

Please note this is a draft- it will not be finalised until the second stage of consultation has been completed.

Equality Impact Assessment (EIA) Form- DRAFT

Please use in conjunction with the [EIA toolkit](#), which has been designed to guide you through completing your EIA form.

Service Area:	Children and Health Services/ Early Help Services
Name of service/policy/project being assessed:	Transforming Community Services- Family Hub Service
Officer leading on assessment:	Henry Kilpin, Head of Strategy and Programmes and Achieving for Children Equalities Lead
Other officers involved:	Rachael Park-Davies, Communities Service Manager; Lin Ferguson, Director of Children's Social Care (DCSC); Kevin McDaniel, Director of Children's Social Care; Elaine Browne, RBWM Head of Law and Deputy Monitoring Officer; Mary Severin, Monitoring Officer

1. Briefly describe the service/policy/project:

Introduction

Achieving for Children, who are commissioned to deliver Children's Services in Windsor and Maidenhead, undertook a review of existing early help services in response to the government's Life Chances agenda and the All Party Parliamentary Group report on the future of children's centres:
<https://democracy.leeds.gov.uk/documents/s150825/app%25208%2520appg%252>

The intention was to better understand the developing approach to children's centre and youth centre service delivery. Based on this, a proposed model has been developed which would see services reorganised into a Family Hub Service. This approach aligns with national and regional evidence, including the report noted above, and would enable the service to effectively meet the needs of the most vulnerable children, young people and families whilst providing value for money.

This model is being proposed because it would deliver a number of benefits in Windsor and Maidenhead including the opportunity to:

- Strengthen the focus on children, young people and families that most need support through early intervention to increase resilience and reduce the need for statutory social care involvement. This would contribute to reducing the time that some vulnerable families who need support have to wait for a service, as occurs in the current model.
- Build on the success of the Healthy Child Programme by continuing to deliver a universal health visiting service that can be accessed by all families (please note that universal health visiting is funded directly by Public Health England and not from the same funding stream as children's centres and youth centres and as such, this funding will be unaffected).
- Move away from traditional models of service delivery focused on particular static sites with lots of fixed assets that require maintaining. These are no longer considered effective and so the preferred option is to move to a more flexible and responsive approach that brings services to those who need them i.e. outreach in the community and in the home. The needs of families are not static and often fluctuate over time. It is therefore essential that the proposed model is able to respond to these needs in a new way, so that families are not expected to travel across the borough to access services from fixed buildings.
- In line with the above point, set up flexible and time limited outreach services on a smaller, more local scale, when intelligence suggests this is required in particular areas, e.g. work on knife crime.
- Support local communities so that they can develop universal provision in particular areas by providing advice and guidance on the effective delivery of services to children, young people and families and by working with them to identify potential community sites that could be used for service delivery, should leases for particular buildings be discontinued.
- Deliver better impact for families from the £3.5m that will still be spent on early help services as the Family Hub Service model would allow the discontinuing of leases on buildings in the early help portfolio that are no longer fit for purpose and would enable a staff remodelling which would better align with the proposed approach.

Background to the decision

A report setting out proposals relating to early help services in Windsor and Maidenhead was considered at Cabinet on 30 April 2020 and agreed by Councillors. This decision was subject to call-in and then the report was taken to the Overview and Scrutiny Panel on 14 May 2020. It was resolved at the Overview and Scrutiny Panel that:

1. It be noted that the Head of Law had reviewed the Cabinet's decision made on April 30th, what had been said at the Overview and Scrutiny Panel meeting on May 14th, and the reasons for the call in, and had concluded that the decision complied with the law and did not conflict with the Council's Access For All policy;
2. The Cabinet paper of April 30th will be brought back to Cabinet in June setting out a consultative pathway;
3. The results of a further consultation process and recommendations for a decision will be brought to the Cabinet in July or August.

It was agreed at the Cabinet meeting on 28 May 2020 that the report would be 'put aside' and re-presented to Cabinet on 25 June 2020 to allow time for the further details required for clarity of the next steps to be added. As part of this, the EIA has been revisited and re-drafted to take into account the new report that will be considered at Cabinet.

Should the report at Cabinet on 25 June 2020 be approved, then the next step would be to undertake a further public consultation exercise. The proposed details of this are set out in the consultation section of this assessment. If this is approved, then the intention will be to develop a final proposed model for consideration by Cabinet in October 2020, based on the findings of the consultation. If this was then approved, implementation of the new model would be in early 2021.

Proposed service delivery

As set out previously, the proposed model is to bring together services being run by children's centres, youth centres, the parenting service, health visitors, school nurses and the family resilience service so that residents can get all the help they need, coordinated by the Family Hub Service. It is important to emphasise however that this does not mean that residents will get this support from one building. Alternatively the Family Hub Service will act as a single point to coordinate services for vulnerable families.

The proposed model would be to establish two main Family Hub Service sites - one in Windsor and one in Maidenhead. In addition, there would be a number of sub-venues across both Windsor and Maidenhead. Children's centre services and youth services would be delivered from these venues, other community venues, in people's homes and via other outreach in the community.

The key principles underpinning the proposed model include:

- Delivering a service that has a whole family focus, through the provision of multi-disciplinary Family Hub Services situated across the borough. There would be a strong emphasis on mental health and relationship support including integration of all early help services such as education, health and the voluntary sector.
- Predominantly supporting targeted vulnerable families across the age range of 0-19 years (or age 25 years where young people have learning difficulties and/or disabilities), so that the needs of families can be coordinated in one place, regardless of the ages of their children.
- Adopting a flexible approach to service delivery whereby the focus is more on delivering services where they are needed rather than at a single location. This means some services would be delivered at Family Hub Service sites but other services would be delivered via outreach in collaboration with partners and the community.
- At an early stage, working in partnership with children, young people and families by supporting them to be more resilient, and by offering the right support at the right time and in the right way, so that improvements in their lives can be sustained.
- Enabling children, young people and families needing our support to tell their story only once.
- In response to community concerns about knife crime and County Lines activities, delivering the youth service on an outreach basis in partnership with the Police and Community Safety, with activity in specifically targeted areas where issues have been identified.
- Accepting referrals into the Family Hub Service via the Single Point of Access (SPA) and undertaking a triaging exercise to ensure those most in need are prioritised, which would reduce current waiting times for accessing services.
- Working with the community and voluntary sector, including parent groups, to support them to deliver universal services where children's centre and youth centre provision is reduced.

