Equality Analysis

Birmingham City Council Analysis Report

EA Name	Early Years Health And Wellbeing Service
Directorate	People
Service Area	Children - Commissioning & Performance
Type	New/Proposed Function
EA Summary	One of the Council's four top priorities is to make Birmingham a "great place to grow up in" for children - this was approved by Cabinet in May 2017, as part of the Vision and Forward Plan. The new Early Years Health and Wellbeing Service has been designed and procured to achieve the Council's statement of purpose and commitment: "Every parent wants the best for their children. We want to support this by providing every child living in Birmingham with an equal chance to have a really good start in life. Birmingham City Council feels this will be achieved if every child has a good level of development when they start school. Early Years Services are provided to support parents from the time a child is conceived up until the age of 5. How well a child does in their early years have a huge impact on how they do in the rest of their lives." The remodelling of Early Years Services is a key priority to action, within the Children's Improvement Plan, which highlighted concerns with the current service model which was considered to be overly complex and to compound inequality as a consequence of an unequal service offer. This EA evaluates the potential adverse impact on the eligible service user group - children under 5 and their families.
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Introduction

The report records the information that has been submitted for this equality analysis in the following format.

Initial Assessment

This section identifies the purpose of the Policy and which types of individual it affects. It also identifies which equality strands are affected by either a positive or negative differential impact.

Relevant Protected Characteristics

For each of the identified relevant protected characteristics there are three sections which will have been completed.

- Impact
- Consultation
- Additional Work

If the assessment has raised any issues to be addressed there will also be an action planning section.

The following pages record the answers to the assessment questions with optional comments included by the assessor to clarify or explain any of the answers given or relevant issues.

1 Activity Type

The activity has been identified as a New/Proposed Function.

2 Initial Assessment

2.1 Purpose and Link to Strategic Themes

What is the purpose of this Function and expected outcomes?
"Every parent wants the best for their children. We want to support this by providing every child living in Birmingham with an equal chance to have a really good start in life. Birmingham City Council feels this will be achieved if every child has a good level of development when they start school. Early Years Services are provided to support parents from the time a child is conceived up until the age of 5. How well a child does in their early years has a huge impact on how they do in the rest of their lives."

The journey to design and procure the new Early Years health and Wellbeing service to achieve the Council's statement of purpose and commitment has been a long, robust and complex process. Throughout the journey meeting the needs of the most vulnerable children and families to improve their outcomes has been central to every action taken.
Key to fulfilling our vision is:

. Every child having a happy childhood and the best preparation for adult life. Children will benefit from an integrated, inclusive early years and health visiting service, and be well prepared to start formal education.
. Families and children receiving targeted help as early as possible to overcome whatever issues are in their way and, if needed, with a team of great social workers and specialists to help the child and their family further.
. Preventing family breakdown. We seek to support disadvantaged families through a range of interventions so that their children can thrive. We want to target support to families so that where they are struggling we can help them to improve their parenting skills so that children are safer and can thrive. Working in this way will help reduce conflict within families and the need for children to come into care. We also want to ensure that we support adults into work through providing appropriate support and advice, underpinned by sufficient, quality, flexible and affordable child-care

When this happens we will better placed to deliver the following outputs and outcomes:
. Increasing the percentage of children who are developing well and are ready for school
. Increasing parents resilience, skills and employability
. Increasing the number of children who develop age appropriate speech, language and communication
. Increasing the number of children who have age appropriate personal social and emotional development
. Improved parental emotional health and wellbeing
. Reduced smoking during pregnancy and parenthood
. Increasing the number of children who are a healthy weight
. Increasing breastfeeding rates at birth and 6 weeks
. Children are protected from significant harm and their development and wellbeing are promoted

The focus of the new integrated model is clustered around the core service delivery areas of : Reach and Service Uptake - ensuring that all children access the service; Child Development - children are supported to reach good levels of physical, cognitive and emotional development; Healthy Lifestyles - parents are supported to understand and apply positive approaches to their families lifestyle including diet and exercise; Effective Parenting - parents will be supported to

parent effectively and manage challenges positively; and Safeguarding - children will be kept sfae and protected fronm harm. This is essentially business as usual but becoming better so that the inequalities in the current system are removed.

An initial analysis was completed in April 2017 which concluded that full analysis was required but could not be completed until public consultation on the service delivery model was completed, analysed and the detail of the model made public.

For each strategy, please decide whether it is going to be significantly aided by the Function.

Children: A Safe And Secure City In Which To Learn And Grow	Yes

Comment:
.Our children have the best start in life.
.Children are able to realise their full potential through great education and training.
.Our children are safe, feel safe, and are confident and proud of who they are.

All children are entitled to experience a happy, healthy, positive childhood in their home and local community accessing support form a range of services as required including the new integrated children's centre and health visiting Early Years health and Wellbeing Service.

Health: Helping People Become More Physically Active And Well	Yes

Comment:
The Early Years Health and Wellbeing service will:
.encourage children and parents to get more exercise and to eat more healthily
.reduce health inequalities between different groups of people in the city
.help health and early years professionals to work more closely together to better support Birmingham's under 5s
.provide a seamless Early Years Health and Wellbeing service so that children and parents can get the service they require or the correct information and advice in one place, local to where they live

Housing : To Meet The Needs Of All Current And Future Citizens	Yes

Comment:
Whilst not a housing service the Early Years Health and Wellbeing service will support families where there is homelessness and/or housing problems in line with the Council's commitment to helping families to acess good quality homes. and to create thriving, prosperous neighbourhoods.

