

Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

- I. help decision makers fulfil their duties under the Equality Act 2010 and
- II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:-

- (i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
- (ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
- (iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
- (iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an Impact Analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision making process.

The Lead Officer responsibility

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision making report and attach this Equality Impact Analysis to the report.

Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” “Which protected characteristics might be affected?” and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

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Proposals for more than one option If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background Information

Title of the policy / project / service being considered	Early Years and Children's Health Services – Early Years and 0-6 Health Services	Person / people completing analysis	v2.0 Kevin Johnson
Service Area	Children's Services Strategic Commissioning Team	Lead Officer	Charlotte Gray
Who is the decision maker?	Executive	How was the Equality Impact Analysis undertaken?	v2.0 Internal review team workshop exercise and engagement feedback from public and professionals
Date of meeting when decision will be made	01/11/2016	Version control	v2.0
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	LCC directly delivered, commissioned, re-commissioned or de-commissioned?	Re-commissioned
Describe the proposed change	<p>We are reviewing the early childhood and children's health services offered to all children, young people and their families. This includes Health Visiting, Antenatal Weight Management, School Nursing and services linked to Children's Centres. We must review what is provided to families in Lincolnshire to ensure good quality, effective and efficient support.</p> <p>The range and nature of changes to children's centre services are not considered significant but include:</p> <ul style="list-style-type: none"> • More availability of antenatal services for families • Health Visiting will lead on encouraging participation and engagement in children's centres and registration of families to children's centres, particularly for vulnerable families • Continue sessions for children up to age 5 but have more sessions focused on children up to age 3 • Continued skills development support and access to existing adult learning courses • Continued access to crèche services for families that need this support to undertake skills development. <p>The key changes for health services (Health Visiting and Antenatal Weight Management) from antenatal period up to the end of reception age are:</p> <ul style="list-style-type: none"> • Health Visiting will cover children up to the end of Reception year at school instead of age 5 when they previously 		

transferred to the School Nursing Service

- Named Health Visitor (HV) for all families up to 6-8 weeks and longer if the child or family need additional support
- More intensive antenatal and postnatal involvement from Health Visitors for families that need extra support
- Introduction of antenatal education classes for all families
- Health Visitors delivering more mental health support
- Additional group sessions provided by the Health Visiting service around key child development milestones
- Subject to changes to legal requirements, an integrated 2-2½ year review; led by a Health Visitor if not in a childcare setting, otherwise only if the setting has a health concern
- Improved peer support programme
- No health needs assessment for all children at school entry in Reception and no hearing screening in Reception Year for all children
- Height and weight measurement (NCMP) will be led by a Health Visitor and delivered by a skill-mix public health nurse team.

For the avoidance of doubt the following checks that all families currently receive will still be delivered by the Health Visiting Service; antenatal 28+ weeks, 10-14 days, 6-8 weeks and 8-12 months.

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics. To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: <http://www.research-lincs.org.uk> If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the [Council's website](#). As of 1st April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using Agresso.

Positive impacts

The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state '*no positive impact*'.

Age

Potential positive impacts identified.

The model developed as part of the review proposes to:

- Extend the services offered, both earlier in the antenatal period and later until the end of Reception year.
 - Evidence from our engagement, supported by national evidence, suggests that during pregnancy is one of the times support is most important for families. People also felt that the transition to Reception year at school is one of the most important times for children's health support. Increasing Health Visiting Service support to the end of Reception year will mean that families have greater consistency during this transition period, particularly vulnerable families that may have had a named Health Visitor since before birth. The service will work with schools to help them support families that may need extra support during the transition to school.
 - The impact of this is that Health Visitors will have more early involvement with parents before a baby is born allowing them to better identify and support families that need additional support. They will also continue to support children if they need additional support during their first Reception year at school.
- Increase the focus on sessions in children's centres for babies and toddlers up to age 3, whilst continuing to offer activities for children up to age 5.
 - Evidence suggests that early years are key for child development and responses from public and professionals to the engagement questionnaires showed that people felt they and their children needed most support in very early childhood.
 - The potential impact of this is for all families with children under 3 as it would offer more support with early bonding and activities focused on the needs of toddlers.
- Offer specific age-related support based on key child development milestones; at 3-4 months and 18 months.
 - Evidence from health professionals suggests that these are key times when it is important to provide information and education around key child development topics, such as delayed weaning, oral health promotion, sleeping routines and home safety.
 - The impact of this is that more age-specific groups will be available for all parents to attend, so that they receive key messages at appropriate and relevant times in their child's development. Families that may need extra support can be identified and offered help and guidance.

These changes are all identified as having potential positive impacts for children aged 0-6 and their families.