The Family Hub Service would deliver a full programme of services in various venues across their community area including universal health provision; school nursing; specific sessions and groups for vulnerable families; parenting support; and opportunities for early years learning and development by continuing to host a range of activities and groups from the independent and private sectors.

Through the first stage of consultation with residents and stakeholders we have learned that respondents see the key priority as one to one work with families, particularly those with younger children or children with additional needs. Building community resilience was also a common theme and so we would ensure that this would be an integral aspect of the model. By building community resilience and maintaining the 0-5 Healthy Child Programme, it is anticipated that families who need additional support would be identified and offered support at an early stage.

As part of the implementation, we would review our programme of activities to ensure that where possible, we are able to continue those sessions that support groups most in need, for example, groups for parents with children with additional needs and targeted sessions for hard to reach Black, Asian and Minority Ethnic (BAME) families in the community.

Our youth service would continue to prioritise supporting more vulnerable young people on a 1-1 basis such as those that are: involved with statutory children's social care services; engaging in risky behaviours; or with low self-esteem. The service would also continue to support participation and engagement of children and young people, including those in care and those leaving care, and deliver parent/ carer/ professional workshops on child sexual exploitation, gangs, substance misuse and online safety, and would also provide outreach to identified hotspots in the borough, as the need is identified. In terms of universal services, the proposal is to carry on delivering sessions and workshops to pupils in partnership with our local schools.

Whilst the expertise/specialism of each service will remain, the delivery would be fully integrated to best match the needs of the local community. Subject to consultation, to achieve an integrated Family Hub Service we would propose to:

Activity	Details	Benefits and impact
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<p>Continue to deliver universal health provision</p>	<p>There would be no changes to the universal health provision that is currently delivered. This includes:</p> <ul style="list-style-type: none"> ● Full Healthy Child Programme, offering every family five health reviews in the first three years (crucial first 1000 days) of their child’s life and a range of support services in the community, i.e. drop in clinics, new baby groups. ● School nursing service which provides support with long term conditions and universal support for pupils in school. ● Home visiting support for families whose child is developmentally delayed, socially isolated or living with other vulnerabilities. 	<p>Health services were rated as one of the most popular services delivered by children’s centres in the stage one public consultation exercise.</p> <p>All families would still be able to access universal health support to give their children the best start in life.</p>
<p>Deliver outreach work more flexibly and in a greater number of locations to reach people who are not currently accessing provision.</p>	<p>We would extend our outreach work and focus on delivering services in the community, rather than at a specifically designated children’s centre or youth centre.</p> <p>This would enable us to engage more with hard to reach groups by delivering programmes from a range of local venues such as schools, leisure and community centres, partner properties and other community locations.</p>	<p>The intention is to increase the amount of outreach work we do by freeing up staff from the management and maintenance fixed assets, such as buildings.</p> <p>This approach would strengthen the focus on the most deprived areas with the highest level of need. It would also mean we are better able to reach those families who are not currently accessing our services.</p> <p>It would also enable us to move away from the traditional delivery of youth services i.e. drop in sessions at a centre which have proven less and less popular over recent years, towards a more flexible approach whereby we take services to the young people, where this is needed most. This should lead to increased</p>

		engagement with those more vulnerable children and young people.
Reduce the number of fixed sites used by early help services from 22 to 10.	<p>By delivering more services through outreach and other community venues, we would be less reliant on children’s centre and youth centre buildings.</p> <p>Detailed analysis of current usage of children’s centres has enabled us to identify which centres could be closed with the least impact. We propose to maintain those centres that are:</p> <ul style="list-style-type: none"> ● Well used by residents. ● Best equipped to meet the future needs of the service. ● Located close to areas of relative deprivation. ● Well-placed for public transport or with good parking facilities. ● Wheelchair and pushchair accessible. ● Able to offer good value for money in terms of rental costs. ● Aligned with the RBWM new climate/ environmental strategy. <p>This would save resources in terms of the reduced running costs of managing ten sites rather than 22.</p>	<p>We would deliver the Family Hub Service in a number of different ways- not just focused on specific centres or buildings. This would mean we could deliver services where they are needed.</p> <p>This would mean a reduction in the number of fixed sites for service delivery and a reduction in the delivery of universal provision (not including universal health provision which will continue as it currently does). It would however mean that we are able to deliver services that better meet the needs of our most vulnerable families.</p> <p>It could also mean that families or young people whose nearest children’s centre or youth centre is proposed for closure may have further to travel to visit a centre. However, it may also mean families or young people have to travel less distance as services would be delivered to them.</p> <p>We would mitigate against any negative impact of these changes by:</p> <ul style="list-style-type: none"> ● Adopting a new, more responsive and flexible service. ● Providing more services through outreach at alternative venues in the community. ● Working more closely with community and voluntary sector groups.

		<ul style="list-style-type: none"> • Signposting young people or families who may no longer be able to access universal services to alternative providers. <p>As part of the initial consultation we have already asked users views on which services they most value and we would prioritise these when putting together the service offer for 2020-21 and beyond.</p>
Deliver a wider range of services for families coordinated from the remaining centres which prioritises those most in need	<p>For the remaining buildings we would coordinate a more family-focused offer, by bringing together a range of services, for example, health services, family support, support for childminders, and responsive outreach.</p> <p>As part of this we would continue to deliver the specific services and groups for children with additional needs and their families; for women at risk of or living with domestic abuse; for first time or young or vulnerable parents; for families involved in statutory social care; for care leavers including those who are parents; for childminders and the children in their care; for parents in need of mediation or support with parental conflict; and for parents with poor mental health.</p>	<p>Although the proposals in this consultation would result in a reduced universal early help offer, we propose to mitigate against some of the impact by bringing more services together in a more coordinated way, thereby enabling families to access more of the support they would most benefit from.</p> <p>This would mean that those needing targeted support such as information about domestic abuse and health guidance, would be more likely to access it.</p> <p>Where specific issues arise in particular areas, for example, a rise in knife crime, we would deliver targeted support in that area which would be accessible for all.</p>
Strengthen partnerships with local community and voluntary groups	We would work with the local community and voluntary sector to identify those groups and/or individuals who are willing and able to run sessions that could be accessed by any children, young people and families. We would provide advice and guidance to enable them to establish sessions. This could include supporting	Local community and voluntary sector organisations could deliver some of the universal services that are not proposed as part of the new model, thereby ensuring all families are able to access some level of provision.

