**Appendix K**

**Section 4**

**Equality   
Analysis Toolkit   
Wellbeing, Prevention and Early Help Service only v6  
For Decision Making Items**  
August 2016

**What is the Purpose of the Equality Decision-Making Analysis?**

The Analysis is designed to be used where a decision is being made at Cabinet Member or Overview and Scrutiny level or if a decision is being made primarily for budget reasons. The Analysis should be referred to on the decision making template (e.g. E6 form).

When fully followed this process will assist in ensuring that the decision- makers meet the requirement of section 149 of the Equality Act 2010 to have due regard to the need: to eliminate discrimination, harassment, victimisation or other unlawful conduct under the Act; to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard means analysing, at each step of formulating, deciding upon and implementing policy, what the effect of that policy is or may be upon groups who share these protected characteristics defined by the Equality Act. The protected characteristic are: age, disability, gender reassignment, race, sex, religion or belief, sexual orientation or pregnancy and maternity – and in some circumstances marriage and civil partnership status.

It is important to bear in mind that "due regard" means the level of scrutiny and evaluation that is reasonable and proportionate in the particular context. That means that different proposals, and different stages of policy development, may require more or less intense analysis. Discretion and common sense are required in the use of this tool.

It is also important to remember that what the law requires is that the duty is fulfilled in substance – not that a particular form is completed in a particular way. It is important to use common sense and to pay attention to the context in using and adapting these tools.

This process should be completed with reference to the most recent, updated version of the Equality Analysis Step by Step Guidance (to be distributed) or EHRC guidance at:

<http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty>

This toolkit is designed to ensure that the section 149 analysis is properly carried out, and that there is a clear record to this effect. The analysis should be completed in a timely, thorough way and should inform the whole of the decision-making process. It must be considered by the person making the final decision and must be made available with other documents relating to the decision.

The documents should also be retained following any decision as they may be requested as part of enquiries from the Equality and Human Rights Commission or Freedom of Information requests.

Support and training on the Equality Duty and its implications is available from the County Equality and Cohesion Team by contacting:

[AskEquality@lancashire.gov.uk](mailto:AskEquality@lancashire.gov.uk)

Specific advice on completing the Equality Analysis is available from your Service contact in the Equality and Cohesion Team or from Jeanette Binns

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

**Name/Nature of the Decision**

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| The transformation of the Wellbeing, Prevention and Early Help Service (WPEHS) for children, young people and families in Lancashire. |

**What in summary is the proposal being considered?**

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| The element of the proposal considered in this analysis relates only to the transformation of the Wellbeing Prevention and Early Help Service (WPEH) for children, young people and families in Lancashire.  The transformation is designed to bring together the Young People's Service, Children's Centres and Prevention and Early Help along with arrangements in Lancashire for responding to the National Troubled Families Programme. The WPEHS revised service model will continue to deliver the statutory Children's centre offer, working with children and their families and with young people aged 12-19+ (aged up to 25 where they have special educational needs or disabilities). The Service will identify as early as possible when a child, young person or family needs support, helping them to access services to meet their needs, working with them to ensure the support offered is right for them, offered in the right place at the right time.  The Service proposes to operate in three main ways:   * To groups whose needs meet the criteria at Level 2 of Lancashire's Continuum of Need via drop-in sessions or group sessions at neighbourhood centres; * Through one-to-one support to those who meet the criteria at Level 2 of Lancashire's Continuum of Need from a key worker operating from a neighbourhood centre; * Through one-to-one outreach and detached support to those who meet the criteria at Level 2 of Lancashire's Continuum of Need which might be delivered in a person's own home, local building or virtually through telephone, internet or mobile phone as appropriate.   The Service is envisaged to be accessible Monday-Friday during the day with some evening and weekend opening/availability.  The Service currently operates from 79 Children's centres, with 63 being designated Children's centres, and 53 youth centres. The locations of the current and future provision were not included in the WPEH 1st consultation as it was to be included in the Property Strategy which is the subject of separate consultation. This distinction was set out clearly in the report which was made available as part of the Wellbeing Prevention and Early Help Service public consultation.  A Stakeholder consultation has also taken place as part of the WPEH consultation.  The Property Strategy consultation took place between 18 May and 14 August 2016 proposing that the Wellbeing, Prevention and Early Help Service in some locations will cater for wider age groups than we have done previously. This would mean:   * Wellbeing, Prevention and Early Help Services would be located at a total of 72 sites. This would comprise 34 sites to support 0-11 year olds, 11 sites for 12-19 year olds (plus special educational needs young people up to 25) and 27 sites which will cover the entire age range. * Of the 72 sites, 53 would be designated as main Children's Centres which will be registered with the DfE. This would be a reduction to the current 63 designated Children's Centres. * Services are accommodated in a way which meets the diverse needs of children, young people and their families, including outreach services where appropriate.   Specifically in relation to Children's centres, the Property Strategy contributes to the statutory consultation but is supported by a document that has been produced outlining the County Council's proposals to re-designate its Children's centres and the basis on which this will be implemented, which is a statutory and OFSTED requirement. As part of this element of the proposal, a series of focus groups and drop in sessions were also held in June and July 2016 in 6 Districts of the county.  Initial consultation has also taken place with employees about the proposed staffing structure for the Wellbeing Prevention and Early Help Service. This took place during the same period as the public and stakeholder consultations – 9 February to 21 March 2016. Subsequently a further consultation has been held between 20 June and 15 July 2016 on a more detailed proposed structure.  As part of transformation to the new Wellbeing Prevention and Early Help Service, which also contributes to meeting the budgetary requirements going forward, the commissioning arrangements with 5 VCFS Children's centres will not be renewed. This is expected to result in no immediate changes to service delivery and will allow those employees at these Centres to be included in the Wellbeing Prevention and Early Help restructure under TUPE arrangements. It will contribute significantly to the savings the Service is required to make. |

Is the decision likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected? If so you will need to consider whether there are equality related issues associated with the locations selected – e.g. greater percentage of BME residents in a particular area where a closure is proposed as opposed to an area where a facility is remaining open.

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| The proposal will affect children, young people and families in all parts of Lancashire but the extent of impact may depend on their location and individual circumstances. |

**Could the decision have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:**

* Age
* Disability including Deaf people
* Gender reassignment
* Pregnancy and maternity
* Race/ethnicity/nationality
* Religion or belief
* Sex/gender
* Sexual orientation
* Marriage or Civil Partnership Status

In considering this question you should identify and record any particular impact on people in a sub-group of any of the above – e.g. people with a particular disability or from a particular religious or ethnic group.

It is particularly important to consider whether any decision is likely to impact adversely on any group of people sharing protected characteristics to a disproportionate extent. Any such disproportionate impact will need to be objectively justified.

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| Yes. The nature of the service is that it is targeted at children, young people and their families. This means that the age protected characteristic (children and young people) and pregnancy and maternity protected characteristic group may be particularly affected. As the Service also provides specific support for disabled children and young people up to the age of 25 and disabled parents, the disability protected characteristic group may also be affected more than other people in that age group. Other protected characteristics – e.g. gender and ethnicity – may be affected given the location of proposed service points (ethnicity) and gender of parents/carers using the Service.  Whilst not explicitly mentioned in the report which accompanied the consultation, there were questions about domestic abuse support included in the consultation questions. This indicates that the Service includes support for domestic abuse victims and related issues amongst its activities and in light of this the gender protected characteristic would also be of relevance.  Information provided by the Service has also indicated that it supports transgender young people, lesbian and gay service users, teenage parents, young parents and young carers.  The Service also has a long tradition of supporting young people and promoting a positive attitude towards inclusiveness across the range of protected characteristics. |

If you have answered "Yes" to this question in relation to any of the above characteristics, – please go to Question 1.

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| Yes |

If you have answered "No" in relation to all the protected characteristics, please briefly document your reasons below and attach this to the decision-making papers. (It goes without saying that if the lack of impact is obvious, it need only be very briefly noted.)

