



HILLINGDON
LONDON

Equality and Human Rights Impact Assessment

What is being assessed? Please tick ✓

Review of a service Staff restructure Decommissioning a service

Changing a policy Tendering for a new service A strategy or plan

Barra Hall Children's centre

The council has developed a Family Hub strategy to deliver services for babies, children, young people and their families in an integrated way. The strategy proposes closing Barra Hall children's centre and relocating services and staff to alternative family hubs and delivery spaces within the local community. The building will be returned to the council asset workstream for a decision on future use; this document assesses the potential impact on service users at Barra Hall.

The Council intends to further develop its approach to meeting the needs of children, young people and families through the introduction of family hubs. The intended focus will be connections between families, professionals, services and providers; access to support and early intervention; and strengthened relationships within families and between families and service providers.

The national family hubs programme sets out the Government's aspiration that every family will receive the support they need, when they need it, and have access to the information and tools they need to care for and interact positively with their babies and children, and to look after their own wellbeing.

The council intends to develop the Hillingdon family hub programme informed by the national family hubs programme, both demographic information and the views of parents and carers, young people, residents, voluntary, community and faith organisations will inform the implementation of the programme.

The council has a programme of family hub building development, providing new physical locations for service delivery and mobile facilities allowing in-reach to communities, alongside the development of on-line services. One impact is that proximity will change, with different locations being closer to some families, rather than others. The Barra Hall children's centre building will become surplus to

requirements when services have been successfully migrated and established in other delivery points in the family hub network.

Who is accountable? E.g. Head of Service or Corporate Director

Claire Fry – Assistant Director, Child and Family Support Services

Date assessment completed and approved by accountable person

22/08/2023

Names and job titles of people carrying out the assessment

Lesley Jallow – Family and Community Hub Project Manager

A.1) What are the main aims and intended benefits of what you are assessing?

The closure of Barra Hall children's centre forms part of a wider strategy to develop family hubs in line with the needs of residents in different localities; using data and resident feedback to locate physical spaces and services in locations that are easy to access, and where users feel welcomed.

The Family Hub strategy seeks to make best use of both council and community assets, that can support the delivery of services for a wider age range of residents, from 0-19 years (0-25 years with SEND). The strategy will deliver services that are connected and integrated within local communities; the benefits for children, young people and families are that support will be readily available conveniently, and at the earliest opportunity in a non-stigmatising environment.

Services will be connected so that families will only need to tell their story once; support will be available on-line and in a range of different physical spaces, giving residents a choice of access points that feels right for them.

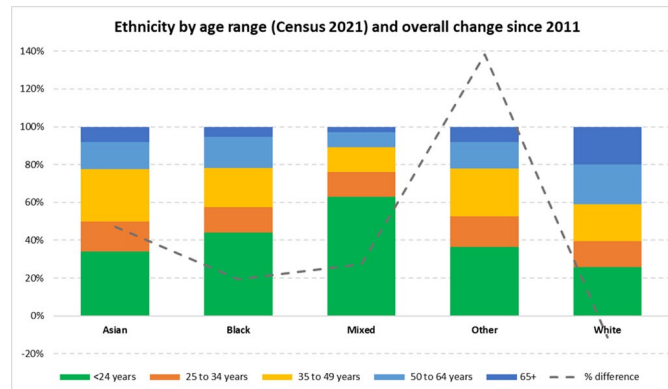
A.2) Who are the service users or staff affected by what you are assessing? What is their equality profile?

The service users at Barra Hall children's centre are babies, children, young people and their parents and carers.

Barra Hall children's centre is in Wood End ward (formerly Townfield) and is defined by the council as within the Hayes Town locality. 2021 census data tells us that of 6,326 households, 35% are not deprived in any of the measured dimensions, and 0.7% are deprived in every dimension: health, housing, employment and education. The ward population is expected to increase by 9.6%.

The ethnic make-up of the borough population, and overall change since the last

census in 2011 is shown in the table below.



As a borough Hillingdon has broadly similar health outcomes for young children compared to London and England, except in the higher percentage of low-birth-weight full-term babies (2021 Office for Health Improvement and Disparities OHID data), and the higher percentage of 5-year-olds with obvious dental decay (2019 OHID data). Whilst at school reception age the percentage of Hillingdon children who are obese is the same as London at 10.8% but is higher than England; measurement in school year six shows that 25.6% of Hillingdon children are obese (2022 OHID data). Notably, only 48.7% of babies' first feed is breastmilk in the borough compared to London with 87.7% and England with 71.7% of babies (2021 OHID data).

Barra Hall is defined by the Child and Family Development Service as within the children's centres southeast locality; comparative data shows borough, children's centres southeast locality, and Barra Hall children's centre measures.

The profile of Barra Hall children's centre users highlights that 0–5-year-olds constitute the majority of child attendances at 37%, with 6-10 and 11-17 year olds making up 1.21% and 0.32% respectively. The largest number of adults attending were aged 31-40 years, at 31% which was consistent with the southeast locality, but lower than the borough as a whole.

Borough			Southeast locality			Barra Hall		
a) 5 and u	7645	37.01%	a) 5 and u	3264	38.54%	a) 5 and u	1629	37.20%
b) 6-10 ye.	321	1.55%	b) 6-10 ye.	107	1.26%	b) 6-10 ye.	53	1.21%
c) 11-17 yr	55	0.27%	c) 11-17 yr	18	0.21%	c) 11-17 yr	14	0.32%
d) 18-25 yr	1018	4.93%	d) 18-25 yr	541	6.39%	d) 18-25 yr	306	6.99%
e) 26-30 yr	2584	12.51%	e) 26-30 yr	1296	15.30%	e) 26-30 yr	724	16.53%
f) 31-40 yr	7192	34.82%	f) 31-40 yr	2643	31.21%	f) 31-40 yr	1376	31.42%
g) 41-50 yr	1458	7.06%	g) 41-50 yr	497	5.87%	g) 41-50 yr	235	5.37%
h) 51-60 yr	205	0.99%	h) 51-60 yr	63	0.74%	h) 51-60 yr	28	0.64%
i) 61-70 yr	150	0.73%	i) 61-70 yr	34	0.40%	i) 61-70 yr	13	0.30%
j) 71+ year	27	0.13%	j) 71+ year	6	0.07%	j) 71+ year	1	0.02%
Grand Tot	20655	100.00%	Grand Tot	8469	100.00%	Grand Tot	4379	100.00%

The gender of individuals attending Barra Hall children's centre shows a large female majority at 73% which is higher than the southeast locality and the borough.

Borough			Southeast locality			Barra Hall		
Female	14515	65.00%	Female	6362	69.36%	Female	3474	73.29%
Indetermi	2	0.01%	Indetermi	1	0.01%	Indetermi	1	0.02%
Male	7815	34.99%	Male	2810	30.63%	Male	1265	26.69%
Grand Tot	22332	100.00%	Grand Tot	9173	100.00%	Grand Tot	4740	100.00%

Children's centre ethnicity data is defined by 5 categories, "White, Asian, Chinese and other, Black and Mixed". Hillingdon census population data for Wood End ward

is expressed as 'white' at 30%, and 'other ethnic groups' at 70%. Attendance at Barra Hall children's centre does not reflect the Wood End ward population breakdown, with 'white' groups making up 18% of attendances, and remaining groups combined making up 81% of attendances.

Borough			Southeast locality			Barra Hall		
Asian	5545	48.00%	Asian	2780	59.78%	Asian	1468	58.86%
White	3716	32.17%	White	867	18.65%	White	452	18.12%
Black	1015	8.79%	Black	484	10.41%	Black	258	10.34%
Chinese &	932	8.07%	Chinese &	401	8.62%	Chinese &	253	10.14%
Mixed	344	2.98%	Mixed	118	2.54%	Mixed	63	2.53%
Grand Tot	11552	100.00%	Grand Tot	4650	100.00%	Grand Tot	2494	100.00%

When registering at Barra Hall children's centre 47% of residents report that they speak English at home, this figure is in line with the southeast locality, but lower than the Borough at 56%.

Borough			Southeast locality			Barra Hall		
English	5856	56.37%	English	2480	47.38%	English	940	47.14%
Punjabi	1980	20.27%	Punjabi	1623	31.25%	Punjabi	649	32.55%
Urdu	577	5.74%	Urdu	354	6.53%	Urdu	139	6.97%
Hindi	480	4.70%	Hindi	286	5.49%	Hindi	114	5.72%
Other Lan	429	4.24%	Tamil	242	4.77%	Tamil	77	3.86%
Tamil	371	3.83%	Somali	146	3.04%	Somali	64	3.21%
Romanian	312	3.15%	Other Lan	139	2.60%	Romanian	54	2.71%
Arabic	282	2.70%	Romanian	136	2.72%	Other Lan	46	2.31%
Somali	242	2.33%	Arabic	100	2.20%	Arabic	40	2.01%
Polish	228	2.44%	Gujarati	85	1.68%	Gujarati	33	1.65%
Bengali	205	2.02%	Bengali	82	1.62%	Bengali	30	1.50%
Gujarati	175	1.62%	Polish	81	1.88%	Polish	28	1.40%
Albanian	130	1.37%	Konkani	64	1.36%	Dari (Afgh	28	1.40%
Portugues	104	0.87%	Nepali	57	1.30%	Albanian	22	1.10%
Farsi (Iran	101	0.92%	Farsi (Iran	55	1.01%	Portugues	21	1.05%
Dari (Afgh	97	1.12%	Albanian	49	1.01%	Nepali	21	1.05%

Attendance by families identified as representing priority groups indicates that the largest group of families attending Barra Hall children's centre, 55%, were families on low income slightly below the southeast locality and 5 percentage points above the borough. Workless households formed the second most frequently reported priority group at Barra Hall at 30%, followed by new arrival to the UK at 24%.

