</p> <ul style="list-style-type: none"> <li>• the difficulties of accessing public transport with a pushchair and/or more than one child</li> <li>• the difficulties posed by longer journey times with new babies.</li> </ul>
	<p><b>Race</b></p>	<p><i>Groups likely to be affected:</i> 6% of the respondents to the consultation identified as BME, the remaining 94% identified as white. However in the Early Help Evaluation 13% of the respondents identified as BME which is higher than the County BME population (9%). Further details of the BME population are provided by each centre (see Centre Profiles in Appendix D).</p> <p>According to the Early Help Evaluation there were 2 groups of families which were more likely to receive services from the Children's Centres and this research showed there were even higher proportions of BME in these cohorts with lower needs (16-17%), therefore this group could be impacted by service changes or eligibility threshold increases.</p>

		<p>There are areas in the County with higher BME populations including Charnwood with the highest BME population, which also includes a large Polish community. There are also Polish communities in North West Leicestershire, Braunstone, Melton, and Wigston and there is also a high BME population in Oadby &amp; Wigston.</p> <p>There are also traveller communities located in Harborough and Bagworth who use these two children's centres.</p> <p><i>Negative impacts:</i> Some Children's Centres offer groups targeted at particular BME groups such as international stay and play sessions and also offer interpreters where there is a local need. Service users are also directed to partner organisations (English for Speakers of Other Languages - ESOL) for services. Outreach services and group sessions are offered specifically to traveller communities at Bagworth and Harborough Children's Centres.</p> <p>The SLF service currently run a BME group and provide both youth and intensive work to travelling families.</p> <p>There may be an impact on the users of these services and groups, if they do not meet service thresholds or if budgets for interpreters are reduced.</p>
	<b>Religion or Belief</b>	<p>Of the 794 respondents to the consultation 55% identified as having no religion, and 40% Christian. Less than 1% identified as Buddhist, Hindu, Jewish, Muslim, or Sikh, and 3% as having another religion or belief.</p> <p>However both Children's Centres and SLF centres are inclusive and faith neutral and this would continue in the new service therefore, religion is not a key factor affecting the delivery of this service and is not relevant to the analysis.</p>
	<b>Sex</b>	<p>89% of respondents to the consultation were women, 11% men and 1% identify as other.</p> <p>Of the 26,526 Early Help Service users that accessed our services in 2017/18 63% were female and 36% were male (1% did not specify their gender). Of the 22,167 Children' Centre users in 2017/18 66% were female and 33% were male (1% did not specify their gender).</p> <p>Whilst both males and females will be affected by changes to the service and locations of the centres, large numbers of adult females will be affected, as detailed in Q15 and also in sections relating to Age,</p>

		and Pregnancy and Maternity.
	<b>Sexual Orientation</b>	<p>Of the 794 respondents to the consultation 94% identified as being straight/heterosexual, 2.5% bisexual, 0.2% lesbian and 3% other.</p> <p>The SLF service work with a small number of young people where sexual orientation is a complex area in their life.</p> <p>Whilst sexual orientation is not a key factor affecting the delivery of this service a young person and their family may access the service if they are affected for example by mental health or behavioural issues and therefore they could be impacted by the potential impacts identified in Section 3 questions 15.</p>
<b>The following groups whilst not protected, are relevant to the Early Help service and will be affected by the proposals.</b>		
	<b>Urban/Rural</b>	<p><i>Groups likely to be affected:</i></p> <p>27% of all Early Help service users in 2017/18 live in rural areas<sup>2</sup> compared to 30% of the total Leicestershire population<sup>3</sup>. A further breakdown on a centre by centre basis is provided in the Centre Profiles in Appendix D.</p> <p><i>Impacts:</i></p> <p>Service users living in rural areas whose nearest centre will be redesignated might have to travel further to access a service. This group are often more isolated generally and so would be further affected by the reduction in universal services.</p> <p>However they may also be impacted by accessing a service that is still local but in a different location e.g. a community setting.</p> <p><i>Particular barriers applicable to this group:</i></p> <p>Potential lack of appropriate public transport or increased journey times which are not possible for those with young children, using a pushchair, or for parents of school aged children who need collecting from school. Public transport could also be costly and may not be affordable.</p>

<sup>2</sup> using the ONS urban rural classification 2011.