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**Question 1 – Background Evidence**

What information do you have about the different groups of people who may be affected by this decision – e.g. employees or service users (you could use monitoring data, survey data, etc. to compile this). As indicated above, the relevant protected characteristics are:

* Age
* Disability including Deaf people
* Gender reassignment/gender identity
* Pregnancy and maternity
* Race/Ethnicity/Nationality
* Religion or belief
* Sex/gender
* Sexual orientation
* Marriage or Civil Partnership status (in respect of which the s. 149 requires only that due regard be paid to the need to eliminate discrimination, harassment or victimisation or other conduct which is prohibited by the Act).

In considering this question you should again consider whether the decision under consideration could impact upon specific sub-groups e.g. people of a specific religion or people with a particular disability. You should also consider how the decision is likely to affect those who share two or more of the protected characteristics – for example, older women, disabled, elderly people, and so on.

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| The following information has been compiled about the "reach" of the Young People's Service in 2015/16.  **Young People Service Equality statistics.**  **2015-16 Reach Achieved**  During 2015/16 the total 12-19 young people cohort was 104,338. The service provided services to 30,125 young people, 28.9% of the total cohort. This can be broken down by district as follows:   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | No Individuals Reached | 12-19 Cohort | % Reached | | Burnley | 3,802 | 8,554 | 44.4% | | Chorley | 2,899 | 9,341 | 31.0% | | Fylde | 1,433 | 5,585 | 25.7% | | Hyndburn | 2,288 | 8,185 | 28.0% | | Lancaster | 3,423 | 11,086 | 30.9% | | Pendle | 2,489 | 8,576 | 29.0% | | Preston | 3,921 | 12,881 | 30.4% | | Ribble Valley | 1,021 | 5,276 | 19.4% | | Rossendale | 1,254 | 6,564 | 19.1% | | South Ribble | 2,126 | 9,813 | 21.7% | | West Lancs | 2,701 | 9,719 | 27.8% | | Wyre | 2,768 | 8,758 | 31.6% | |  |  |  |  | | Total | 30,125 | 104,338 | 28.9% |   **Gender**  During 2015/16 the gender split between male and female service users is pretty balanced with 28.6% of service users being female and 29.2% of service users being male. The service had 5 people accessing services who identified as Trans Male, 2 in Chorley, 1 in Hyndburn, 1 in South Ribble and 1 in Wyre. One service user in Hyndburn identified as Trans Female.  **Disability**  During 2015/16 8% of service users had a disability or learning difficulty. This varied across districts from 5.2% in Burnley to 11.1% in Rossendale. The breakdown per district is illustrated in the table below:   |  |  |  |  | | --- | --- | --- | --- | |  | SEND | 12-19 Cohort | % Reached | | Burnley | 196 | 3,802 | 5.2% | | Chorley | 194 | 2,899 | 6.7% | | Fylde | 145 | 1,433 | 10.1% | | Hyndburn | 152 | 2,288 | 6.6% | | Lancaster | 341 | 3,423 | 10.0% | | Pendle | 150 | 2,489 | 6.0% | | Preston | 351 | 3,921 | 9.0% | | Ribble Valley | 62 | 1,021 | 6.1% | | Rossendale | 139 | 1,254 | 11.1% | | South Ribble | 228 | 2,126 | 10.7% | | West Lancs | 239 | 2,701 | 8.8% | | Wyre | 224 | 2,768 | 8.1% | |  |  |  |  | | Total | 2,421 | 30,125 | 8.0% |   **Ethnicity**  During 2015/16 61.7% of young people who accessed the service were white. For 28.8% of the young people accessing the service no ethnicity is recorded whilst 7.1% Asian young people accessed the service. There are significant variances at district level, for example 22.22% of young people accessing the service in Pendle, 16.73% in Burnley and 14.64% in Hyndburn are from the Asian community.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Arab | Asian | Black | Chinese | East Europe | Gypsy/  Roma | Mixed | Not Known | White | Total | | Total | 7 | 2,133 | 65 | 35 | 6 | 63 | 564 | 8,674 | 18,578 | 30,125 | | 12-19 Cohort | 19 | 6,314 | 231 | 155 | 17 | 161 | 1,714 | 32,482 | 63,245 | 104,338 | | % total YP reached | 0.0% | 7.1% | 0.2% | 0.1% | 0.0% | 0.2% | 1.9% | 28.8% | 61.7% |  |   Whilst 28.9% of the total age 12-19 population accessed the service during 2015/16 this was higher in some communities. For example 39.1% of the total Gypsy/Roma community accessed the service and 36.8% of the Arab community accessed young people's centres.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Arab | Asian | Black | Chinese | East Europe | Gypsy/  Roma | Mixed | Not Known | White | Total | | Total | 7 | 2,133 | 65 | 35 | 6 | 63 | 564 | 8,674 | 18,578 | 30,125 | | 12-19 Cohort | 19 | 6,314 | 231 | 155 | 17 | 161 | 1,714 | 32,482 | 63,245 | 104,338 | | % Reached | 36.8% | 33.8% | 28.1% | 22.6% | 35.3% | 39.1% | 32.9% | 26.7% | 29.4% | 28.9% |   **Children's Centre Equality Statistics for 2015/16 are as follows:**  The Children's Centre data is only available at district level.  **Gender**  The gender statistics for 2015/16 have been broken down by parents/carers and children registered with the children's centres. County wide 64% of parents/carers registered were female and 36% male. The district profile is illustrated in the table below:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **District** | **Total Parents/**  **Carers** | **Female** | **% Female registered** | **Male** | **% Male Registered** | | **Burnley** | 8540 | 5827 | 68% | 2713 | 32% | | **Chorley** | 10182 | 6316 | 62% | 3866 | 38% | | **Fylde** | 4878 | 2830 | 58% | 2048 | 42% | | **Hyndburn** | 10373 | 6851 | 66% | 3522 | 34% | | **Lancaster** | 12999 | 7987 | 61% | 5012 | 39% | | **Pendle** | 8738 | 6116 | 70% | 2622 | 30% | | **Preston** | 13124 | 7964 | 61% | 5160 | 39% | | **Ribble Valley** | 3196 | 1980 | 62% | 1216 | 38% | | **Rossendale** | 5254 | 3767 | 72% | 1487 | 28% | | **South Ribble** | 8424 | 5372 | 64% | 3052 | 36% | | **Unknown** | 2944 | 1701 | 58% | 1243 | 42% | | **West Lancashire** | 7729 | 5060 | 65% | 2669 | 35% | | **Wyre** | 6323 | 3951 | 62% | 2372 | 38% | | **Grand Total** | **102,704** | **65722** | **64%** | **36982** | **36%** |   The number of children receiving services at a children's centre during 2015/16 was more or less equally split between male and female.