	<p>parents to deliver sessions and/ or support themselves where possible.</p> <p>We would also develop a directory of resources which will include local organisations offering universal and targeted support. We would use this to signpost children, young people and families to the support they need in the wider community. The intention would be to make the directory easy to navigate and we would seek to provide additional online resources including self-help tools which have become more prevalent during the current pandemic.</p>	<p>By providing advice and guidance to these groups, we would be equipping the local community with greater knowledge and skills.</p>
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Staffing

Should the second stage of consultation be approved, a final model would be developed shaped by the feedback. If this final model was then approved, a review of staffing would be undertaken to ensure that the staff model aligns with the Family Hub Service approach.

The Family Hub Service would see a move from three separate teams (children’s centres, family resilience and youth services), each with their own management structure, priorities and specific roles, to a Hub team which would have a range of skills and expertise but seek to work holistically to meet the needs of the whole family.

This would require a change to the current service which would involve all members of staff and we would expect a reduction in staffing numbers. This is because we would require a smaller number of workers as the focus would be on need rather than maintaining poorly- attended drop in sessions or maintaining buildings. However we would aim to retain the talent, skills and experience of our specialist workers.

Sites

As part of the review of early help services and the development of the proposed model, we have considered all existing service delivery sites and made proposals for how these sites could be used going forward.

We have a number of criteria against which we have reviewed the sites. Although proposals have been suggested, these have in no way been finalised and would be subject to the second stage of consultation as set out in the recommendations and a Cabinet decision. The final proposals would then follow from any Cabinet decision.

We are proposing to retain sites that meet a number of the following criteria:

- Well used.
- Best equipped to meet the future needs of the service.
- Located close to areas of relative deprivation.
- Well-placed for public transport or with good parking facilities.
- Wheelchair and pushchair accessible.
- Able to offer good value for money in terms of rental costs.
- Aligns with the emerging Council Asset Strategy.

We are proposing to discontinue leases on centres that meet a number of the following criteria:

- Are situated in areas where they are no longer the most needed.
- Are too small or too expensive to run and are not equipped to meet the future needs of the service or the Council's climate priorities.
- Are under-used compared to other centres.
- Are unable to offer additional service i.e. health clinics, due to lack of space or lack of accessibility.
- Are potentially able to be used by parents, community or voluntary groups to deliver sessions independently.

The table below provides a summary of which centres could be retained and which could be discontinued (subject to the second stage of consultation), based on the criteria outlined above, along with some key information about each site. However whilst some service delivery could take place in the sites that are recommended for retention, the key principle of this model is that services would be delivered in a range of venues across the borough, coordinated by staff operating out of these sites.

Please note that the references to distances between different centres and between centres and public transport have been made based on directions from postcode to postcode on foot using Google Directions.

Building	Proposed action	Preliminary Rationale
Children's centres		
Datchet Children's Centre SL3 9EJ	Retain as sub-venue in Windsor.	Meets the accommodation requirements for the proposed Family Hub model; close to areas of relative deprivation; good transport links- 200 feet to nearest train station; accessible facilities; low rental cost; high footfall.
Larchfield Children's Centre SL6 2SG	Retain as sub-venue in Maidenhead.	Meets the accommodation requirements for the proposed Family Hub model; close to area of relative deprivation; good transport links- 0.9 miles to nearest train station; accessible facilities; low rental cost; high footfall.
Manor Children's Centre/ Youth Centre SL4 5NW	Retain as sub-venue in Windsor.	Meets the accommodation requirements for the proposed Family Hub model; close to area of relative deprivation; accessible facilities; high footfall.
Poppies Children's Centre SL4 4XP	Retain as sub-venue in Windsor.	Meets the accommodation requirements for the proposed Family Hub model; well positioned for targeted interventions on the army estate; accessible facilities; high footfall.
Riverside Children's Centre SL6 7JB	Retain as main Family Hub in Maidenhead.	Meets the accommodation requirements for the proposed Family Hub model; central location; good transport links- within 0.6 miles of nearest train station; accessible facilities; high footfall.
Eton Wick Children's Centre	Discontinue lease.	Limited space available making it unsuitable for future use; no designated disabled parking; low footfall.

SL4 6JB		
Pinkneys Green Children's Centre/ Youth Centre SL6 5HE	Discontinue lease.	Limited space available making it unsuitable for future use; close to other provision- Marlow Youth Centre and Riverside Children's Centre both within 1.6 miles; potential interest from local voluntary and community groups to deliver services at the site; low footfall at youth service sessions.
The Lawns Children's Centre SL4 3RU	Discontinue lease.	Limited space available making it unsuitable for future use; only open during term-time; close to other provision- Manor Children's Centre/ Youth Centre within 0.5 miles; access via a footbridge- wheelchair users and those with mobility issues may need help to access.
Woodlands Park Village Centre Children's Centre SL6 3GW	Discontinue lease.	Limited space available making it unsuitable for future use; limited transport links- 2.7 miles away from nearest train station; potential interest from local voluntary and community groups to deliver services at the site.
Children's centre satellite sites		
Low Ropes Activity Course at Beech Lodge SL6 6QL	Retain as sub-venue.	No other similar provision available locally; could be used for targeted groups; no rental cost- low maintenance cost.
Maidenhead Nursery School SL6 7PG	Retain as sub-venue.	Meets the accommodation requirements for the proposed Family Hub model; good transport links- nearest train station within 0.2 miles; accessible facilities; no rental cost.
South Ascot	Retain as sub-venue.	Meets the accommodation requirements for the proposed Family Hub model; good

SL5 9EB		transport links- nearest train station within 0.3 miles; accessible facilities; low rental cost.
Old Windsor SL4 2PX	Discontinue lease	Limited space available making it unsuitable for future use; limited transport links- nearest train station is 2 miles away; low footfall.
Wraysbury Village Hall TW19 5NA	Discontinue lease	Limited space available making it unsuitable for future use; low footfall.
Youth centres		
Marlow Road Youth Centre SL6 7YR	Retain as sub-venue in Maidenhead.	Meets the accommodation requirements for the proposed Family Hub model; good transport links- nearest train station is within 0.6 miles; high footfall.
Windsor Youth Centre SL4 3HD	Retain as main Family Hub in Windsor.	Meets the accommodation requirements for the proposed Family Hub model; good transport links- nearest train station is within 0.7 miles; external hires ensure that the centre runs as cost neutral; high footfall.
Charters Youth Centre SL5 9QY	Discontinue lease.	Limited space available making it unsuitable for future use; school has requested site reverts back to school use; low footfall.
Datchet Youth Centre SL3 9HR	Discontinue lease.	Limited space available making it unsuitable for future use; close to other provision- within 0.4 miles of Datchet Children's Centre; low footfall.
Eton Wick Youth Centre	Discontinue lease.	Limited space available making it unsuitable for future use; high rental cost; low footfall.

