

## Development of 3 Family Wellbeing Centres and Complementary bases: Equality Analysis Report

### **Introduction: What is an Equality Analysis report?**

Any change to function, provision or policy that may have an effect on people is automatically subject of the Equality Act 2010. As such the 'decision makers' have a statutory duty to pay 'due regard' to equality legislation and the potential discriminatory impact that changes have on service users. To inform decision makers, an 'equality analysis report' is submitted to them at the time of decision making in order for them to consider equality implications as part of their final decision making.

The parts of the acts that are 'engaged' (i.e. that would be active in relation to this proposal) are:

Section 4 – protected characteristics

Section 13 - direct discrimination

Section 19 – indirect discrimination

Section 20 – duty to make adjustments

Section 29 – provision of a service

Section 149 – Public Sector Equality Duty

In relation to Public Sector Equality Duty (PSED) there are three objectives that are supported by 10 subsections.

The three main objectives are:

A public authority must, in the exercise of its functions, have *due regard* to the need to—

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In order to satisfy objective A, eliminate discrimination; – sections 4, 13, 19 and 20 of the Equality Act will have to be met

In order to satisfy objective B, 'Advance equality of opportunity' - subsection 3 of PSED, will have to be met:

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

(a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

(b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

(c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.  
of PSED

The third objective, objective 'c'; 'foster good relations' **is partially engaged** in that whilst the children and adults centres are not specifically designed to fight prejudice and promote understanding, they non-the less act as a beacons of good citizenship and operate in a non-discriminatory and inclusive way, often looking at issues of integration and acceptance and supporting victims of violence against women, men and children as part of their programme of work.

This report looks at the proposals going to Cabinet and Council in relation to the children's centre, comments on discriminatory forces that may be at play and how these can be mitigated. The report makes advisory recommendations for Council to consider at the time of their decision making.

## **1. Details of service / function:**

Family is one of the most important influences in a child's life. Children depend on family to protect them and provide for their needs. By nurturing and teaching children and young people families play a lasting role in making sure that children reach their full potential. The friendship networks that families are part of also play a key role in supporting parents and carers along the way. These networks often develop through being a member of a group or attending a local community activity. Sometimes families need a bit of extra support so that children and young people thrive, and parents and carers learn new skills or access information and advice. However, there are times when child protection concerns become so great that the child or young person no longer lives with their family.

The network that currently supports Sefton families includes 10 Children and 4 Family Centres. However, since the introduction of the Children and Family Centres in 2006-2007 there has been no review of the strategic vision and given the significant change in successive Government and local policies, Sefton is now taking a strategic approach taking account of the Council's Core Purpose and the approved approach to locality working.

Currently within Sefton, there are 10 Children's Centres operating from a number of schools and Council bases with delivery points in community bases. Nine Centres are based on Nursery or Primary School premises; operating as a commissioned service, governed by the school and quality assured by the Council's School Readiness Team. The tenth centre is under direct management of the Council and operates from a Council building. All Children's Centres are subject to inspection by Ofsted; however, this inspection regime is currently paused pending a government review.

In addition to this there are 4 Family Centres, two of these Family Centres are already co-located with a Children's Centre and two stand alone. The Family Centres are wholly directly managed by the Council. Again, all Family Centres are subject to inspection by Ofsted.

A snap shot survey (October 2017 see appendix 1 below for complete list of activities) showed a minimum reach of 77,559 (adults and children) service users across the borough, of which 11,043 are under 5 years of age and 2,559 are aged 6-11 and 1,039 are aged 12-19.

Snapshot at October 2017 relating to a 12 month period:

Number of adults accessing a set course:	1,466
Number of adults accessing other services:	12,338
Number of adults using service for themselves:	4,352
Number of adults using services that are primary focused on children:	11,818
Number of children attending services primarily for adults:	2,608
Number of children attending services focused on child:	14,823
Number of users accessing targeted services within centre	7,341
Number of users accessing universal services within the centre	23,892

Family Centres provide services to Sefton's most vulnerable children, young people and their families. Their work includes

- the development of early help plans and delivery of some of the associated activity
- working with children and young people who are subject of interim care orders
- working with children and young people who are subject to Child Protection and Child in Need plans
- parenting assessments with families under any social care plan
- direct work with children on plans in order to understand their lived experience and how to improve their outcomes
- supervision of and assess contact between looked after children and their parents
- unannounced safeguarding visits to family homes where there is high risk of domestic abuse, substance misuse and mental health issues
- supporting social workers to ensure that children who are receiving statutory intervention through social care involvement are safe to remain with their families, and to support families to improve family

life to a level that they no longer require state intervention

**Legitimate aim:** Sefton Council has a legitimate aim in restructuring services due to the need to make savings and the need to make services more efficient.

