

Equality Analysis

"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 Public Sector Equality Duty requires the Council to have due regard to the need to eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Equality Act; advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it; foster good relations between people who share a relevant protected characteristic and those who do not share it.

An Equality Analysis (EA) is a systematic tool that helps the City Council to make sure its policies, and the ways it carries out its functions, do what is intended to do for its customers who have a protected characteristic in accordance with the Equality Act 2010. Therefore carrying out an EA involves systematically assessing the likely (or actual) effects of policies or functions on people in respect of the following protected characteristics: disability, gender reassignment (including gender identity), race, age, religion and belief, sexual orientation, sex, pregnancy and maternity and marriage and civil partnership. This process enables counter measures to be taken, which eliminate, minimise or balance any discriminatory or negative consequences.

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.

The full equality analysis is a separate document which is published via the online Equality Risk Toolkit.

The Equality Analysis considers the likely, or actual impact of the new service model on services users, children under 5 and their families. A separate analysis has been completed for staff affected by the new service model.

Relevance Test:

Throughout the process of consultations, market engagement, service design and procurement of the new provider there was a commitment to hearing and understanding the views of service users, stakeholders and others who chose to engage with the Council. The equality analysis draws on the information collected across the journey and are reflected in the document.

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.

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. "

Sixty three respondents to the public consultation suggested that more faith venues, including mosques and churches could be used as delivery venues.

Respondents to the most recent public consultation included from these groups included:

Table 1: sexual orientation and religion of respondents in most recent public consultation

Sex' orient'	No.	%		Religion	No.	%
Hetrosexual	1652	85%		Christian	623	32%
Bisexual	32	2%		Buddist	2	0%

Gay/Lesbian	13	1%		No religion	518	27%
Other	6	0%		Muslim	529	27%
Not known	185	10%		Jewish	5	0%
Prefer not say	52	3%		Sikh	44	2%
				Hindu	37	2%
				Other	17	1%
				Not known	133	7%
				Prefer not say	32	2%

Age Impact:

How does EYHWP service meet the needs of individuals of different ages?

The EYHWP 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. 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 under 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.

Table 2: number of under 5s seen across districts

District	Number under 5s	Number Under 5s seen	% under 5s seen
Edgbaston	6845	2273	33%
Erdington	7735	3283	42%
Hall Green	9949	4511	45%
Hodge Hill	13009	5782	44%
Ladywood	11786	5282	45%
Northfield	7511	3119	42%
Perry Barr	8859	3366	38%
Selly Oak	6565	2790	42.50%
Sutton Coldfield	5182	2573	50%
Yardley	9160	3168	34.59%
City	86601	36147	41.74%

Is there consistent evidence to support the assessment? Include the views of individuals of different ages and stakeholders.

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.

Table 3: age of respondents in most recent public consultation

age	no	%	age	no	%
Under 16	9	0.5%	55-59	33	1.7%
16-19	23	1.2%	60-64	28	1.4%
20-24	119	6.1%	65-69	9	0.5%
25-29	388	20.0%	70-74	3	0.2%
30-34	561	28.9%	75-79	3	0.2%
35-39	409	21.1%	80 or over	1	0.1%
40-44	170	8.8%	Not known	59	3.0%
45-49	75	3.9%	Prefer not say	11	0.6%
50-54	39	2.0%	Total	1940	100%

Disability Impact:

How does EYHWB service meet 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.

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.

Is there consistent evidence to support the assessment? Include the views of individuals with a disability and stakeholders.

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.

Table 4: most recent public consultation had respondents with disabilities in the most recent public consultation

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

Gender Impact:

How does EYHWB service meet the needs of males and females?

Early years services are still accessed by predominantly mothers (over 90%), starting during pregnancy and into parenthood and the early years.

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.

Is there consistent evidence to support the assessment? Include the views of males and females and stakeholders.

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.

Table 5: male and female respondents in most recent public consultation

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

Pregnancy and Maternity/parenting Impact:

How does EYHWB service meet the needs of pregnant women?

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 & WELLBEING OF BIRMINGHAM PEOPLE - HEALTH & WELLBEING BOARD TASK & FINISH GROUP 2017)

Is there consistent evidence to support the assessment? Include the views of pregnant women and stakeholders.

