

EQUALITY IMPACT ANALYSIS FORM

Detailed Equality Impact Analysis (EqIA) guidance is set out in the EqIA toolkit, which can be found in the diversity area of the corporate intranet.

General Guidelines

The requirement to undertake Equality Impact Analysis (EqIA) is established by the Equality Act 2010. The process aims to support good policy and decision making by ensuring that any strategy, policy or plan which is proposed by the council (proposed step) addresses inequality and promotes improved outcomes for relevant stakeholders and groups. The council's EqIA process aims to introduce a straightforward and proportionate process that focuses on real analysis rather than a long tick box driven approach. This EqIA process has been developed following detailed discussion with the Equality and Human Rights Commission.

EqIA Steps

The EqIA should always be completed by the person leading a specific proposal or policy author. The EqIA process is divided into two stages, and this aims to simplify the process, as very early on it may be clear that there is no obvious impact on any equality group. If this is the case, there is no need to proceed to stage two. Stage two involves a detailed analysis which should be based on consultation, research and evidence.

Consultation

The EqIA requires that relevant stakeholders are identified who should be consulted and involved in the development of any policy, strategy or plans proposed. This may require taking positive action to engage with people who are traditionally less likely to respond or become involved in a consultation process, and should be involved in the development of the proposed steps. The council's guidance on consultation should be used to establish a suitable consultation and engagement approach.

The consultation should form a meaningful part of the development process and should help inform the final shape of any proposed steps.

Data and Analysis

The EqIA process may highlight a lack of relevant data and that data-gathering is required to inform the initiative as it develops. It may also form part of a continuing evaluation and review process. This can be addressed through both qualitative and quantitative research, consultation effective engagement with relevant stakeholders which are all requirements of good policy development and decision making. In this context the EqIA is not an additional requirement but evidence of good decision making. The data and consultation information should be subject to rigorous policy analysis.

Risk Assessment

The risk assessment matrix should be used to guide the process of judging what steps should be taken when negative impact is identified. The identification of negative impact does not mean a proposal cannot be implemented but it will require justification and adjustments to ensure the best outcomes for employees or service users. Without these actions there is a possibility of unequal outcomes, differential impact and legal challenge.

EQUALITY IMPACT ASSESSMENT: 'Screening': Stage One

NAME OF POLICY/STRATEGY/PLAN/FUNCTION (referred to as the proposed steps):

Changes to Children's Centre Delivery

EQUALITY IMPACT ASSESSMENT UNDERTAKEN BY:
Date: September 2011

Sue Green

STAGE1: SCREENING

This stage will establish whether a proposed step is likely to have an adverse or positive impact on people on the grounds of a protected characteristic race i.e. gender, disability, age, religion or belief, sexual orientation.

Q 1. Who will benefit from the proposed step? Is it likely to have a positive impact, such as tackling discrimination, improving access, promoting community cohesion or addressing socio-economic inequality? If "yes", in what way and for whom? Provide a qualitative and / or quantitative analysis to justify this?)

The key benefits will be for children and families, particularly those most at risk of poorer outcomes through:

- making changes to our outreach programme to provide a greater emphasis on supporting families who need additional support;
- Increasing the services we offer to provide additional support to families that are experiencing particular difficulties by reducing some of the more general groups we offer;
- Offering intensive structured parenting support through a range of programmes such as outreach and home visiting;
- Providing access to specialist services such as counselling, family therapy and services to safeguard children from harm and neglect.

The child poverty strategy and needs analysis along with national research have highlighted the correlation between certain aspects such as poverty, education and skills and health inequalities with a higher risk of poorer outcomes for children and young people.

A data analysis of the targeted areas is attached.

Q 2. Can the positive impact be further enhanced to benefit a wider range of people than originally envisaged?

Yes, the strategy originally proposed the closure / change of use of six centres and the recommendations now focus on the continuation of early education / childcare to maintain access to some services in all communities.

Q 3. Is there likely to be an adverse impact as a result of this proposed step? If so, summarise who may be affected and why? A more detailed analysis of impact will be required (Stage Two).

It is possible that there will be an adverse impact in terms of access to services as it is proposed that some centres will become childcare and information access points only.

Administration

Name: Sue Green	Head of Service: Carmel Littleton
Department: Learning and Universal Outcomes	Team: Learning and Universal Outcomes
Diversity Team Advice Date : 22-8-11	Diversity Team Review Date:
EQIA Complete Date: 12-9-11	EQIA Review Date:

Author Signature:
Diversity Team Signature:

STAGE 2: DETAILED ANALYSIS OF EQUALITY IMPACT

This stage examines the proposed step in more detail in order to obtain further information about its potential negative impact. It will help inform whether any remedial action needs to be taken, and may form part of a continuing assessment framework as the proposal develops.