Disability	<p>The model developed as part of the review proposes to:</p> <ul style="list-style-type: none"> • Provide a named Health Visitor for all families up to 6-8 weeks or longer if additional support is needed • Offer more intensive antenatal and postnatal involvement from Health Visitors if families need extra support • Deliver more mental health support through Health Visitors <p>The potential impact of this is that any emotional issues within families, particularly families where children may have special educational needs or disabilities, could potentially be identified and supported sooner. This could positively impact families with additional needs as health visitors will already have background knowledge of the family and the child.</p>
Gender reassignment	No potential positive impacts currently identified.
Marriage and civil partnership	No potential positive impacts currently identified.
Pregnancy and maternity	<p>Potential positive impacts identified.</p> <p>The model developed as part of the review proposes to:</p> <ul style="list-style-type: none"> • Offer more intensive antenatal involvement from Health Visitors for families that need extra support and where there may be safeguarding concerns. • Introduce universal antenatal education classes, delivered from children's centres and/or outreach venues. • Deliver greater integration between midwifery, health visiting and early childhood services. • Provide better mental health identification and intervention around postnatal depression. • Provide more antenatal and early childhood activities from 35 weeks pregnancy and in early childhood. <p>Evidence from the engagement questionnaires, supported by national evidence, suggests that during pregnancy and in the first year of life is a very important for support.</p> <p>The impact of these proposals is that Health Visitors, working more closely with Midwives and Early Years workers, will have more early involvement with parents before a baby is born, will be able to raise any concerns earlier and can provide direct support for parents. Evidence shows earlier, successful intervention has a positive impact of outcomes for children and throughout their lives. Health visitors provide expert advice, support and interventions to all families with children in the first years of life (National health visiting service specification 2014/15 NHS England 2014). They are uniquely placed to identify the needs of individual children, parents and families (including safeguarding needs) and refer or direct them to existing local services, thereby promoting early intervention. They can also have a role in community asset mapping, identifying whether a particular community has any specific needs. By offering support through working in partnership with other professionals, for example staff working in children's centres, they can help communities to help themselves. These changes are all identified as having potential positive impacts for parents and families during pregnancy and maternity.</p>

Race	No potential positive impacts currently identified.
Religion or belief	No potential positive impacts currently identified.
Sex	No potential positive impacts currently identified.
Sexual orientation	No potential positive impacts currently identified.

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

- A single 0-19 health service, which is much more integrated with early childhood services, will make it easier for children, young people and their families to access these services.
- Providing more intensive antenatal and postnatal involvement from Health Visitors and targeted early years sessions to families is identified as having potential positive impacts for vulnerable children, young people and families who need the most support.
- Making services available from children's centres and outreach community venues around the county is identified as having potential positive impacts for children, young people and their families who might struggle to access services due to rural isolation.
- Offering health clinics/drop-ins and a telephone advice service as part of Health Visiting is identified as having potential positive impacts for children and families who might struggle due to rural isolation.
- A joined-up service would mean greater communication and a higher quality service for children, offering more consistency and only having to tell a story once.
- A named health visitor would offer more consistency and continuity of care, which would make families feel more supported and help build better relationship, trust and knowledge of the family and their needs.
- A free, universal antenatal education offer will benefit parents on lower incomes who could not afford paid antenatal courses.
- More antenatal support will benefit all parents, particularly first-time-mums, with more advice on what to do when baby is born, increasing their confidence.

- More mental health support through Health Visitors would potentially have a positive impact on all families, with more indicators of emotional and mental health issues being picked up and more holistic support available for the whole family.
- Providing services in more community venues could make sessions more accessible to families, particularly more vulnerable families and those living in more rural areas, meaning better engagement with these services and less anxiety from having to travel as far to attend activities.
- Group health advice sessions would help to increase parents' confidence and support, particularly young and first time parents.
- Group health advice sessions could increase the opportunities for mutual and peer support from other parents, particularly at key times.
- Drop-in health clinics, telephone advice and bookable appointments with Health Visitors could have a potential positive impact as it could help to identify issues earlier and help reduce anxiety.
- More peer support could have a potential positive impact on all families by providing reassurance and advice from experienced peer supporters, to improve parents' confidence and support their mental health.
- More peer support could impact all mothers by giving them more support if they want to breastfeed.
- Extending Health Visiting support until the end of reception year would positively impact all families and children by offering more continuity of help and advice, easing the process of adapting to the formal education system.

Adverse/negative impacts

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.

If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state 'No mitigating action identified'.