Jobs And Skills: For An Enterprising, Innovative And Green City	Yes

Comment:
A core service to be provided by the new servic is to work in partnership with the DWP/Job Centre Plus to encourage and support parents back into education, training and employment into good quality, lasting jobs.

2.2 Individuals affected by the policy

Will the policy have an impact on service users/stakeholders?	Yes

Comment:
Impact of Deprivation and Poverty:
Although not a protected characteristic we recognise that the impact of deprivation and poverty is is a major factor in relation to need. We need to make sure that children and families from the most disadvantaged backgrounds are able to access services that are appropriate to meet their needs). The needs assessment in 2016 identified that 79% of under 5s live in the 40% most deprived areas.

Poverty and deprivation are distinct but closely related concepts. Poverty is generally considered to be a lack of money. While deprivation refers to a lack of opportunity, access to health care, safe environments, as well as adequate protection from harm and a lack of resources (e.g Shops and infrastructure).

One definition of poverty used by the British Government is relative poverty; "living in a household where income is below 60 per cent of the median adjusted for household size." Relative poverty can be contrasted with absolute poverty, which refers to circumstances where the basics required for life such as food, clothing and shelter are unaffordable (Full Fact, 2017).

Black and Minority ethic individuals are more likely to live in low income households with around two fifths of people from BME backgrounds living in low income households, which is twice the rate for white people. Poverty is known to have adverse consequences on health as well as life chances.

Child poverty differs widely across ethnic groups. All minority groups have higher rates of poverty than the average and compared to the white majority, according to the standard measure adopted by the Government for monitoring child poverty.

Nationally, with a fifth of children in poverty overall, black Caribbean and Indian children had rates of poverty of 26 and 27 per cent rising to 35 per cent for black African children.

Turning to disability, the risks of poverty associated with living with a disabled family member were higher for Pakistani (57 per cent) and Bangladeshi (66 per cent) children than they were for black Caribbean (42 per cent) and black African (44 per cent) children, and for all these groups the risks were higher than that for white children living in a household with a disabled member (28 per cent).

There is a 2 way relationship between disability and poverty in childhood. Disabled children are amongst the most likely to experience poverty, and children from poorer backgrounds are more likely to become disabled than those who are better off (NHS Information Centre, 2014).

About 60% of children and young people with learning disabilities and mental ill health live in poverty (Action on Hearing Loss, 2011).

Families supporting a disabled child are more than twice as likely as other families to be tenants of local authorities or housing associations, not to be home owners, to live in a house that could not be kept warm enough in winter, to be unable to keep a child's bedroom warm enough in winter and to be unable to keep the house warm enough in winter due to the cost of heating (Emerson and Hatton 2007).

Birmingham children born into income deprived households may experience intergenerational health, educational, economic and social inequalities through life, starting with an infant mortality rate of 7.2/1000 compared with England average at 4/1000, shorter life expectancy, low birth weight, and low initiation of breastfeeding. Rates of ill health, mental health problems, lower educational achievement, unemployment and involvement in crime are also higher.

The new service will identify and respond to individual needs found through universal contacts. Utilising the Right Help Right Time framework, the integrated service will facilitate early relationships with families using consistent holistic assessments at key stages in children's lives. Benchmarking individual and family circumstances, the service will measure impact of additional needs identifying changes in circumstances, using the early help assessment or Signs of Safety and wellbeing tools to accurately reassess and plan support with the family. Communities of need includes families where children are experiencing an impact of family circumstances, including: domestic abuse, mental illness, Alcohol or substance abuse, parents in the criminal justice system, lone parents with no support, low income families/unemployed and homelessness or families in temporary accommodation,

One of the potential adverse impacts of the new service model is the need for some parents to use new venues some of which may require them to access public transport or walk further. The

map below shows that in the new delivery model there is a service delivery venue within a 30 minute walk of wherever someone may be. In responses to the public consultation transport issues were cited by 13.6% of the sample as a reason for people being opposed to the new model and the associated closures of local providers. Many of these respondents state that current service providers are conveniently located within walking distances to them (note that over 50% of parents/guardians walk to their local provider at present). Accordingly, many were concerned about reduced accessibility if local services are closed down, mainly due to not everybody having access to a car and public transport being impractical/or expensive. Low-income groups, parents with young children, those with disabilities and the elderly were used as examples of people who may struggle to access new services.

Will the policy have an impact on employees?	Yes

Comment:
A seperate EA has been completed for staff affected by the Early Years Health and Wellbeing service.

Will the policy have an impact on wider community?	No

2.3 Relevance Test

Protected Characteristics	Relevant	Full Assessment Required
Age	Relevant	Yes
Disability	Relevant	Yes
Gender	Relevant	Yes
Gender Reassignment	Not Relevant	No
Marriage Civil Partnership	Not Relevant	No
Pregnancy And Maternity	Relevant	Yes
Race	Relevant	Yes
Religion or Belief	Not Relevant	No
Sexual Orientation	Not Relevant	No

2.4 Analysis on Initial Assessment

The recommendation to award the contract for the Early Years Heath and Wellbeing Service in line with the outcomes of the procurement process represents a key stage in transforming the way early years services are delivered in Birmingham.