SL4 6LT		
Larchfield Youth Centre SL6 4BB	Discontinue lease.	Limited space available making it unsuitable for future use; close to other provision- within 0.4 miles of Larchfield Children’s Centre; steadily reducing footfall.
Other buildings		
Maidenhead Project Centre, Reform Road SL6 8BY	Discontinue lease and staff move sites	Limited space available making it unsuitable for future use; potentially part of RBWM regeneration plans; high rental cost.
Outdoor provision in Hurley SL6 5ND	Transfer to community provider to maintain.	Limited space available making it unsuitable for future use; potential interest from a community provider to maintain the provision- would seek access for targeted groups as part of new arrangement.

2. What sources of information have been used in the preparation of this equality assessment? (e.g national research, JSNA, user feedback)

Information Source	Description and outline of the information source
Business case for early help transformation- autumn 2019	Report to RBWM Council to seek approval to undertake a public consultation on the proposed changes to early help services.
Windsor and Maidenhead children’s centre scorecards- Q3 2019-20	Data relating to the use of children’s centres across RBWM.
Early help impact report- January 2020	Annual report setting out the impact of early help services provided by Achieving for Children across RBWM.

Windsor and Datchet Hub and Maidenhead Hub datapack- Q3 2019-20	Data relating to the needs of the community in RBWM- including the children's centre users.
Achieving for Children Annual Equalities Report 2018-19	Annual report setting out how Achieving for Children met the public sector equality duty in 2018-19.

3. Analysis of Impact

Protected Group	Impact (mark with an 'X')			Include Data and Analysis
	Positive	Negative	None	
<p><i>Data presented below mainly relates to users of children's centres and youth centres. Where additional information is known about the users of the others services included within the proposed changes, this has been noted.</i></p> <p>Children's centres</p> <ul style="list-style-type: none"> • <i>During 2018-19, there were 20,266 attendees to the centres across the boroughs.</i> <p>Youth Service</p> <ul style="list-style-type: none"> • <i>There are expected to be over 28,000 attendees to youth provision during 2019-20 (predicted based on data up to quarter 3 2019-20).</i> • <i>Of these, over 7,000 are expected to be individuals regularly attending activities.</i> • <i>There have been 4,234 participants at training delivered by the youth service with 90% rating it as beneficial to them.</i> 				
Age	X	X		<p>Data</p> <p><u>Background</u></p> <p>There are 36,198 children and young people in Windsor and Maidenhead with the largest group within the 0-19 population being those aged five to nine years old.</p>

Service users

Data relating to the age of children's centre attendees and youth centre users is not routinely collected. However, the data that is available shows that in relation to children's centres:

- in the Windsor and Datchet area (which includes the following children's centres: Lawns; Little Cygnets in Ascot, Datchet, Eton Wick and Old Windsor; Poppies; and the Manor) there is a 0-4 population of 4,209. On average, 86% of children and within the reach areas for these centres are registered (3,627 out of 4,209).
- in the Maidenhead area (which includes the following children's centres: Larchfield; Pinkneys; Riverside; and Woodlands Park) there is a 0-4 population of 4,586. On average, 72% of children within the reach areas for these centres are registered (3,295 out of 4,586).

Given that centres are aimed at children aged 0 to five, the assumption can be made that children in attendance are in that age bracket.

For the youth service, available data and anecdotal evidence indicates that there is an equal split between users who are aged between eight and 16. It is also worth noting that currently the service holds specific sessions depending on age- separate youth club sessions are held for seven to 12 year olds and for young people aged 13 to 19 years old.

Impact

Given that children's centre provision is aimed at children aged 0-5, the proposals will impact on this age group. Similarly, youth services are primarily aimed at children and young people aged eight to 16 so they too will be impacted.

Should the proposals be approved, there would likely be a negative impact on the children and young people and families who attend universal sessions at the children's centres or youth centres and those that attend centres that may not be retained. We would mitigate against some of the impact of these changes by:

- Adopting a new, more responsive and flexible service.
- Providing more services through outreach at alternative venues in the community.
- Working more closely with community and voluntary sector groups to help them build resilience.
- Signposting young people or families who may no longer be able to access universal services to alternative providers.
- Creating a local service directory to support appropriate signposting.

In addition, it is worth noting that there would be no changes to the universal health provision that is currently delivered. This includes:

- Full Healthy Child Programme, offering every family 5 health reviews in the first 3 years (crucial first 1000 days) of their child's life and a range of support services in the community, i.e. drop in clinics, new baby groups.
- School nursing service which provides support with long term conditions and universal support for pupils in school.
- Home visiting support for families whose child is developmentally delayed, socially isolated or living with other vulnerabilities.

			<p>This would ensure that all families receive some level of support from the Family Hub model, even if they do not receive targeted services.</p> <p>There is not likely to be any impact on those children or young people and families who attend the centres that would remain or who access targeted services via outreach in the community or at home.</p> <p>Overall however, the proposed model would offer significant benefits to children, young people and families who are considered disadvantaged and who will receive a more holistic service that better meets their needs. For example, currently, there is a waiting time for families wanting to access targeted support. The strengthened focus on those who most need support as proposed in the Family Hub model would contribute to reducing these waiting times, meaning help can be offered at an early stage. This could help to reduce the number of families experiencing more entrenched difficulties, thus requiring statutory intervention at a later date.</p>
Disability	X		<p>Data</p> <p><u>Background</u> There are 933 children and young people with a Statement of Special Educational Need (SEN) or Education, Health and Care Plan (EHCP) in Windsor and Maidenhead. In terms of primary need, in Windsor and Maidenhead, 35.7% have Autistic Spectrum Disorder (ASD); 18.0% have Speech, Language and Communication Needs (SLCN); and 12.4% have Social, Emotional and Mental Health (SEMH) needs. ASD is the most common primary need nationally.</p> <p><u>Service users</u></p>