<p>Age</p>	<p>Potential perceived adverse impacts identified.</p> <p>The model developed as part of the review proposes to:</p> <ul style="list-style-type: none">• No longer carry out a health needs assessment in Reception Year.<ul style="list-style-type: none">○ Evidence from the engagement questionnaire suggests that people feel the transition to Reception and first year at primary school is one of the most important times for children's health support.○ Continued Health Visiting support until end of Reception Year will mitigate no longer carrying out a universal health needs assessment. Any health needs should already be known and the Health Visitor can work with the school during the first year to make sure any additional needs are catered for, or assessments can be carried out as required if there are any concerns. For example, the Health Visitor can advise and encourage parents and children to attend a vision screening for amblyopia at age 4-5.• No universal hearing screening in Reception Year.<ul style="list-style-type: none">○ Evidence from the engagement questionnaire suggests that people feel the transition to Reception and first year at primary school is one of the most important times for children's health support. Responses to the engagement questionnaire from professionals did not identify eyesight and hearing checks as an important part of the service.○ All children are offered screening shortly after birth for hearing problems, Public Health England report take up of 98.9% nationally. The result is a reduction in referrals to audiology departments as children get older because problems are being identified very early. All children now starting school should have had access to this screening and so instead of a carrying out universal hearing screenings, if a child is thought to have a hearing problem they can be referred directly by their GP for a screening or their school can work with the Health Visiting Service who will support a referral to audiology services. <p>These changes are all identified as potentially having perceived negative impacts for children aged 3-5 and their families .</p>
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	<p>The model developed as part of the review proposes to offer a single 0-19 health service. This is because we can deliver more consistency of care by having a joined up service. This also supports the national evidence that joined up 0-19 health services give people the best start in life and beyond. There is a perceived potential negative impact that not having separate services could mean losing focused support on specific age groups. The mitigation for this is that, as part of the specification for new services, there will be a clear evidence-based 'pathway' of services and support available for children at key ages and stages from 0-19.</p> <p>The model developed as part of the review proposes to offer additional group sessions provided by the Health Visiting service around key child development milestones. There is a perceived potential negative impact that these services could be geared more for younger mothers and impact the amount of support older mothers can access. This is not the case, as these sessions will focus on key development ages and stages of the child and be used to identify all children and families who may be in need of additional support.</p> <p>The model developed as part of the review proposes to continue sessions for children up to age 5 but have more sessions focused on children up to age 3. There is potentially a perceived negative impact on children aged over 3, particularly if there are additional needs such as special educational needs and disabilities or speech and language support. The mitigation for this is that sessions will continue to be available for children aged up to 5 to attend, in addition more focused support will be available for children with additional needs. There is also a perceived potential negative impact on stay at home parents of children aged 3-5 as activities will be focused on the needs of children aged up to 3. Again, this is not the case since activities will continue to be available for children aged up to 5 to attend, in addition there will be greater flexibility around the county to offer additional sessions in children's centres based on local needs.</p> <p>The model developed as part of the review proposes to extend Health Visiting to cover children up to the end of Reception year at school instead of age 5. There is potentially a perceived negative impact on families and children in reception year as health visitors are primarily trained to support children up to pre-school (0-5). This will not be the case, the needs of this age group will still be met through the health visiting workforce, in addition Health Visiting will be part of a 0-19 service with expertise in all supporting children and young people of all ages.</p>
Disability	<p>The model developed as part of the review proposes to offer a single 0-19 health service. There is a perceived potential negative impact that a 'one-size-fits-all' service could have a detrimental effect on the health care of children with special educational needs or disabilities. The mitigation for this is that a 0-19 service will offer much greater continuity of care, particularly for those with additional needs, and will include expertise in supporting children and young people of all age groups.</p>
Gender reassignment	<p>No potential perceived adverse impacts currently identified.</p>

Marriage and civil partnership	No potential perceived adverse impacts currently identified.
Pregnancy and maternity	No potential perceived adverse impacts currently identified.
Race	No potential perceived adverse impacts currently identified.
Religion or belief	<p>The model developed as part of the review proposes to introduce antenatal education classes for all families. Universal antenatal education could impact on groups with specific religious beliefs, dependant on what messages are being given. The mitigation for this is that universal antenatal education sessions will be developed using evidence-based health information. Messages delivered through the sessions will be considered as to whether they may impact specific religions/beliefs and delivered accordingly.</p> <p>The model developed as part of the review proposes to offer more sessions in community venues. There is a perceived potential negative impact that use of faith buildings, such as church halls, could prevent some families attending these activities. The mitigation for this is that attendance and take-up of sessions will be closely monitored, and any issues with venues will be addressed on a local basis to ensure all families have equal access to activities.</p>
Sex	No potential perceived adverse impacts currently identified.
Sexual orientation	No potential perceived adverse impacts currently identified.