Care will need to be taken during the mobilisation phase to ensure that as services transform adverse consequences for children, families, staff and communities are identified and mitigated. It is expected that the new service will extend current reach and improve outcomes for families with children aged 5 and under.

The initial stage analysis identified that for the protected characteristics of religion and belief, marriage and civil partnership, sexual orientation and gender re-assignment it is not anticipated that there will be any adverse impact on these groups, or individuals within them, following the implementation of the new service delivery model. It is expected that the whole of the workforce will have knowledge and understanding of, and received training about these groups and issues that might affect them and support needed.

For example, this will require staff to be aware of cultural and religious practices and arranging appointments and groups at appropriate times, factoring in celebrations that are not included in the standard British calendar to avoid clashes, being able to signpost to specialist services, respond sensitively, without prejudice to personal information that may be shared with them, use non-discriminatory language and source factual information as and when required.

There has been 2 substantial consultations about the service delivery model and both had respondents who identified with aforementioned characteristics. The only issue or concern raised which was characteristic
specific for which sixty three respondents to the public consultation suggested that more faith venues, including

mosques and churches could be used as delivery venues. This is reflected in the new model.

The equality analysis contains quotes from the successful tender submission to evidence the new provider partnership's approach to delivering an inclusive anti and non-discriminatory service.

"The Partnership already values different faiths represented within the city and we will work with faith organisations through our community development workers and in partnership with Thrive Together Birmingham to develop community-led stay and play provision in faith venues. The Approachable Parenting programme provided at St Pauls is based on the Five Pillars of Islam, appealing to families who would not naturally attend other parenting programmes. "

Data about respondents to the most recent public consultation from these groups is included in the accompanying report: see table 1

The most recent public consultation received a total of 1,940 responses.
The general public and interested parties were invited to participate in the consultation. The consultation ran from the 19th June until the 17th August 2017. The consultation aimed to include as many responses from the general public and affected groups as possible through direct consultation. A full list of consulted groups is available in Appendix 2 to the Cabinet Report.
To reach as many people as possible, a range of consultation methods were available. The consultation summary document and questionnaire were developed in two versions: standard and Easier to Read.
The consultation documents were accessible in a variety of ways including:
Online at Birmingham Be Heard - all documents were available to the general public via this platform. The web link to Be Heard was also circulated to a wide range of stakeholders with details of how they could have their say.
Printed questionnaire - printed questionnaires were made available at all of the Birmingham Children's Centres. Free post return was available for all printed questionnaires. Electronic questionnaire - an electronic version of the questionnaire was available on Birmingham Be Heard or on request via email.
People who had views that they wanted the Early Years team to be aware of but did not wish to complete a questionnaire were asked to submit their comments by email or freepost.
Engaging Communities Staffordshire (ECS) is an independent, community interest company who was commissioned to engage with pregnant women and parents with children aged between 0-5 years across the city and across socioeconomic backgrounds.
A total of 593 questionnaires were completed and submitted through ECS.
Consultation events were delivered in each of the ten Districts. The events provided more information about the proposed delivery model. In total, 153 local families and professionals attended the events.
All of the Children's Centres across the city were offered the opportunity to host a local public meeting at their venue. Seven Children's Centres took up the offer to hold an onsite event with more than 260 local families and professionals in attendance.
There has been a raft of publicity and media coverage in relation to the consultation on the proposed model. This included:
Formal press release; Mail out to all Children's Centres and effected services; Individual mail out to key stakeholders ; Birmingham Mail; Nursery World; ITV News; Public Sector Executive; Sutton Coldfield Local News; Birmingham against the Cuts; Birmingham Post; Children & Young People Now; Birmingham City Council internal communications; Chief Executives Bulletin; Information Round Up; Early Years Noticeboard; Friday Round Up

Potential Adverse impact:
Transition into the new model does not retain contact with current service users.
Parents do not enage with the new service and the required increase reach and uptake is not met.
Individuals within the protected groups, including teenage parents, parents of children with SEND, fathers, parents from BME commmunities do not engage or are missed by the service and require targetd approaches
The service model is unable to support children and families with complex needs, e.g. children with SEND.
Venues are unaccessible- affordability, public transport,
Impact of poverty and deprivation on ability to engage and the disproprtionate impact on BME and disabled individuals and families.

Mitigation against potential adverse impact is detailed in the analysis of the full assessment.

3 Full Assessment

The assessment questions below are completed for all characteristics identified for full assessment in the initial assessment phase.

3.1 Age - Assessment Questions

3.1.1 Age - Relevance

Age	Relevant

3.1.2 Age - Impact

Describe how the Function meets the needs of Individuals of different ages?
The EYHWB service is required to support children under 5 and their families. The two key components being health visiting and children's centre services, both of which are statutory duties.
In relation to the ages of the children accessing the service, the contract includes the delivery of 5 mandated universal health visitor assessments at various age stages from birth including: antenatal, new baby review, 6-8 weeks, one year and 2-2.5 years. The inclusion of a further targeted health review at 3.5 years is also being explored. Current Health Visitor service uptake of the 5 mandated checks varies across these different age ranges (from 68% - 92%, Q1 data 2017/18). However since the new service includes key outcomes around reach and service uptake it is anticipated that uptake will increase across all age groups.