Borough			Southeast locality			Barra Hall		
Family on Low Income	3839	50.18%	Family on Low Income	2027	55.98%	Family on Low Income	1135	55.15%
Child in need of additional support	1848	24.16%	Child in need of additional su	814	22.48%	Workless Household	492	23.91%
Workless Household	1519	19.86%	New arrival to the UK	787	21.73%	New arrival to the UK	488	23.71%
Lone Parent	1476	19.29%	Workless Household	778	21.49%	Child in need of additi	468	22.74%
New arrival to the UK	1435	18.76%	Lone Parent	665	18.37%	Lone Parent	378	18.37%
Child with an additional need (includir	951	12.43%	Child with an additional neec	357	9.86%	Child with an addition	186	9.04%
Parent in need of additional support	496	6.48%	Parent in need of additional :	245	6.77%	Parent in need of add	185	8.99%
Adult with an additional need (includi	446	5.83%	Asylum Seekers / Refugees	232	6.41%	Asylum Seekers / Refu	146	7.09%
Asylum Seekers / Refugees	410	5.36%	Family with absent parent	143	3.95%	Adult with an additior	87	4.23%
Family with absent parent	335	4.38%	Adult with an additional neec	138	3.81%	Family with absent pa	86	4.18%
Young parent (under 21 years)	186	2.43%	Young parent (under 21 year	59	1.63%	Young parent (under :	25	1.21%
Traveller Family	129	1.69%	Traveller Family	38	1.05%	Traveller Family	15	0.73%
Family in need of support	108	1.41%	Family in need of support	33	0.91%	Family in need of supp	12	0.58%
Family New to Area (6 months of less)	61	0.80%	Family New to Area (6 month	16	0.44%	Mental Health Difficul	8	0.39%
Mental Health Difficulties	33	0.43%	Mental Health Difficulties	10	0.28%	Family New to Area (6	6	0.29%
Armed Forces Family	17	0.22%	Child with a Chronic, Serious	5	0.14%	Armed Forces Family	4	0.19%
Child with a Chronic, Serious Illness	10	0.13%	Armed Forces Family	4	0.11%	Grand Total	2058	100.00%
Priority Group	2	0.03%	Grand Total	3621	100.00%			
Family Living in Poverty	2	0.03%						
Grand Total	7650	100.00%						

In common with the southeast locality most attendees at Barra Hall children's centre resided in the UB3 and UB4 postcodes at 90%

A.3) Who are the stakeholders in this assessment and what is their interest in it?

Stakeholders	Interest
Children and families	Continued access the services that are currently provided at Barra Hall children's centre within their community.
Young people, including those who access youth services at some children's centre sites	Continued to access the services that are currently provided at Barra Hall children's centre within their community.
Staff working in children's centres	Continued access to working locations within the Borough, and working patterns that support individuals, ensuring that staff are treated fairly and in line with policy.
Health practitioners such as midwives and Health Visitors who deliver services from Barra Hall children's centre	Access to working locations within the Borough, and clinically appropriate spaces to deliver services within their remit in new environments
Voluntary community and faith sector providers currently offering services at Barra Hall children's centre	Access to appropriate spaces within the Borough, at times suited to the programme or service being delivered, with the necessary access to appropriate resources.
Corporate Director	Providing an improved, efficient and cost-effective family hub service for residents.
Cabinet Member for Children Families and Education	Providing an improved, efficient and cost-effective family hub service for residents.
Leader	Providing an improved, efficient and cost-effective family hub service for residents.

A.4) Which protected characteristics or community issues are relevant to the assessment? ✓ in the box.

Age	✓	Sex	✓
Disability	✓	Sexual Orientation	
Gender reassignment		Socio-economic status	✓
Marriage or civil partnership		Carers	✓
Pregnancy or maternity	✓	Community Cohesion	✓
Race/Ethnicity	✓	Community Safety	
Religion or belief		Human Rights	

STEP B) Consideration of information; data, research, consultation, engagement

B.1) Consideration of information and data - what have you got and what is it telling you?

Most adult service users at Barra Hall children's centre are female, and of working age; and the majority of child service users are aged under 5. This indicates that women are disproportionately represented as taking on caring responsibilities, either full-time or combining care with working from home, or elsewhere. Proximity to home and travel time to reach the nearest family hub will be an important issue for these families.

Data indicates that families on low income form the largest priority group attending Barra Hall children's centre, with workless households forming the next largest group, followed by families newly arrived in the UK. This shows us that a high number of families are presenting at Barra Hall children's centre with concerns affecting their children's development and their well-being and who are seeking support and advice.

Data shows that a large proportion of the 'other ethnic groups' population of Wood End ward are accessing Barra Hall children's centre. Whilst ensuring that all groups find it easy to access support, it is also important to provide an effective transition for residents from 'other ethnic groups', with consideration of varied methods of communication, staged transition, and peer support in moving service delivery to other sites.

Consultation

B.2) Did you carry out any consultation or engagement as part of this assessment?

Please tick ✓ NO YES

A formal public consultation was open from 10 May – 30 July 2023 which collated resident and partner views through an on-line survey on the council’s website (paper copies were available). Opportunities were provided for face-to-face discussion at drop-in and information events at children’s centres and libraries.

The consultation was promoted through a range of social media channels, and council department and partner newsletters, including an article in Hillingdon People.

Presentations were shared followed by questions at a series of multi-agency meetings attended by the Assistant Director Child and Family Support Services, and two partner meetings, were held, attended by statutory health partners and community sector partners.

There was no individual consultation for Barra Hall children’s centre; however, the Family Hub Network was commissioned to manage the consultation, to carry out a series of face-to-face events, and to analyse consultation responses.

690 responses to the online survey were received. Data shows that 83% of respondents were female, and that 73% of respondents were aged between 25 and 44 years old. The highest percentage of respondents were residents with a child aged up to 4 years (64%), followed by residents with a child aged 5-19 years (18%). Two groups each contributed 8% of the responses, residents without children aged under 19 years, and professionals; with the voluntary and community sector contributing 1% of the on-line consultation returns.

From the data 8% of respondents identified as having a disability within their family, whilst 4% preferred not to say. Data shows that 48% of respondents identified as ‘white’, 29% as ‘Asian or Asian British’, 6% as ‘black, black British, Caribbean or African’, 4% as ‘mixed or multiple’ and 8% preferred not to say.

The majority of respondents were positive about the family hub draft strategy with 71% of respondents agreeing or strongly agreeing. Key themes in the feedback included a need to understand the potential implications of implementing the family hub strategy, and the delivery of universal and targeted services across a broader age range. Parents of children with SEND were particularly positive about the proposed changes, and the opportunity to continue to access support in familiar places as their children get older. Partnership building, and clear communications were identified as themes, with observations on accessibility for speakers of other languages, particularly in the south of the borough.

B.3) Provide any other information to consider as part of the assessment

Legal context

The council has a public duty to pay due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations (Equality Act 2010)

Financial context - standard text

Since 2010, the Business Improvement Delivery (BID) Programme has driven transformation across the Council, reducing costs and improving efficiency to ensure that in an environment of increased expenditure from population growth and inflationary uplifts we continue to deliver high quality services that put residents first.

Hillingdon's approach to maintaining sound financial management ensures that our finances are in a robust position, and therefore the Council is well placed to respond to Government funding not increasing at the same pace as the combined impact of a growing demand for services and increased market forces. Our latest projections indicate that further savings of £35m will be required by 2026/27 to bridge the resulting budget gap.

The family hubs concept was first introduced in the Levelling Up the United Kingdom: White Paper presented to Parliament 02 February 2022, announcing that "The UK Government will invest £300m to build the network of family hubs and transform start for life services for parents and babies, carers and children in half of local authorities in England."

75 upper tier authorities have since been funded to deliver Family hubs by 2025. Indicating a future roll-out of the programme, Ofsted and the Care Quality Commission (CQC) will carry out a thematic review of local authority start for life services delivered through family hubs by the end of summer 2023 specifically to:

- evaluate families' experiences of local services and whether these services are joined up effectively;
- identify ways in which families can be further supported to give their babies the best start in life; and
- identify whether the current level of inspection of Start for Life services is sufficient to capture any issues around join up and to improve families' experiences of local services.

To date the council has not received funding to develop Family Hubs within Hillingdon.

C) Assessment

What did you find in B1? Who is affected? Is there, or likely to be, an impact on certain groups?

C.1) Describe any **NEGATIVE** impacts (actual or potential):

Equality Group	Impact on this group and actions you need to take
Age	<p>The majority of families attending Barra Hall children’s centre have a child, or children aged under 5 years. Services for this age group include both universal and targeted programmes and include the opportunity for parents and carers to socialise, with attendant benefit to mental health and well-being.</p> <p>The closure of Barra Hall children’s centre may impact families as they will be required to access new service delivery points within the family hub network and contact may change with parents and carers whom they have known. Additionally, staff may be deployed to alternative locations meaning that working relationships may need to be re-established.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress the move towards different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from Barra Hall, until capacity is available in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
Sex	<p>Women are disproportionately represented in the number of attendances at Barra Hall children’s centre.</p> <p>The closure of Barra Hall children’s centre may impact women as single parents, carers, home workers or members of particular faith groups, and women’s attendance at different venues may be constrained by their work schedule.</p> <p>Women may be particularly affected by changes to the regular group of people normally attending Barra Hall children’s centre at the same time as themselves.</p> <p>Working collaboratively, we will facilitate socialising and support groups with women using our services as part of transition.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress the move towards different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from Barra Hall, until capacity is available in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
Pregnancy or maternity	<p>The closure of Barra Hall children’s centre may impact pregnant women and their partners who attend maternity, health visiting</p>