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. "

Table 6: responses from parents in most recent public consultation

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%

Race Impact:

How does EYHWP service meet the needs of individuals from different ethnic backgrounds?

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.

Table 7: diversity in background of health visiting service

Ethnicity						Grand
	April	May	June	July	August	Total
Any Other Group	1	1				2
Asian or Asian British - Any other background	482	595	506	546	468	2597
Asian or Asian British - Bangladeshi	674	845	831	753	680	3783
Asian or Asian British - Indian	956	1054	1031	947	936	4924
Asian or Asian British - Pakistani	3649	4400	4284	4376	3825	20534
Black or Black British - African	1117	1382	1389	1265	1184	6337

Black or Black British - Any other background	177	185	180	169	159	870
Black or Black British - Caribbean	620	730	730	688	569	3337
Mixed - Any other mixed background	824	931	943	794	729	4221
Mixed - White & Asian	329	364	392	364	304	1753
Mixed - White & Black African	120	143	137	138	133	671
Mixed - White & Black Caribbean	560	683	706	624	622	3195
Not Known	1640	1830	1829	1791	1937	9027
Not Stated	242	252	271	224	237	1226
Not Stated (Client Refused)	1050	1265	1149	1099	951	5514
Other Ethnic Groups - Any Other Group	1262	1443	1391	1351	1217	6664
Other Ethnic Groups - Chinese	142	153	164	143	129	731
White - Any other background	1103	1238	1261	1147	1020	5769
White - British	6302	7083	6885	6866	6325	33461
White - Irish	45	43	30	41	43	202
White - Other European			1			1
White - Other/Unspecified	1	2	6	1	1	11
Grand Total	21296	24622	24116	23327	21469	114830

Is there consistent evidence to support the assessment? Include the views of individuals from different ethnic backgrounds and stakeholders.

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.”

Table 8: responses from individuals from different BME communities in most recent public consultation

Ethnicity	No'	%
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Asian	568	29%
Black	157	8%
Mixed	72	4%
Not known	143	7%
White	964	50%
Other	36	2%
Total	1940	100%

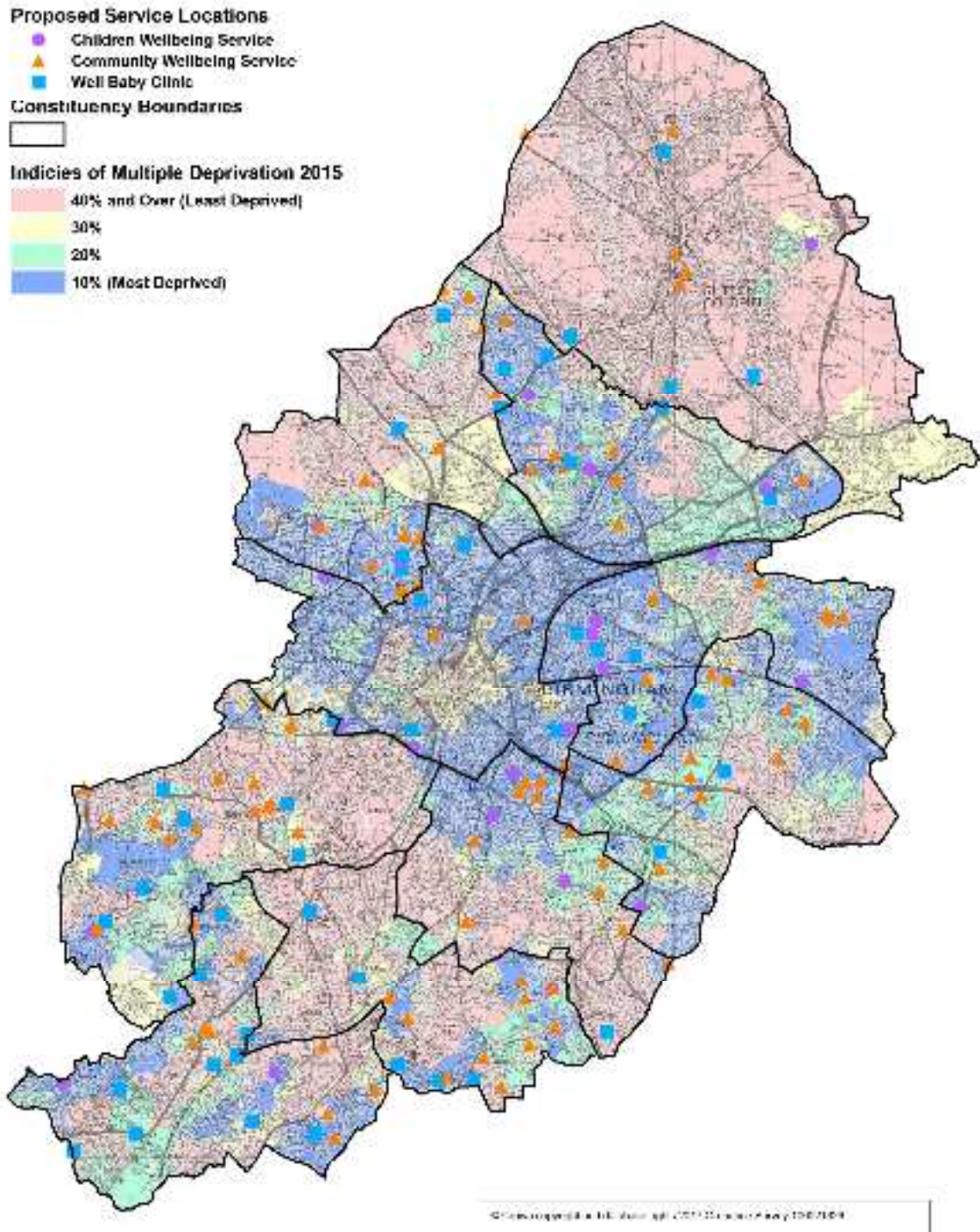
Impact of Deprivation and Poverty:

Although not a protected characteristic we recognise that the impact of deprivation and poverty 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)**.

Proposed Delivery Locations for Early Years Service in Birmingham with Indices of Multiple Deprivation 2015



BME groups experience poverty and deprivation more often than their white counterparts.

Black and Minority ethnic 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

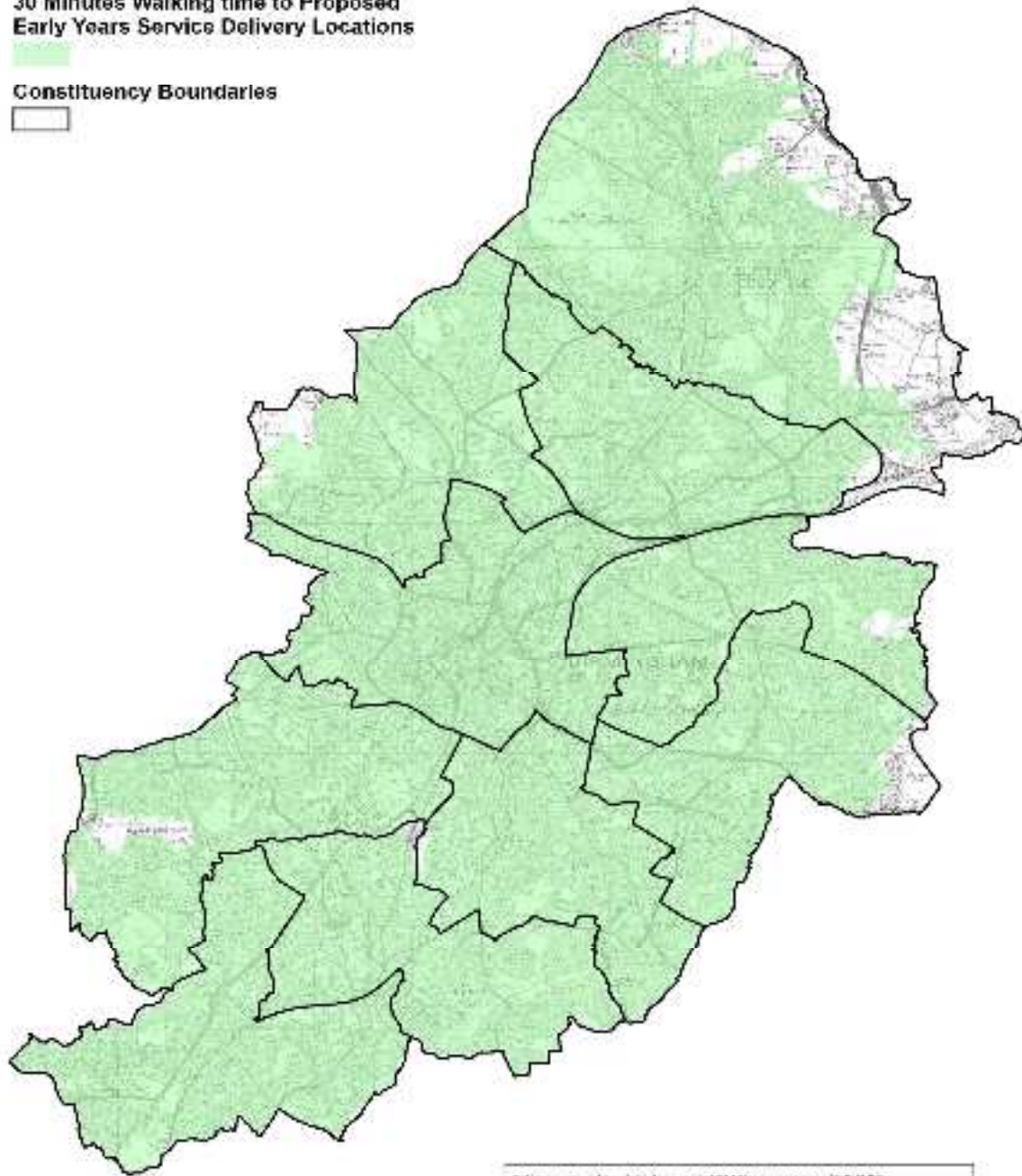
The map was developed based on the principle of sites being within 30 minutes walking distance from any point within the city, the calculation worked on an average walking speed of 3mph.