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

- By the nature of a review, there may be a perception from service users that services will be cut as a result, this may be of more concern to more vulnerable service users who rely on these services for support. Mitigation for this is that the key messages for the review need to be reinforced as part of the information given to the public; that the aims of the review are to improve and redesign services to meet the needs of customers.
- There is a perceived potential negative impact that a single 0-19 health service could result in overstretched and patchy support with a lack of professionals. The mitigation for this is that the 0-19 service will offer clear evidence-based 'pathways' of support for children and young people of all ages, delivered by suitably trained professionals to meet the needs of families in Lincolnshire.
- There is a perceived potential negative impact that, if the level and quality of support provided by a named health visitor is poor, this could affect families who would not see any other health visitors. The mitigation for this is that it would be possible for parents to provide such feedback about their experience of the service, and any changes to delivery would be accommodated wherever possible.
- There is a potential impact that, although these are universal services, they will generally only be attended by targeted families if run from children's centres. Attendance at sessions will be closely monitored, and where suitable sessions will be made available in community venues as well as children's centres, based on local need. Children's centres are, and will continue to be, for all families in Lincolnshire.
- There is a perceived potential negative impact that facilities in community venues might not be as good as those in children's centres, which could impact the professionalism, privacy and safety of these activities. The mitigation for this is that appropriate risk assessments will be carried out before running sessions in a community venue and actions taken to ensure they are safe and provide the same quality as that expected of sessions run in children's centres.
- There is a perceived potential negative impact that group health advice sessions could discourage families, particularly those who may be in most need of these services, from attending as they may be anxious about attending and asking questions in a group setting. The mitigation for this is that families will be able to access Health Visitors on a one-to-one basis in a number of ways to ask any specific questions they may have. Group sessions also provide social opportunities for families to create their own peer support networks.
- There is a potential perceived negative impact that peer support could weaken the support families receive from health professionals. However peer supporters will themselves be trained and supported by health professionals to ensure consistent and reliable support is provided. Families will also still be able to access Health Visitors if they have concerns.
- There is a potential negative impact that drop-in health clinics would not be beneficial to families due to waiting times and by 'disempowering' parents, creating dependency and potentially anxious parents unable to make informed judgements. However, feedback from parents clearly showed a demand for drop-in health support. This will be carefully managed to ensure that it is fit-for-purpose and used where genuine support is required.
- There is a potential negative impact of an integrated 2-2½ year review; led by a Health Visitor if not in a childcare setting, otherwise only if the setting has a health concern. There are two very distinct aspects to this review, health and education. Health look at this as an assessment and are then best placed to refer to specialist services if needed to support the child. If the nursery setting the child is attending completes this review then the health visitor may last see the child at 8 months of age and this is a huge gap where unmet health needs could manifest. Not all health needs present at an early onset so it is vital a thorough health needs assessment is completed by a qualified practitioner at this vulnerable age. Also some families might not inform the education setting of health needs or share advice offered by the health visitor and vice versa as they see these as different services. In response to this, Lincolnshire County Council recognises the important of this check in identifying health needs. We will consider this feedback in designing how the 2-2½ year integrated review should work and to ensure a robust process is in place for identifying health needs.

Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this and you can contact them at consultation@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e. Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics please state the reasons why they were not consulted/engaged.

Objective(s) of the EIA consultation/engagement activity

- To identify and understand the impacts, both positive and negative, that planned changes to these services would have on people based on the protected characteristics
- To identify and understand any impacts, both positive and negative, that planned changes to these services would have on other groups
- To determine the risk regarding any disadvantage to groups of people, particularly based on the protected characteristics, and look at how this could be reduced or avoided
- To engage with professionals and the public, who use these services, if they think they will be impacted, either positively or negatively, by the planned changes
- To make sure that we have considered the impacts the planned changes could have on groups based on the protected characteristics and, where this would result in a disadvantage to a particular group, that we have identified ways to avoid or reduce this impact to an acceptable level.

Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic

Age	The initial EIA was conducted with a small cohort of review team members, using professional expertise, knowledge of the services under review and information from background research, evidence and engagement with public and professionals; Charlotte Gray - LCC Children's Services Commissioning Team Manager, Kevin Johnson - LCC Children's Services Senior Commissioning Officer, Simon Murphy - LCC Children's Services Commissioning Officer, Marie Jarret - Public Health Programme Manager (Children's Health). The EIA was then updated with impacts identified through online engagement questionnaires, which were available to be completed by all children and young people, public and professionals.
Disability	See above
Gender reassignment	See above.
Marriage and civil partnership	See above.
Pregnancy and maternity	See above
Race	See above.

Religion or belief	See above.
Sex	See above.
Sexual orientation	See above.
Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	Yes
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	A post-project review will be conducted to identify any benefits already achieved. In addition children's centres are monitored monthly against performance indicators relating to take up of services by a wide range of groups, including outcomes for targeted/vulnerable families. New services will be subject to contract management against performance. This will involve tracking indicators designed to monitor the effectiveness of these services at meeting people's needs, including feedback and views of service users.

Further Details

Are you handling personal data?

No

If yes, please give details.

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Actions required

Include any actions identified in this analysis for on-going monitoring of impacts.

Action

Lead officer

Timescale

Signed off by

Date

17/08/2016