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Gender - Children aged 0-5** | |  |  |  |  | |  |  |  |  |  |  | | **District** | **Total Children** | **Female** | **% Female registered** | **Male** | **% Male Registered** | | **Burnley** | 6623 | 3288 | 50% | 3335 | 50% | | **Chorley** | 8586 | 4170 | 49% | 4416 | 51% | | **Fylde** | 4094 | 2012 | 49% | 2082 | 51% | | **Hyndburn** | 9461 | 4696 | 50% | 4765 | 50% | | **Lancaster** | 10377 | 5018 | 48% | 5359 | 52% | | **Pendle** | 6926 | 3347 | 48% | 3579 | 52% | | **Preston** | 9327 | 4592 | 49% | 4735 | 51% | | **Ribble Valley** | 2368 | 1164 | 49% | 1204 | 51% | | **Rossendale** | 4520 | 2225 | 49% | 2295 | 51% | | **South Ribble** | 6257 | 3012 | 48% | 3245 | 52% | | **Unknown** | 1633 | 831 | 51% | 802 | 49% | | **West Lancashire** | 5851 | 2839 | 49% | 3012 | 51% | | **Wyre** | 5245 | 2492 | 48% | 2753 | 52% | | **Grand Total** | **81268** | **39686** | **49%** | **41582** | **51%** |   **Ethnicity**  During 2015/16 15% of all parents and carers who registered to receive a service from a children's centre were from BME communities. Of those registered 44% attended their local centre. This varied across districts with 57% of all registered BME parents/carers in Rossendale attending a local centre whilst only 32% of registered BME parents/carers in Fylde attended a centre.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **District** | **Total Parents/ Carers** | **BME Carers** | **% Registered** | **Number Attended** | **Of those BME - % Attended** | | **Burnley** | 8542 | 1669 | 20% | 902 | 54% | | **Chorley** | 10182 | 796 | 8% | 384 | 48% | | **Fylde** | 4878 | 386 | 8% | 125 | 32% | | **Hyndburn** | 10374 | 1749 | 17% | 806 | 46% | | **Lancaster** | 12999 | 1304 | 10% | 512 | 39% | | **Pendle** | 8742 | 3077 | 35% | 1637 | 53% | | **Preston** | 13133 | 4549 | 35% | 1686 | 37% | | **Ribble Valley** | 3196 | 166 | 5% | 92 | 55% | | **Rossendale** | 5254 | 618 | 12% | 355 | 57% | | **South Ribble** | 8424 | 397 | 5% | 118 | 30% | | **Unknown** | 2946 | 247 | 8% | 70 | 28% | | **West Lancashire** | 7777 | 682 | 9% | 269 | 39% | | **Wyre** | 6323 | 289 | 5% | 101 | 35% | | **Grand Total** | **102770** | **15929** | **15%** | **7057** | **44%** |   **Disability**  Disability statistics are available for both parents/carers and children. 2% of all parents/carers who were registered with the service during 2015/16 reported a disability or learning difficulty. Of those 48% attended a centre to receive services.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **District** | **Total Carers** | **Carers with SEN** | **% Registered** | **Number Attended** | **Of those with SEN % Attended** | | **Burnley** | 8542 | 152 | 2% | 77 | 51% | | **Chorley** | 10182 | 151 | 1% | 73 | 48% | | **Fylde** | 4878 | 64 | 1% | 27 | 42% | | **Hyndburn** | 10374 | 146 | 1% | 64 | 44% | | **Lancaster** | 12999 | 286 | 2% | 134 | 47% | | **Pendle** | 8742 | 82 | 1% | 43 | 52% | | **Preston** | 13133 | 181 | 1% | 78 | 43% | | **Ribble Valley** | 3196 | 31 | 1% | 19 | 61% | | **Rossendale** | 5254 | 99 | 2% | 65 | 66% | | **South Ribble** | 8424 | 115 | 1% | 51 | 44% | | **Unknown** | 2946 | 36 | 1% | 9 | 25% | | **West Lancashire** | 7777 | 111 | 1% | 55 | 50% | | **Wyre** | 6323 | 122 | 2% | 63 | 52% | | **Grand Total** | **102770** | **1576** | **2%** | **758** | **48%** |   2% of all children registered with the children's centres during 2015/16 had a disability or learning difficulty. County wide 41% of those registered attended and received a service. There are notable differences at a district level, for example Rossendale, where 77% of those children with a disability or learning difficulty attended a centre to receive services.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Disability - Children** | |  |  |  |  | |  |  |  |  |  |  | | **District** | **Total Children** | **Children with SEN** | **% Registered** | **Number Attended** | **Of those with SEN % Attended** | | **Burnley** | 6625 | 135 | 2% | 47 | 35% | | **Chorley** | 8586 | 160 | 2% | 67 | 42% | | **Fylde** | 4094 | 91 | 2% | 39 | 43% | | **Hyndburn** | 9461 | 200 | 2% | 87 | 44% | | **Lancaster** | 10377 | 301 | 3% | 96 | 32% | | **Pendle** | 6926 | 115 | 2% | 68 | 59% | | **Preston** | 9328 | 125 | 1% | 45 | 36% | | **Ribble Valley** | 2368 | 54 | 2% | 23 | 43% | | **Rossendale** | 4520 | 65 | 1% | 50 | 77% | | **South Ribble** | 6257 | 134 | 2% | 36 | 27% | | **Unknown** | 1652 | 39 | 2% | 11 | 28% | | **West Lancashire** | 5851 | 138 | 2% | 58 | 42% | | **Wyre** | 5245 | 135 | 3% | 59 | 44% | | **Grand Total** | **81290** | **1692** | **2%** | **686** | **41%** |   In terms of employees, specific information about the Wellbeing Prevention and Early Help Service's equality profile is provided by material produced in October 2015. It is possible that the composition of the workforce has changed since then and that the information is not fully comprehensive but it provides indicative information:  Age – 3.47% of employees were aged 16-24, 36.13 % of employees were aged 25-39, 60% of employees were aged 40-65 and 1 employee was aged over 65. The corporate equality profile has a greater percentage of employees aged 16-24 and over 65, whilst the percentage of employees aged 25-39 is significantly higher in Wellbeing Prevention and Early Help and the percentage aged 40-64 is slightly less than corporately.  Ethnicity – 6.36% of employees were identified as Black and Minority Ethnic Employees and 4.88% of employees in senior posts were BME. Both these percentages are higher than for the corporate workforce equality profile.  Gender – 76.16% of employees in WPEHS are female with 23.84% being male – this is slightly higher than the corporate workforce gender profile in terms of female representation. At senior officer level (Scale Point 45 and above) the WPEHS profile is more female dominated – almost 83% of post holders are female, whereas for LCC as a whole it is around 60%.  Disability – 2.75% of employees in WPEHS have identified as having a disability and 4.88% employees in senior posts. Both percentages are higher than for the corporate workforce and senior posts profiles.  Religion or Belief – information on the religion or belief of WPEHS employees is very incomplete with information available for only about 30 employees. Of these 2 are Sikh, 3 are Muslim, 19 are Christian, 1 was "other religion or belief" and 1 "other spiritual belief", 3 identified as "none" and 2 "preferred not to say". The remainder are categorised as "unknown".  Sexual Orientation – similarly information in terms of employees' sexual orientation is very incomplete. Information was available specifically for 24 employees with the remainder being categorised as "unknown". Of those where information was available 22 identified as being Heterosexual/Straight and 2 as Gay/Lesbian.  No information is collected in relation to marriage or civil partnership status or pregnancy and maternity leave for equality data collection purposes. With the agreement of the Council's LGBT Employee Network it has also been decided not to collect information on whether employees identify as Trans people as at the levels to which information can be broken down, there is a risk of identifying individual employees which would be unacceptable. |