Whilst the main age focus relates to children, the service has to be able to respond to parents across a wide age span, providing services that are relevant to teenage parents through to older parents. Recognising the link between teenage parents and infant mortality the service will actively invite teenage parents to access settings and within any setting where mothers wish to breastfeed we will commit to using Baby Friendly standards for privacy and provide consistent advice
The majority of parents/carers of under 5's registered and regularly accessing the services are aged between 25 and 34 with a further third aged between 35 and 44.

One of the factors that contributed to the new service design was the poor performance city wide with regard to the number of unders 5s who are not being seen by the current service arrangements.

There is a significant body of research that demonstrates the importance of children in their early years receiving the right support and interventions. Failure to access this support increases the likelihood of under achieving and failing to thrive in many areas of development as they pass through childhood and become adults.

see Table 2: number of under 5s seen across districts - accompanying report

Do you have evidence to support the assessment?	Yes

Please record the type of evidence and where it is from?
local data
national research
consultation feedback

You may have evidence from more than one source. If so, does it present a consistent view?	Yes

3.1.3 Age - Consultation

Have you obtained the views of Individuals of different ages on the impact of the Function?	Yes

If so, how did you obtain these views?
The view of service users, individuals from the protected characteristic groups and stakeholders has been sought and used to inform the journey to reach the proposed November 2017 start date for the new service. The most recent public consultation had respondents from across a very wide age range. see table 3 in the supporting document.

Have you obtained the views of relevant stakeholders on the impact of the Function on Individuals of different ages?	Yes

If so, how did you obtain these views?
2 public consultations
Engagement with professionals from current service and key partners including NHS and voluntary sector.
Document set available.

Is a further action plan required?	No

3.1.4 Age - Additional Work

Do you need any more information or to do any more work to complete the assessment?	No
Do you think that the Function has a role in preventing Individuals of different ages being treated differently, in an unfair or inappropriate way, just because of their age?	Yes
Do you think that the Function could help foster good relations between persons who share the relevant protected characteristic and persons who do not share it?	Yes

Please explain how individuals may be impacted.
There are inequalities in the current service model with upto 20% of children under 5 not being seen and not receiving a service. This will impact on their development.
Birmingham's early years performance is variable across districts. Children's outcomes vary across the districts from 57% of children achieving a good level of development in Hodge Hill, compared with 76% in Sutton.

Please explain how.
The EYHWB is accessible to children under 5 and their families. Where additional support is required it will be provided in sensitive, discreet and non-stigmatising ways.

The new service offer we are making to parents and families must be communicated in a clear and easily understood way and must put children at the heart and parents at the helm, works in collaborative partnership for the benefit of children and families, is an inclusive service model, which promotes access for all children and families to the universal services available to them and is focused on and delivers real outcomes for children and families, ensuring that no child is lost to the system either during their Early Years or in transition to the broader network of support services.

3.2 Disability - Assessment Questions

3.2.1 Disability - Relevance

Disability	Relevant

3.2.2 Disability - Impact

Describe how the Function meets the needs of Individuals with a disability?
There are a number of statutory duties specific to supporting disabled children and their carers. Section five of the Code of Practice is specific to services for under 5s and states that all early years providers are required to have arrangements in place to identify and support children with SEN or disabilities and to promote equality of opportunity for children in their care.

National research has found that: 57% of children with SEND do not take up their 15 hour funded places; 38% of parents report that they do not think providers can care for their child safely; 25% say a provider excluded their child because of their disability or SEN (Contact A Family 2016). Some children's needs can be too challenging to meet in mainstream settings, even with the necessary training in place. Where there are physical/ mobility needs, children can often require additional support in accessing activities. Children with a diagnosis that affects their Social, Emotional or Behavioural needs often require additional support in interacting with peers and settling into a comfortable routine. Parents have expressed to practitioners, the importance of meeting families and being given the opportunity to meet and share experiences with other families who may be undergoing similar experiences, in a comfortable environment. Failure to provide services and support for disabled children could affect a proportion of families who would otherwise be unseen by professionals and/ or services.

In the academic year 2016/17: (Autumn and Spring Term)
300 with SEND require special educational support at home before they access any early years provision;
165 children with sensory impairments requiring SEND support at home before they access Early Years provision;
89 children with sensory impairments accessed their Early Education Entitlement in mainstream nursery settings;
285 2 year olds with SEND accessed their Early Education Entitlement;
918 3/4 year olds with SEND accessed their Early Education Entitlement.

Parents with learning disabilities may experience barriers to accessing services. This may be related to understanding written or verbal material, unless it is in an accessible form or provided in a way that the parent can engage with.

In the current children's centre service 210 children under three with a recorded disability were registered and 269 were seen in previous twelve months.