			<p>Data relating to families with disabled children and families with a disabled parent/ carer accessing children’s centres is not routinely collected. However, currently the centres provide a range of support aimed at families with a child with SEND. This includes:</p> <ul style="list-style-type: none"> ● School nursing services including enuresis clinics and support with long term conditions i.e. asthma, epilepsy; ● Specific services and groups for children with additional needs and their families, i.e. Joey Nurture Group; ● links to the voluntary or charitable sector to provide specialist family support i.e. parenting special children organisation which provides parenting support for parents of children with autism or attention deficit disorder. <p>These sessions are well-attended so it can be assumed that a proportion of users do have children with a disability.</p> <p>In the youth service, available data and anecdotal evidence suggests that universal services are not accessed by many children and young people with a disability. However, specific sessions held for those with a disability are usually well-attended.</p> <p>Impact</p> <p>The Family Hub Service would continue to provide support for families with children with special needs. This would see a continuation of the services currently delivered in children’s centres, as set out above. In addition, by focusing on those most in need, more families who have children with SEND or families with parents with a disability, may be able to access services.</p>
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			<p>For example, this could include sessions specifically targeted at families who have a child with a disability, or parents receiving support for mental health issues.</p> <p>Staff will work with any families who may attend children’s centres that may not be retained to identify alternative accessible venues to attend sessions- either in other centres or in outreach sites including their home. This will take into account any mobility issues relating to the parent or child. It should also be noted that in developing proposals for retaining or discontinuing leases on buildings, criteria considered included accessibility, parking for those with a disability and proximity to public transport.</p> <p>The youth service will continue to provide specialised sessions for children and young people with disabilities. Any children and young people with disabilities who regularly attend universal services will be supported to identify other activities to participate in.</p> <p>Given the established link between disability and poverty (research in 2016 indicates that half of people in poverty are disabled or live with a disabled person), the strengthened focus on the most vulnerable families and hard to reach families is likely to have a positive impact on those families with a parent or carer who has a disability.</p>
Gender (Sex)	X		<p>Data</p> <p><u>Background</u> The gender breakdown of males and females aged 0-19 is almost 50/50 across the borough.</p> <p><u>Service users</u></p>

			<p>Data relating to the gender of parents/ carers and the children and young people that attend children’s centres is not routinely collected. However, it can be assumed that the largest majority of parents and carers attending are female as they generally remain the primary carer.</p> <p>In terms of youth service participants, available data and anecdotal evidence suggests that around 75% are male and 25% are female.</p> <p>Impact</p> <p>Potential changes to the children’s centre service are likely to have more of an impact on females as these services are predominantly taken up by women as the primary carers as set out above. It is worth noting however that fathers are actively encouraged to engage in services and additional groups for fathers are run. Staff would work with any families who may attend children’s centres that may be closed, to identify alternative venues to access services- either in other centres or at outreach sites.</p> <p>The potential changes to youth centres are more likely to impact on males given the gender split in terms of users. Again, support would be provided to identify other participation opportunities available to children and young people should the universal provision be discontinued.</p> <p>Although it is recognised that there will be some negative impact on gender- both male and female- due to the reduction in universal services, overall the impact is expected to be positive given the proposed mitigation i.e. greater involvement of the community and voluntary sector in the delivery of services; and greater use of outreach and community venues. In addition, the strengthened focus on those who are most in need of support, such as single parent families and young people engaging in risk behaviour at locally</p>
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			identified hotspots, will ensure the new model is contributing to increasing equality of opportunity for those who have struggled to access provision previously.
Gender reassignment		X	<p>Data The children’s centres and youth centres do not collect information relating to gender reassignment.</p> <p>However, the youth service does provide support to young people who may be transgender. For example, transgender young people have been part of residential trips organised by youth workers to build confidence and self-esteem.</p> <p>In addition, the service delivers gender and identity training. Between April and December 2019, 187 participants attended this training and 82% felt the training was beneficial to them.</p> <p>Impact Gender reassignment is considered of low relevance to this equality assessment. However this will be kept under review.</p> <p>It is worth noting that the youth service would continue to work with young people who may be transgender or considering transitioning. This would not change as a result of the proposed new model.</p> <p>There would also be an expectation that all staff within early help have an understanding of transgender and gender identity when working with users accessing services.</p>

<p>Marriage and civil partnership</p>			<p>X</p>	<p>Data Information relating to marriage and civil partnership is not collected by any of the services proposed to undergo change.</p> <p>Impact Marriage and civil partnership is considered of low relevance to this equality assessment. However this will be kept under review.</p>
<p>Pregnancy and maternity</p>	<p>X</p>			<p>Data Children’s centres provide services to expectant and new parents although data is not available in relation to numbers.</p> <p>Impact Although the services that may be affected by the proposed changes are considered to be of high relevance to pregnancy and maternity, the impact of the changes is not likely to be significant. Children’s centres would continue to offer post-natal health services to parents. For example, as part of the Full Health Child Programme, families will be offered five health reviews in the first three years (crucial first 1,000 days) of their child’s life and a range of support services in the community, i.e. drop in clinics , new baby groups. It is worth noting the location of some sessions may alter and may be accessible via outreach or community venues rather than children’s centres.</p> <p>In addition, specific services and groups for first time or young or vulnerable parents i.e. Baby Incredible Years programme would continue to be offered regardless of whether the proposed changes are implemented. In addition, support for care leavers, including those who are parents/new parents, would continue to be provided.</p>

			Overall then, given that the majority of pregnancy and maternity services would continue, albeit potentially in different locations, and there would be increased focus on those most in need such as young or vulnerable parents, the overall impact is expected to be positive.
Race/ethnicity	X		<p>Data</p> <p><u>Background</u> 20.0% of children and young people from Windsor and Maidenhead (this total includes 'White Other') are from a Black, Asian or Minority Ethnic (BAME) background. 80.0% of children and young people in Windsor and Maidenhead are White British. In Windsor and Maidenhead the 0-19 population is less diverse than the overall population with 22.0% of the overall population from a BAME background.</p> <p><u>Service users</u> Children's centres and the youth service do not routinely collect data relating to race/ethnicity.</p> <p>However, in recognition that some BAME groups in the community are hard to reach and may not be accessing services, the children's centres service have established specific and targeted sessions to engage with families from a BAME background. This has included, for example, working with 108 Asian women in Maidenhead to celebrate and build on their achievements in overcoming barriers to achieve better outcomes for their children; and successfully organising a beach trip in the summer of 2018 for 136 asian women and children from the borough. These services will likely continue should the new proposed model be implemented.</p>