## **2. Change to service**

The original idea for change revolved around 3 points:

1. To provide equity on how funding was calculated for the different centres, by the development of a new funding methodology- this is an internal mechanism designed to do away with previously historic processes and to create a stable and accountable platform for calculating costs.
- 2 To create 3 main Family Wellbeing Centres and the other centres be turned in to 'complementary centres, plus the proposed possible relocation of a centre.
- 3 To establish principles that will in effect merge the Family Centres and Children Centres services and extend the age range from primarily 0-5 to 0-19.

### **Funding methodology:**

The development of the funding methodology was subject to a separate Equality Analysis report, and it makes particular recommendations.

### **Three Family Wellbeing Centres and complementary centres:**

The consultation programme was extensive and showed that the community was strongly not in favour of the proposed model. During the consultation period, Officers and service partners also looked at how they could make efficiencies and as a combination of being able to make internal efficiencies and listening to the voice of service users, recommendation to Cabinet has been revised by officers and the proposal to Cabinet is in the Cabinet report.

### **Principles of shared service for 0-19-year-old:**

Whilst there were some reservations expressed linked to **safeguarding** in relation to the proposal, the general consensus were that in principle services should cover 0-19-year olds.

## **3. Protected characteristics and table of differential impact.**

**(Barriers relevant to the protected characteristics – identifying potential disadvantages)**

This table lists all the relevant protected characteristics and the *potential discriminatory* forces that are linked to this proposal.

Protected Characteristic	Potential discriminatory force	Remedy/Mitigation
Age	Lifelong inequality sets in at	Consider community

<p>Children (early years and on wards)</p>	<p>an early age and is linked to poverty and reduced options. Every attempt to socialise and educate children is vital. Removal of children's centres or limiting their core services, without analysed research on use and outcomes, would have a significant discriminatory and detrimental effect.</p>	<p>feedback in decision making process</p> <p>Develop activities built on needs.</p>
<p>Disability:</p> <p>Evidence from the consultation and centre surveys shows that both children with disabilities and parents with disabilities use the services.</p> <p>Parents/Carers depend on the service to help develop and stimulate children with disabilities / SEN/ Autism</p> <p>The scope of disabilities reported by survey responders covered physical, mental and learning disability</p>	<p>Children with disabilities face additional challenges linked to core developmental skills and education.</p> <p>The Council has in place an SEND improvement plan which is accessible <a href="#">here</a></p> <p>Concern was shown by a few respondents of the questionnaire that support for children with disabilities could be improved</p>	<p>The centres need to be proactive in supporting children with specific needs. The environment needs to be adaptive to meet needs. Toys and learning materials need to be adaptive to enable all children to participate and reach their maximum potential. Services should be inclusive of children with disabilities/learning difficulties and be available on a regular basis with appropriately trained staff.</p> <p>Carers and parents with disabilities also need to be accommodated, whether it is physical, environmental support (accessibility buildings/ car parks etc) or emotional, communication needs. This is in the Council's Accessible Information standards.</p> <p>Additional funding should be made available so that centres that service children with disabilities can provide the service the children (and parents/ carers) need.</p>
<p>Gender reassignment</p>	<ul style="list-style-type: none"> <li>• Feeling isolated</li> <li>• Potential victim of hate crime</li> <li>• Potentially treated less favourably in accessing</li> </ul>	<p>The Family and Children's Centres operate a non-discriminatory policy.</p> <p>Any detrimental behaviour</p>

	services	<p>targeted at transgender people will not be tolerated. Either by staff or service user.</p> <p>Consider 'awareness' training/short courses to staff and service users as part of the core activities of the service</p>
Pregnancy & maternity	<p>Often young parents can feel isolated, over whelmed and ill prepared or in difficult domestic circumstances of poverty, precarious housing or subject to domestic violence.</p> <p>Consultation showed:</p> <ol style="list-style-type: none"> <li>1. the absolute value of the centres.</li> <li>2. travel and parking would be difficult to move to different centres.</li> <li>3. 'part time centres/ outreach provision' may actively bar people from using the service, unless thorough analysis of travel and circumstances is carried out</li> </ol>	<p>One reason for Children Centres is to help equip parents with the skills and support they need to establish roots and prospects for the future. These life chances are vital.</p> <p>The Children Centres must continue to operate and offer good core services across the borough.</p>
Race	<ul style="list-style-type: none"> <li>• feeling isolated</li> <li>• potential victim of hate crime</li> </ul> <p>Demographic details of services users show that some centres are multicultural and specific centres (Southport area) have a higher proportion of service users from European countries than other centres in the borough.</p> <p>Often their first language is not English.</p> <p>Southport local economy (in</p>	<p>Centres do put on English support classes and do work with parents and children from different countries and cultures.</p> <p>The funding methodology needs to recognise that some centres need resources to help cover the extra language support – this will ensure that centres are not 'impoverished' because of language needs which may have an effect on other service users.</p> <p>The advantage of a funding</p>