Q 4. What data/information is there on the relevant equality groups impacted? What differential impact is there between equality groups? Are there any gaps in data which need to be filled?

Access to the centres is already limited and the data in use is not clearly collated. The centres do not currently provide a good level of access for more targeted groups such as fathers or disabled parents and the changes are likely to improve this.

Looking at the wider community and not just those currently accessing children centre provision, wards were profiled on the basis of the Index of Multiple Deprivation, child poverty, Health & Disability Deprivation, Child protection cases, Teenage pregnancy and Education and skills profile. 4.14.2

Using this data, the wards that show the greatest need across all six indicators are: Belhus, Chadwell St Mary, Tilbury Riverside and Thurrock Park, Tilbury St Chads, and West Thurrock and South Stifford. The following wards score highly in four or five out of the six outcome areas: Aveley and Uplands, Grays Riverside and Ockendon.

Q 5. Has there been consultation with those who are likely to be affected. Provide a summary of the consultation undertaken and results. If no consultation is planned, please say why.

A full consultation has been held and the results are attached.

In summary, 503 consultation responses were received plus more detailed feedback from professional groups from a range of sectors. 73% of respondents currently use children centre services and 65% were parents. 89% were female and 82% identified as White British. The second largest ethnic group among respondents was African. 70% of respondents reported living with a partner. The majority of respondents were aged between 25 and 44, with 2% aged 17 or under.

There was strong support for proposals to: make changes to our outreach programme to provide a greater emphasis on supporting families who need additional support; increase the services we offer to provide additional support to families that are experiencing particular difficulties by reducing some of the more general groups we offer; offer intensive structured parenting support through a range of programmes such as outreach and home visiting; and provide access to specialist services such as counselling, family therapy and services to safeguard children from harm and neglect. Over 90% of respondents agreed to changes to services to provide intensive support to those who needed it most as well as additional support for families. The discussion with professional groups such as the Children's Partnership Stakeholder Board and team managers from the Safeguarding Team supported these changes however it was with caution to ensure that services were linked to a universal access point rather than being just targeted. This was to avoid any stigma attached to accessing the services.

Data from the consultation shows that 46% of families who responded felt that they would be unable to access an alternative venue with the remaining 54% stating that they could access an alternative venue only if the venue was within one mile walking distance.

Q 6. Have the steps been revised in the light of the consultation results, to mitigate the adverse impact or reduce/eliminate negative impact or inequalities? Give an analysis of any specific factors which have been taken into account?

The provision of effective outreach is now included to ensure that the most vulnerable parents in need of additional support are provided with a service.

The retention of early education / childcare models means that local access is retained for some services in the majority of localities.

In response to the consultation, five centres have been identified in the proposals to remain open managed by the local authority. These centres are the five most frequently used by respondents, four of which cover the most deprived areas according to the data analysis. The inclusion in this group of Stanford reflects both usage and geographic spread to maximise access.

Q 7. How will the proposed steps continue to be monitored and evaluated, including its impact? Where appropriate, identify what data systems or methods will be introduced to support monitoring or evaluation.

Monitoring has been established in the last few months and this will continue and will include usage, parent characteristics such as age, ethnicity, disability and gender.

Q. 8 Does the potential negative impact fall within the very **high** to **medium** range of the risk assessment - see risk assessment grid. What actions will be taken to reduce risk and improve outcomes?

The positive impact of the changes and the recommendations for effective outreach make this change low risk.

Administration Section

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RISK ASSESSMENT GUIDELINES FOR POTENTIAL NEGATIVE IMPACT	
<p>VERY HIGH RISK</p> <p>STOP! Review your plans. What changes can be made or should the plan be abandoned?</p>	<p>Subject to external regulatory review as unlawful, detrimental or ineffective. Operation would be headline news, possibly leading to legal action/ major embarrassment and questioning the entire basis of the steps taken by Thurrock Council</p>
<p>HIGH RISK</p> <p>REVIEW: Is there another way of achieving your objective whilst avoiding/ minimising any negative impact?</p>	<p>Subject to external regulatory review, receive adverse publicity and possibly lead to judicial review / review by Equality and Human Rights Commission / politicians.</p>
<p>MEDIUM RISK</p> <p>REVIEW: Have you consulted with your stakeholders? Do you have clear evidence to justify your plans? Do you need to build in a review to monitor trends/ impact?</p>	<p>Subject to external or internal regulatory review, possibly leading to a complaint of discrimination from an individual/body/ Equality and Human Rights Commission/others.</p>
<p>LOW RISK</p> <p>PROCEED WITH INITIATIVE</p>	<p>Minimal risk of negative impact, for which there is justification.</p>