**Question 2 – Engagement/Consultation**

How have you tried to involve people/groups that are potentially affected by your decision? Please describe what engagement has taken place, with whom and when.

(Please ensure that you retain evidence of the consultation in case of any further enquiries. This includes the results of consultation or data gathering at any stage of the process).

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| This proposal has been the subject of a range of consultations.  The County Council carried out a corporate stakeholder consultation on its budget proposals from 10 December 2015 to 18 January 2016. This involved sending a letter from the Leader of the County Council outlining the budget position to 334 partners which included a link to the budget proposals and a link to an on-line questionnaire. Stakeholders could email their response as an alternative to the on-line questionnaire. They were asked for views on the impact of the budget proposals and thoughts on actions that could be taken to mitigate the impact of the policy decisions and budget reductions proposed. These consultation documents were also available on the County Council's "Have Your Say" area on its website for members of the public to read and respond.  The 334 consultees who received the email letter included:   * Lancashire County Council Elected Members * The Office of the Police and Crime Commissioner * The Lancashire Combined Fire Authority * Recognised Trade Unions * Borough, City and Unitary Councils in Lancashire * Third Sector Lancashire * Lancashire Association of Local Councils (LALC) * Lancashire safeguarding children and adults boards * Lancashire Care Association * Lancashire Parent Carer Forum * The Older People's Forum * The Chamber of Commerce * The Lancashire Enterprise Partnership * Healthwatch Lancashire * The Clinical Commissioning Groups * Young People's Engagement Forums * Members of Parliament and Members of the European Parliament who represent Lancashire * Society of Local Council Clerks * NHS Hospital Trusts * Higher Education and Further Education establishments * Commissioners on the Lancashire Fairness Commission.   There were 357 submissions to the on-line questionnaire with 252 providing a response. A further 19 responses were received via the dedicated email address for the consultation. A section of the report produced for Executive Scrutiny Committee on 19 January and County Council Cabinet on 21 January 2016 summarised the comments in relation to health, wellbeing, prevention and early help as follows:  "A small number of respondents felt that the budget proposals for reducing some of the supportive and early help services were at odds with the need for early intervention to prevent people's need escalating or reaching a crisis in expensive service in the future."  A consultation specifically focussing on the Wellbeing Prevention and Early Help Service transformation began on 9 February 2016 running until 21 March 2016. The consultation was available on line or in hard copy format with responses accepted in either format. The consultation information included a short report explaining the proposed transformation. During this period drop-in sessions were also run at a number of centres where people could go along and talk to Service representatives about the proposed changes.  The narrative for the consultation explained: "This consultation focuses on proposals to transform the Wellbeing, Prevention and Early Help Service for children, young people and families in Lancashire. It describes the implementation plan of the service offer proposals presented to the County Council's Cabinet in February 2015 and agreed subject to consultation on 26 November 2015.  "It has been agreed that the proposed future service model will help deliver £7.4 million budget savings by 2017/18. The new Service will transform and integrate a range of services within Wellbeing Prevention and Early Help Services and will align existing core offers for children's centres, young people's provision, prevention and early help and Lancashire's response to the national Troubled Families Unit programme.  "The new programme will ensure effective support for 0-19 year olds across Lancashire and support our strategic wellbeing, prevention and early help services, contributing to the delivery of public health responsibilities. It will also further align the ongoing re-procurement of public health services and consider the integration of other services like health visiting and school nursing services, alongside other Council services."  The report of the consultation stated that 2,331 completed questionnaires were received, of these 1,454 were paper based/hard copy responses and 877 were returned online. It is unusual and of note that hard copy/paper based responses have outnumbered on-line submissions to this consultation.  The consultation was available in both children's centres and youth centres. 97% of respondents were Lancashire residents. The majority of all respondents (83%) had used children's centres within the last 12 months and 64% of respondents had a child aged 0- 5. The consultation findings therefore significantly represent the views of this group.  In terms of protected characteristics of respondents, the following information was provided:  Gender – 82% of respondents were female and 18% were male. This is a significantly higher proportion of females to males than in the Lancashire population as a whole (51% female and 49% male in the 2011 Census) although given the response rate from users of children's centres this may not be surprising.  Transgender – 2% of respondents identified as transgender. There is no comparable Census data for this group but the percentage is a little higher than has been seen in other recent consultations (around 1%).  Age – the percentage of young people responding to this consultation was higher than in other similar County Council consultations, although given the nature of the service this is not unexpected. 11% of respondents were aged under 16 and 9% aged 16-19. Almost half of respondents (48%) are aged 20-34 and a quarter (25%) aged 35-49. Responses from people over 50 accounted for about 7% of respondents, this group are less well represented amongst respondents than in other recent consultation but this reflects the nature of the Service.  Disability – 8% of respondents identified as having a disability or being a Deaf person, this is similar to some other consultations. 6% of respondents said that there was a disabled person aged 20-25 in their household, in other consultations this response rate has been around 2% so the higher percentage may reflect the Service's provision for disabled young people aged up to 25.  Pregnancy and Maternity – the demographic information does not provide a complete match for this protected characteristic. 3% of respondents said that they had no children in their household but were expecting, however there may be women who are pregnant or on maternity leave amongst respondents who already have children in their household. 64% of respondents had children aged under 5, this will include some whose children are under 1 so in the "maternity" element of this protected characteristic. Other respondents in the "children in the household" consultation category were: children aged 5-8 24% of respondents; children aged 9-11 15% of respondents; children aged 12-16 19%, children aged 17-19 9%. 10% of respondents had no children under 20 in their household.  Ethnicity – 86% of respondents were English/Scottish/Welsh/Northern Irish/British and 5% were identified as "any other white background". 4% of respondents were Pakistani, 1% each were Bangladeshi, Gypsy or Irish Traveller and Indian. Under 10 people (so less than 0% of respondents) identified in each of the following categories: White and Asian (9), White and Black Caribbean (9), Irish (9), Chinese (8), African (5), Arab (4), Other (3), White and Black African (3) and Caribbean (3). This is a more diverse range of respondents than for other recent consultations and appears to have similar representation from Black, Asian and other Minority Groups than in the Lancashire population at the 2011 Census where around 8% of the population was from BME groups.  Religion or Belief – 52% of respondents identified as Christian and 39% had no religion. 6% of respondents were Muslim, which appears higher than in other recent consultations. 1% of respondents were identified under "any other religion". Small numbers of people identified as Buddhist (7 people), Hindu (4 people), Jewish (3 people) and Sikh (2 people) but these were not enough to reach a percentage.  Marriage and Civil Partnership – 43% of respondents said they were married and 5% were in a civil partnership. 5% preferred not to say. 47% said they were "none of these" which could include people who are single, widowed and young people/children responding. This seems a higher figure than in other recent consultations which may be reflective of the users of the Service.  Sexual Orientation – 91% of respondents identified as heterosexual/straight, 2% as bisexual, 1% as Gay Man, Lesbian/Gay Woman and "Other" respectively and 5% preferred not to say. These responses are similar to other recent consultations.  Some of the findings which appear to have a particular significance in terms of protected characteristics groups are:  Services used in the last 12 months – 86% of respondents had used a children's centre at some time, 14% had never used one and this was the most well-used Service. 19% of respondents had used Domestic Abuse Support services which meant it ranked the lowest in terms of usage. However, the impact this support may make on those who have used it is likely to be significant and so its importance cannot be measured by level of demand/use by respondents alone. To underline this, support with Domestic Abuse was ranked 5th amongst services which respondents considered were most important for the Wellbeing Prevention and Early Help Service to offer – of 12 which were listed.  Services it is important for the WPEH to provide – one of the aims of the Public Sector Equality Duty relates to improving participation in public life. 50% of respondents identified "involving children and young people in having a voice and influence "as an element of most importance and 60% suggested" information and support around education, employment or training". In terms of community cohesion/fostering good relations between communities, 62% identified "positive and/or diversionary activities for young people" as one of the most important services to provide. Providing family support was one of the most important services for 77% of respondents. Possibly in connection with the pregnancy and maternity protected characteristic, 66% of respondents included "parenting education" amongst their most important services.  What Other Services should the WPEHS offer was answered by around a quarter of respondents. Services for babies (baby massage, sensory rooms, link to midwife) ranked first among those selected by respondents which would seem to be of particular relevance to those with the pregnancy and maternity leave protected characteristic. Also appearing on this list were providing groups for babies and preschool children, services to allow parents and children to socialise, support for new parents, breastfeeding support and crèche/nursery which are all likely to be of relevance to the pregnancy and maternity leave protected characteristics group. In terms of younger people and children in the age protected characteristic group features such as play sessions, after school clubs, educating children and youth groups were mentioned. There was also support for providing learning and courses for parents and employability support which could assist various groups to participate more in public life and advance equality of opportunity. 11% of respondents to this question said that Wellbeing Prevention and Early Help should be a universal service and not targeted, which seems at odds with the proposals set out where reference was made to some level of universal service remaining. 4% of responses were grouped as "don't cut services (including website)" which may be of a similar theme.  A question was asked about whether respondents agreed with the proposal to prioritise groups of children, young people and families based on particular circumstances and criteria. 72% of respondents agreed whilst 18% disagreed. Those who disagreed said that "the service should include all families (79% of those disagreeing) and the highest ranked area of disagreement, whilst amongst the other issues listed were that they generally don't agree with prioritising some families (14%), prioritising will stigmatise families (4%) or all first time parents should be included (2% of those disagreeing) and the service is important for working mums (1% of those disagreeing). The issues raised by those disagreeing with the proposal appear to focus mostly on changes to the children's centre support for families/parents and may reflect concerns among the gender and pregnancy and maternity protected characteristics groups in particular.  