The new provider has stated that intention is that where there is an emerging disability they will work effectively with wider partners in early help assessments and education, health and care planning, to ensure care and support is person-centred and support transition into nursery where possible. Parents will be offered support at home and in hubs through antenatal groups/peer support groups and specialist stay and play or speech and language therapy groups. The key worker will be responsible for coordinating and tailoring various services to the needs of the individual child.

Do you have evidence to support the assessment?	Yes

Please record the type of evidence and where it is from?
local data
national research
consultation feedback

You may have evidence from more than one source. If so, does it present a consistent view?	Yes

3.2.3 Disability - Consultation

Have you obtained the views of Individuals with a disability on the impact of the Function?	Yes

If so, how did you obtain these views?
The view of service users, individuals from the protected characteristic groups and stakeholders has been sought and used to inform the journey to reach the proposed November 2017 start date for the new service.

"Staff have been supporting my family for over 8 years now, I had limited English and a child with a disability as well as 9 other children. I don't know how I would have coped without the support from dedicated staff."

Particularly notable in the public consultation was the frequency of respondents who stated that these providers supported them through challenging periods of their lives, i.e. during post-natal depression, raising disabled children, and dealing with own disabilities. Many respondents felt that their centres provided invaluable support when going through the long process of diagnosing their child's developmental issues, facilitating them to navigate complex systems involving GPs, speech and language therapists and others.

The most recent public consultation had respondents with disabilities.

Disability	No'	%
Yes	173	9%
No	1633	84%
Not known	110	6%
Prefer not say	24	1%
Total	1940	100%

Have you obtained the views of relevant stakeholders on the impact of the Function on Individuals with a disability?	Yes

If so, how did you obtain these views?
2 public consultations
Engagement with professionals from current service and key partners including NHS and voluntary sector
Document set available.

Is a further action plan required?	No

3.2.4 Disability - Additional Work

Do you need any more information or to do any more work to complete the assessment?	No

Do you think that the Function has a role in preventing Individuals with a disability being treated differently, in an unfair or inappropriate way, just because of their disability?	Yes
Do you think that the Function could help foster good relations between persons who share the relevant protected characteristic and persons who do not share it?	Yes
Do you think that the Function will take account of disabilities even if it means treating Individuals with a disability more favourably?	Yes

Comment:
The new service will provide access for under 5s with SEND and their parents to both universal and specialist services as required to ensure that the range of individual needs is met.

Do you think that the Function could assist Individuals with a disability to participate more?	Yes

Comment:
Parents of children with SEND are at more risk of social isolation because of the pressures of caring for a disabled child, limited access to universal services and challenges around mobility e.g. transporting children. The new service model will be delivered across a range of local community venues at different times with universal activities and specialist groups.

Do you think that the Function could assist in promoting positive attitudes to Individuals with a disability?	Yes

Comment:
The new service will create opportunities for children and parents from different backgrounds to meet in safe spaces with a trained and knowledgeable work force presents to challenge discriminatory behaviours related to prejudice or misguided beahviours.

Please explain how individuals may be impacted.
as referred to in 3.2.2 the national trend is that a significant number under 5s who have SEND do not access early years services. many of these babies and children are some of the most vulnerable children in the city because of their age and the complexity of their needs, and, for some, the complexity of their family circumstances. Without support there is increased risk of social isolation and family breakdown because of the pressure of caring for children with complex needs.

In the new model the provider recognises that the service will need Birmingham children and families and wider stakeholders to identify them as: Knowledgeable and experienced; Credible and trustworthy; Creative and innovative; Open and honest; Listening and caring. Children with special educational needs and disabilities will be given extra support as early as possible. Parents will be supported in understanding their child's needs, providing the best care for them and making informed choices about their education. Parents will also be supported through the emotional and practical challenges that can come with raising a child with additional needs, including both professional help and advice and peer support groups.

Please explain how.
The offer we make to parents and families must be clear and easily understood and must put children at the heart and parents at the helm, be an inclusive service model, which promotes access for all children and families to the universal services available to them, create a preventative service model which identifies and responds to additional needs at the earliest opportunity and builds resilient families able to grow and thrive without the need for statutory support services and supports children and families from diverse backgrounds, with different needs to be together in safe and supportive spaces.

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3.3 Gender - Assessment Questions

3.3.1 Gender - Relevance

Gender	Relevant

3.3.2 Gender - Impact

Describe how the Function meets the needs of Men and women?
Early years services are still accessed by predominantly mothers (over 90%), starting during pregnancy and into parenthood and the early years.
11.5% of all registered male carers were seen in the previous twelve months, compared with 37.5% of all registered female carers (2016/17)

There is much evidence about the importance of fathers in children's lives and the new service will target and connect with fathers by asking them what they need to support their parenting and will increase provision to cover weekend and evening availability. It will also provide gender specific groups as required including women-only groups, such as the Freedom Programme for victims of domestic abuse.

Do you have evidence to support the assessment?	Yes

Please record the type of evidence and where it is from?
local data
national research
consultation feedback

You may have evidence from more than one source. If so, does it present a consistent view?	Yes

3.3.3 Gender - Consultation

Have you obtained the views of Men and women on the impact of the Function?	Yes

If so, how did you obtain these views?
The view of service users, individuals from the protected characteristic groups and stakeholders has been sought and used to inform the journey to reach the proposed November 2017 start date for the new service.