	<p>particular farming/tourism) relies on inbound migrant workers who settle with their families in the borough.</p>	<p>methodology is that it helps spread the costs of meeting specific needs across all centres budgets and it is not just the burden of one or two centres.</p> <p>The Council took steps to ensure participation.</p>
Religion and belief	<ul style="list-style-type: none"> <li>• Feeling isolated</li> <li>• Potential victim of hate crime</li> <li>• Potentially treated less favourable in accessing services.</li> </ul>	<p>The Family and Children’s Centres operate a non-discriminatory policy.</p> <p>Any detrimental behaviour targeted at people with different religions and beliefs should not be tolerated. Either by staff or service user.</p> <p>Similarly, any persons expressing a religious view (e.g. Anti-Gay) that treats others, either staff or service users detrimentally will not be tolerated and be subject to the Councils equality policy/ dignity at work procedures. There is a refreshed corporate equalities plan, which can be accessed <a href="#">here</a>.</p> <p>Centres do welcome people from different faiths and back grounds and help integration with the wider community.</p>
Sex (men/women)	<p>The snap shot survey of adults using the service found that 2,971 where men and 10,211 women.</p> <p>The service is predominantly used by women. Women within our society are still the ‘main carers’ of children and elderly. And the data confirms this to be the case within Children Centres.</p> <p>Barriers to ‘young mums’ are formidable as often they are</p>	<p>Keep all centres open.</p> <p>The centres are a vital service for women and have a track record of supporting and improving the lives of some of the most vulnerable people in our communities.</p> <p>Parents, grandparents, carers and guardians all use the service as a support service and mechanism.</p>

	<p>outside education and training, benefit dependent, struggle for housing and may be bringing a child/children up with little support.</p> <p>Often when women are in work, it is part time and low pay.</p> <p>Anecdotes from service users show some of the most dire circumstances and challenges some women have faced, such as domestic abuse and controlling behaviour and how they have relied on the Children’s Centres to turn their lives around.</p> <p>In responding to the survey many women felt that they were unable to travel to ‘alternative centres’ if theirs closed down or did not offer core services.</p> <p>Also, many women responded that because they work part time, if the service is not open when they are off work, then to them this is the same as no service.</p> <p>Many parents and grandparents commented that if they are on ‘the school run’ getting the children from school and the children from the centres, then if the Children Centre moved they would not be able to travel to collect school children and centre children.</p>	<p>Many of the courses, provided by the centres, are targeted at skilling women and getting them ready for the work place.</p> <p>Some service users have gone from ‘dropping out of school’ to successfully studying at Master’s level – all with the help, guidance and encouragement of the service.</p> <p>A vital element that the service delivers is ‘belief in yourself’ and ‘confidence’, the foundation stones for improving life’s chances. There are no other services that provide this in such a systematic way and across large numbers</p> <p>The service is often ‘first port of call’ for women who are suffering domestic abuse. The service has helped and supported people leaving abusive relationships and developing a new life.</p> <p>The Children’s Centres and the service they offer to women are the ‘first line of attack’ against societal inequalities.</p> <p>Council should pursue all other avenues rather than develop a new Family Wellbeing service at this stage.</p>
Sexual orientation	<ul style="list-style-type: none"> <li>• Feeling isolated</li> <li>• Potential victim of hate crime</li> </ul>	The Family and Children’s centres operate a non-discriminatory policy.



	Potentially treated less favourable in accessing services.	<p>Any detrimental behaviour targeted at people with different sexualities will not be tolerated. Either by staff or service user.</p> <p>Centres do welcome people with different sexualities and help to support them in meeting their life goals</p>
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**2. Does this service go the heart of enabling a protected characteristic to access Life chances?**

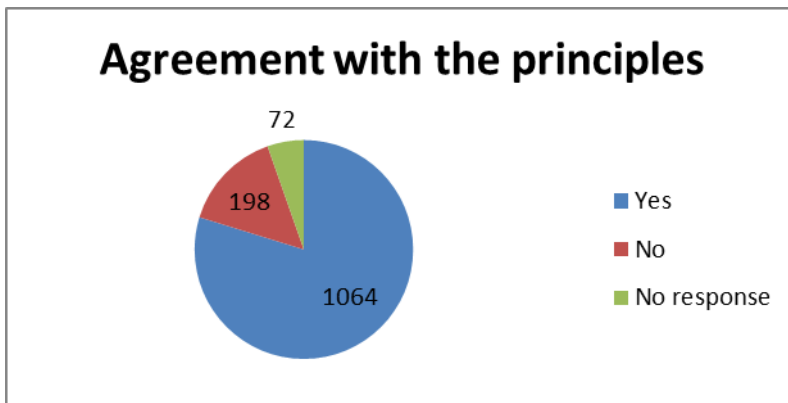
Yes – the Children’s Centres are a vital service in relation to fighting societal barriers that cause lifelong inequalities, particularly for children and women.