There was support for each of the proposed ways for service users to get support but getting support from groups where you can meet other people who need similar support to you was clearly the most popular which was very or fairly important to over 90% of respondents. There was less support for getting support for one key worker supporting you and your family (83% of respondents had this as very or fairly important) and for the support being delivered on an outreach or detached basis (79% of respondents considered this as very or fairly important. Whilst group support is clearly most popular, the other two delivery options are not discounted by respondents and may have been appealing to some protected characteristic groups – e.g. respondents with disabilities or from some ethnic groups.  Respondents were particularly concerned about the proposal to join up services such as children's centres and youth centres with only 45% agreeing with the proposed model. 27% disagreed and 28% were unsure about the proposal.  Those who disagreed were asked why and responses included "keep services open and include everyone" (35%), "joined up services will not work/will lose quality" (23%) and that "services are excellent and valuable" (23%). 5% said peer support was invaluable, 4% said that services were already under strain and 3% said learning opportunities for parents should be provided.  Respondents were asked what would encourage them to use WPEH Services. Amongst those responses potentially of most relevance to protected characteristics groups are: "services available when I need them" (83%), "if they are near to me" (77%), baby changing facilities (64%), secure and safe access in terms of entrances (59%), car parking facilities (47%), breastfeeding facilities (47%), easy access by bus (43%), multi faith rooms for public use (18%) whilst there were other suggestions which could also be of particular interest to some groups but may have been included for more general reasons such as quiet spaces for private use, access to refreshments, kitchen and laundry facilities and shower/changing facilities which could, for example, be of benefit to people with some disabilities.  A range of questions were asked about at what times people would feel it important to have access to particular services. For most services including domestic abuse support services, people indicated weekday daytimes as being the most popular times. However, not surprisingly the most popular time for access to the young people's service was weekday evenings. Weekends were less popular for all services but there was still some level of importance given to services being available during weekend daytimes whilst the highest ranking services for availability at weekend evenings was for domestic abuse support services (24% of respondents).  In all areas a majority of respondents wanted services to be available all year round.  A question was asked how important they considered various different outcomes to be. Of particular significance in terms of protected characteristics groups appear to be outcomes such as "safe and protected from harm" (95% of respondents considered this very important), that families are resilient, aspirational and have the knowledge, capacity and capability to deal with other factors (79% considered this very important) and families are helped to live healthy lifestyles, engage in positive social activities and make healthy choices. These outcomes could contribute to the fostering of good relations between communities and advancing of equality of opportunity for some protected characteristics groups.  An opportunity for respondents to make other comments was also provided and the responses grouped in the consultation report. A number of respondents were grouped as don't cut the service or variously that the service was vital/ excellent or the staff were excellent. Of particular relevance for this analysis may be the comments praising the courses and learning opportunities for parents (11% of responses) which potentially supports advancing of opportunities for protected characteristics groups. Concern if services are inaccessible/not local it will cause problems for parents and children was raised by 8% of respondents, which may reflect concerns from disabled people amongst others whilst the comment that it is the only service for children in "this area" supports a similar theme (3% of comments).  During the consultation specific actions took place to engage service users:  1 Service users – children and families  Over a 4 week period we ran a series of drop in sessions in each of our principle buildings in each of the districts (mainly children centres), around 80 sessions were delivered in total. At the sessions we encouraged service users to engage with us to find out more about the service proposals and what may be changing about their services in the future. At each session, service users were encouraged to complete the consultation questionnaire – and some service users were directly supported to enable them to do so if needed (language interpretation, help with explaining questions, help with form completion where there was poor confidence with reading/writing). These sessions were led by WPEHS locality managers and fieldwork staff. Over 900 service users took part in the drop in sessions.   1. Service users – young people   In each district across the county, we planned and delivered an interactive workshop session for young people to assist their engagement with the consultation process. WPEHS locality manager and young people's workers provided transport to bring young people together to a central venue from across the district area. They delivered a group based session which involved activities and discussions designed to assist young people to understand key areas of the service offer proposals for consultation and to develop their feedback – which inevitably focussed mostly on the impact for young people. At each session, young service users were encouraged to complete the consultation questionnaire – and some were directly supported to enable them to do so if needed (help with explaining questions, help with form completion where there was poor confidence with reading/writing). Over 240 young people participated in these sessions countywide.  In addition there was a discrete consultation session with members of Lancashire Youth Council – led by the Senior Manager for WPEHS at which over 40 young people attended.  Stakeholders  A specific document was produced outlining the proposals to Stakeholders. This was supported by:  Over a 2-3 week period we ran a series of stakeholder drop in workshops from 2-6pm in one of our key centres in each of the districts (12 in total). These were promoted by direct mail invitation to a large stakeholder list of over 130 organisations and a further 500 plus early years providers. These were also promoted locally by word of mouth with the assistance of WPEHS locality managers.  These workshops were led by WPEHS Senior Manager for the area, along with locality manager and provided an opportunity for any stakeholder to drop in and ask questions and receive further information on the details of the proposed model which was subject to consultation and a chance to hear and share information with regard to local impact.  Representatives of over 100 organisations attended the workshops.  Some of the key issues identified in reports of the Stakeholder Consultation which appear to have an equalities dimension included:   * Services which Wellbeing Prevention and Early Help should offer: there was a huge response from Stakeholders that a universal service offer should remain in the future. Other elements identified included: ante-natal and post-natal support and guidance; speech and language development advice and support; childcare or crèche availability including whilst parents access provision; child sexual exploitation and cyberbullying advice and support; services which assist parent's and children's mental health – e.g. baby massage and stay and play; health visiting and midwifery services on site; breastfeeding support; and support for families with English as a second language. In this question a number of respondents also said the service should be available in a flexible way – not just open 9-5. * What Priority Groups should be included? The consultation document had listed a number of priority groups for the new service including those with SEN or a disability, those affected by domestic abuse, young parents, young carers, asylum seekers, economic migrants, Traveller communities, people with health issues and with emotional and mental health issues. Stakeholder respondents to the consultation again included reference to continuing universal services in significant numbers but also suggested other priority groups including: children looked after; young families and first time parents; victims of child sexual exploitation, people from BME communities, those with undiagnosed SEN or disabilities, LGBTQ communities. Trafficked young people, families with English not their first language and all children under 5 in addition to identifying some groups already included in the Service priority groups – e.g. Asylum seekers, Travellers and young carers. * Responses about which facilities are most important included: childcare/crèche facilities, "disabled access", multi-sensory rooms, accessible locations and baby changing and accessible toilet facilities. A comment was also made that services should be "co-located with non-stigmatising universal services". * Respondents were asked to identify other considerations to the service. These included: less facilities will mean that families will have to travel too far to access services and similarly location is essential due to many families being unable to travel and 30 minutes walking distance is different for different ages; many again cited the importance of universal services; staff have experience of dealing with particular age groups/ranges so a need for workforce development was identified; it was important that the core offer of WPEHS did not duplicate the work of specialist agencies – domestic violence was specified in a response; a greater focus on child sexual exploitation is needed; concerns about how community midwifery would fit into the proposal and a number of comments around the joining up of young people's and children's provision which commented that the children and young people's services should be kept separate as their issues are very different and require different environments and the safeguarding issue of having vulnerable young adults alongside young children and babies needs to be considered and services for children are never best placed in a building that is designed for use by adults/safeguarding were amongst comments. * Comments on governance arrangements included concerns about the absence of local people within governance structures which it was felt would undermine communities' resilience and engagement and a concern that systems will need to be in place to "protect" who is entering the buildings and how would this work in neighbourhood centres. * Comments about shared delivery and partnership working included concerns that the voice of children and young people is not being heard and most specifically that the voice and views of the Youth Council are not being considered. Concerns about the shared service were again also included here with a view that by extending the age range and having all the various authorities housed in one building it may act as a deterrent – rather than being seen as a place of safety to access services. A view was also expressed that Neighbourhood Centres need to be in buildings with a natural high footfall of families such as schools to ensure that families will attend. * Comments on monitoring and performance reporting again raised the view that the voice of children and young people is "missed" in this aspect of accountability as is the engagement of local communities. * Comments on Engaging Local Communities proposals. Views expressed in this section included: volunteers from local communities are important; local communities will suffer if their voice is not heard in larger areas/governance; community engagement should remain a priority; that engagement opportunities will be reduced in the new model; concerns about the distance to centres and the reduction of universal provision were also raised in these responses – e.g. how service users would be identified and engaged with. There were other concerns about how it would be ensured that rurally isolated communities did not become invisible. There was also a specific concern expressed that prioritising service to Level 3 on the Continuum of Need would have an adverse impact on community integration. * The final question for Stakeholders was an opportunity to identify any other issues the Service should take into account in its proposals. Items included: the consultation should have addressed issues of the use of minority languages; concerns that there is not a place for "youth clubs" in the new Service methodology in the offer despite them being preventative of greater risks to young people and offering a means of engagement; concerns about whether young people might be turned away from using services if they are not from targeted groups; suggestions about whether NEET young people or armed services families are or should be included within priority groups; concern that young people often ask for help and support as a result of having a good relationship with staff at a universal centre and if such a service isn't available young people won't have anywhere to go with their problems and won't feel comfortable asking for help strangers and consequently needs could escalate. There were also concerns about the future of the Youth Council and concerns about how the voice of young people will feature in the new service. There was a comment which said that it was good that there will be a reduction in buildings overall as this will reduce duplication – a view at odds with most other comments. Some staffing related comments were also made which will be included in the Staff Consultation element.   