The most recent public consultation had both male and female respondents.

Gender	No'	%
Female	1668	86%
Male	200	10%
Not known	62	3%
Prefer not say	10	1%
Total	1940	100%

The 10% response from men is comparable to the 11.5% of all registered male carers who were seen by the current service in 2016/17.

Have you obtained the views of relevant stakeholders on the impact of the Function on Men and women?	Yes

If so, how did you obtain these views?
2 public consultations
Engagement with professionals from current service and key partners including NHS and

voluntary sector
Document set available.

Is a further action plan required?	No

3.3.4 Gender - Additional Work

Do you need any more information or to do any more work to complete the assessment?	No
Do you think that the Function has a role in preventing Men and women being treated differently, in an unfair or inappropriate way, just because of their gender?	Yes

Please explain how individuals may be impacted.
90% of current service users are female/mothers. This reflects the ongoing social model of women being the primary carers. This can inadvertently lead to services being delivered with a gender bias in favour of women but increasingly it is important that fathers are able to access services to support their parenting role.

In the new model boys and girls will access services equally on a gender basis. As the service is accessed predominantly by women steps will be taken and monitored to ensure that this does not prevent or discourage men (fathers) from accessing support. Where required gender specific services will be provided. Examples of this include parenting programmes for dads, domestic abuse support for women.

Learning from the curent model is that staff need to be skilled in challenging views of men/women that perpetuate gender stereotypes and create safe spaces for discussion.

3.4 Pregnancy And Maternity - Assessment Questions

3.4.1 Pregnancy And Maternity - Relevance

Pregnancy & Maternity	Relevant

3.4.2 Pregnancy And Maternity - Impact

Describe how the Function meets the needs of Pregnant women or those who are on maternity leave?
Currently Of the 1791 pregnant women registered, 1727 (96%) were seen (2016/17)

The service includes a universal mandated ante-natal assessment; further targeted services are available ante-natally e.g. ante-natal support for mothers with mental health issues.

Recognising the link between teenage parents and infant mortality the service will actively invite teenage parents to access settings and within any setting where mothers wish to breastfeed we will commit to using Baby Friendly standards for privacy and provide consistent advice.

"The early avoidance and/or identification of strained/struggling family relationships (parent-parent and parent-child) in the early years of childhood can be addressed by attention to preparation for parenting during pregnancy (especially the first pregnancy) and contact or support in the first year. This is a key characteristic of the developing Birmingham & Solihull Local Maternity System (BUMP) and Birmingham Early Years System.

Effective family centred and family determined support is the 'glue' that holds it all together and is based on trusted relationships. The group reflected on the importance of the value of the agent relationship with the family which the multi-agent learning approach can foster. Trusted relationships foster family change. This has been the theme of a number of the effective evidence based programme evaluations6, perhaps more than the programme theory base or content and especially the licensed ones. " (Using the Impact of Childhood Adverse Experiences to Improve the Health and Wellbeing of Birmingham People - Health and Wellbeing Board Task and Finish Group 2017)

Do you have evidence to support the assessment?	Yes

Please record the type of evidence and where it is from?
local data
national research
consultation feedback

You may have evidence from more than one source. If so, does it present a consistent view?	Yes

3.4.3 Pregnancy And Maternity - Consultation

Have you obtained the views of Pregnant women or those who are on maternity leave on the impact of the Function?	Yes

If so, how did you obtain these views?
The view of service users, individuals from the protected characteristic groups and stakeholders has been sought and used to inform the journey to reach the proposed November 2017 start date for the new service.
"All I would like to add is that you MUST bear in mind that parenthood can be a very lonely and isolating time of a parent's life and so these Children Centres offer a lifeline to so many of us who have struggled in the early months."

"For breastfeeding moms, it's important for the services not to be too far. I wouldn't have been able to get anywhere further in those first few weeks and months and I wouldn't get any support. Breastfed babies feed a lot and more often than bottlefed babies and feeding them is not that easy, I have to sit down and wait until they're finished which can take over half an hour. And if somebody doesn't drive, they're then limited how far they can travel. You're proposing the closure of many venues. For many breastfeeding moms, that will mean support won't be accessible. "

The most recent public consultation had responses from parents.

Who	Total No'	%
Parent/guardian child 0-5	1502	77%
Staff/professionals	146	8%
Prefer not to say	18	1%
Not known	30	2%
Other	244	13%
Total	1940	100%

Have you obtained the views of relevant stakeholders on the impact of the Function on Pregnant women or those who are on maternity leave?	Yes

If so, how did you obtain these views?
2 public consultations
Engagement with professionals from current service and key partners including NHS and voluntary sector
Document set available.

Is a further action plan required?	No

3.4.4 Pregnancy And Maternity - Additional Work

Do you need any more information or to do any more work to complete the assessment?	No
Do you think that the Function has a role in preventing Pregnant women or those who are on maternity leave being treated differently, in an unfair or inappropriate way, just because of their pregnancy and maternity?	Yes
Do you think that the Function could help foster good relations between persons who share the relevant protected characteristic and persons who do not share it?	Yes

Please explain how individuals may be impacted.
The service encourages all pregnant women to access a range of services to mitigate against social isolation and the health risks that poses for pregnant women if they miss essential appointments.