			<p>In terms of the youth service, available data and anecdotal evidence suggests that the majority of users are White British with a small number from an Afro-Caribbean background or from other BAME ethnic groups.</p> <p>Impact</p> <p>The new proposed model, with a greater targeted approach for families most in need, would have a positive impact on those from a BAME background given the proven link between ethnicity and poverty. Research has shown that poverty is higher among all black and minority ethnic groups than among the majority white population (https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/poverty-ethnicity-evidence-summary.pdf). The proposals recognise this as the intention is to maintain centres located close to the areas with the highest levels of deprivation in the borough. As families from a BAME background are more likely to be vulnerable and are more likely to live in areas of deprivation, the increased focus on those most in need would help to ensure these families receive the support they require. The intention is also to continue to deliver the sessions targeted at specific hard to reach groups in the BAME community to ensure they are able to access services.</p> <p>If any BAME families are impacted by the proposed closures, the service would work in a culturally sensitive way to identify opportunities to access services at other centres or at outreach sites.</p> <p>In terms of the youth service, as with children’s centres, given the link between ethnicity and poverty, the continued focus on vulnerable young people should ensure those from a BAME background receive the additional support that they need, as they are statistically more likely to need help. For example, nationally it is known that BAME young people are disproportionately represented amongst the children in care cohort. As</p>
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			<p>part of the offer going forward, the youth service will continue to deliver 1-2-1 support to children in care.</p> <p>More generally, the new Family Hub Service would be delivered in such a way that the needs of families from diverse ethnic backgrounds can be met, based on demographic information in the local area.</p>
<p>Religion and belief including non-belief</p>		<p>X</p>	<p>Data Data relating to religion and belief is not collected by the children’s centres or youth centres.</p> <p>Impact Religion and belief is considered to be of low relevance to the proposals. However this will be kept under review.</p> <p>The children’s centres and youth centres are open to all religious backgrounds and staff are expected to understand and respect a range of religions and beliefs and what they may mean for families i.e. diet. Achieving for Children would continue to take into account the use of certain local buildings for outreach services in relation to religion to ensure people do not feel unable to take part.</p> <p>It is also worth noting that we would continue to deliver events to celebrate the diversity of our communities. For example, the intention is to repeat successful events held previously:</p> <ul style="list-style-type: none"> • In the summer of 2018, over 100 families attended Riverside Children's Centre Family Fun Day to celebrate Eid in Windsor and Maidenhead. The Mayor and

				<p>Mayoress joined in the festivities and families celebrated with food, Bollywood dancing and a mini-farm. The health visiting team also delivered a quiz highlighting the importance of home safety and accident prevention.</p> <ul style="list-style-type: none"> • During the past 2018-29, 250 participants from the Muslim community attended personal development and parenting groups linked to Islamic values for both men and women. The aim has been to improve engagement with multi-faith communities. Work has also been undertaken with the community to set up Muslim youth groups and work alongside local and national Christian and Jewish leaders to organise multi-faith events for women.
<p>Sexual orientation</p>			<p>X</p>	<p>Data Data relating to sexual orientation is not collected by the children’s centres or youth centres.</p> <p>However, anecdotal evidence from the youth service suggests around 10% of participants are Lesbian, Gay, Bisexual or Transgender (LGBT).</p> <p>Impact Sexual orientation is considered to be of low relevance to the proposals. However this will be kept under review.</p> <p>In addition, there will be an expectation that children’s centre and youth work staff have an understanding and respect the sexual orientation of users of the children’s centres and youth service provision. If there was a need to deliver a bespoke group, this will be considered.</p>

Other i.e. carer, or those on a low income	X			Data shows that there are 9.3% of children in Windsor and Maidenhead who are living in poverty (compared to the national average of 19.9%). By targeting services at vulnerable families in or close to the areas of deprivation in the borough, the Family Hub Service would be accessible by those who most need support. This may include lone parent families, families from a workless household and families who receive benefits.
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What consultation have you undertaken in the development of this policy/ project or with stakeholders or critical friends?

Outline the consultation method and what feedback has been received

Background to the first stage consultation

Following approval at November 2019 Cabinet to undertake a public consultation on the transformation of our early help services into an integrated Family Hub Service model, a consultation process was undertaken. The consultation process sought to:

- Ascertain the views of the public on transforming early help services into an integrated Family Hub Service for 0-19 year olds.
- Ascertain the priorities of those likely to be most affected by the proposed changes.

Consultation methodology

RBWM residents were consulted on the proposed changes to the delivery of early help services through a variety of methods:

- A 12-week online survey, which launched on Monday 6 January 2020 and closed on Monday 30 March 2020. Paper copies of the survey were made available at libraries and current early help service sites. Paper copies submitted made up approximately 10% of the overall survey.
- Six public focus group sessions held at Children's and Youth Centres across the Royal Borough. It is worth noting that a seventh session was planned to take place in South Ascot on 18 March 2020, but due to the COVID-19 pandemic this had to be cancelled. The list of sessions that were held is below:
 - Woodlands Park Children's Centre (13 January 2020);
 - Windsor Youth Talk (21 January 2020);

- Pinkneys Green Youth & Community Centre (3 February 2020);
- Datchet Children's Centre (8 February 2020);
- Riverside Children's Centre (22 February 2020); and
- The Manor, Dedworth (4 March 2020)

Consultation results

During the 12-week consultation, 501 responses were received. This number takes into account paper copy responses. This is a relatively strong response rate. By comparison, Buckinghamshire County Council received 752 responses to their own equivalent 12-week public consultation from a population approximately four times the size.

In addition to the online questionnaire, we held six public consultation focus groups and two staff workshops. While most respondents recognised the need to prioritise one to one support for our most vulnerable families, there were concerns about how other families would find other support.

The vast majority (88%) of responders to the survey identified themselves as female within the age range of 25-49 years (80%). 84% described themselves as 'parent/carers' with most (60%) having children under the age of 5. Over three-quarters (79%) were based in Windsor or Maidenhead towns with 42% of respondents declaring a household income of £30,000 or less which is lower than the median annual UK salary of £30,350. 27% declared a household income of over £60,000 a year.

83% of responders confirmed that they had accessed one of the available family services within the last 12 months. Children's centres and parenting support services were the most regularly accessed with 48% saying they accessed these at least once a week. The sites where responders had accessed these services from was mixed, but Riverside Children's Centre in Maidenhead appeared to be the most well-used with almost a third (32%) having attended a session there within the last year.

When respondents were asked to state the maximum amount they would be willing to pay to attend a children's centre or youth centre session, the majority (37%) said they would be willing to spend up to £3. Over a quarter (28%) said they would be willing to spend up to £1.50 and 15% said up to a maximum of £5.00. 20% stated that they would not want to pay any sum to attend a session.