Walking Distance to Proposed Delivery Locations for Early Years Service in Birmingham

30 Minutes Walking time to Proposed Early Years Service Delivery Locations



Constituency Boundaries



Map created by Birmingham City Council GIS team using Ordnance Survey data

Mitigation against adverse impact:

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 we recognise that this

will be an unsettling, challenging time for many children and families regardless of their background. There are information briefing sessions taking place across Birmingham in September 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 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 doing as required, reaching all children and supporting the most vulnerable.

To address the potential for adverse impact the new provider recognises that the transition from the existing provision to the integrated EYHW service will require close working with Commissioners and the sharing of key information to ensure the minimum disruption for children, families and staff and 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.

To be successful, the EYHB 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

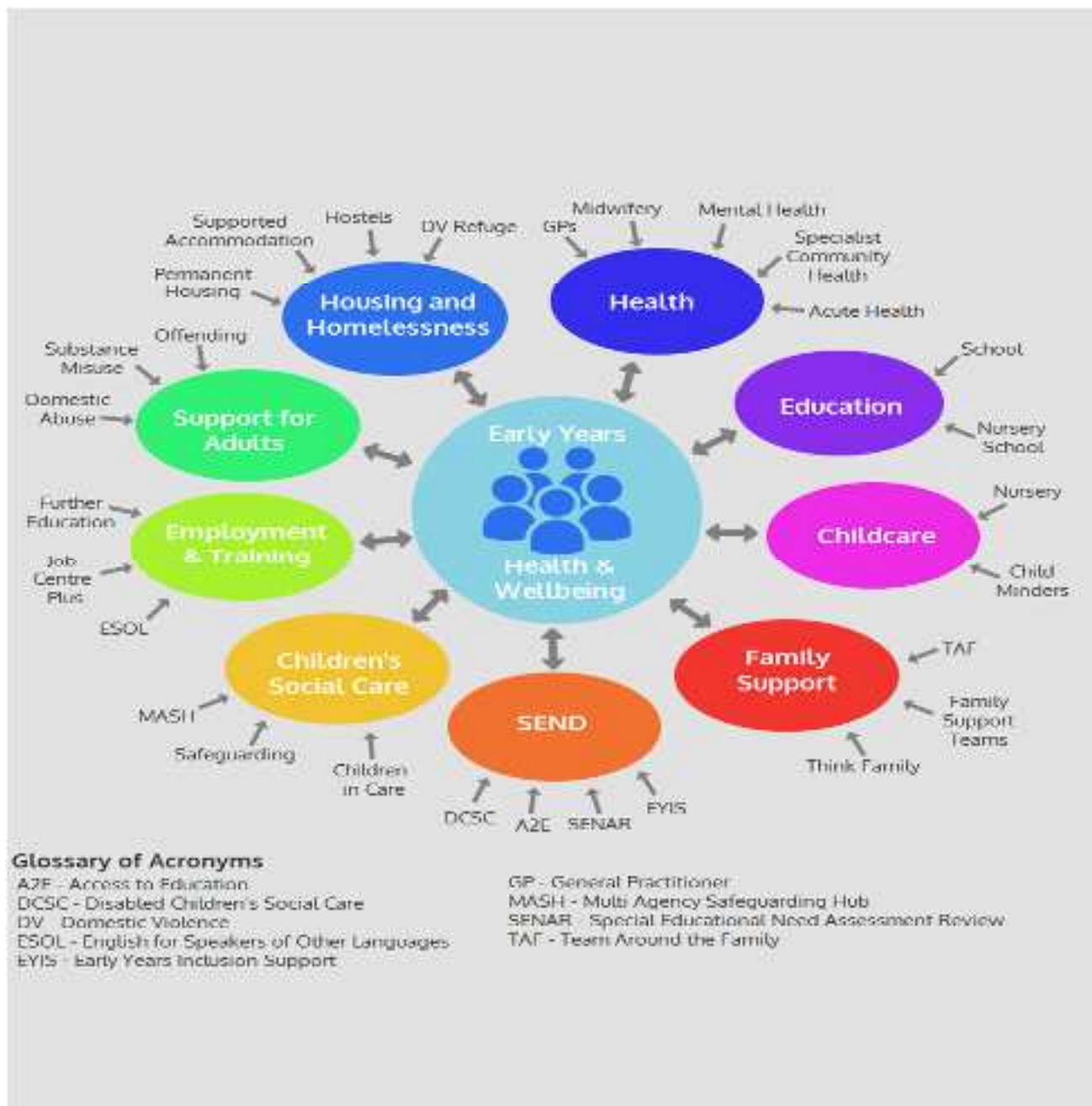
A range of services will be offered to help families tackle issues of inequality; deprivation and parenting capacity. Parenting support will go hand-in-hand with access to support and advice, such as housing, debt, adult relationships and parental emotional wellbeing; services to address these wider issues and will be provided in all Districts.

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 (CDWs) 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.

Key documents written across the journey to service start has referred to the need for the new early years system to connect effectively with the wider system:



The development of the Children's Trust is significant for Birmingham and there is a spoken commitment from the CEO to ensure that close working relationships will continue between staff from children's services and EYHWB.

The options considered for future commissioning of a new health and wellbeing offer needed to ensure that resources are directed to those children and families most vulnerable and in need. The offer we make to parents and families must be clear and easily understood and must be:

- ✓ To create a service model, which puts children at the heart and parents at the helm
- ✓ To create a service model which is well connected to local communities, which utilises and builds upon community capacity and assets and reflects well local issues and need
- ✓ To create an integrated service model within which services work in collaborative partnership for the benefit of children and families
- ✓ To create an inclusive service model, which promotes access for all children and families to the universal services available to them
- ✓ To create a preventative service model which identifies and responds to needs at the earliest opportunity and builds resilient families able to grow and thrive without the need for statutory support services.
- ✓ To create a targeted service model which ensures that the level of resources each service component receives is in line with their level of need and which works proactively to promote take up of services by the most vulnerable and hard to reach groups.
- ✓ An accessible service model which is valued by children and families and operates in locations children and families use the most and at times to promote choice and maximum service uptake
- ✓ To create a service model which 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.
- ✓ To create a service model which is sustainable and cost effective, which reduces duplication, maximises resources for direct delivery and provides financial stability for service providers within the constraints of the available budget.

Potential Adverse impact:

Transition into the new model does not retain contact with current service users.

Parents do not engage 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 communities do not engage or are missed by the service and require targeted approaches

The service model is unable to support children and families with complex needs, e.g. children with SEND.

Venues are inaccessible- affordability, public transport,

Impact of poverty and deprivation on ability to engage and the disproportionate 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.