The city's health visiting service, children's centres and other support services will work together to provide local 'early years hubs'. At the hubs, families can access the help they need from pregnancy until their child
starts school. this will include
. 5 key assessment contacts for every child during pre-school years (28 weeks pregnancy, 10-14 days old, 6-8 weeks, 9-12 months, 24-30 months)
. Community-based stay and play groups
. Antenatal classes delivered in partnership with community midwifery colleagues
. Well baby clinics
. Advice and support about the child's health and development

. Advice and support about staying healthy

Please explain how.
The EYHWB is a universal service accessible to children under 5 and their families regardless of their characteristics. Where additional support is required it will be provied in sensitive, discreet and non-stigmatising ways including groups within the pregnancy/maternity cohort who because of specific cultural practices may need different approaches or support e.g disabled women. The service creates opportunities for people to meet with, and learn about other groups in their communities.

3.5 Race - Assessment Questions

3.5.1 Race - Relevance

Race	Relevant

3.5.2 Race - Impact

Describe how the Function meets the needs of Individuals from different ethnic backgrounds?
BME engagement - 80% under threes are registered, 62% seen in last twelve months, 29% seen three or more times in last twelve months. This compares with 76%, 57% and 27% for the population as a whole. For under fives the BME registered is 88% with 49% seen in last twelve months, compared with 82% and 44% for total population.

The provider partnership will build on existing good practice, across every district; ensuring provision remains well connected to local communities, utilising community capacity/assets and reflects local need. It employs a diverse workforce, representative of the BME population (health visitor workforce is 41% BME staff). This increases understanding of communities.

Where English is not the first language it will invest in good quality interpreting which is trusted by parents. It will also ensure staff or family members who informally interpret are exercising choice and parents' dignity is not compromised.

Services and activities listed by more than ten of the 204 respondents to the consultation as the most important included English language classes/groups.

The tender submission identified specific groups to be targeted for support including travelling families and new arrivals into the country or seeking asylum through dispersal accommodation, families whose first spoken language is not English, families who are victims of discrimination or harassment within their community, families under pressure of complying with cultural practices judged to be abusive within UK law.

There is strong evidence around the benefits that can derive from high levels of meaningful contact between people from different backgrounds. Social mixing can reduce prejudice; increase trust and understanding between groups (with a knock on effect that allows negative perceptions of other groups to be challenged); lead to a greater sense of togetherness and common ground.

The health visiting service reaches children from diverse backgrounds: see table 7 in accompanying report.

Do you have evidence to support the assessment?	Yes

Please record the type of evidence and where it is from?
local data
national research
consultation feedback

You may have evidence from more than one source. If so, does it present a consistent view?	Yes

3.5.3 Race - Consultation

Have you obtained the views of Individuals from different ethnic backgrounds on the impact of the Function?	Yes

If so, how did you obtain these views?
The view of service users, individuals from the protected characteristic groups and stakeholders has been sought and used to inform the journey to reach the proposed November 2017 start date for the new service.
"Parents who don't speak English will miss their English classes and their children will miss activities and socialising. Some women are barely allowed to leave the house by their families, they may be able to gain permission to go to one centre but if this changes or the staff change they may lack the confidence to go, and if they are supposed to go to multiple locations for different services they may not be allowed out by their family or partner."

"Ensure effective equality for the hard to reach and excluded groups. It is important to have sufficient staff from the major ethnic minority groups to deliver services in a culturally sensitive manner."

The most recent public consultation had responses from individuals from different BME communities.
Ethnicity No' %
Asian 568 29%
Black 157 8%
Mixed 72 4%
Not known 143 7%
White 964 50%
Other 36 2%
Total 1940 100%

Have you obtained the views of relevant stakeholders on the impact of the Function on Individuals from different ethnic backgrounds?	Yes

If so, how did you obtain these views?
2 public consultations
Engagement with professionals from current service and key partners including NHS and voluntary sector
Document set available.

Is a further action plan required?	No

3.5.4 Race - Additional Work

Do you need any more information or to do any more work to complete the assessment?	No
Do you think that the Function has a role in preventing Individuals from different ethnic backgrounds being treated differently, in an unfair or inappropriate way, just because of their ethnicity?	Yes
Do you think that the Function could help foster good relations between persons who share the relevant protected characteristic and persons who do not share it?	Yes

Please explain how individuals may be impacted.
Research tells us that parents most in need of family support services are often the least likely to access them. Evidence suggests that engagement can be improved by: accessible venues and times for service delivery; trusting relationships between staff and users; a 'visible mix' of staff by age, gender and ethnicity; involving parents in decision-making; and overcoming prejudices

concerning disabled parents, parents with learning difficulties and parents with poor mental health.

Parents from BME communities who may be experiencing isolation and be subject to discriminatory behaviour from others are unlikely to seek out and access services.