Staff Consultation  This took place at the same time and in addition to information on the County Council's intranet and internet and hard copies were available via managers where employees do not have ICT access. The WPEHS also produced a document explaining the proposed structure and its context to staff. The proposed structure had built on corporately agreed policies such as the decision that all posts will be on NJC Terms and Conditions and that the structure was to be carried out in isolation – i.e. transformations are taking place on a service by service basis rather than throughout the County Council at the same time. Some of the key issues raised in this consultation were:   * The grading structure has seen some grades removed (e.g. Grade 11) which means staff potentially applying for posts 2 grades lower than their present role with a consequent possible loss of salary. * There were concerns about the number of employees in some ring-fences and how this may prompt some employees to seek lower graded roles in the hope of being successful. * There was concern as to how part time employees will be accommodated within the new structure. * Employees felt they needed details about the working days and hours associated with some posts to identify what would be suitable posts for them to consider. * Concern that posts in the restructure are initially only open to employees with over 4 years' service – though this is a corporate practice for the Council Transformation. * There is a suggestion that Caseworker roles and Outreach/Detached roles may be recruited to similarly which may create a sense of division. However, if there is not a distinction there may be concerns for some employees with disabilities or other requirements which make it harder to fulfil one type of role. * Huge numbers of staff were concerned about what was perceived as "disinvesting" in open access and universal provision. * The withdrawal of JNC Terms and Conditions was raised in a number of staff consultation responses and some Stakeholder responses. * "Downgrading" of posts and the proposed ring fences were also raised by staff and some Stakeholders largely being seen negatively although not exclusively so. * Finally there are concerns that employees will be working with unfamiliar age ranges or areas of work, although a Workforce Development Strategy has been promised.   A second staff consultation took place between 20 June and 15 July 2016 which included an updated and more detailed proposal for populating the new Service structure.  Children's Centres  To meet statutory and OFSTED requirements the Property Strategy consultation materials and a supporting document has been produced containing proposals for the re-designation of a number children's centres into District clusters which will have main centres and linked centres in each District identifying the current and proposed distribution and showing any variance in provision. The current provision means that 98% of the most deprived 0-4 year olds live within a reasonable access radius (30 minutes walking or pram pushing time) of a children's centre and that in the least deprived 0-4 year olds cohort 80% are in this radius. Overall it is estimated that if the new proposal is implemented 94% of the most deprived 0-4 year olds will be in that radius and 63% of the least deprived. This would meet the Council's objective of targeting services at those most in need.  In association with publishing these specific proposals, a series of six focus groups have been held across the county in July 2016 for families using children's centres and further drop in sessions have also been held. Some other local discussions have also taken place relating to specific locations.  The focus groups for users of children's centres element of the Property Strategy consultation took place in Chorley, Lancaster, Hyndburn, Pendle, West Lancashire and Wyre. Attendance ranged from 1 to 11 people at the focus groups. The focus groups discussed topics including:   * The use of the current children's centres; * The proposals to make changes to the County Council's buildings; * The envisaged access and impact on the children's centres and * Thoughts on neighbourhood centres.   The main points raised on each topic were:  1 Using the current children's centre:   * The children's centres are an invaluable resource of support and help and participants accessed a range of resources on offer and this was important, regardless of background or social status of the parents; * The Centres are a key way of stopping social isolation at a time when most parents are feeling vulnerable and alone; * Children's Centres are a vital part of child development, including getting children school ready; * There was little trust in social care and it was felt that children's centre outreach worked well in ensuring vulnerable families remained engaged and together; * Courses offered by the children's centre were crucial in upskilling, building confidence and self-esteem; * The current children's centre offer was, on the whole, felt to be adequate for parent's and children's' needs, although if possible it would be useful to have counselling, access to a medical practitioner, exercise sessions, more emotional wellbeing support, Citizens Advice Bureau, family law, breastfeeding space, parenting classes, baby arrives and support integrating SEN children and parents. A call for "more of the same" was discussed as sessions are often over-subscribed.   2 Proposals to Make Changes to the County Council's buildings:   * There was a mixed response to what was known about the Property Strategy. Where participants were actively involved (e.g. through volunteering) they understood the proposals. Most service users did not fully understand how the closures would impact the offer made; * Although participants understood the need to make cuts, they felt these should be directed away from children's centres. There was an understanding that the money had to be saved from somewhere and that another service area would suffer, but they felt children's centres provided essential help for some of the most vulnerable members of Lancashire's society; * Accessing the Property Strategy was not felt to be service user friendly. Service users were confused by jargon, broken links and unclear information.  1. Children's Centres – Access and Impact:  * There was concern raised over the distance some parents would have to travel in order to access their nearest centre. Participants felt that distance could be a barrier to parents using the centre – the expense to get there, time for travelling alongside other commitments (e.g. school drop offs), crossing busy city centres – and this could impact on the more vulnerable users who would not be able to financially commit to attending. Alongside this was the worry for new mums/heavily pregnant mums who may be physically unable to make the journey; * There was some concern about how the Property Strategy could affect the capacity and offer made by the children's centres. Participants were interested in how the timetable/number of sessions etc. would look, especially if being accessed by more users; * It was felt important that centres had a local focus and this could be lost if properties closed. There were also concerns for minority communities – if some centres were closed, it was questioned if parents would access the service elsewhere; * Concerns were raised around moving from prevention to crisis – with crisis seen as a more costly outcome in the long run; * Questions were raised around income generation, or how money spent elsewhere within the County Council could be moved to children's centres budgets to keep buildings open; * In some areas there was a lack of representation from centres proposed to close. The group wondered if this was indicative of their use of children's centres in the future, as families probably hadn't made the sessions due to transport, money or time commitments.  1. Neighbourhood Centres  * Most participants felt the neighbourhood centres approach was a positive one. However * Concerns were raised about which other services could be located alongside a children's centre. This included the Youth Offending Team (YOT) which parents felt would put them off using the service, as they would fear for safeguarding and the impact of young offenders around their young children; * Some buildings were questioned as to their suitability for safeguarding and confidentiality; * Housing different generations in one place was felt to be off-putting for vulnerable members in society (e.g. teenagers could put off elderly people from using services); * The approach was felt to be a gamble with vulnerable people possibly suffering if it failed; * There was a concern raised over different generations using the same facilities (e.g. it was said parents with young children would not want to use a room which had sexual health posters on the wall); * Concerns were raised over "cramming" too many services in to one centre which could make using services too stressful and lead to social isolation.  1. Overall Comments  * The continuation of children's centres were seen as vital, as they provide support and advice for a whole spectrum of service users, including very vulnerable parents and children. Some participants felt passionately that without support from their children's centre they would not be a family unit today. This linked with their distrust of social care and the need for a "softer", less fear-provoking support network provided by the children's centres; * It was felt that in the future it will be important to ensure that there are the right number of employees who are motivated to ensure the success of children's centres; * There was confusion around children's centres with nurseries attached and what would happen if these are closed; * There was a real fear expressed that by closing children's centres there could be a rise in social isolation for vulnerable users; * Questions were asked about how the changes might affect courses accessed by service users which was a concern. It was felt that courses had positively affected many participants; * There were concerns about a lack of continuity of provision/offer whilst decisions were being made about the future of children's centres.   Alongside the broader employee consultation for the Wellbeing Prevention and Early Help Service and public and stakeholder consultations, briefings have been held specifically for managers of children's centres (in November 2015 and February 2016) and for all children's centre staff (in February, May and 3 dates in June 2016). These have been supplemented by a range of emails to advise and inform on development of the children's centre proposals and explain any changes in timescales, personnel/Human Resources implications around grade profiles Voluntary Redundancy opportunities, etc.  Headteachers also received invitations to discussions with representatives of Asset Management and Estates Services where it was proposed to withdraw children's centres so that the implications could be fully explored with them, before schools closed for the summer holidays.  Property Strategy Public Consultation  The Property Strategy Public Consultation ran from 18 May to 14 August 2016. The themes raised were similar to those already identified in this Equality Analysis. There were 7719 responses and of these 35.7% had used a Wellbeing Prevention and Early Help Service Young People's Service; 33.3% had used a Wellbeing Prevention and Early Help Service designated Children's Centre and 17.6% had used a Wellbeing Prevention and Early Help Service Children's Centre within the last three years. |

