

0 - 19 years and Children's Centre services

Evidence based equality analysis

Giving every child the best start in life is important to improving outcomes and reducing inequalities through the rest of their life course. This means supporting the child and family to have early positive health experiences but also in their journey through the educational system. Investing in early years is crucial to breaking the cycle of inequalities and reducing the gap between the least and most advantaged in society.

An effective Healthy Child Programme is one way of ensuring that children, young people and their families get the right support at the right time. The 0 – 5 years Healthy Child Programme (Health Visiting) transferred from NHS England to the responsibility of the local authority on 1 October 2015. This is in line with the 5 – 19 years Health and Wellbeing Service (School Nursing) that is already commissioned by the local authority. Children's Centre services are delivered by the local authority.

0 – 5yrs Healthy Child Programme (including Family Nurse Partnership)

The 0 – 5 years Health Visiting and Family Nurse Partnership programmes lead the delivery of the Healthy Child Programme for this age group. Both are commissioned to a standard specification, based on the national service specification. This includes a specified number of qualified health visitors required to deliver the services and the model of service to be delivered such as the five mandatory health reviews for every child.

5 – 19yrs Health and Wellbeing Service

The 5 – 19yrs Health and Wellbeing service is commissioned to a standard national specification that has also been developed to reflect local need, including the shift from a school-based to an all-year round service for all children and young people aged 5 – 19yrs.

Child Weight Management

The child weight management offer is designed locally to support children identified as 'above a healthy weight' – either through the National Child Measurement Programme delivered by 5 – 19yrs Health and Wellbeing service or through professional or self-referral routes. Another aspect of the offer is to support children, young people and their families to adopt a healthier lifestyle through preventative action.

Children's Centre Core Purpose

Children's Centres are responsible for delivering the 'core purpose' as defined by the Department for Education. The core purpose of Children's Centres is to improve outcomes and reduce inequalities for young children and their families by providing a full 'core offer' of early childhood services with a particular focus on:

- Child development and school readiness
- Child and family health and life chances
- Parenting aspirations and parenting skills

Service delivery is responsive to local need therefore the services offered are driven by each Children's Centre and will adapt in accordance with those needs.

This Equality Analysis has two strands: the first is about the 0 – 19 years services and Children's Centre consultation and is highlighted as 'consultation' in the table below where it relates to this. The second part is about the future commissioning of the above named services and is highlighted as 'services' in the table below.

Please note: The analysis may alter as the proposed commissioning model is confirmed in September 2016 and it will be adapted accordingly if required.

Lead officer: Sioban Simcock, Commissioning Manager for Children, Young People and Families

Stakeholders: Cheshire West and Chester Council (Strategic Commissioning, Elected Members and respective council colleagues: procurement; legal; finance; children's services; including early years; children's social care and safeguarding; education; school nursing services; community paediatrics and allied health professional teams (such as physiotherapy, speech and language therapy, occupational therapy); clinical commissioning groups (Western Cheshire, South Cheshire and Vale Royal); maternity and obstetric service providers; existing and prospective service providers; and urban and rural communities.

Equality analysis is a valuable tool to help embed equality into everything we do

While process is important, equality analysis is essentially about outcomes

Lack of evidence of discrimination is not evidence of a lack of discrimination

It is not acceptable to say that a policy is applied uniformly to all groups and is therefore fair and equal. Applying a policy or procedure consistently may result in differential outcomes for different groups.

For each of the areas below, an assessment needs to be made on whether the policy has a positive, negative or neutral impact, and brief details of why this decision was made and notes of any mitigation should be included. Where the impact is negative, this needs to be given a high, medium or low assessment. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

High impact – a significant potential impact, risk of exposure, history of complaints, no mitigating measures in place etc.

Medium impact –some potential impact exists, some mitigating measures are in place, poor evidence

Low impact – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

| | Neutral | Positive | Negative |
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| Target group / area | | | |
| Race and ethnicity | | <p>Consultation: As part of the consultation process, the needs and aspirations of local residents will be taken into account through online facilities (questionnaires, contact details) and community workshops. The Black and Minority Ethnic (BME) networks have received an email via the Equality and Diversity team to raise awareness and promote engagement with the consultation.</p> <p>Service: The service will provide both universal cover and will also be tailored (according to needs identified with/for particular groups) and targeted to the needs of the community, with a focus</p> | <p>Consultation: Members of the BME community have identified that language barriers can impact on the effectiveness of healthcare professionals to understand the needs of children from BME families and that information and advice given verbally may not always be understood.</p> <p>Service: Language barriers can be addressed through ensuring that professionals (provider) are able to access interpreter services and language telephone lines, when having important discussions, if it is required.</p> |