<sup>3</sup> based on the ONS Mid Year Estimates 2016) and the ONS 2011 Urban Rural classification as Census Output Area level.

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	<b>Deprivation</b>	<p><i>Groups likely to be affected:</i> 42% of Early Help Service users live in the 30% most deprived areas of Leicestershire compared to 31% of the overall Leicestershire Population<sup>4</sup>.</p> <p>Further details by centre are included in the Centre Profiles in Appendix D.</p> <p><i>Negative Impacts:</i> This group may be impacted when accessing services if they are required to travel further and barriers include the potential high cost of public transport or the availability of public transport if they have to rely on this form of transport.</p> <p>As with the previous group, they may also receive a service locally within a community setting which would then mitigate this impact.</p>
	<b>Teenage/Young Parents</b>	<p><i>Groups likely to be affected:</i> There were 174 teenage parents (parents under 20) known to the Children's Centre service in 2017-18. This figure is potentially higher where they are not known to the service. The Early Help evaluation identified 17% of families had had a teenage pregnancy.</p> <p>Teenage parents are a key target group for Children's Centre services and some centres currently offer specific groups for these service users.</p> <p><i>Negative impacts:</i> This group will be impacted by the service changes, e.g. if these groups are no longer offered or particularly where they are currently held at centres proposed for redesignation, which means they would have to travel further to access services.</p> <p><i>Particular barriers applicable to this group:</i> Access to transport and affordability could be more difficult for this group</p>
	<b>Mental Health</b>	<p><i>Group likely to be affected:</i> The Early Help evaluation identified 64% of families as having low level adult mental health – this is the largest adult need identified in the evaluation. In addition, 59% had other adult mental health issues. Service users in this group may also fall under the protected characteristic of disability.</p>

<sup>4</sup> Based on the ONS Mid Year Population estimate for 2016 (total of 682,957 people living in the County) and the Indices of Deprivation 2015, Income Deprivation Affecting Children domain (IDACI).

		<p><i>Negative impacts:</i> There may be an impact on mothers or parental mental health and potentially levels of post-natal depression if new mothers/parents do not get the right support, if there is reduced support or as services change and they are unsure how to access or have to access unfamiliar services or centres.</p> <p><i>Particular barriers applicable to this group:</i></p> <ul style="list-style-type: none"> <li>• attending unfamiliar settings or meeting unfamiliar faces rather than workers they know and trust</li> <li>• having to travel on public transport may be more distressing or impossible</li> <li>• not being able to drop into a familiar or local building</li> <li>• attending large groups may be stressful</li> <li>• Busy, unwelcoming buildings that are not purpose built may also provide additional barriers to some families requiring support</li> </ul>
	<p><b>Isolation/Limited support Network</b></p>	<p><i>Group likely to be affected:</i> The Early Help Evaluation identified that 47% of service users had no or limited support networks.</p> <p><i>Negative impacts:</i> This group could be impacted by the proposed changes if services reduce and they are no longer available to them increasing their isolation or if they must travel further to access services, particularly groups.</p> <p><i>Particular barriers applicable to this group:</i> No or limited public transport or longer journey times. Parents of children of school age may then not be able to access services if journey times are increased.</p>
	<p><b>Domestic Abuse</b></p>	<p><i>Groups likely to be affected:</i> The Early Help evaluation identified that 36% of respondents were child victims and 52% were adult victims of domestic abuse. Some of these service users were more likely to receive services from the SLF service. Domestic abuse is often linked to other needs; mental health, child behaviour, child aggression, high levels or poor parenting and teen pregnancy.</p> <p><i>Negative impacts:</i> This group will be impacted by the service changes should they become more targeted or should their nearest centre be redesignated requiring them to travel further to access services. In addition a lot of women who are unknown to the Children's Centre service drop into buildings to ask for</p>