**Question 3 – Analysing Impact**

Could your proposal potentially disadvantage particular groups sharing any of the protected characteristics and if so which groups and in what way?

It is particularly important in considering this question to get to grips with the actual practical impact on those affected. The decision-makers need to know in clear and specific terms what the impact may be and how serious, or perhaps minor, it may be – will people need to walk a few metres further to catch a bus, or to attend school? Will they be cut off altogether from vital services? The answers to such questions must be fully and frankly documented, for better or for worse, so that they can be properly evaluated when the decision is made.

Could your proposal potentially impact on individuals sharing the protected characteristics in any of the following ways:

- Could it discriminate unlawfully against individuals sharing any of the protected characteristics, whether directly or indirectly; if so, it must be amended. Bear in mind that this may involve taking steps to meet the specific needs of disabled people arising from their disabilities

* Could it advance equality of opportunity for those who share a particular protected characteristic? If not could it be developed or modified in order to do so?
* Does it encourage persons who share a relevant protected characteristic to participate in public life or in any activity in which participation by such persons is disproportionately low? If not could it be developed or modified in order to do so?
* Will the proposal contribute to fostering good relations between those who share a relevant protected characteristic and those who do not, for example by tackling prejudice and promoting understanding? If not could it be developed or modified in order to do so? Please identify any findings and how they might be addressed.

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| It is not anticipated that the Service Transformation will result in any unlawful discrimination, harassment or victimisation of groups with protected characteristics. There will remain a level of universal service available to those assessed as at Level 1 on the Lancashire Continuum of Need in the form of information, advice and guidance and signposting only. Those assessed as being on Level 2 of the Lancashire Continuum of Need will be prioritised with a greater level of support being available to them. Included amongst the prioritised groups are those with disabilities or SEN, those affected by domestic abuse, groups such as Travellers and asylum seekers, etc.  The consultations identified a number of areas where the Service is currently contributing to advancing equality of opportunity and participation in public life – e.g. the courses and learning opportunities for parents; supporting employability training for parents or support of education and employment support which have been available. The importance of families being supported to be resilient, aspirational and have the knowledge, capability and capacity to deal with wider factors and the element of helping families "engage in positive social activities" may also underline this and are reflected amongst the priorities for the Service. Some consultation respondents did raise whether those Not In Education, Employment or Training should be included amongst the prioritised groups for the Service.  Some concerns have also been raised about the role of the Youth Council in the future and the opportunities for local engagement in the governance of and involvement with the new Service. This will impact on the participation of some protected characteristics groups, although until details are clarified the nature of that impact cannot be estimated.  In terms of fostering good relations and community cohesion, the most important outcome supported by respondents was that service users were safe and protected from harm. This could include safeguarding activities associated with the Prevent Duty amongst other issues such as protection from cyber bullying and child sexual exploitation, and could also include activities to address views or actions based on protected characteristics of other service users – e.g. bullying based on people's protected characteristics. Issues around sharing of provision across age ranges have been raised in consultations often in connection with safeguarding. This has also featured where neighbourhood centres may include Youth Offending Team provision which was a concern expressed at the Children Centre's Property Strategy focus groups and in terms of neighbourhood centres where there is concern that older people may be reluctant to use a service where a lot of teenagers are present. Finally the focus groups suggested that some communities may be reluctant to use an alternative centre in a different part of a district if their centre closed which may be due to concerns around ethnicity or more traditional rivalries between different areas.  The Youth Service in particular has a long tradition of work in supporting and raising awareness amongst young people on anti-discrimination issues. Around 60% of respondents also felt it was important to provide positive or diversionary activities for young people, this may also help community cohesion and fostering good relations from a generational perspective.  In relation to domestic abuse support services, whilst only about a fifth of respondents had used this service, it was given a high level of importance by almost two-thirds of respondents and those affected by domestic abuse are included amongst the prioritised groups for more targeted service interventions. A cautionary note may have been aired in the consultation where a Stakeholder advised against duplication of other agencies' roles.  There was support for all of the possible delivery models identified but a preference for group/peer support which may assist with social inclusion for some service users. However, having a key worker or using detached/outreach services also had good levels of support which may provide options to deliver a more bespoke service for some members of protected characteristics groups – e.g. some disabled people, women from some BME communities. The detached and outreach model may also address concerns expressed in many consultation responses about the possible distance to travel to Centres in the future and rural isolation.  Concerns have also been raised about the increased travel some service users may have to undertake to use an alternative centre. There is concern that the cost or availability of public transport may be an issue for some people and a particular concern that heavily pregnant women or those with very young babies may be particularly disadvantaged by this.  There was also a concern that some sessions are already over-subscribed and potentially increased demand on a smaller number of children's centres or other resources may exacerbate this difficulty and impact people's ability to participate in some activities.  The issue of social isolation was raised by a number of focus group members - particularly for the more vulnerable service users - coupled with the value of peer support, mixing with people from different backgrounds and social status and the value of resources and support/help/advice in children's centres.  Focus group participants also spoke of the value of children's centres in getting children school ready which is key to advancing their equality of opportunity in the future. |

**Question 4 –Combined/Cumulative Effect**

Could the effects of your decision combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

For example - if the proposal is to impose charges for adult social care, its impact on disabled people might be increased by other decisions within the County Council (e.g. increases in the fares charged for Community Transport and reductions in respite care) and national proposals (e.g. the availability of some benefits). Whilst LCC cannot control some of these decisions, they could increase the adverse effect of the proposal. LCC has a legal duty to consider this aspect, and to evaluate the decision, including mitigation, accordingly.

If Yes – please identify these.