	<p>and associated services. Attendance at different venues may be constrained by their work schedule or living arrangements.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress the move towards different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from Barra Hall, until capacity is available in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
People with a disability	<p>Families mainly attend the children's centre nearest to their residential address; and continuity of attendance, and service delivery are particularly important for under 5's accessing targeted services.</p> <p>Changes to the location of service delivery could have a potentially negative impact on those with disabilities as it could interrupt their routines and travel plans.</p> <p>We will carry out regular engagement activities with this group to ensure everyone is fully informed of the changes of venue in advance of changes being made, we will support families with travel advice and co-produce transition plans with affected families.</p>
Socio-economic status	<p>Families on a low income constitute the largest priority group at Barra Hall children's centre, the largest priority group in the southeast locality, and in the borough.</p> <p>Whilst some families will find the alternative venues nearer to where they live, others may have a longer journey which may involve public transport.</p> <p>For those affected adversely we will consult with individuals and seek shared solutions potentially through access to outreach, in-person attendance at other delivery venues, and on-line options. Wherever possible we will liaise with our partners to identify ways to support parents and carers to travel, or for services to be brought nearer to them, including the use of mobile resources.</p>
Carers	<p>Families mainly attend the children's centre nearest to their residential address.</p> <p>The closure of Barra Hall children's centre may affect carers disproportionately as they may be constrained by the needs and timetable of another family member, meaning that they have less flexibility to travel to another service delivery venue.</p> <p>For those affected adversely we will consult with individuals and seek shared solutions potentially through access to outreach, in-person attendance at other delivery venues and on-line options.</p>

	Wherever possible we will liaise with our partners to identify ways to support parents and carers to travel, or for services to be brought nearer to them, including the use of mobile resources.
Ethnicity	<p>The majority of attendees at Barra Hall children's centre are classified as 'other ethnic groups'. 47% of those registering at Barra Hall report speaking English at home; whilst over 50% speak another language. We are conscious that these residents may find it more challenging to access information and engage with co-production activities.</p> <p>We will ensure that the families are reassured of the continuation of services from Barra Hall and of transition arrangements in good time. We will provide opportunities to discuss individual needs and will facilitate advance visits to maintain continuity of services for women and families.</p> <p>We will ensure that language support is available for those who may need it, and that social media and printed materials take account of the particular needs within this group.</p> <p>Women of certain ethnicities may experience additional challenges in travelling without a male chaperone; and women's attendance may also be affected by the need for community leaders to approve attendance at a new venue. We will provide opportunities to discuss individual needs and will facilitate advance visits where possible to maintain continuity of services for women and families.</p>

C.2) Describe any **POSITIVE** impacts

Equality Group	Impact on this group and actions you need to take
Age	The development of family hubs will provide an opportunity to focus on services for families with children and young people aged over 0-19 years (0-25 years for SEND). This will facilitate multi-agency working across sectors and offer access to services designed to meet whole family needs, at times and in spaces that are accessible and welcoming.
Sex	As women are over-represented in the number of attendees at Barra Hall children's centre, the opportunity to access the same family hub venue for services and activities for all ages and stages of childhood, will be of benefit to women.
People with a disability	Family hubs will provide accessible physical spaces, outreach into communities, and on-line services. A wider range of opportunities to engage with services will add positively to the lived experience of children and young

	people with a disability and their families.
Socio-economic status	The enhanced range of family hub services will provide opportunities for supported access to on-line resources, adult learning, volunteering and work entry in a non-stigmatising environment, as well as access to housing and debt advice.
Carers	Family hubs will take a whole family approach with consideration of the demands placed on adult carers and young carers. An agile approach to developing services delivered from family hubs will take account of community partners' work, outreach and digital opportunities to facilitate carer's inclusion.
Community cohesion	There will be an enhanced range of family hub services, and extended age span from conception to age 25 for young people with SEND. Statutory and voluntary sector organisations will collectively deliver services that meet community needs, as defined by local data. The family hub environment will be non-stigmatising, demonstrating connectivity between services, accessibility for all users, and relationship-based practice as the basis for successful family outcomes.

D) Conclusions

We acknowledge that the closure of Barra Hall children's centre may have an adverse or negative impact on certain groups.

Changes to the venues from which services are delivered could have an impact on women, including those from specific ethnic groups, carers, people with a disability and families with low socio-economic status; and staff could be affected by the change to an alternative work location.

However, these changes are intended to have a positive effect for all families through easily accessible physical locations for service delivery and mobile facilities allowing in-reach to communities, alongside the development of on-line services. Services will evolve and develop over time, responding to community need.

We will provide support to all service users during the transition period, encouraging engagement and collaboration in creating transition plans, whilst tailoring our support for specific groups.

The development of family hubs will provide an opportunity to focus on services for families with children and young people aged up to 25 years. This will facilitate multi-agency working across sectors and offer access to services designed to meet whole family needs, at times and in spaces that are accessible and welcoming.

Signed and dated: Claire Fry – 22/08/2023

Name and position: Assistant Director, Child and Family Support Services



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Charville Children's Centre

The council has developed a Family Hub strategy to deliver services for babies, children, young people and their families in an integrated way. The strategy proposes The proposal is to close Charville Children's Centre and reopen in a larger re-modelled space including the library; this document assesses the potential impact on service users at Charville.

The Council intends to further develop its approach to meeting the needs of children, young people and families through the introduction of family hubs. The intended focus will be connections between families, professionals, services and providers; access to support and early intervention; and strengthened relationships within families and between families and service providers.

The national family hubs programme sets out the Government's aspiration that every family will receive the support they need, when they need it, and have access to the information and tools they need to care for and interact positively with their babies and children, and to look after their own wellbeing.

The council intends to develop the Hillingdon family hub programme informed by the national family hubs programme, both demographic information and the views of parents and carers, young people, residents, voluntary, community and faith organisations will inform the implementation of the programme.

The council has a programme of family hub building development, providing new physical locations for service delivery and mobile facilities allowing in-reach to communities, alongside the development of on-line services. One impact is that proximity will change, with different locations being closer to some families, rather than others. The Charville children's centre building will become surplus to requirements when services have been successfully migrated and established in

other delivery points in the family hub network.

Who is accountable? E.g. Head of Service or Corporate Director

Claire Fry – Assistant Director, Child and Family Support Services

Date assessment completed and approved by accountable person

22/08/2023

Names and job titles of people carrying out the assessment

Lesley Jallow – Family and Community Hub Project Manager

A.1) What are the main aims and intended benefits of what you are assessing?

The closure of Charville children's centre forms part of a wider strategy to develop family hubs in line with the needs of residents in different localities; using data and resident feedback to locate physical spaces and services in locations that are easy to access, and where users feel welcomed.

The Family Hub strategy seeks to make best use of both council and community assets, that can support the delivery of services for a wider age range of residents, from 0-19 years (0-25 years with SEND). The strategy will deliver services that are connected and integrated within local communities; the benefits for children, young people and families are that support will be readily available conveniently, and at the earliest opportunity in a non-stigmatising environment.

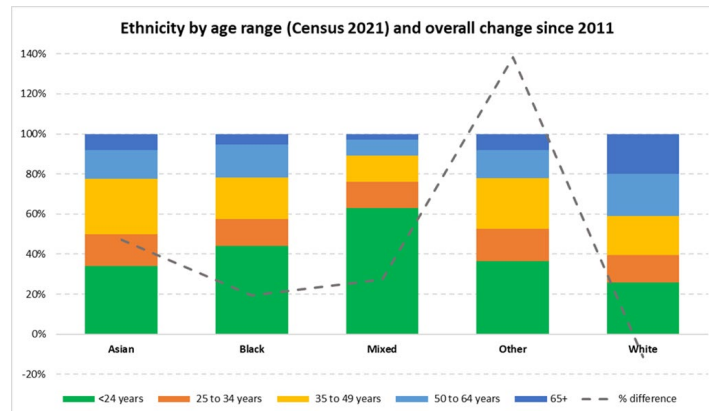
Services will be connected so that families will only need to tell their story once; support will be available on-line and in a range of different physical spaces, giving residents a choice of access points that feels right for them.

A.2) Who are the service users or staff affected by what you are assessing? What is their equality profile?

The service users at Charville children's centre are babies, children, young people and their parents and carers.

Charville children's centre is in Yeading ward and is defined by the council as within the Yeading and Hayes Park locality. 2021 census data tells us that of 3,800 households 42% are not deprived in any of the 4 measured dimensions, and 0.5% are deprived in every dimension, health, housing, employment and education. The ward population is expected to increase by 0.2%

The ethnic make-up of the borough population, and overall change since the last census in 2011 is shown in the table below.



As a borough Hillingdon has broadly similar health outcomes for young children compared to London and England, except in the higher percentage of low-birth-weight full-term babies (2021 Office for Health Improvement and Disparities OHID data), and the higher percentage of 5-year-olds with obvious dental decay (2019 OHID data). Whilst at school reception age the percentage of Hillingdon children who are obese is the same as London at 10.8% but is higher than England; measurement in school year six shows that 25.6% of Hillingdon children are obese (2022 OHID data). Notably, only 48.7% of babies' first feed is breastmilk in the borough compared to London with 87.7% and England with 71.7% of babies (2021 OHID data).

Charville is defined by the Child and Family Development Service as within the children's centres southeast locality; comparative data shows borough, children's centres southeast locality, and Charville children's centre measures.

The profile of Charville children's centre users highlights that 0–5-year-olds constituted the majority of child attendances at 37%, with 6-10 year olds making up 0.51%. The vast majority of adults attending were aged 31-40 years, at 30% which was consistent with the southeast locality, but lower than the Borough.

Borough			Southeast locality			Charville		
a) 5 and under	7645	37.01%	a) 5 and under	3264	38.54%	a) 5 and under	731	37.05%
b) 6-10 years old	321	1.55%	b) 6-10 years old	107	1.26%	b) 6-10 years old	10	0.51%
c) 11-17 years old	55	0.27%	c) 11-17 years old	18	0.21%	c) 11-17 years old	151	7.65%
d) 18-25 years old	1018	4.93%	d) 18-25 years old	541	6.39%	d) 18-25 years old	359	18.20%
e) 26-30 year old	2584	12.51%	e) 26-30 year old	1296	15.30%	e) 26-30 year old	587	29.75%
f) 31-40 year old	7192	34.82%	f) 31-40 year old	2643	31.21%	f) 31-40 year old	106	5.37%
g) 41-50 year old	1458	7.06%	g) 41-50 year old	497	5.87%	g) 41-50 year old	17	0.86%
h) 51-60 year olds	205	0.99%	h) 51-60 year old	63	0.74%	h) 51-60 year old	9	0.46%
i) 61-70 years old	150	0.73%	i) 61-70 years old	34	0.40%	i) 61-70 years old	3	0.15%
j) 71+ years old	27	0.13%	j) 71+ years old	6	0.07%	j) 71+ years old	3	0.15%
						Grand Total	1973	100.00%

The gender of individuals attending Charville children's centre shows a large female majority at 73% which is higher than the southeast locality and the borough.