As part of the consultation, respondents were shown the proposed aims for its early help services and were asked whether they agreed. 36% confirmed that they did agree with the new Family Hub proposals set out, while 32% said they disagreed. 32% also stated that they were neutral or did not know.

Other suggestions for a remodelled delivery of services were invited. The key themes to emerge were:

- How highly- regarded the early help services are and how many families consider them invaluable and rate the existing services delivered.
- The need to work more closely with existing charities and volunteer groups and key partners such as local schools.
- The importance of maintaining the focus on vulnerable groups including children and young people with disabilities; Black Asian and Minority Ethnic (BAME) support groups; those with mental health issues.
- The need to ensure all families are able to access provision and that services are delivered in an accessible way and publicised accordingly.
- The need to clearly define who services will be targeted at.
- Some willingness to accept charges for sessions if that means services can continue.
- Providing more of an offer for teenagers, particularly during school holidays.

When asked to prioritise areas where support should be targeted, the most common answer amongst respondents was 'one-to-one support for families in crisis'. 'Positive parenting groups for parents to help manage their children's behaviour' and 'emotional wellbeing support for new parents' made up the top three. 'Drop-in youth groups in the community' was considered the least priority.

There was a noticeably low response from users of the youth centres. Only 12% of responders said they had accessed a youth service session in the past year and only 8% said they used them on a weekly basis. The most well-attended youth centre by participating responders was Windsor Youth Club.

Respondents were asked to list what other groups or sessions in the community they and their families attended. The below lists a summary of their answers and whether we would expect them to continue if we were to implement the proposed model.

Alternative groups/ sessions attended	Would this be retained with the proposed model?
National Childbirth Trust (NCT) sessions.	Yes.
Baby sensory, baby yoga, baby massage.	Yes.
Church sessions, e.g. baby, toddler and youth groups.	Yes.
Library sessions, e.g. rhyme time, story time and sing-a-longs.	Yes.
Scouts, guides, cubs, beavers, brownies and rainbows.	Yes.
Army, sea and air cadets.	Yes.
Music groups, e.g. Bilinguasing, Diddy Disco, Moo Music, Teddies Music.	Yes.
Sports clubs, e.g. Maidenhead United, Puddleducks swimming, Phoenix Gym.	Yes.
Hartbeeps.	Yes.
Birth matters.	Yes.
Norden Farm.	Yes.
Tumbletots.	Yes.

Focus Group Sessions

Six public consultation meetings were held at various venues and at different times of the week and day to maximise accessibility. Social media, print media and poster campaigns were undertaken to advise service users, stakeholders and residents to partake in the survey or attend a public meeting.

The key themes to emerge can be summarised in terms of concerns and priorities. The tables below set out the concerns and priorities and our response to them.

Concerns:

Concerns	Response
Reduction of universal services will make early help difficult if families only get support when they are already having issues.	<p>The universal health visiting service will continue in its entirety i.e. five mandated contacts in the first three years via the Health Child Programme so issues can be identified within all families. Universal awareness raising sessions will continue to be delivered in schools to all pupils.</p> <p>There are robust links with schools and other voluntary agencies who already refer families in to early help services.</p>
Danger of labelling or stigmatising families if all have a targeted service.	<p>All families will continue to access the Health Child Programme via the Family Hub Service not just those that are targeted.</p> <p>In addition, the new proposed model would be based on a progressive universal service- this means that everyone gets some level of service but the more service you need, the more you get.</p>
Most children’s centres groups are well attended, meaning that families value service.	The proposals to retain existing children’s centres as part of the Family Hub model have been made based on a range of criteria including those that are well-used.
Potential loss of outdoor education and natural environment experiences i.e. Nature Play.	Nature Play at the current Riverside Children’s Centre would continue as a targeted service.
Risk of isolation for families/ Increased risk of postnatal depression due to isolation.	<p>The universal health visiting service will identify families new to the area or at risk of isolation and refer to targeted services.</p> <p>One of the mandated health visiting contacts is completed at six to eight weeks where every</p>

	mother is screened for postnatal illness.
Reduction of buildings-decrease accessibility for those unable to drive/ Poor public transport in the area.	One of the criteria for retaining buildings is that they are close to public transport i.e. train stations. However services will be delivered from a range of venues and not just these fixed buildings. In addition, the proposed model would continue to allow families who need a service to receive it at home.
Stay and Play sessions offer informal support to parents.	We would maintain links with local community groups with the aim of ensuring that the informal support to parents would continue to be offered i.e. for community playgroups seeking support about parenting, we would offer information and advice.
Reduction in funding for voluntary sector i.e. Family Friends.	We would maintain close connections to the voluntary sector to ensure maximum use of limited resources.
Non Council play sessions or music groups can be expensive.	We would support targeted families to access play sessions or music groups if necessary.
Waiting times for CAMHS and Wellbeing services.	We would continue to work closely with CAMHS transformation work in order to reduce wait times. We would promote the new 'Getting Help Team' focused on early intervention for emerging mental health needs and maintain the Esteem Groups currently run by the youth service.
Losing well trained and experienced staff.	Although there would be a reduction in staffing, the new model would aim to retain the experience, talent and skills of the existing workforce.
Provision for army families.	The provision for army families would be retained.

Priorities:

Priorities	Response
Maintain health visitor clinics in Children’s Centres including breastfeeding support.	This would be retained in the proposed model.
Keep supporting children, young people or families most in need with home visits on a one to one basis.	This would be retained in the proposed model.
Link with the voluntary sector and keep a central directory of all community groups, i.e. those run from churches, or by parents.	This would be retained in the proposed model and we would look to further develop the directory of local resources to share with families.
Keep targeted groups, i.e. Freedom, Esteem.	This would be retained in the proposed model.
Continue supporting children with additional needs.	This would be retained in the proposed model.
More support for children excluded from school or at risk of exclusion.	This would be retained in the proposed model.
Keep parenting courses going.	We would offer targeted families parenting courses as part of the new proposed model.
Use more volunteers.	We would continue to use volunteers and aim to strengthen links further with the community and voluntary sector.
Keep links with the rest of children’s social care.	The existing strong links with children’s social care would be maintained in the proposed model.
Keep mental health and wellbeing support, i.e. Emotional first aid for parents.	This would be retained in the proposed model.
Consider families who live in rural areas with limited public transport.	Targeted outreach services would be available if needed. There would be potential to do pop up drop in groups if need was identified.