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| This proposal will be affected by the outcome of the Proposed Property Strategy/Neighbourhood Centres proposal.  The impact will also be affected by recent County Council decisions in relation to provision of subsidies for bus services which have resulted in the withdrawal of a number of services. It was initially thought that over 100 services would be affected but the provision of a £3 million fund to support services and the recommendations of a Cabinet Working Group on Bus Services has resulted in 40 services being taken over by commercial operators, 28 services being supported by the County Council and 2 services jointly by the County Council and Chorley Borough Council. Consequently, some bus routes have merged or changed, frequency of services has changed and there is a particularly significant reduction in evening, Sunday and Bank Holiday services. This may have a particular impact on children and young people's ability to travel to WPEH Services. Children and young people, women, disabled people or those who are pregnant or on maternity leave are amongst the main users of bus services.  Other budget proposals both nationally – in relation to welfare benefits reform or other support – and locally may also increase the impact of service changes. |

**Question 5 – Identifying Initial Results of Your Analysis**

As a result of your analysis have you changed/amended your original proposal?

Please identify how –

For example:

Adjusted the original proposal – briefly outline the adjustments

Continuing with the Original Proposal – briefly explain why

Stopped the Proposal and Revised it - briefly explain

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| Following consideration of comments received in the public and Stakeholder consultations and the initial staff consultation the Service have provided summaries about what has changed as a result. The elements identified include:   * Addition of a further service model of "virtual and digital support" which is accessed by telephone, internet, mobile phone and social media. * The principle that children and young people have a voice and influence in shaping the new Service has been underlined. Satisfaction surveys, user views and engagement to help shape the group based programmes have all been proposed. More formal arrangements such as the Youth Council, POWAR group (engagement for young people with disabilities or SEN) and LINX (Children in Care Council) will all be reviewed to identify the best option for how these will feature in future. * The following groups have been added to the service specification for key priority groups: children and young people at risk of and/or having experienced child sexual exploitation, new parents (alongside young parents) and refugees. * It is hoped that the Service will continue to use partner owned buildings to deliver some neighbourhood centres provision. * It is recognised that the involvement of key local stakeholders and particularly local parents is an important feature of the children's centres governance offer. The advisory board function will be redesigned to operate at a cluster of neighbourhood centres level which will not be larger than a District. * Changes have been made to ensure that part-time roles will be accommodated in posts at Grade 6 and below, but it will be indicated in the structure that senior and managerial roles will be full time. * Concerns about the loss of opportunities for solely evening working have been addressed by one type of Grade 4 Neighbourhood Outreach Worker role being available as principally evening based work. * It has been confirmed that some services will continue to be delivered on a universal basis with an estimated 20% of service resources focussed on provision for de-escalating need and at Level 1 on the Lancashire Continuum of Need (universal). This will include the provision of early childhood services, sharing information and key messages about public health and family information, and access to advice and guidance around employment and training, as well as the ability to signpost children, young people and families to relevant services to meet identified need as a result of the Service's visible public facing presence in neighbourhood centres. * Changes to the original proposals for the WPEHS workforce will result in 86% of its budget being focussed on staff and the revised structure has changed from that originally proposed to reduce the potential for redundancies. * In line with the trajectory of the living wage, the WPEHS structure will include no posts below Grade 4. * The revised proposed structure now includes posts at Grade 11, which was raised in consultations. * A range of other alterations have been made between the original and revised WPEH Service structure but these currently remain out to consultation so further changes are possible. * Roles associated with the operation of premises such as Infrastructure Development Officers, Stewards, Site Supervisors and cleaners/cleaning operatives will be associated with the premises concerned and have therefore been removed from the WPEH Service structure proposal and will be included in arrangements for Facilities Management following final approval and implementation of the Property Strategy. |

**Question 6 - Mitigation**

Please set out any steps you will take to mitigate/reduce any potential adverse effects of your decision on those sharing any particular protected characteristic. It is important here to do a genuine and realistic evaluation of the effectiveness of the mitigation contemplated. Over-optimistic and over-generalised assessments are likely to fall short of the “due regard” requirement.

Also consider if any mitigation might adversely affect any other groups and how this might be managed.

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| As part of discussions arising from this proposal, mitigating actions have been considered and this Equality Analysis has been updated. However, changes to the original proposals have addressed some of the concerns raised previously – e.g.   * clarification on the availability and nature of the universal service offer; * addition of all new parents, children and young people at risk of or having experience of child sexual exploitation and refugees amongst prioritised groups; * inclusion of some posts which will be principally evening based work; * involvement of the Wellbeing Prevention and Early Help Service with the Libraries Service, Asset Management and Estates Teams and Facilities Management colleagues in a project with Lancaster University's Leapfrog Team to investigate the options for successful delivery of the neighbourhood centres model. This has involved frontline employees from services in workshops about designing and developing the centres to meet the needs of a diverse range of visitors. * In selecting the premises to be retained consideration has been given to ensuring services are accommodated in a way that meets the diverse needs of children, young people and their families and this will include safeguarding considerations; * Neighbourhood Centres will be equipped to meet the needs of the services provided in them and some will offer increased flexibility such as extended opening hours, meeting rooms and private rooms for interviews and consultations. |

**Question 7 – Balancing the Proposal/Countervailing Factors**

At this point you need to weigh up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of your analysis. Please describe this assessment. It is important here to ensure that the assessment of any negative effects upon those sharing protected characteristics is full and frank. The full extent of actual adverse impacts must be acknowledged and taken into account, or the assessment will be inadequate. What is required is an honest evaluation, and not a marketing exercise. Conversely, while adverse effects should be frankly acknowledged, they need not be overstated or exaggerated. Where effects are not serious, this too should be made clear.

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| This proposal has emerged following the need for the County Council to make unprecedented budget savings.  The Medium Term Financial Strategy reported in the November 2015 forecast that the Council will have a financial shortfall of £262 million in its revenue budget in 2020/21.  This is a combination of reducing resources as a result of the government's extended programme of austerity at the same time as the Council is facing significant increases in both the cost (for example as a result of inflation and the national living wage) and demand for its services.  The revised position following the financial settlement for 2016/17 is now a budget gap of £200.507m by 2020/21. This revised gap takes into account the impact of the settlement, new financial pressures and the savings decisions taken by the Full Council in 2014/15, 2015/16 and 2016/17 regarding the future pattern of council services.  It is acknowledged that this will adversely impact on children and young people and their families, some disabled young people, those who are pregnant or on maternity leave and women disproportionately and in some areas people from BME communities or other ethnic groups/nationalities may be disproportionately affected. We will strive to mitigate the impact where possible. |

**Question 8 – Final Proposal**

In summary, what is your final proposal and which groups may be affected and how?

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| |  | | --- | | The transformation of the Wellbeing, Prevention and Early Help Service (WPEHS) for children, young people and families in Lancashire. | |

**Question 9 – Review and Monitoring Arrangements**

Describe what arrangements you will put in place to review and monitor the effects of your proposal.

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| The Service has established monitoring arrangements which will be maintained.  The Service will continue to review how existing resources are deployed (internal and external) in order to maintain high quality service provision including the possibility that we may have to deal with reducing staffing capacity. |

Equality Analysis Prepared By Jeanette Binns

Position/Role Equality & Cohesion Manager

Equality Analysis Endorsed by Debbie Duffell

Head of Wellbeing, Prevention and Early Help Service

Decision Signed Off By

Cabinet Member or Director

**Please remember to ensure the Equality Decision Making Analysis is submitted with the decision-making report and a copy is retained with other papers relating to the decision.**

Where specific actions are identified as part of the Analysis please ensure that an EAP001 form is completed and forwarded to your Service contact in the Equality and Cohesion Team.

Service contacts in the Equality & Cohesion Team are:

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**Jeanette Binns** – Equality & Cohesion Manager

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**Saulo Cwerner** – Equality & Cohesion Manager

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Contact for Governance, Finance and Public Services; Communications; Corporate Commissioning (Level 1); Emergency Planning and Resilience (PH).

Thank you