		<p>help and if there are fewer centres there will be less opportunity for this group to do that.</p> <p><i>Particular barriers applicable to this group:</i></p> <ul style="list-style-type: none"> <li>• Accessing public transport may be distressing</li> <li>• Affordability of public transport</li> <li>• Not being able to drop into a centre</li> <li>• Attending an unfamiliar setting or meeting unfamiliar staff.</li> </ul>
	<b>Drugs/Alcohol Misuse</b>	<p><i>Groups likely to be affected:</i></p> <p>The Early Help evaluation identified that 5% of service users had a child with a drug misuse issue and 2% from alcohol misuse. 10% of adults had drug misuse issues and 10% alcohol misuse</p> <p><i>Negative impacts:</i></p> <p>The evaluation highlighted that attending groups or sessions supported some sufferers of substance misuse and therefore if the service becomes more targeted and service users do not meet eligibility there will be a negative impact on this group.</p>
	<b>Violent and Aggressive Behaviour/ASB</b>	<p><i>Group likely to be affected:</i></p> <p>The Early Help evaluation identified 53% of service users / respondents had a child with violent or aggressive behaviour and 54% of families are in unstable or disruptive relationships.</p> <p><i>Negative impacts:</i></p> <p><i>In line with overall reduction in services, it is possible that fewer families will receive support (although Child on Parent Violence will continue to be a major focus)</i></p> <p><i>Positive impacts:</i> By merging the four early help services into one new service it will be possible to develop a more evidence based approach to child on parent violence and ensure locality teams have an appropriate skill mix to deliver services in the community or family home.</p>
	<b>Financial Difficulties</b>	<p><i>Group likely to be affected:</i></p> <p>The Early Help Evaluation identified that 62% of respondents of adults were on work related benefits, with 65% of families being heavily reliant on benefits, some 56% were experiencing family financial difficulties and 26% were in rent arrears.</p> <p><i>Negative impacts:</i></p> <p>The combination of these factors may influence the</p>



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		<p>ability to attend a centre that has a greater travelling distance. The other thing to consider is that presently some centres offer targeted group support, support with DWP or understanding benefit or help paying bills and if this offer is withdrawn this group will be adversely affected.</p> <p><i>Particular barriers applicable to this group:</i> Any change to service provision that has a financial implication for the service users e.g transport costs.</p>
	<b>Young/Carers</b>	<p><i>Groups likely to be affected:</i> The Early Help Evaluation identified that 9% of respondents were child carers and 21% were adult carers. Currently some centres offer services specific to this group- SLF run Young Carers Groups in Melton, Loughborough, NWL, Blaby on a weekly basis that support Young Carers to have time away from caring responsibilities, along with undertaking some informed learning. In localities where SLF do not run groups, these are delivered by the Voluntary &amp; Community Sector. Whilst there may be some reduction in provision intention is to continue support to this client group.</p> <p><i>Negative impacts:</i> If the services change or reduces this will have a negative impact on this group. Young carers in particular may face social isolation, lack of support around making life decisions and independence.</p>
	<b>Asylum seekers, refugee community</b>	<p><i>Groups likely to be affected:</i> Whilst we know that a number of asylum seeking children access Children's social care, the number accessing services through Early Help is small. Current information tells us that there are asylum seeking families in the Melton area who have accessed the SLF service and a small number in the Market Harborough and Charnwood areas but no group specific services are offered.</p> <p>Service users in this group will also fall under the protected characteristic of race.</p> <p><i>Particular barriers applicable to this group:</i> Language barriers and financial difficulties. However it should be noted that the same holistic assessment would apply to this group of people when accessing services.</p>

20.