Female	14515	65.00%	Female	6362	69.36%	Female	1589	72.59%
Indeterminate	2	0.01%	Indeterminate	1	0.01%	Male	600	27.41%
Male	7815	34.99%	Male	2810	30.63%	Grand Total	2189	100.00%

Children's centre ethnicity data is defined by 5 categories, "White, Asian, Chinese and other, Black and Mixed". Hillingdon census population data for Charville ward is expressed as 'white' at 40%, and 'other ethnic groups' at 60%. Attendance at Charville children's centre show that a greater proportion of the 'other ethnic groups'

population attends than the 'white' population using the Charville ward population breakdown, with 'white' attendance at 18% and remaining groups combined at 81%.

Borough						Southeast locality						Charville					
Asian	5545	48.00%				Asian	2780	59.78%				Asian	619	61.05%			
White	3716	32.17%				White	867	18.65%				White	187	18.44%			
Black	1015	8.79%				Black	484	10.41%				Black	107	10.55%			
Chinese & Other	932	8.07%				Chinese & Oth	401	8.62%				Chinese & Other	77	7.59%			
Mixed	344	2.98%				Mixed	118	2.54%				Mixed	24	2.37%			
Grand Total	11552	100.00%				Grand Total	4650	100.00%				Grand Total	1014	100.00%			

When registering the vast majority attending Charville children's centre 48% report that they speak English at home, this is in line with the north locality, but lower than the Borough at 56%.

Borough						Southeast locality						Charville					
English	5856	56.37%				English	2480	47.38%				English	399	47.84%			
Punjabi	1980	20.27%				Punjabi	1623	31.25%				Punjabi	282	33.81%			
Urdu	577	5.74%				Urdu	354	6.53%				Urdu	55	6.59%			
Hindi	480	4.70%				Hindi	286	5.49%				Hindi	52	6.24%			
Other Language	429	4.24%				Tamil	242	4.77%				Tamil	46	5.52%			
Tamil	371	3.83%				Somali	146	3.04%				Romanian	28	3.36%			
Romanian	312	3.15%				Other Language	139	2.60%				Other Language	20	2.40%			
Arabic	282	2.70%				Romanian	136	2.72%				Somali	19	2.28%			
Somali	242	2.33%				Arabic	100	2.20%				Arabic	15	1.80%			
Polish	228	2.44%				Gujarati	85	1.68%				Polish	13	1.56%			
Bengali	205	2.02%				Bengali	82	1.62%				Gujarati	12	1.44%			
Gujarati	175	1.62%				Polish	81	1.88%				Bengali	12	1.44%			
Albanian	130	1.37%				Konkani	64	1.36%				Nepali	11	1.32%			
Portuguese	104	0.87%				Nepali	57	1.30%				Farsi (Iran)	9	1.08%			
Farsi (Iran)	101	0.92%				Farsi (Iran)	55	1.01%				Amharic	8	0.96%			

Attendance by families identified as representing priority groups indicates that the largest group of families attending Charville children's centre, 58%, were families with a low income, families with a child in need of support, and families newly arrived in the UK formed the next largest groups at 21% for each category. These self-identified priorities are the same as the southeast locality.

In common with the southeast locality most attendees at Charville children's centre resided in UB4 and UB3 postcodes at over 90%.

A.3) Who are the stakeholders in this assessment and what is their interest in it?

Stakeholders	Interest
Children and families	Continued access the services that are currently provided at Charville children's centre within their community.
Young people, including those who access youth services at some children's centre sites	Continued to access the services that are currently provided at Charville children's centre within their community.
Staff working in children's centres	Continued access to working locations within the Borough, and working patterns that support individuals, ensuring that staff are treated fairly and in line with policy.
Health practitioners such as midwives and Health Visitors who deliver services from Charville children's centre	Access to working locations within the Borough, and clinically appropriate spaces to deliver services within their

	remit in new environments
Voluntary community and faith sector providers currently offering services at Charville children's centre	Access to appropriate spaces within the Borough, at times suited to the programme or service being delivered, with the necessary access to appropriate resources.
Corporate Director	Providing an improved, efficient and cost-effective family hub service for residents.
Cabinet Member for Children Families and Education	Providing an improved, efficient and cost-effective family hub service for residents.
Leader	Providing an improved, efficient and cost-effective family hub service for residents.

A.4) Which protected characteristics or community issues are relevant to the assessment? ✓ in the box.

Age	✓	Sex	✓
Disability	✓	Sexual Orientation	
Gender reassignment		Socio-economic status	✓
Marriage or civil partnership		Carers	✓
Pregnancy or maternity	✓	Community Cohesion	✓
Race/Ethnicity	✓	Community Safety	
Religion or belief		Human Rights	

STEP B) Consideration of information; data, research, consultation, engagement

B.1) Consideration of information and data - what have you got and what is it telling you?

Most adult service users at Charville children's centre are female, and of working age; and the majority of child service users are aged under 5. This indicates that women are disproportionately represented as taking on caring responsibilities, either full-time or combining care with working from home, or elsewhere. Proximity to home

and travel time to reach the nearest family hub will be an important issue for these families.

Data indicates that families on low income form the largest priority group attending Charville children's centre, with families with a child in need of support forming the next largest group, followed by families newly arrived in the UK. This shows us that a high number of families are presenting at Charville children's centre with issues affecting their children's development and well-being and who are seeking support and advice.

Data shows that a larger proportion of the 'other ethnic groups' population of Charville ward are accessing Charville children's centre than the 'white' population. Whilst ensuring that all groups find it easy to access support, it is also important to provide an effective transition for residents from 'other ethnic groups', with consideration of varied methods of communication, staged transition, and peer support in moving service delivery to other sites.

Consultation

B.2) Did you carry out any consultation or engagement as part of this assessment?

Please tick ✓ NO YES

A formal public consultation was open from 10 May – 30 July 2023 which collated resident and partner views through an on-line survey on the council's website (paper copies were available). Opportunities were provided for face-to-face discussion at drop-in and information events at children's centres and libraries.

The consultation was promoted through a range of social media channels, and council department and partner newsletters, including an article in Hillingdon People.

Presentations were shared followed by questions at a series of multi-agency meetings attended by the Assistant Director Child and Family Support Services, and two partner meetings, were held, attended by statutory health partners and community sector partners.

There was no individual consultation for Charville children's centre; however, the Family Hub Network was commissioned to manage the consultation, to carry out a series of face-to-face events, and to analyse consultation responses.

690 responses to the online survey were received. Data shows that 83% of respondents were female, and that 73% of respondents were aged between 25 and 44 years old. The highest percentage of respondents were residents with a child aged up to 4 years (64%), followed by residents with a child aged 5-19 years (18%). Two groups each contributed 8% of the responses, residents without children aged under 19 years, and professionals; with the voluntary and community sector contributing 1% of the on-line consultation returns.

From the data 8% of respondents identified as having a disability within their family, whilst 4% preferred not to say. Data shows that 48% of respondents identified as 'white', 29% as 'Asian or Asian British', 6% as 'black, black British, Caribbean or African', 4% as 'mixed or multiple' and 8% preferred not to say.

The majority of respondents were positive about the family hub draft strategy with 71% of respondents agreeing or strongly agreeing. Key themes in the feedback included a need to understand the potential implications of implementing the family hub strategy, and the delivery of universal and targeted services across a broader age range. Parents of children with SEND were particularly positive about the proposed changes, and the opportunity to continue to access support in familiar places as their children get older. Partnership building, and clear communications were identified as themes, with observations on accessibility for speakers of other languages, particularly in the south of the borough.

B.3) Provide any other information to consider as part of the assessment

Legal context

The council has a public duty to pay due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations (Equality Act 2010)

Financial context - standard text

Since 2010, the Business Improvement Delivery (BID) Programme has driven transformation across the Council, reducing costs and improving efficiency to ensure that in an environment of increased expenditure from population growth and inflationary uplifts we continue to deliver high quality services that put residents first.

Hillingdon's approach to maintaining sound financial management ensures that our finances are in a robust position, and therefore the Council is well placed to respond to Government funding not increasing at the same pace as the combined impact of a growing demand for services and increased market forces. Our latest projections indicate that further savings of £35m will be required by 2026/27 to bridge the resulting budget gap.

The family hubs concept was first introduced in the Levelling Up the United Kingdom: White Paper presented to Parliament 02 February 2022, announcing that "The UK Government will invest £300m to build the network of family hubs and transform start for life services for parents and babies, carers and children in half of local authorities in England."

75 upper tier authorities have since been funded to deliver Family hubs by 2025. Indicating a future roll-out of the programme, Ofsted and the Care Quality Commission (CQC) will carry out a thematic review of local authority start for life services delivered through family hubs by the end of summer 2023 specifically to:

- evaluate families' experiences of local services and whether these services are joined up effectively;
- identify ways in which families can be further supported to give their babies the

best start in life; and

- identify whether the current level of inspection of Start for Life services is sufficient to capture any issues around join up and to improve families' experiences of local services.

To date the council has not received funding to develop Family Hubs within Hillingdon.

C) Assessment

What did you find in B1? Who is affected? Is there, or likely to be, an impact on certain groups?