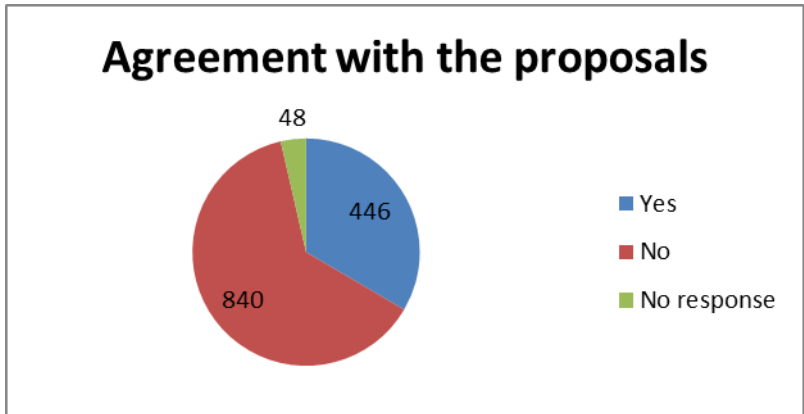
**3. Consultation: Who responded and what where their main concerns**

3.1 A full report of the consultation process and methodology is available with all the data and comments.

3.2 Key issues:

The consultation overwhelmingly accepted the principles of a 0-19 shared service, but rejected the notion of ‘3 Family Wellbeing Centres and complementary centres’.





Officers in listening and keeping an open mind to the results and voices of the consultation, whilst working with service partners have identified ways of keeping all the as they operate currently in their existing location providing a service.

As such, the initial proposal to have 3 Family Wellbeing centres with complementary centres has now changed and the proposal to keep all centres in their current location without the three centres is more in line with service users/ respondent's views.

The following information is based on the consultation and is used here to illustrate the main equality worries and concerns.

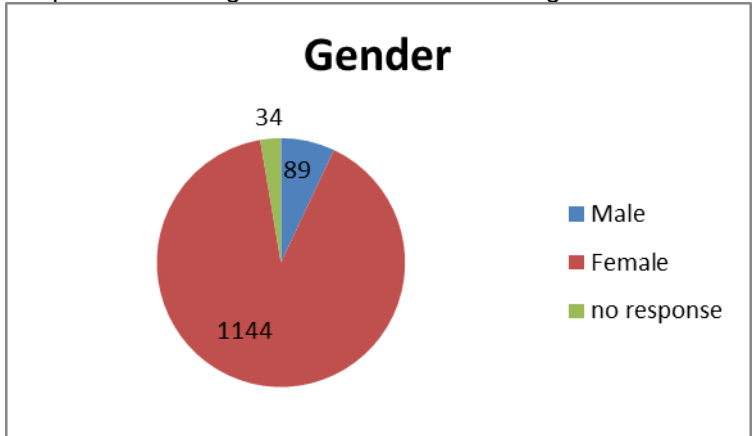
Respondents:

How respondents responded fits broadly in to three groups; responses to questionnaires, consultation events, and private correspondence/ petitions from the public.

**Questionnaires:**

There were 1662 returned questionnaires. Some respondents did not answer all questions but those that did shared the following information