Based on any evidence and findings, use the table below to specify if any

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particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?	
	<b>Comments</b>
<b>Part 1: The Convention- Rights and Freedoms</b>	
<b>Article 2: Right to life</b>	<b>N/A</b>
<b>Article 3: Right not to be tortured or treated in an inhuman or degrading way</b>	<b>N/A</b>
<b>Article 4: Right not to be subjected to slavery/ forced labour</b>	<b>N/A</b>
<b>Article 5: Right to liberty and security</b>	<b>N/A</b>
<b>Article 6: Right to a fair trial</b>	<b>N/A</b>
<b>Article 7: No punishment without law</b>	<b>N/A</b>
<b>Article 8: Right to respect for private and family life</b>	Some respondents to the consultation suggested that the proposals could be an additional burden on families that already face a large number of difficulties in everyday life. Proposals could result in increased stress, poorer health, diminished ability to work, and strain on family relationships. As identified on page 14 in order for the new service to be effective some disclosure of personal information is needed and will continue to operate in line with Data Protection and information sharing requirements.
<b>Article 9: Right to freedom of thought, conscience and religion</b>	<b>N/A</b>
<b>Article 10: Right to freedom of expression</b>	<b>N/A</b>
<b>Article 11: Right to freedom of assembly and association</b>	<b>N/A</b>
<b>Article 12: Right to marry</b>	<b>N/A</b>
<b>Article 14: Right not to be discriminated against</b>	Some consultation responses viewed the proposals as discriminatory against vulnerable groups, such as families with low income or mental health difficulties, where greater travel distance might be required to access services, and would result in greater

	inequality between those groups and non vulnerable families.
<b>Part 2: The First Protocol</b>	
<b>Article 1: Protection of property/ peaceful enjoyment</b>	<b>N/A</b>
<b>Article 2: Right to education</b>	<p>The right to education is usually understood to mean the right to access such formal educational provision as may be offered by the state to offer that provision respecting the right of parents to ensure such education is in conformity with their own religious and philosophical convictions. It does not impose an obligation on the state to establish education of a particular type or particular level.</p> <p>Consultation responses viewed the Children's Centres in particular and the Children's Centre Programme vital for the social and cognitive development of young (0-5) children, and a vital mainstay of children's early education including 'school readiness' due to the social and experiential benefits for children. As a result of the proposals some respondents felt that some children would not be able to attend and that their future outcomes would deteriorate as a result.</p> <p>SLF &amp; YOS currently have dedicated workers who work with young people at risk of not being involved in education, employment or training for young people (11+ generally, but not exclusively) with a remit to assist inclusion into an appropriate outcome to improve life chances, which can include having access to an appropriate assessment for SEND young people. The proposed Family Wellbeing Service will continue to work with families to support and enable students to access education, including supporting them to take up 2 and 3 ear Free Early Education Entitlement where they are eligible. The service will also continue to work closely with families, education providers and LCC education services to promote educational outcomes, right to receive an education, and support statutory education processes as required.</p>

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	<b>Article 3: Right to free elections</b>	<b>N/A</b>
<b>Section 3</b>		
<b>C: Mitigating and Assessing the Impact</b>		
Taking into account the research, data, consultation and information you have reviewed and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.		
<b>21.</b>	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.	
<p>Feedback from consultation and from research indicates there is a potential adverse impact or discrimination for some families.</p> <p>The impact is justified although is not necessarily applicable across the board as different families find themselves in different scenarios. The following impacts are justified:</p> <ul style="list-style-type: none"> <li>• Limited local availability of provision results in longer journey time impacting the ability of some parents to take their children to a centre, ie due to other commitments or lack of access to transport</li> <li>• Affordability of travel costs particularly those from low income families or those with disabled children . For those service users who will still meet eligibility criteria, services will be provided locally to them, either in the home or at a community venue or some service users may be transported to our centres.</li> <li>• Service users will be required to access Health services e.g their health visitor elsewhere at alternative venues e.g GPs surgeries or community venues.</li> </ul>		
<p>N.B.</p> <p>i) If you have identified adverse impact or discrimination that is <u>illegal</u>, you are required to take action to remedy this immediately.</p> <p>ii) If you have identified adverse impact or discrimination that is <u>justifiable or legitimate</u>, you will need to consider what actions can be taken to mitigate its effect on those groups of people.</p>		
<b>22.</b>	<p>Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.</p> <p>a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination</p> <p>b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed</p> <p>c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why</p>	
<b>Negative impacts/barriers</b>		<b>Proposed mitigation</b>
<ul style="list-style-type: none"> <li>• No longer receiving a service as the service reduces and becomes more targeted.</li> <li>• LCC led universal services could no</li> </ul>		<p>In the consultation the following was suggested for people to access support (Q17) “knowing what is on offer where and when” “Good publicity of services</p>