C.1) Describe any **NEGATIVE** impacts (actual or potential):

Equality Group	Impact on this group and actions you need to take
Age	<p>The majority of families attending Charville children's centre have a child, or children aged under 5 years. Services for this age group include both universal and targeted programmes and include the opportunity for parents and carers to socialise, with attendant benefit to mental health and well-being.</p> <p>The closure of Charville children's centre may impact families as they will be required to access new service delivery points within the family hub network and contact may change with parents and carers whom they have known. Additionally, staff may be deployed to alternative locations meaning that working relationships may need to be re-established.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress the move towards different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from Charville, until capacity is available in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
Sex	<p>Women are disproportionately represented in the number of attendances at Charville children's centre.</p> <p>The closure of Charville children's centre may impact women as single parents, carers, home workers or members of particular faith groups, and women's attendance at different venues may be constrained by their work schedule.</p> <p>Women may be particularly affected by changes to the regular</p>

	<p>group of people normally attending Charville children's centre at the same time as themselves.</p> <p>Working collaboratively, we will facilitate socialising and support groups with women using our services as part of transition.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress the move towards different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from Charville, until capacity is available in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
<p>Pregnancy or maternity</p>	<p>The closure of Charville children's centre may impact pregnant women and their partners who attend maternity, health visiting and associated services. Attendance at different venues may be constrained by their work schedule or living arrangements.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from Charville, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
<p>People with a disability</p>	<p>Families mainly attend the children's centre nearest to their residential address; and continuity of attendance, and service delivery are particularly important for under 5's accessing targeted services.</p> <p>Changes to the location of service delivery could have a potentially negative impact on those with disabilities as it could interrupt their routines and travel plans.</p> <p>We will carry out regular engagement activities with this group to ensure everyone is fully informed of the changes of venue in advance of changes being made, we will support families with travel advice and co-produce transition plans with affected families.</p>
<p>Socio-economic status</p>	<p>Families on a low income constitute the second largest priority group at Charville children's centre; but constitute the largest group in the north locality, and in the borough.</p> <p>Whilst some families will find the alternative venues nearer to where they live, others may have a longer journey which may involve public transport.</p> <p>For those affected adversely we will consult with individuals and</p>

	<p>seek shared solutions potentially through access to outreach, in-person attendance at other delivery venues, and on-line options. Wherever possible we will liaise with our partners to identify ways to support parents and carers to travel, or for services to be brought nearer to them, including the use of mobile resources</p>
Carers	<p>Families mainly attend the children's centre nearest to their residential address.</p> <p>The closure of Charville children's centre may affect carers disproportionately as they may be constrained by the needs and timetable of another family member, meaning that they have less flexibility to travel to another service delivery venue,</p> <p>For those affected adversely we will consult with individuals and seek shared solutions potentially through access to outreach, in-person attendance at other delivery venues and on-line options. Wherever possible we will liaise with our partners to identify ways to support parents and carers to travel, or for services to be brought nearer to them, including the use of mobile resources.</p>
Ethnicity	<p>The majority of attendees at Charville children's centre are classified as 'other ethnic groups'. Whilst the vast majority report speaking English, these residents may find it more challenging to access information and engage with co-production activities.</p> <p>We will ensure that the families are reassured of the continuation of services from Charville and of transition arrangements in good time. We will provide opportunities to discuss individual needs and will facilitate advance visits to maintain continuity of services for women and families.</p> <p>We will ensure that language support is available for those who may need it, and that social media and printed materials take account of the particular needs within this group.</p> <p>Women of certain ethnicities may experience additional challenges in travelling without a male chaperone; and women's attendance may also be affected by the need for community leaders to approve attendance at a new venue. We will provide opportunities to discuss individual needs and will facilitate advance visits to maintain continuity of services for women and families.</p>

C.2) Describe any **POSITIVE** impacts

Equality Group	Impact on this group and actions you need to take
Age	The development of family hubs will provide an opportunity to focus on services for families with children and young people aged over 0-19 years (0-25 years for SEND). This

	will facilitate multi-agency working across sectors and offer access to services designed to meet whole family needs, at times and in spaces that are accessible and welcoming.
Sex	As women are over-represented in the number of attendees at Charville children's centre, the opportunity to access the same family hub venue for services and activities for all ages and stages of childhood, will be of benefit to women.
People with a disability	Family hubs will provide accessible physical spaces, outreach into communities, and on-line services. A wider range of opportunities to engage with services will add positively to the lived experience of children and young people with a disability and their families.
Socio-economic status	The enhanced range of family hub services will provide opportunities for supported access to on-line resources, adult learning, volunteering and work entry in a non-stigmatising environment, as well as access to housing and debt advice.
Carers	<p>Family hubs will take a whole family approach with consideration of the demands placed on adult carers and young carers.</p> <p>An agile approach to developing services delivered from family hubs will take account of community partners' work, outreach and digital opportunities to facilitate carer's inclusion.</p>
Community cohesion	<p>There will be an enhanced range of family hub services, and extended age span from conception to age 25 for young people with SEND. Statutory and voluntary sector organisations will collectively deliver services that meet community needs, as defined by local data.</p> <p>The family hub environment will be non-stigmatising, demonstrating connectivity between services, accessibility for all users, and relationship-based practice as the basis for successful family outcomes.</p>

D) Conclusions

We acknowledge that closure of Charville children's centre may have an adverse or negative impact on certain groups.

Changes to the venues from which services are delivered could have an impact on women, including those from specific ethnic groups, carers, people with a disability and families with low socio-economic status; and staff could be affected by the change to an alternative work location.

However, these changes are intended to have a positive effect for all families through easily accessible physical locations for service delivery and mobile facilities allowing in-reach to communities, alongside the development of on-line services. Services will evolve and develop over time, responding to community need.

We will provide support to all service users during the transition period, encouraging engagement and collaboration in creating transition plans, whilst tailoring our support for specific groups.

The development of family hubs will provide an opportunity to focus on services for families with children and young people aged up to 25 years. This will facilitate multi-agency working across sectors and offer access to services designed to meet whole family needs, at times and in spaces that are accessible and welcoming.

Signed and dated: Claire Fry – 22/08/2023

Name and position: Assistant Director, Child and Family Support Services



HILLINGDON
LONDON

Equality and Human Rights Impact Assessment

What is being assessed? Please tick

Review of a service Staff restructure Decommissioning a service

Changing a policy Tendering for a new service A strategy or plan

Coteford Children's centre

The council has developed a Family Hub strategy to deliver services for babies, children, young people and their families in an integrated way. The strategy proposes closing Coteford Children's Centre and relocating services and staff to alternative family hubs and delivery spaces within the local community. The building will be returned to Coteford Infants school; this document assesses the potential impact on service users at Coteford.

The Council intends to further develop its approach to meeting the needs of children, young people and families through the introduction of family hubs. The intended focus will be connections between families, professionals, services and providers; access to support and early intervention; and strengthened relationships within families and between families and service providers.

The national family hubs programme sets out the Government's aspiration that every family will receive the support they need, when they need it, and have access to the information and tools they need to care for and interact positively with their babies and children, and to look after their own wellbeing.

The council intends to develop the Hillingdon family hub programme informed by the national family hubs programme, both demographic information and the views of parents and carers, young people, residents, voluntary, community and faith organisations will inform the implementation of the programme.

The council has a programme of family hub building development, providing new physical locations for service delivery and mobile facilities allowing in-reach to communities, alongside the development of on-line services. One impact is that proximity will change, with different locations being closer to some families, rather than others. The Coteford children's centre building will become surplus to

requirements when services have been successfully migrated and established in other delivery points in the family hub network.

Who is accountable? E.g. Head of Service or Corporate Director

Claire Fry – Assistant Director, Child and Family Support Services

Date assessment completed and approved by accountable person

22/08/2023

Names and job titles of people carrying out the assessment

Lesley Jallow – Family and Community Hub Project Manager

A.1) What are the main aims and intended benefits of what you are assessing?

The closure of Coteford children's centre forms part of a wider strategy to develop family hubs in line with the needs of residents in different localities; using data and resident feedback to locate physical spaces and services in locations that are easy to access, and where users feel welcomed.

The Family Hub strategy seeks to make best use of both council and community assets, that can support the delivery of services for a wider age range of residents, from 0-19 years (0-25 years with SEND). The strategy will deliver services that are connected and integrated within local communities; the benefits for children, young people and families are that support will be readily available conveniently, and at the earliest opportunity in a non-stigmatising environment.

Services will be connected so that families will only need to tell their story once; support will be available on-line and in a range of different physical spaces, giving residents a choice of access points that feels right for them.

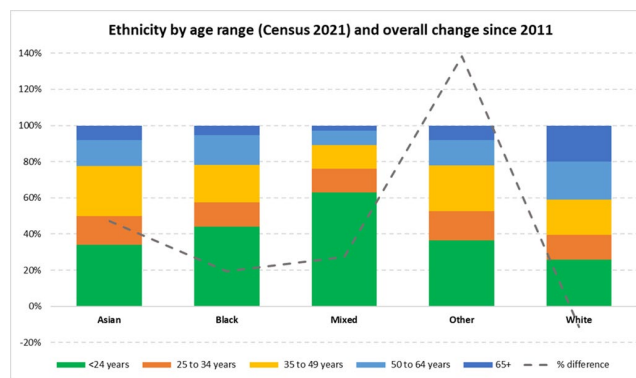
A.2) Who are the service users or staff affected by what you are assessing? What is their equality profile?

The service users at Coteford children's centre are babies, children, young people and their parents and carers.

Coteford children's centre is in Eastcote ward and is defined by the council as within the Ruislip and Northwood locality. 2021 census data tells us that of 6,752 households 55% are not deprived in any of the 4 measured dimensions, and 0.2% are deprived in every dimension: health, housing, employment and education. The ward population is expected to increase by 6.3%.

The ethnic make-up of the borough population, and overall change since the last

census in 2011 is shown in the table below.



As a borough Hillingdon has broadly similar health outcomes for young children compared to London and England, except in the higher percentage of low-birth-weight full-term babies (2021 Office for Health Improvement and Disparities OHID data), and the higher percentage of 5-year-olds with obvious dental decay (2019 OHID data). Whilst at school reception age the percentage of Hillingdon children who are obese is the same as London at 10.8% but is higher than England; measurement in school year six shows that 25.6% of Hillingdon children are obese (2022 OHID data). Notably, only 48.7% of babies' first feed is breastmilk in the borough compared to London with 87.7% and England with 71.7% of babies (2021 OHID data).

Coteford is defined by the Child and Family Development Service as within the children's centres north locality; comparative data shows borough, children's centres north locality, and Coteford children's centre measures.