Respondents who give information as to their gender

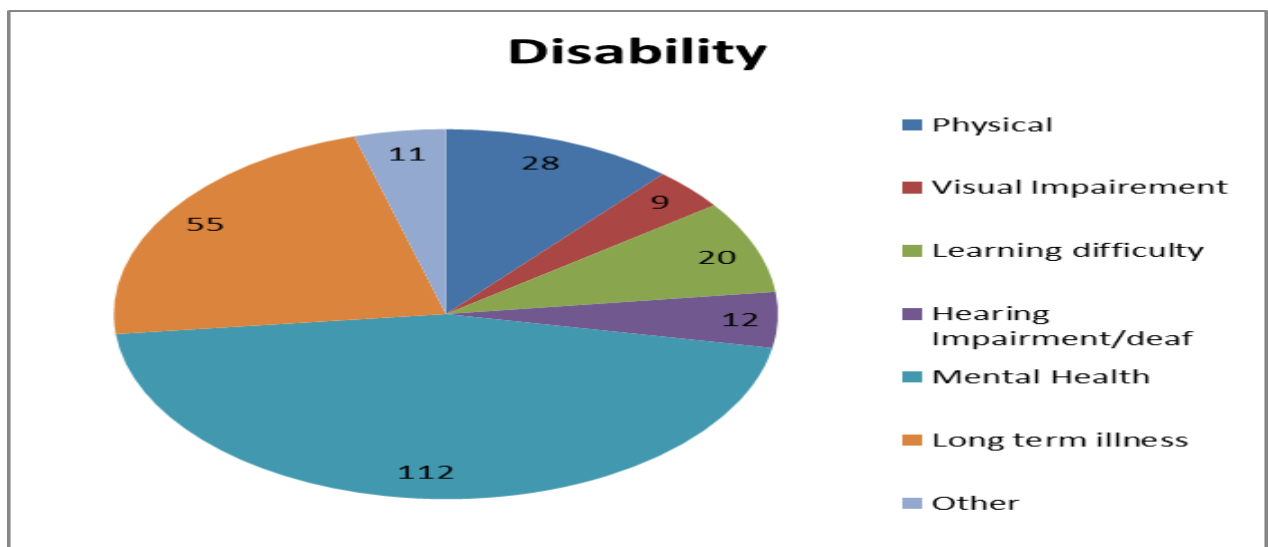


Main equality issues presented by women:

Over 90% of all respondent where female and they held children's services in very high regard, with terms being used such as 'invaluable', 'life saving', the core equality concerns where:

- Not to close centres (unable to use other centres)
- Closing centres will cause more deprivation for families who need them and are verging on social service support
- Not to reduce centre opening hours (if working part time, may not be able to access service on offer)
- Only provision solely aimed at their needs (from breast feeding/ looking after baby, natal depression to course that help with employment)
- Great difficulty in travelling to other centres
- Struggle with prams and push chairs on bus
- Can't walk to other centres – too far
- Can't afford the travel costs to other outlets (if their local service closes /reduces hours)
- Worry about getting support with food for children
- Logistically impossible if parent has school age children and using children centre, if they have to use another centre then will struggle to pick up children from geographically different sites
- Worry about losing vital support (child care and early years development)
- Worry about losing friendship bonds
- Worry that the service will no longer meet needs
- Worry about being vulnerable travelling outside known areas
- Worry about domestic violence and not being able to access support
- Centres need to be local
- Essential during holidays to help feed children
- Not fair on deprived areas (to close/reduce centres)
- Worry over losing vital mental health provision for new mums (tackling post-natal depression)
- Worry over safeguarding in merging centres and raising age to 19

Respondents who identified as having a disability (limiting long term illness) or a child with disability



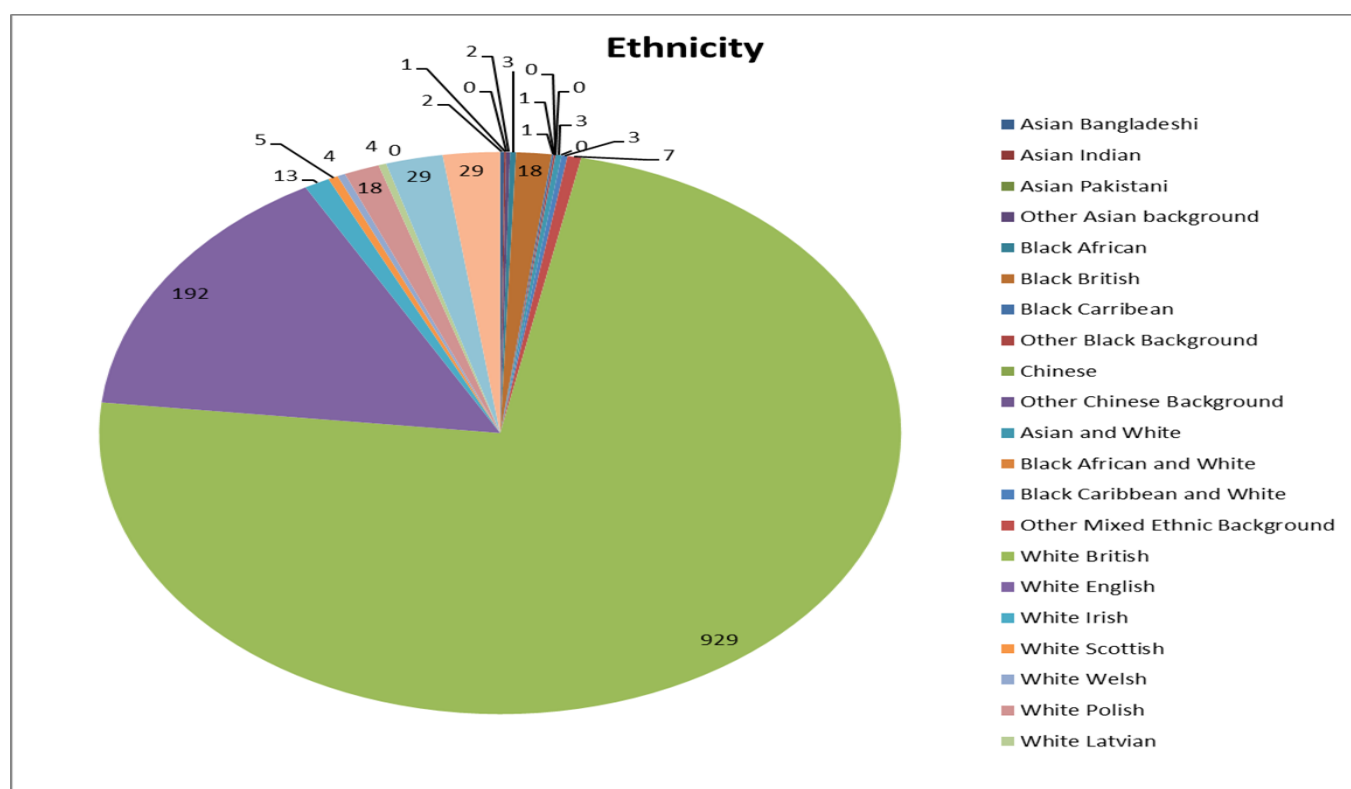
\*other includes: Fibromyalgia, Dyslexia, Diabetes/cancer/arthritis, cancer recovery, depression, MS, Thyroid & high blood pressure