Keep access to early learning opportunities.	<p>We would link to other locally delivered early learning opportunities and continue to target children entitled to two and three year old funding to ensure they are able to access these opportunities.</p> <p>Home learning outreach would continue to be offered through our parents as first teachers to families depending on need.</p>
Consider BAME groups.	We would prioritise the support we currently provide to BAME groups through outreach i.e. parenting groups in the mosque.

The findings from the consultation were used to shape the proposed model which is being presented to Cabinet on 25 June 2020. Furthermore, these findings and the findings from the second stage of consultation (if approved), would be used to finalise the whole of the model to ensure it reflects public opinion as far as is possible.

Second stage of public consultation

The first stage of the consultation aimed to get views on the strategic aims of the proposed Family Hub model. Further consultation is required about the detailed implementation of the model where there would be change to the current services of a specific Children’s Centre. To ensure that the overall impact of the changes across the it is being proposed to carry out a second stage of public consultation.

We are seeking advice and guidance from a number of sources to ensure our approach to the second stage of consultation is robust and comprehensive. This has included:

- commissioning an early years and consultation expert from an external consultancy company to provide advice and guidance on the proposed consultation approach and methodology.
- seeking advice from other external consultation experts i.e. previous Non-Executive Independent Director on the Achieving for Children Board provided advice based on experience of delivering public consultation as part of an education consultancy.

- reviewing consultation approaches from other local authorities undertaking similar exercise to identify best practice. This includes the Buckinghamshire County Council consultation relating to the transformation of early help services which was subject to Judicial Review but found to be lawful.
- discussions with colleagues in Achieving for Children operational area 1 who have undertaken a similar exercise about lessons learned, best approaches to consultation i.e. engaging hard to reach families, including critical friend challenge of our proposed approach.
- review of the consultation approach by consultation experts in Achieving for Children operational area 1.
- review of consultation approach and methodology by RBWM Communications Team and support will be given for publicising the consultation when live.

The consultation itself is being planned (subject to agreement to consult from Cabinet) and the suggested consultation methodology is set out below. It takes into account the possible impact on the consultation of the current COVID-19 situation and the summer holiday period.

Method	Detail
Online questionnaire for eight weeks	Questionnaire setting out the background detail to the consultation; the proposals for the centres; and questions about centre usage and their views on the proposed action for each centre.
AfCInfo internet page	Specific page set up for the consultation- this will include a link to the questionnaire; background information on the proposals; FAQs; details of how to request the questionnaire in paper format.
Social media	AfC and RBWM websites and social media accounts to publicise the consultation with a link to the questionnaire.
Dedicated inbox for questions, queries or comments	A dedicated inbox (familyhubs@achievingforchildren.org.uk) has been requested. Residents will be asked to send any questions or queries about the consultation here. This will be used to send out any invites to the virtual drop in sessions.
Virtual drop in sessions	Four virtual drop in sessions (1 hour) to be arranged. Dates to be advertised on the AfCInfo page- interested parties to email the inbox to request an invite.

Direct email to registered children's centre users who have provided an email address	Registered children's centre users will be emailed directly with a link to the questionnaire to ask them to participate.
Direct email to voluntary and community sector organisations and any other relevant groups	Direct emails will be sent to voluntary and community sector organisations and other relevant groups in the local area to ask for their help in distributing the link to the questionnaire and asking them to complete it themselves. This will include parent groups and established support groups for traditionally hard to reach groups including those from the BAME community and children, young people and families with special educational needs and disabilities.
Awareness raising sessions with key stakeholder groups	Informing key stakeholder groups i.e. Parents and Carers in Partnership for Windsor and Maidenhead (PaCiP); Asian Women's Group; other groups that support families that could be considered vulnerable.
Universal health clinics	Universal health clinics are due to recommence in the second week in June 2020. Health visitors will be asked to encourage attendees to complete the questionnaire.

If the second stage of consultation is approved, the findings would be used to shape the final proposed model which would be subject to decision at Cabinet in October 2020.

Summary of findings

The draft assessment has identified that overall the proposed Family Hub model would have a positive impact across the protected characteristic groups as it would aim to:

- improve accessibility for those most in need including those who are traditionally considered hard to reach including families with a child or parent with a disability; and children, young people and families from a BAME background.
- provide opportunities for disadvantaged children, young people and families to access provision that will contribute to increasing their equality of opportunity by targeting services at those who most need support; and
- increase the engagement of children, young people and families who do not usually participate in the provision services by delivering targeted sessions via outreach, either in the community or in the home.

The findings from the first stage of consultation show that respondents support this approach, with the majority in favour of prioritising support for families in crisis and wanting to ensure there is continued focus on vulnerable groups including: children and young people with disabilities; Black Asian and Minority Ethnic (BAME) support groups; and those with mental health issues. The final model would be shaped by both the first and second stage of consultation (subject to approval for the second stage of consultation). This should help ensure it reflects the priorities of the local community.

It must be noted however that the assessment does acknowledge that there would be a negative impact on those users of universal provision delivered through children’s centres services and the youth service. The intention would be to mitigate this through actions such as:

- Providing more flexible services through outreach at alternative venues in the community.
- Working more closely with community and voluntary sector groups to identify any groups that could deliver sessions to replace the reduced universal activities, with support from Achieving for Children staff.
- Signposting young people or families who may no longer be able to access universal services to alternative providers such as those identified in the first stage of the consultation e.g. signposting users of Old Windsor Children’s Centre to Old Windsor’s ‘Tiddlers and Toddlers’ playgroup.

In addition, all families would continue to receive some level of service as universal health provision would remain unchanged. This would mean that any families in need of targeted support should be identified at the earliest opportunity and given the help they need as soon as possible.

ACTION PLANNING

What consultation have you undertaken with stakeholders or critical friends about the key findings? Include any identified data gaps.

<i>Issue identified</i>	<i>Planned action</i>	<i>Lead officer</i>	<i>Completion Date</i>
Lack of data relating to protected characteristics of users available to report on.	Improve data collection and reporting in relation to the protected characteristics for users of Family Hub Service should the model be implemented.	Rachael Park- Davies, Community Services Manager	From the implementation of the Family Hub Service, if approved.

PUBLISHING THE COMPLETED ANALYSIS

Completed Date:	June 2020 (updated July 2020)
Lead Officer:	Henry Kilpin
Signed off by (Director level):	Lin Ferguson, Director of Children's Social Care

Please send your completed EIA to henry.kilpin@achievingforchildren.org.uk or edwina.gregory@achievingforchildren.org.uk for publication.