The profile of Coteford children's centre users highlights that 0–5-year-olds constituted the majority of child attendances at 35%, with 6-10 and 11-17 year olds making up 0.99% and 0.27% respectively. The vast majority of adults attending were aged 31-40 years, at 41% which was consistent with the north locality, but higher than the Borough.

Borough		North locality		Coteford	
a) 5 and under	7645 37.01%	a) 5 and u	1655 35.39%	a) 5 and u	925 35.16%
b) 6-10 years old	321 1.55%	b) 6-10 ye	60 1.28%	b) 6-10 ye	26 0.99%
c) 11-17 years old	55 0.27%	c) 11-17 yr	14 0.30%	c) 11-17 yr	7 0.27%
d) 18-25 years old	1018 4.93%	d) 18-25 yr	120 2.57%	d) 18-25 yr	69 2.62%
e) 26-30 year old	2584 12.51%	e) 26-30 yr	423 9.04%	e) 26-30 yr	221 8.40%
f) 31-40 year old	7192 34.82%	f) 31-40 yr	1919 41.03%	f) 31-40 yr	1075 40.86%
g) 41-50 year old	1458 7.06%	g) 41-50 yr	367 7.85%	g) 41-50 yr	230 8.74%
h) 51-60 year olds	205 0.99%	h) 51-60 yr	56 1.20%	h) 51-60 yr	36 1.37%
i) 61-70 years old	150 0.73%	i) 61-70 ye	52 1.11%	i) 61-70 ye	34 1.29%
j) 71+ years old	27 0.13%	j) 71+ year	11 0.24%	j) 71+ year	8 0.30%
Grand Total	20655 100.00%	Grand Tot	4677 100.00%	Grand Tot	2631 100.00%

The gender of individuals attending Coteford children's centre shows a large female majority at 65% which is very similar across the north locality and the borough.

Borough		North locality		Coteford	
Female	14515 65.00%	Female	3293 64.17%	Female	1843 64.08%
Indeterminate	2 0.01%	Indeterm	1 0.02%	Male	1033 35.92%
Male	7815 34.99%	Male	1838 35.81%	Grand To	2876 100.00%
Grand Total	22332 100.00%	Grand To	5132 100.00%		

Children's centre ethnicity data is defined by 5 categories, "White, Asian, Chinese and other, Black and Mixed". Hillingdon census population data for Eastcote ward is

expressed as 'white' at 64%, and 'other ethnic groups' at 36%. Attendance at Coteford children's centre contrasts with the Eastcote ward population breakdown, with 'white' at 45% and remaining groups combined at 55%, suggesting that a higher proportion of the 'other ethnic groups' population are attending Coteford Children's centre than the 'white' population.

Borough	North locality				Coteford						
Asian	5545	48.00%			White	1337	49.15%		White	670	44.64%
White	3716	32.17%			Asian	967	35.55%		Asian	600	39.97%
Black	1015	8.79%			Chinese &	167	6.14%		Chinese &	98	6.53%
Chinese & Other	932	8.07%			Black	159	5.85%		Black	92	6.13%
Mixed	344	2.98%			Mixed	90	3.31%		Mixed	41	2.73%
Grand Total	11552	100.00%			Grand Tot	2720	100.00%		Grand Tot	1501	100.00%

When registering the vast majority attending Coteford children's centre 72% report that they speak English at home, this is in line with the north locality, but higher than the Borough at 56%.

Borough	North locality				Coteford						
English	5856	56.37%			English	438	76.68%		English	168	71.79%
Punjabi	1980	20.27%			Punjabi	25	4.48%		Tamil	12	5.13%
Urdu	577	5.74%			Romanian	23	3.36%		Punjabi	11	4.70%
Hindi	480	4.70%			Tamil	23	3.14%		Romanian	10	4.27%
Other Language	429	4.24%			Gujarati	18	2.69%		Other Lar	9	3.85%
Tamil	371	3.83%			Other Lar	16	3.36%		Gujarati	8	3.42%
Romanian	312	3.15%			Hindi	15	2.91%		Somali	7	2.99%
Arabic	282	2.70%			Urdu	15	2.91%		Urdu	6	2.56%
Somali	242	2.33%			Arabic	12	2.24%		Hindi	5	2.14%
Polish	228	2.44%			Spanish	11	1.79%		Arabic	5	2.14%
Bengali	205	2.02%			Somali	11	2.24%		Pushtu (A	4	1.71%
Gujarati	175	1.62%			Italian	11	1.79%		Portugue	4	1.71%
Albanian	130	1.37%			Dari (Afg)	9	1.57%		Spanish	4	1.71%
Portuguese	104	0.87%			Pushtu (A	8	1.57%		Dari (Afg)	4	1.71%
Farsi (Iran)	101	0.92%			Polish	7	1.12%		Polish	4	1.71%
Dari (Afghanistan)	97	1.12%			Russian	5	0.90%		Greek	3	1.28%
Nepali	94	1.13%			Portugue	5	0.90%		Pashtu	2	0.85%
Pashtu	89	0.99%			Bengali	4	0.45%		Bengali	2	0.85%
Konkani	78	0.89%			Greek	3	0.67%		Unknown	2	0.85%
French	78	0.70%			Armenian	3	0.22%		French	2	0.85%
Russian	76	0.63%			Turkish	3	0.67%		Albanian	2	0.85%
Spanish	61	0.61%			French	3	0.67%		Italian	2	0.85%
Italian	59	0.61%			Cantones	2	0.45%		Amharic	1	0.43%
Amharic	52	0.45%			Pashtu	2	0.45%		Cantones	1	0.43%
Pushtu (Afghanistan)	50	0.57%			Unknown	2	0.45%		Turkish	1	0.43%
Turkish	45	0.39%			Amharic	2	0.45%		Czech	1	0.43%
Greek	41	0.37%			Albanian	2	0.45%		Singhales	1	0.43%
German	30	0.27%			Singhales	1	0.22%		Armenian	1	0.43%
Mandarin	28	0.26%			Farsi (Iran)	1	0.22%		Mandarin	1	0.43%
Farsi (Persian)	28	0.39%			Tigrina	1	0.22%		Grand To	283	100.00%
Tigrina	27	0.27%			Dari	1	0.22%				
Lithuanian	21	0.26%			Ukrainian	1	0.22%				
Dari	21	0.23%			Swedish	1	0.22%				
Kurdish	21	0.23%			Czech	1	0.22%				
Ukrainian	20	0.24%			Kurdish /	1	0.22%				
Cantonese	20	0.24%			Mandarin	1	0.22%				
Singhales	19	0.21%			Grand To	687	100.00%				
Twi	18	0.16%									
Yoruba	15	0.18%									
Swahili	13	0.11%									
BSL (British Sign Language)	10	0.06%									
Unknown	10	0.10%									
Arabic (Moroccan/Tunisian/Algerian/Libyan)	8	0.06%									
Luganda	7	0.08%									
Thai	6	0.05%									
Vietnamese	6	0.10%									
Latvian (Lettish)	6	0.08%									
Hausa	5	0.05%									
Fula (Fulani, Pulaar, Peulh, Fulfulde)	5	0.05%									
Kurdish / Kurdish Sorani	5	0.08%									
Aramaic	5	0.05%									
Balochi	5	0.05%									
Slovak	5	0.06%									
Shona	5	0.03%									
Tigrinya	4	0.05%									
Armenian	4	0.02%									
Bilen	4	0.03%									
Swedish	4	0.03%									
Creole	4	0.06%									
Czech	3	0.03%									
Lingala	3	0.05%									
Bini	2	0.03%									
Fullah	2	0.03%									
French Patois	2	0.03%									
Burmese	2	0.03%									
Tigre	2	0.03%									
Igbo	2	0.02%									
Serbian	2	0.03%									
Portuguese (Brazilian)	1	0.02%									
Edo	1	0.02%									
Fur (Konjara)	1	0.02%									
Croatian	1	0.02%									
Grand Total	12705	100.00%									

Attendance by families identified as representing priority groups indicates that the largest group of families attending Coteford children's centre, 44%, had a child in need of support, families on low income formed the next largest group at 35%, followed by families with a child with additional need (including health conditions) at 21%. Lone parents, workless households and new arrivals to the country form the next largest priority groups attending Coteford children's centre. In contrast, the priority group with the greatest number of attendances in the north locality were families on a low income.

In common with the north locality most attendees at Coteford children's centre resided in the HA4 postcode at 56%, with HA5 and UB10 constituting the next largest number of attendances at 13% and 10% respectively.

A.3) Who are the stakeholders in this assessment and what is their interest in it?

Stakeholders	Interest
Children and families	Continued access the services that are currently provided at Coteford children's centre within their community.
Young people, including those who access youth services at some children's centre sites	Continued to access the services that are currently provided at Coteford children's centre within their community.
Staff working in children's centres	Continued access to working locations within the Borough, and working patterns that support individuals, ensuring that staff are treated fairly and in line with policy.
Health practitioners such as midwives and Health Visitors who deliver services from Coteford children's centre	Access to working locations within the Borough, and clinically appropriate spaces to deliver services within their remit in new environments
Voluntary community and faith sector providers currently offering services at Coteford children's centre	Access to appropriate spaces within the Borough, at times suited to the programme or service being delivered, with the necessary access to appropriate resources.
Corporate Director	Providing an improved, efficient and cost-effective family hub service for residents.
Cabinet Member for Children Families and Education	Providing an improved, efficient and cost-effective family hub service for residents.
Leader	Providing an improved, efficient and cost-effective family hub service for residents.

A.4) Which protected characteristics or community issues are relevant to the assessment? ✓ in the box.

Age	✓	Sex	✓
Disability	✓	Sexual Orientation	
Gender reassignment		Socio-economic status	✓
Marriage or civil partnership		Carers	✓
Pregnancy or maternity	✓	Community Cohesion	✓
Race/Ethnicity	✓	Community Safety	
Religion or belief		Human Rights	

STEP B) Consideration of information; data, research, consultation, engagement

B.1) Consideration of information and data - what have you got and what is it telling you?