Main equality concerns:

- Not to close centres (unable to attend other centres)
- Not to reduce centre opening hours (service already reduced)  
Children's mental health should be priority

- Great difficulty in travelling to other centres/ not all centres has disability parking
- Struggle with prams and push chairs on bus
- Can't walk to other centres – too far / bring on anxiety
- Strong concern over service provision and meeting disability needs e.g. sensory toys/ adaptation/mental health support
- Life line to families with SEN children / autism
- Worry over losing support with mental health issues
- Problems with accessibility
- Losing services will create and trigger anxiety
- Most services inaccessible/based in Liverpool (too far) need local service to help with disabled children
- Would affect measures to help with depression and obesity
- Worry over breakup of friendship groups and informal support networks from friends that attend the centre

Respondents who give information at to their ethnicity/race



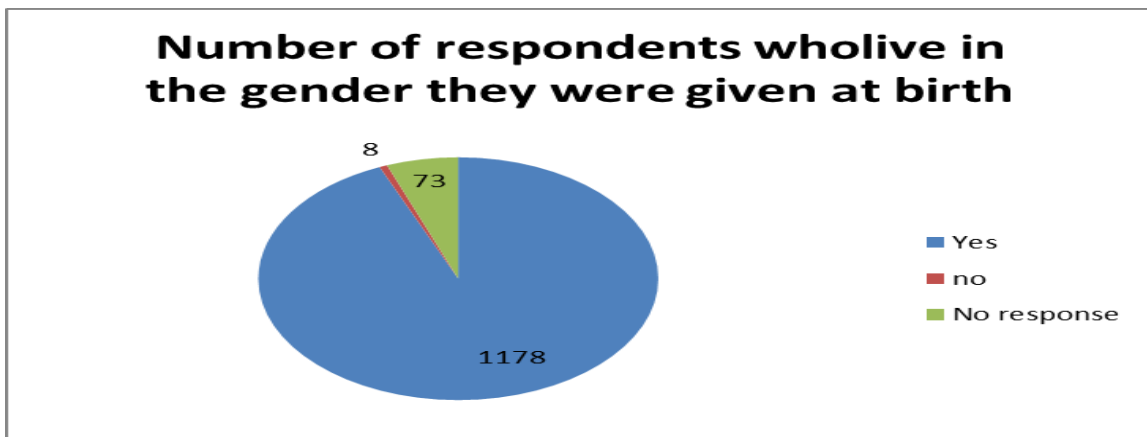
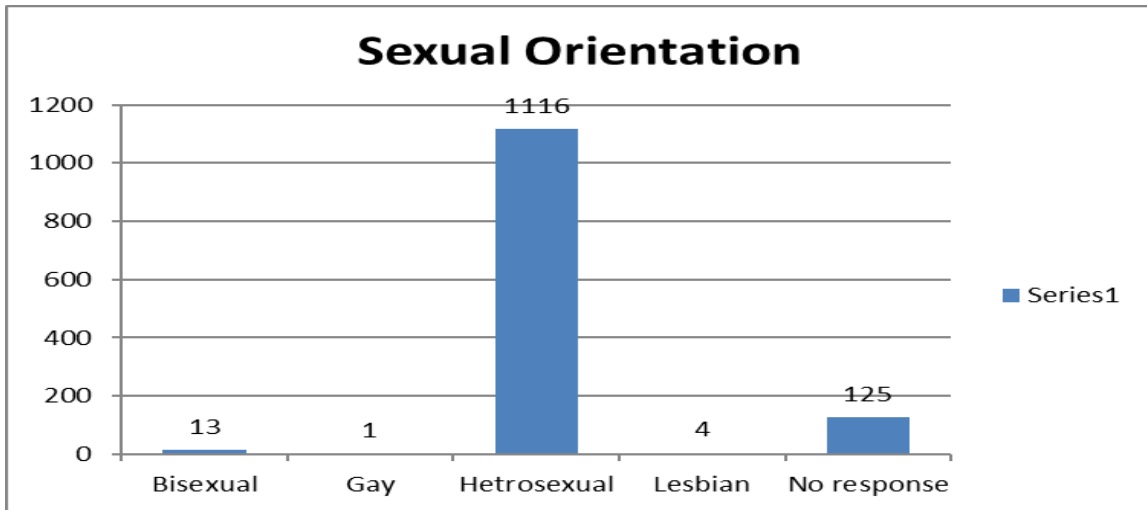
N.B a number of requests where made to have the questionnaire translated in to Latvian, Polish and Lithuanian. This was done, and responses have been returned (and re-translated in to English to add to the analysis)