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<p>longer be available to service users</p>	<p>available so people know the services are still available even if not on the doorstep.”</p> <p>To mitigate against service users no longer receiving services, better online advice and information will be available to service users, and we will work closely with our partners and refer service users to external organisations where applicable. In addition further exploration of volunteer led universal services and how these could be delivered from alternative venues will be considered as part of the next phase of work</p> <p>When developing eligibility thresholds, we will consider those who are most in need or who could be unfairly disadvantaged by the changes.</p>
<p>Receiving a different service from the current offer e.g. attending a drop in session at a centre or community venue instead of having a case worker visit them at home</p>	<p>Existing service users will be supported through this transition e.g. by face to face contact with their support worker, or by being met by a familiar worker</p>
<p>Further travel to another building where their nearest centre is proposed for redesignation, Difficulties accessing public transport if further travel is required and if</p> <ul style="list-style-type: none"> <li>• it is not available in the area,</li> <li>• if it is costly and not affordable to some</li> <li>• because of the difficulties of accessing public transport with a pushchair or for those with a disability</li> <li>• longer journey times are not do-able for parents who need to collect school aged children</li> <li>• having to travel on public transport may be more distressing.</li> </ul>	<p>Proposals have now been revised to increase the number of centres that will continue to deliver services which will mitigate some of these impacts.</p> <p>If service users are required to travel further and it is unaffordable or not available, or is problematic due to their needs the following mitigation may apply;</p> <ul style="list-style-type: none"> <li>• the service users with the greatest needs may be provided with transport to a venue</li> <li>• services may be provided locally in community setting</li> <li>• services for some will continue to be provided within the home</li> </ul> <p>As the service model is further developed, and eligibility criteria is determined the above mitigation will be considered.</p>
<p>Not being able to ‘drop in’ to a local building for support.</p>	<p>Possible mitigation suggestions made through consultation were Telephone support for service users. In addition fewer buildings are now proposed for redesignation where which mitigates for this impact in those areas.</p>

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Attending an unfamiliar building with unfamiliar staff. (Service users with poor mental health / anxiety issues / other disabilities)	The service will aim as far as possible to ensure consistent staff are provided at community venues. Where suitable and available the same venues will be used in communities. Buildings will be assessed for suitability for people with mental health issues. Affected services users will be supported through this transition.
Language barriers for non-English speaking service users	Where service user still meet eligibility interpreters to support service users.
	For vulnerable groups identified above, where targeted services are currently offered, consideration will need to be given when developing the new service to continue to offer some specific services to alleviate any disadvantage to these groups.

**Section 3****D: Making a decision**

- 23.** Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.

As long as the mitigations are accepted and approved as part of the final proposals, it is believed that the new service will meet LCCs responsibilities in these areas.

The EHRIA considers each of the potentially negative impacts which have been identified, and discusses how they could be mitigated. It should be noted that whilst it is possible to mitigate the impacts as far as possible there may still be an adverse impact experienced by some families. Members are asked to read the analysis and to consider the adverse impact identified and the degree of mitigation which is, or is not, possible.