Most adult service users at Coteford children's centre are female, and of working age; and the majority of child service users are aged under 5. This indicates that women are disproportionately represented as taking on caring responsibilities, either full-time or combining care with working from home, or elsewhere. Proximity to home and travel time to reach the nearest family hub will be an important issue for these families.

Data indicates that children in need of support form the largest priority group attending Coteford children's centre, with families on low income forming the next largest group, followed by families with a child with additional need (including health conditions). This shows us that a high number of families are presenting at Coteford children's centre with issues affecting their children's development and their well-being and who are seeking support and advice.

Data shows that a larger proportion of the 'other ethnic groups' population of Eastcote ward are accessing Coteford children's centre than the 'white' population. Whilst ensuring that all groups find it easy to access support, it is also important to provide an effective transition for residents from 'other ethnic groups', with consideration of varied methods of communication, staged transition, and peer support in moving service delivery to other sites.

Consultation

B.2) Did you carry out any consultation or engagement as part of this assessment?

Please tick ✓ NO YES

A formal public consultation was open from 10 May – 30 July 2023 which collated resident and partner views through an on-line survey on the council's website (paper copies were available). Opportunities were provided for face-to-face discussion at drop-in and information events at children's centres and libraries.

The consultation was promoted through a range of social media channels, and council department and partner newsletters, including an article in Hillingdon People.

Presentations were shared followed by questions at a series of multi-agency meetings attended by the Assistant Director Child and Family Support Services, and two partner meetings, were held, attended by statutory health partners and community sector partners.

There was no individual consultation for Coteford children's centre; however, the Family Hub Network was commissioned to manage the consultation, to carry out a series of face-to-face events, and to analyse consultation responses.

690 responses to the online survey were received. Data shows that 83% of respondents were female, and that 73% of respondents were aged between 25 and 44 years old. The highest percentage of respondents were residents with a child aged up to 4 years (64%), followed by residents with a child aged 5-19 years (18%). Two groups each contributed 8% of the responses, residents without children aged under 19 years, and professionals; with the voluntary and community sector contributing 1% of the on-line consultation returns.

From the data 8% of respondents identified as having a disability within their family, whilst 4% preferred not to say. Data shows that 48% of respondents identified as 'white', 29% as 'Asian or Asian British', 6% as 'black, black British, Caribbean or African, 4% as 'mixed or multiple' and 8% preferred not to say.

The majority of respondents were positive about the family hub draft strategy with 71% of respondents agreeing or strongly agreeing. Key themes in the feedback included a need to understand the potential implications of implementing the family hub strategy, and the delivery of universal and targeted services across a broader age range. Parents of children with SEND were particularly positive about the proposed changes, and the opportunity to continue to access support in familiar places as their children get older. Partnership building, and clear communications were identified as themes, with observations on accessibility for speakers of other languages, particularly in the south of the borough.

B.3) Provide any other information to consider as part of the assessment

Legal context

The council has a public duty to pay due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations (Equality Act 2010)

Financial context - standard text

Since 2010, the Business Improvement Delivery (BID) Programme has driven transformation across the Council, reducing costs and improving efficiency to ensure that in an environment of increased expenditure from population growth and inflationary uplifts we continue to deliver high quality services that put residents first.

Hillingdon's approach to maintaining sound financial management ensures that our finances are in a robust position, and therefore the Council is well placed to respond to Government funding not increasing at the same pace as the combined impact of a growing demand for services and increased market forces. Our latest projections indicate that further savings of £35m will be required by 2026/27 to bridge the resulting budget gap.

The family hubs concept was first introduced in the Levelling Up the United Kingdom: White Paper presented to Parliament 02 February 2022, announcing that “The UK Government will invest £300m to build the network of family hubs and transform start for life services for parents and babies, carers and children in half of local authorities in England.”

75 upper tier authorities have since been funded to deliver Family hubs by 2025. Indicating a future roll-out of the programme, Ofsted and the Care Quality Commission (CQC) will carry out a thematic review of local authority start for life services delivered through family hubs by the end of summer 2023 specifically to:

- evaluate families’ experiences of local services and whether these services are joined up effectively;
- identify ways in which families can be further supported to give their babies the best start in life; and
- identify whether the current level of inspection of Start for Life services is sufficient to capture any issues around join up and to improve families’ experiences of local services.

To date the council has not received funding to develop Family Hubs within Hillingdon.

C) Assessment

What did you find in B1? Who is affected? Is there, or likely to be, an impact on certain groups?

C.1) Describe any **NEGATIVE** impacts (actual or potential):

Equality Group	Impact on this group and actions you need to take
Age	<p>The majority of families attending Coteford children’s centre have a child, or children aged under 5, services for this age group include both universal and targeted programmes and include the opportunity for parents and carers to socialise, with attendant benefit to mental health and well-being.</p> <p>The closure of Coteford children’s centre may impact on families as they access new service delivery points within the family hub network and contact may change with parents and carers whom they have known. Additionally, staff may be deployed to alternative locations meaning that working relationships may need to be re-made.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from Coteford, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
Sex	<p>Women are disproportionately represented in the number of attendances at Coteford children’s centre.</p> <p>The closure of Coteford children’s centre may impact women as single parents, carers, home workers or members of particular faith groups, and women’s attendance at different venues may be constrained by their work schedule.</p> <p>Women may be particularly affected by changes to the regular group of people normally attending Coteford children’s centre at the same time as themselves.</p> <p>Working collaboratively, we will facilitate socialising and support groups with women using our services as part of transition.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from Coteford, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
Pregnancy or maternity	<p>The closure of Coteford children’s centre may impact pregnant women and their partners who attend maternity, health visiting</p>

	<p>and associated services. Attendance at different venues may be constrained by their work schedule or living arrangements.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from Coteford, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
People with a disability	<p>Families mainly attend the children's centre nearest to their residential address; and continuity of attendance, and service delivery are particularly important for under 5's accessing targeted services.</p> <p>Changes to the location of service delivery could have a potentially negative impact on those with disabilities as it could interrupt their routines and travel plans.</p> <p>We will carry out regular engagement activities with this group to ensure everyone is fully informed of the changes of venue in advance of changes being made, we will support families with travel advice and co-produce transition plans with affected families.</p>
Socio-economic status	<p>Families on a low income constitute the second largest priority group at Coteford children's centre; but constitute the largest group in the north locality, and in the borough.</p> <p>Whilst some families will find the alternative venues nearer to where they live, others may have a longer journey which may involve public transport.</p> <p>For those affected adversely we will consult with individuals and seek shared solutions potentially through access to outreach, in-person attendance at other delivery venues, and on-line options. Wherever possible we will liaise with our partners to identify ways to support parents and carers to travel, or for services to be brought nearer to them, including the use of mobile resources.</p>
Carers	<p>Families mainly attend the children's centre nearest to their residential address.</p> <p>The closure of Coteford children's centre may affect carers disproportionately as they may be constrained by the needs and timetable of another family member, meaning that they have less flexibility to travel to another service delivery venue,</p> <p>For those affected adversely we will consult with individuals and seek shared solutions potentially through access to outreach, in-person attendance at other delivery venues and on-line options.</p>

	Wherever possible we will liaise with our partners to identify ways to support parents and carers to travel, or for services to be brought nearer to them, including the use of mobile resources.
Ethnicity	<p>The majority of attendees at Coteford children's centre are classified as 'other ethnic groups'. Whilst most report speaking English at home, these residents may find it more challenging to access information and engage with co-production activities.</p> <p>We will ensure that the families are reassured of the continuation of services from Coteford and of transition arrangements in good time. We will provide opportunities to discuss individual needs and will facilitate advance visits to maintain continuity of services for women and families.</p> <p>We will ensure that language support is available for those who may need it, and that social media and printed materials take account of the particular needs within this group.</p> <p>Women of certain ethnicities may experience additional challenges in travelling without a male chaperone; and women's attendance may also be affected by the need for community leaders to approve attendance at a new venue. We will provide opportunities to discuss individual needs and will facilitate advance visits to maintain continuity of services for women and families.</p>

C.2) Describe any **POSITIVE** impacts

Equality Group	Impact on this group and actions you need to take
Age	The development of family hubs will provide an opportunity to focus on services for families with children and young people aged over 0-19 years (0-25 years for SEND). This will facilitate multi-agency working across sectors and offer access to services designed to meet whole family needs, at times and in spaces that are accessible and welcoming.
Sex	As women are over-represented in the number of attendees at Coteford children's centre the opportunity to access the same family hub venue for services and activities covering the full age range, will be of benefit to women
People with a disability	Family hubs will provide accessible physical spaces, outreach into communities, and on-line services. A wider range of opportunities to engage with services will add positively to the lived experience of children and young people with a disability and their families.

Socio-economic status	The enhanced range of family hub services will provide opportunities for supported access to on-line resources, adult learning, volunteering and work entry in a non-stigmatising environment, as well as easy access to housing and debt advice.
Carers	<p>Family hubs will take a whole family approach with consideration of the demands placed on adult carers and young carers.</p> <p>An agile approach to developing services delivered from family hubs will take account of partners' work, outreach and digital opportunities to facilitate carer's inclusion.</p>
Community cohesion	<p>There will be an enhanced range of family hub services, and extended age span from conception to age 25 for young people with SEND. Statutory and voluntary sector organisations will collectively deliver services that meet community needs, as defined by local data.</p> <p>The family hub environment will be non-stigmatising, demonstrating connectivity between services, accessibility for all users, and relationship-based practice as the basis for successful family outcomes.</p>

D) Conclusions

We acknowledge that closure of Coteford children's centre may have an adverse or negative impact on certain groups.

Changes to the venues from which services are delivered could have an impact on women, including those from specific ethnic groups, carers, people with a disability and families with low socio-economic status; and staff could be affected by the change to an alternative work location.

However, these changes are intended to have a positive effect for all families through easily accessible physical locations for service delivery and mobile facilities allowing in-reach to communities, alongside the development of on-line services. Services will evolve and develop over time, responding to community need.

We will provide support to all service users during the transition period, encouraging engagement and collaboration in creating transition plans, whilst tailoring our support for specific groups.