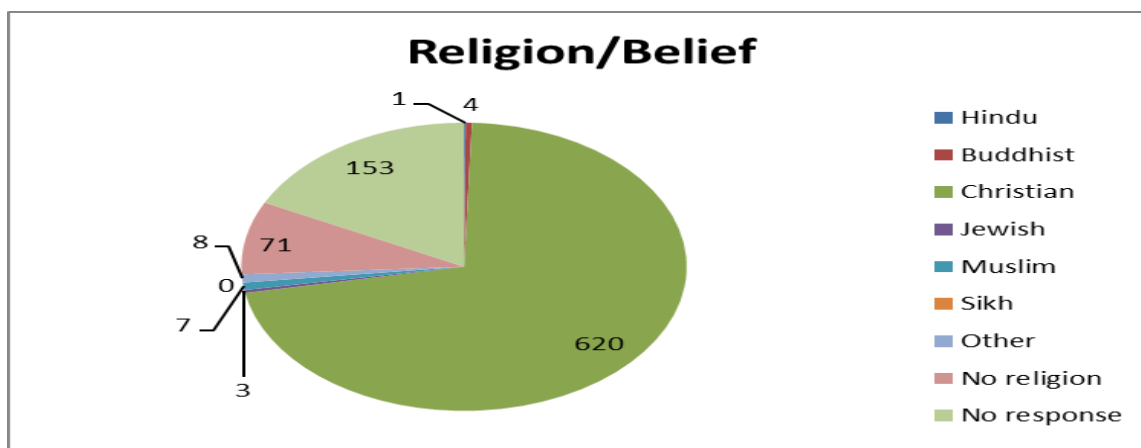
Main equality concerns:

- Not to close centres
- Not to reduce opening hours
- Worry over travelling to other part of the borough (fear of hate crime)
- Need support with English language as this may go.
- Worry over losing friendship ties with other centre users

- Worry over isolation
- Worry over not being able to access educational courses
- Worry over child support
- Worry about not being able to integrate in to the community

Respondents that give information as to their sexuality, trans gender status and religion.





Main equality issues:

No particular worries were identified directly linked to issues of sexuality, trans or religion. The concerns reflected, where the same concerns already aired/addressed

### 3.5 Consultation events:

The notes and minutes from the Public engagement events at the different centres and the Parent carer forum show the main equality concerns to be:

- Difficulty with travel (should centres close down and people have to transfer)
- High cost of public transport / difficulty on buses with double push chairs
- Poverty and deprivation in areas (likely to increase if centres close down)
- Keep services within walking distance
- Additional support for the needs of disabled users
- English as an additional language support
- Mental health support
- Domestic abuse support
- Emotional wellbeing
- Part time services will effectively be a 'closed service' to some people who can't attend due to part work commitments
- Safeguarding – worry about merging family and children's centres and the age range going up to 19. There was a belief that this would expose young children using children centres to some clients of the family centre service

Sefton Carers Centre with parents of children with disabilities and also at Thornton which is a hub for parents of children with disabilities main concerns:

- Already a reduction of service (from weekly to fortnightly)
- Unable to travel to other centres
- Too few places
- Centre being used is non-judgmental and everyone know our needs – worry this would change and cause disruption to child's life
- Need to plan service for disabled children to meet future needs
- Unable to work rely on centre for help and support
- Worry over how to support families with additional needs children

Gypsy / travellers groups: contacted and offered questionnaires/help in completing them - but no response was offered/received

BME: no specific meetings but centres ensured that BME service users were given a questionnaire and some were translated as requested. The analysis of the results of the questionnaire shows that BME service users did participate in airing their views.

Children (young people/teenage): a specific meeting/workshop was put on for 'LAC kids' known as MAD (Make a Difference) – the questionnaires were discussed and explained and the young people filled them out – their views supported the idea of Children's centres and family centres and they supported the notion of extending the age to 19. They wanted to know if it could go beyond 19 as they felt the transition to adulthood was difficult and would like support.