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| | | <p>on: BME/non-UK born communities and Gypsy and Traveller communities.</p> <p>Service: The Commissioner will evaluate how the provider will proactively seek to engage with vulnerable and minority groups as part of the consultation process. This will be monitored within the performance framework for the service (which forms part of the contract).</p> | <p>Consultation: Children's Centres in Ellesmere Port have a higher proportion of Gypsy and Traveller families and Eastern Europeans so the impact of any changes that may affect the current offer will be higher on those areas. This is a medium impact. A facilitated session for the consultation is taking place with the Gypsy / Traveller community to capture their views and BME / Eastern European groups have been encouraged to engage via the questionnaire.</p> |
| <p>Disability (as defined by the Equality Act - a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)</p> | <p>Service: Need to ensure children with particularly complex needs receive access to appropriate services.</p> | <p>Consultation: As part of the consultation process, the needs and aspirations of residents will be taken into account through online facilities (questionnaires, contact details) and community workshops. There are several facilitated sessions being led to children and families throughout the consultation period.</p> <p>Service: The service will provide universal cover and will be tailored and targeted to the needs of the community. This is already within the remit of 0-5 years Healthy Child Programme and 5-19 years (up to 25 years for Special</p> | |

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| | | <p>Educational Needs and Disability service).</p> <p>Service: Commissioners will evaluate how the provider will proactively seek to engage with vulnerable groups as part of the procurement process. This will be monitored within the performance framework for the service.</p> | |
| Gender | <p>Service: The new provider will be required to demonstrate their ability to offer services equally to both genders across a number of locations.</p> | <p>Service: All provisions made under the 0-19 years service are to be delivered equally regardless of gender.</p> <p>Service: Whilst some focus on maternal health is an essential component of the 0-5 Healthy Child Programme, the provision of groups and sessions aimed at male and female parents and caregivers will be included in the service specification as part of the wider 0-19 years service offer.</p> | |
| Gender identity | <p>Service: The service is required to consider the needs of families that do not fit with hegemonic preconceptions of families, parenting and gender. In particular it is required to consider issues around support, access and</p> | <p>Consultation: During a previous consultation for the 0-5 years Healthy Child Programme, local lesbian, gay bisexual and transgender (LGBT) community groups have been asked to consider parental and family needs. This is in relation to Healthy Child Provision for trans parents and children.</p> | |

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| | potential barriers faced by trans people. | | |
| Religion and belief | Service: The service is required to demonstrate awareness and sensitivity to religious and cultural beliefs. | Service: The service aims to improve access to a network of provisions for all CWAC residents. | |
| Sexual orientation (including heterosexual, lesbian, gay, bisexual) | | Service: The service aims to improve access to a network of provisions for all residents. Consultation: Consultations with LGBT groups have previously taken place as part of the 0-5 years Healthy Child Programme consultation process, via the Chester Pride group. This group has been approached again for the wider 0-19 years consultation. Body Positive have also been asked to promote engagement throughout the consultation period via completion of questionnaires. | |
| Age: The 0-5 Healthy Child Programme focuses on the needs of families with children under five years of age. When children enter primary school the provision of the Healthy | Service: Family Nurse Partnership nurses (within the 0-5yrs HCP) offer a specialised programme of care to teenage parents in Cheshire West and Chester. The programme begins during pregnancy | Service: The 0-5 Healthy Child Programme provision begins during pregnancy and aims to deliver support and reviews during the early years. Evidence suggests that this period is critical for development and that inequalities in health are likely to emerge in the early years. | Service: Currently 65% of teenage mothers in Cheshire West are not able to access the Family Nurse Practitioner programme due to limited capacity of the current service (i.e. funding and resource). |

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| <p>Child Programme for 5-19 year olds transfers to the School Nursing Service.</p> <p>Children's Centres have traditionally supported families and children aged 5 years and under. This is changing with the potential to offer an all-age service in future.</p> | <p>and continues until the child is two years old. There is a significant body of evidence indicating that this intervention has positive impacts on the health and wellbeing of child and maternal health in this age group.</p> | <p>Service: In order to address the potential for inequalities, universal and graduated targeting matches levels of support and intervention with need. This approach is known as universal proportionalism and offers the best opportunity to reduce the gaps in development and health experienced by children facing more disadvantage.</p> | <p>Consultation & Service:</p> <p>There will be a reduction in services/centre opening times for children and young people through the linked sites. This may impact upon residents where their closest centre is re-configured to a 'linked site'. It means that residents may be required to travel to their local main centre for services. [Medium Impact] By moving to a main and linked site model it will mitigate the risk of Children's Centre closure and / or a reduced service across all 15 sites instead of just seven throughout the contract period.</p> |
| <p>Rural communities</p> | | <p>Service: The service will encompass the entire Cheshire West and Chester localities.</p> <p>Consultation:</p> <p>The needs of the rural communities within Cheshire West and Chester is being sought through engagement with service users at a number of facilitated sessions being held in Children's Centres, local groups and Health Visitor clinics across the rural communities.</p> | <p>Consultation:</p> <p>The needs of families within rural communities must be carefully considered as longer journeys to classes and lack of car ownership can present barriers to accessing classes and clinics. [Medium impact as the service being offered in future may not be much different to what is currently in place]</p> |
| <p>Areas of deprivation</p> | | <p>Service: The service takes into account</p> | |