Please explain how.
The EYHWB is accessible to children under 5 and their families regardless of their characteristics. Where additional support is required it will be provied in sensitive, discreet and non-stigmatising ways.The offer we make to parents and families must be clear and easily understood and must puts children at the heart and parents at the helm, which is well connected to local communities, which utilises and builds upon community capacity and assets and reflects well local issues and need, is an inclusive service model, which promotes access for all children and families to the universal services available to them.
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3.6 Concluding Statement on Full Assessment

Potential Adverse impact:
Transition into the new model does not retain contact with current service users.
Parents do not enage with the new service and the required increase reach and uptake is not met.
Individuals within the protected groups, including teenage parents, parents of children with SEND, fathers, parents from BME commmunities do not engage or are missed by the service and require targetd approaches
The service model is unable to support children and families with complex needs, e.g. children with SEND.
Venues are unaccessible- affordability, public transport,
Impact of poverty and deprivation on ability to engage and the disproprtionate impact on BME and disabled individuals and families

Mitigation

One of the potential adverse impacts of the new service model is the need for some parents to use new venues some of which may require them to access public transport or walk further. In the new delivery model there is a service delivery venue within a 30 minute walk of wherever someone may be. In responses to the public consultation transport issues were cited by 13.6% of the sample as a reason for people being opposed to the new model and the associated closures of local providers. Many of these respondents state that current service providers are conveniently located within walking distances to them (note that over 50% of parents/guardians walk to their local provider at present). Accordingly, many were concerned about reduced accessibility if local services are closed down, mainly due to not everybody having access to a car and public transport being impractical/or expensive. Low-income groups, parents with young children, those with disabilities and the elderly were used as examples of people who may struggle to access new services. The Cabinet Report (October 2017) details the wide ranging offer of venues for service delivery. Alongside this is the need to respond to the misconception that currently access to services is determined by postcode. This is incorrect.

When the new service starts on 1st January 2018 there will be a mix of business as usual and changes as some current buildings close and services transfer to different venues and it is recognised that this will be an unsettling, challenging time for many children and families regardless of their background. Information briefing sessions have been taking place across Birmingham to let parents, professionals and other stakeholders know what the new service model will look like so that they know what to expect and to minimise anxiety, concerns and misunderstanding. The new provider is developing a transition plan which will identify the potential issues and the timeline and solution to mitigating against these. The plan, required for submission on 1st November, will be subject to BCC approval.

The new service will identify and respond to individual needs found through universal contacts. Utilising the Right Help Right Time framework, the integrated service will facilitate early relationships with families using consistent holistic assessments at key stages in children's lives. Benchmarking individual and family circumstances, the service will measure impact of additional needs identifying changes in circumstances, using the early help assessment or Signs of Safety and wellbeing tools to accurately reassess and plan support with the family. Communities of need includes families where children are experiencing an impact of family circumstances, including: domestic abuse, mental illness, Alcohol or substance abuse, parents in the criminal justice system, lone parents with no support, low income families/unemployed and homelessness or families in temporary accommodation,

The new contract terms and conditions are in negotiation and include robust performance monitoring and specified Key Performance Indicators which will be applied rigorously. Performance monitoring by the dedicated contract management team will be key to making sure that new model is delivering the service has required as required, reaching all children and supporting the most vulnerable.

To address the potential adverse impacts the new provider recognises that the transition from the existing provision to the integrated EYHWB service will require close working with Commissioners and the sharing of key information to ensure the minimum disruption for children, families and staff. In order to manage a significant reduction in funding alongside the need to ensure a consistent high quality service the partnership has adopted two core principles which have informed their approach to delivery locations: Targeting resources where they are most needed using the Early Years Needs Analysis and IMD data; Investing in a community development approach to support longer term development and sustainability of the universal offer.

A range of services will be offered to help families tackle issues of inequality; deprivation and parenting capacity. Parenting support will go hand-in-hand with access to support and advice, such as housing, debt, adult relationships and parental emotional wellbeing; services to address these wider issues and will be provided in all Districts. Where possible there will be consistency of staff transferring to the new model so that there is a level of familiarity for children and parents.

The new service pathways recognise the super-diversity of the Birmingham population and the need to provide an individualised service. Families living with disadvantage and/or discrimination linked to issues of diversity may be more vulnerable to poor outcomes and are more likely to require a pathway response. Pathways will be person-centred and encourage families to set their own goals.

Families will be able to access services in a range of different, local venues as well as, when required, receive home visiting services. Health Visitors already do this and the Home-Start visiting service is part of the new supply chain.

To support connections with local communities the partnership will employ community development workers at District level. Their role will be to develop and nurture effective partnerships across a range of community groups, encourage engagement and participation in services to improve outcomes for children and develop shared use of community assets, such as faith venues, parks etc. This will increase the confidence of local people in accessing the new service as it will have a local, community relevance for them.

Dialogue with the new provider partnership during the procurement process and continuing through mobilisation of the contract it is clear that their commitment and their experience and knowledge will enable them to deliver the service which was specified from the outset. We expect that all children under 5 and their families must be able to access the service when they choose to and when they need it most.

To be successful, the EYHWB service will need Birmingham children and families and wider stakeholders to identify it as: Knowledgeable and experienced; Credible and trustworthy; Creative and innovative; Open and honest; Listening and caring. The partnership wants children and families to trust that when they access the EYHWB service, that they can be confident of high quality.

4 Review Date

30/03/18

5 Action Plan

There are no relevant issues, so no action plans are currently required.