In particular Members will wish to be satisfied that the outcomes for children, particularly the most disadvantaged, would not be adversely affected to the extent of compromising the duty to have sufficient Childrens Centres to meet local need .)

**Section 3****E: Monitoring, evaluation & review of your policy**

- 24.** Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact?
- Will we be reviewing the impact the changes have had on certain user groups. We will review service user data against benchmark data at six monthly intervals to monitor impact on service users during the first year. We will continue to use a range of methodology (i.e. focus groups, 'voice' events, mystery shopping) to gain the views and thoughts of both services users / potential service users. We will monitor rates of service offer decline and follow up with a random sample of families to understand their reasons for declining service.
- 25.** How will the recommendations of this assessment be built into wider planning and

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<p>review processes? <i>e.g. policy reviews, annual plans and use of performance management systems</i></p> <p>If the proposals receive approval, this would take effect from April 2019 following a HR Action plan and finalisation of plans for retained buildings and disposal plans in place for those not being retained. A post implementation review of the new service would be built in after go live to ensure those impacted are not discriminated against and that families, and stakeholders such as Health Visitors continue to be able to access the new service</p> <p>By concentrating our services on those most in need, regardless of their background and protected characteristics and having regard to local circumstance. We know that engagement of families is critical to enabling change and we are committed to overcoming the barriers to involvement that some differences can present.</p>
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**Section 3:  
F: Equality and human rights improvement plan**

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer Responsible	By when
Every child gets the best possible start in life. Women (and babies) who have additional support needs are able to access services during and after pregnancy, and that teenage/young parents are able to access services.	Review take up of services after April 2019 to ensure that women who are pregnant and babies up to age 2 are accessing services at a proportionate level according to need and population	Fair and equitable provision of services to those meeting criteria for support.  Ensure deprived or disadvantaged families can continue to access provision following service changes	Chris Thomas	
Children, young people and their families from deprived or disadvantaged communities should be able to access early help services.	Review the impact of reduced number of buildings to understand whether protected groups have been disproportionately affected	Ensure deprived or disadvantaged families can continue to access provision following service changes	Chris Thomas	
Families with additional support needs and either	Using the benchmark data identified in the	Fair and equitable provision of services to	Chris Thomas	



Equality Objective	Action	Target	Officer Responsible	By when
adult disability or child disability should be able to access early help services if needed. With fewer buildings families may have to travel further to access certain types of support, or to non-LCC venues.	EHIRA, monitor proportionate take-up of group work / drop in services post-implementation to consider impact on this group.	those meeting criteria for support.		
Parents/families with a range of different issues which may include mental health difficulties, rural isolation, poverty, young parents, domestic abuse. Drug/alcohol misuse, financial difficulties, carers, asylum seekers should be able to access early help services if they meet the threshold. The reduction in buildings may mean that some families have to travel further or make use of public transport.	Undertake qualitative data analysis through the use of telephone surveys, focus groups, etc. to explore any barriers to services	Fair and equitable provision of services to those meeting criteria for support.	Chris Thomas	

Equality Objective	Action	Target	Officer Responsible	By when
The need to provide more services in family homes (as a mitigation of the above) may have a disproportionate impact on total number of families supported post-review, i.e. fewer families in total receive help.	Undertake data analysis to understand impact on number of families supported – whether any reduction is proportionate to reduction in service.	Fair and equitable provision of services to those meeting criteria for support.	Chris Thomas	

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## Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your [Departmental Equalities Group](#) and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to [louisa.jordan@leics.gov.uk](mailto:louisa.jordan@leics.gov.uk), Members Secretariat, in the Chief Executive's department for publishing.

### Section 4

#### A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

**Equality and Human Rights Assessment Screening**

**Equality and Human Rights Assessment Report**

1<sup>st</sup> Authorised Signature (EHRIA Lead Officer):

  
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Date: .....26.06.2018.....

2<sup>nd</sup> Authorised Signature (DEG Chair):

  
.....

Date: .....26.06.2018.....

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