### **3.6 Private correspondence and petitions**

Officers received various private correspondence and petitions as detailed within the consultation report.

Equality issues from correspondence:

- The petitions are simple statements as to the importance of the centres and keeping them open.
- Letters from the public give first-hand accounts of how they have used the services and how the services have influenced their lives and do not want to see service closed, reduced or moved. The letters give information that reveal their protected characteristics and the barriers they faced.
- The information pack with case studies – illustrated how many service users have extremely difficult starts in life and with the help of the centres have overcome sizable problems. Issues revolve around early pregnancy, dropping out of secondary education, domestic violence, homelessness, loneliness, lack of skills, lack of confidence and near suicidal positions and go on to show, with the help of the centres, how their lives have been transformed and this is why they will fight to keep the centres open to give others the same chances and support they had.

### **4. Is there evidence that the Public Sector Equality Duties will be met (give details)**

The proposal to maintain and keep all centres in their current location links to PSED by;

#### **PSED 1(a) Eliminate discrimination. –**

The service is set out to support people from difficult circumstances and back grounds that face entrenched inequality.

Evidence shows that all protected characteristics present in the Borough demographic are also present in the centre services demographic. This means that the lines of access to the service are 'open' across all protected characteristics.

However, Council has to be mindful that in providing the service that it particularly pays attention to the needs of disabled service users.

Both section 20 of the Equality Act 2010, 'duty to make reasonable adjustment' and section 19 'Avoiding indirect discrimination' are particularly live at this point – there is evidence to show that disabled service users have some support, but more can be done to elevate and further remove the risk of 'indirect discrimination' towards disabled service users, their carers/parents as well as disabled parents accessing the service for themselves.

Services for disabled children that are capable of accessing the Children's Centres should as close as possible be on a par with non-disabled children. This means frequency of attendance, support and provision of the service, meeting their need, whilst in the children centre environment.

### **PSED 1(b) Advance equalities of opportunity**

The Children's Centres focus on developing skills of children and their parents in order to provide a better chance in life goes to the very heart of the Equality Act 2010 and PSED. This service, by its very design, is advancing opportunity, particularly for women and children

The programme of services and how the services are delivered **meets:**

PSED (3) (a)

*'remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic';*

by delivering a service, primarily designed, for the betterment and wellbeing of women and children close to their homes to increase access and participation.

PSED (3) (b)

*'take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it';*

The service demographic covers all protected characteristics and delivers services to meet differing needs. In addition, women in our society are the child bearers and predominantly carers and have differing needs than men in society. The role of carer often breaks in to education and work development, as a consequence, women can be treated less favourably in society and especially employers, from the provision of child care, time off to care for children and in particular children with disabilities, to lower pay and difficulty in obtaining promotion to the higher positions.

To challenge this societal discrimination every effort has to be made to create fresh starting points and processes to overcome barriers.

PSED (3) (c)

*encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.*

'Public life' here simply means 'life's chances' to be self-determining and enjoy the fruits of society, whether it be working, having an education, having a home, living in a loving home, living free from



violence, expressing views and participating in social discourse with confidence and self-assurance. Many of the service users will face barriers that keep these life's chances from them. The work of the centres help and develop skills for service users, provide supportive environments and 'bench marks' against which to assess individual achievements - giving many women the foundation and the confidence to press ahead in to their own opportunities and goals.

### **PSED 1(c) Foster good relations between different protected characteristics-**

The Children's Centres as a project were not set up with the sole purpose of PSED (5) (a) 'tackling prejudice' and PSED (5)(b) 'promoting understanding' so the objective 1c is not engaged.

However, many centres have a diverse user profile and much of the work 'brings people together' due to the sharing of learning experiences. Many service users have commented on the 'love' and sense of 'community' they have at the centres. They are safe places where primarily women and children come together and develop together. Being friends with each other tackles prejudice and promotes acceptance and understanding. These centres are beacons of hope in our community.

### **5.Recommendation to Cabinet**

Having local community Children's Centres that meet the need of women and children is a position strongly supported by this analysis, therefore, the revised proposal of keeping all the children centres in their current locality is recommended by this equality analyses report and as such will meet PSED.

In determining the new service and provision Council needs to ensure that:

- English as a second language courses/programmes is embedded in to core services in the most appropriate centres and held in Adult Learning centre
- The funding methodology takes the above two points in to consideration, to ensure centres providing for disabilities or ESL are not disproportionately impoverished compared to other centres.
- Concern over safeguarding issues have been raised in relation to developing 3 Family Wellbeing Centres and increasing the age of users to 19. Whilst there is evidence of good practice where these two services already share facilities, its recommended that a policy and practice review takes place, including interested parties and partners, to address public concerns and to alleviate any public anxiousness

**Council needs to note that over 90% of respondents were women and 86% of all respondent where under the age of 50.**