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| | | <p>families living in areas of deprivation and the barriers faced in achieving health and wellbeing, and the potential barrier to accessing support faced by families who live in more deprived communities.</p> <p>Consultation: Service user engagement has taken place in Blacon, Ellesmere Port and Lache - in areas with high levels of child poverty and deprivation.</p> | |
| Human rights | <p>Service: Whilst the service will focus on the needs and rights of families with children aged under 5 years, it will take into account the human rights of all people living in the Cheshire West and Chester area. For example, close attention will be paid to safeguarding guidelines for children and adults.</p> | <p>Service: This forms an integral part of the principles and approach the service is taking. Safeguarding children is a central pillar of the service delivery model.</p> <p>Service: Issues around safeguarding adults particularly related to vulnerable groups, domestic abuse must also be considered as essential components of the service.</p> | |
| Health and wellbeing | | <p>Service: The service is based on the foundation outlined by the National Healthy Child Programmes and will incorporate the wider determinants of health through an integrated approach to child and family development, as well as physical and emotional</p> | |

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| | | wellbeing. Service: The programme involves statutory assessment of child & family development and will involve liaison and referral to other health professionals | |
| Procurement / partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance) | Service: Providers will be obliged through contracts to ensure equality compliance and actively review and address equality issues on a regular basis | Service: Equality compliance should be improved through embedding equality in the service contract and raising awareness across the service provisions. | |

Evidence:

The consultation timetable details the full programme of activities. The service will be performance monitored against national and local standards. The service is outcomes based and will be required to demonstrate achievement of targets set, for example - percentage of families receiving antenatal meetings with a Health Visitor.

Consultation and Engagement Plan: 0-5 Healthy Child Programme

Objectives

The purpose of this consultation is to:

- Engage a wide range of stakeholders to inform effective development, commissioning and delivery of a local integrated 0 – 5 years or 0 – 19 years children, young people and families service.
- Use consultation analysis to inform the direction of travel for the future commissioning of the: 0-5 years Healthy Child Programme, child weight management, 5 – 19 years Health and Wellbeing Service and delivery of the Children’s Centre core offer.
- Use consultation analysis to inform decision-making around some Children’s Centres becoming linked sites.

- Meet the Council's obligations regarding stakeholder engagement and consultation.
- Ensure that the service that is being commissioned will meet the needs of residents of the Borough.

Stakeholder groups

- Existing and potential service providers
- Current and future service users
- Third sector organisations
- Partner public sector organisations such as Children's Services, Education, Obstetrics and Maternity Service and General Practice.
- Related strategic groups / partnerships
- Elected members and the public

Consultation methods

In order to encourage wide participation in the engagement and consultation there will be a number of different methods utilised (see list below).

1. Consultation survey – This will be undertaken in three parts:
 - a. Digital questionnaire advertised to all stakeholders and identified groups.
 - b. Digital questionnaire advertised to contacts at a series of local engagement events / meetings / e-communication (i.e. newsletters etc).
 - c. Hard copies of questionnaires to be made available via local authority colleagues and partners.

Questionnaires to be promoted widely amongst all stakeholder groups listed above electronically and publicly available from Council website, reception areas and Children's Centres. A consultation summary document has been produced to provide context to the consultation and an 'easy read' version has also been produced and is available on the Council website.

2. Appointment surgeries – the Commissioner will make time available to any of the above stakeholders who wish to discuss the options / commission individually.
3. Development and delivery of local stakeholder events including representatives from the listing above.

4. Facilitated groups – through existing networks there will be the option of group responses, particularly for service users, that are supported by existing networks.
5. Soft market testing will be undertaken with current and prospective providers to sense check delivery of the current services and inform how social value criteria can be assessed as part of the procurement process.
6. Focus groups and questionnaire based interviews with service users including hard to reach and seldom heard groups, including consultation with advocates for such groups.

Targeted consultations with key stakeholders such as GP practices, Midwives and Head Teachers of Primary, Secondary and Special schools.

Consultation timetable

This consultation is to run for 12 weeks from opening on 4 April 2016. Once the consultation is concluded results will be written up and used to inform the development of a specification for the 0-5 or integrated 0-19 years Healthy Child Programme, which will then enter the procurement phase. The results of the consultation will be available publicly on the consultation page of the Council website and to all parties involved in the process.

Action plan:

| Actions required | Key activity | Priority | Outcomes required | Officer responsible | Review date |
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| Financial envelope | In order to make sure there is sufficient capacity to deliver the new service – ensuring that appropriate funding envelope is agreed before procurement process begins. | High | Ensure that financial envelope corresponds with an adequate level of service to meet the needs of the local population, and to meet statutory service requirements. | Lesley West | Ongoing |
| Families in which both parents do not speak English as a first language | Ensure appropriate interpretation services are available and accessible. | High | The local specification will include a requirement for leaflets and information in other languages and for health professionals delivering the Healthy Child Programme to have access to interpreter services. | Sioban Simcock | Ongoing |

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| Sign off | |
| Lead officer: | Sioban Simcock, Commissioning Manager for Children, Young People and Families |
| Approved by Head of Service: | Alistair Jeffs |
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| Moderation and/or Scrutiny | |
| Date: Moderated at Health and Wellbeing Equality Group | 18 May 2016 |
| Date analysis to be reviewed based on rating (high impact – review in one year, medium impact - review in two years, low impact in three years) | Two years |