The development of family hubs will provide an opportunity to focus on services for families with children and young people aged up to 25 years. This will facilitate multi-agency working across sectors and offer access to services designed to meet whole family needs, at times and in spaces that are accessible and welcoming.

Signed and dated: Claire Fry – 22/08/2023

Name and position: Assistant Director, Child and Family Support Services



HILLINGDON
LONDON

Equality and Human Rights Impact Assessment

What is being assessed? Please tick ✓

Review of a service Staff restructure Decommissioning a service

Changing a policy Tendering for a new service A strategy or plan

Cowley Children's centre

The council has developed a Family Hub strategy to deliver services for babies, children, young people and their families in an integrated way. The strategy proposes closing Cowley children's centre and relocating services and staff to alternative family hubs and delivery spaces within the local community. The building will be returned to the school; this document assesses the potential impact on service users at Cowley.

The Council intends to further develop its approach to meeting the needs of children, young people and families through the introduction of family hubs. The intended focus will be connections between families, professionals, services and providers; access to support and early intervention; and strengthened relationships within families and between families and service providers.

The national family hubs programme sets out the Government's aspiration that every family will receive the support they need, when they need it, and have access to the information and tools they need to care for and interact positively with their babies and children, and to look after their own wellbeing.

The council intends to develop the Hillingdon family hub programme informed by the national family hubs programme, both demographic information and the views of parents and carers, young people, residents, voluntary, community and faith organisations will inform the implementation of the programme.

The council has a programme of family hub building development, providing new physical locations for service delivery and mobile facilities allowing in-reach to communities, alongside the development of on-line services. One impact is that proximity will change, with different locations being closer to some families, rather than others. The Cowley children's centre building will become surplus to requirements when services have been successfully migrated and established in

other delivery points in the family hub network.

Who is accountable? E.g. Head of Service or Corporate Director

Claire Fry – Assistant Director, Child and Family Support Services

Date assessment completed and approved by accountable person

22/08/2023

Names and job titles of people carrying out the assessment

Lesley Jallow – Family and Community Hub Project Manager

A.1) What are the main aims and intended benefits of what you are assessing?

The closure of Cowley children's centre forms part of a wider strategy to develop family hubs in line with the needs of residents in different localities; using data and resident feedback to locate physical spaces and services in locations that are easy to access, and where users feel welcomed.

The Family Hub strategy seeks to make best use of both council and community assets, that can support the delivery of services for a wider age range of residents, from 0-19 years (0-25 years with SEND). The strategy will deliver services that are connected and integrated within local communities; the benefits for children, young people and families are that support will be readily available conveniently, and at the earliest opportunity in a non-stigmatising environment.

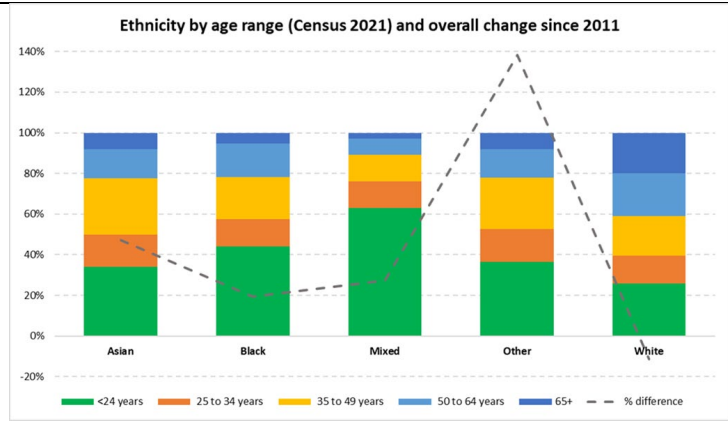
Services will be connected so that families will only need to tell their story once; support will be available on-line and in a range of different physical spaces, giving residents a choice of access points that feels right for them.

A.2) Who are the service users or staff affected by what you are assessing? What is their equality profile?

The service users at Cowley children's centre are babies, children, young people and their parents and carers.

Cowley children's centre is in Colham and Cowley ward (formerly Brunel/Uxbridge South) and is defined by the council as within the Uxbridge and Cowley locality. 2021 census data tells us that of 6,624 households 40% are not deprived in any of the 4 measured dimensions, and 0.5% are deprived in every dimension: health, housing, employment and education. The ward population is expected to decrease by 4.3%.

The ethnic make-up of the borough population, and overall change since the last census in 2011 is shown in the table below.



As a borough Hillingdon has broadly similar health outcomes for young children compared to London and England, except in the higher percentage of low-birth-weight full-term babies (2021 Office for Health Improvement and Disparities OHID data), and the higher percentage of 5-year-olds with obvious dental decay (2019 OHID data). Whilst at school reception age the percentage of Hillingdon children who are obese is the same as London at 10.8% but is higher than England; measurement in school year six shows that 25.6% of Hillingdon children are obese (2022 OHID data). Notably, only 48.7% of babies' first feed is breastmilk in the borough compared to London with 87.7% and England with 71.7% of babies (2021 OHID data).

Cowley is defined by the Child and Family Development Service as within the children's centres southwest locality; comparative data shows borough, children's centres southwest locality, and Cowley children's centre measures.

The profile of Cowley children's centre users highlights that 0–5-year-olds constituted the majority of child attendances at 47%, with 6-10 and 11-17 year olds making up 1.06% and 0.46% respectively. The vast majority of adults attending were aged 31-40 years, at 29% which was below the southwest locality, and the Borough.

Borough			Southwest locality			Cowley		
a) 5 and under	7645	37.01%	a) 5 and under	3403	36.91%	a) 5 and under	312	47.42%
b) 6-10 ye.	321	1.55%	b) 6-10 years old	158	1.71%	b) 6-10 ye.	7	1.06%
c) 11-17 ye	55	0.27%	c) 11-17 years old	24	0.26%	c) 11-17 ye	3	0.46%
d) 18-25 y.	1018	4.93%	d) 18-25 years old	433	4.70%	d) 18-25 y.	12	1.82%
e) 26-30 y.	2584	12.51%	e) 26-30 year old	1064	11.54%	e) 26-30 y.	60	9.12%
f) 31-40 ye	7192	34.82%	f) 31-40 year old	3252	35.27%	f) 31-40 ye	191	29.03%
g) 41-50 ye	1458	7.06%	g) 41-50 year old	706	7.66%	g) 41-50 ye	53	8.05%
h) 51-60 y.	205	0.99%	h) 51-60 year olds	98	1.06%	h) 51-60 y.	11	1.67%
i) 61-70 ye	150	0.73%	i) 61-70 years old	71	0.77%	i) 61-70 ye	8	1.22%
j) 71+ year	27	0.13%	j) 71+ years old	10	0.11%	j) 71+ year	1	0.15%
Grand Tot	20655	100.00%	Grand Total	9219	100.00%	Grand Tot	658	100.00%

The gender of individuals attending Cowley children's centre shows a large female majority at 66% which is very similar across the southwest locality and the borough.

Borough			Southwest locality			Cowley		
Female	14515	65.00%	Female	6100	62.14%	Female	448	65.88%
Indetermi	2	0.01%	Indeterminate	1	0.01%	Male	232	34.12%
Male	7815	34.99%	Male	3716	37.85%	Grand Tot	680	100.00%
Grand Tot	22332	100.00%	Grand Total	9817	100.00%			

Children’s centre ethnicity data is defined by 5 categories, “White, Asian, Chinese and other, Black and Mixed”. Hillingdon census population data for Colham and Cowley ward is expressed as ‘white’ at 50%, and ‘other ethnic groups’ at 50%. Attendance at Cowley children’s centre does not reflect the ward population breakdown, with ‘white’ at 38% and remaining groups combined at 59%, suggesting that a higher proportion of the ‘other ethnic groups’ population attend Cowley Children’s centre than the ‘white’ population.

Borough			Southwest			Cowley		
Asian	5545	48.00%	Asian	2240	43.05%	White	126	38.65%
White	3716	32.17%	White	1857	35.69%	Asian	118	36.20%
Black	1015	8.79%	Black	485	9.32%	Black	35	10.74%
Chinese & Other	932	8.07%	Chinese & Other	444	8.53%	Chinese & Other	34	10.43%
Mixed	344	2.98%	Mixed	177	3.40%	Mixed	13	3.99%
Grand Tot	11552	100.00%	Grand Total	5203	100.00%	Grand Tot	326	100.00%

When registering 64% of those attending Cowley children’s centre report that they speak English at home, this is in line with the southwest locality, but higher than the Borough at 56%.

Borough			Southwest locality			Cowley		
English	5856	56.37%	English	2938	66.50%	English	125	64.10%
Punjabi	1980	20.27%	Punjabi	332	8.52%	Punjabi	17	8.72%
Urdu	577	5.74%	Other Language	274	6.10%	Polish	12	6.15%
Hindi	480	4.70%	Urdu	208	5.05%	Other Language	10	5.13%
Other Language	429	4.24%	Hindi	179	3.89%	Urdu	9	4.62%
Tamil	371	3.83%	Arabic	170	3.26%	Romanian	6	3.08%
Romanian	312	3.15%	Romanian	153	3.47%	Arabic	6	3.08%
Arabic	282	2.70%	Polish	140	3.30%	Somali	5	2.56%
Somali	242	2.33%	Bengali	119	2.60%	Russian	4	2.05%
Polish	228	2.44%	Tamil	106	2.56%	Hindi	4	2.05%
Bengali	205	2.02%	Somali	85	1.86%	Portugues	4	2.05%
Gujarati	175	1.62%	Albanian	79	1.79%	Italian	4	2.05%
Albanian	130	1.37%	Gujarati	72	1.51%	Farsi (Iran)	3	1.54%
Portugues	104	0.87%	Russian	52	0.95%	Tamil	3	1.54%
Farsi (Iran)	101	0.92%	Portuguese	51	1.05%	German	3	1.54%
Dari (Afgh)	97	1.12%	Pashtu	49	1.19%	Bengali	3	1.54%
Nepali	94	1.13%	Farsi (Iran)	45	1.02%	Pashtu	3	1.54%
Pashtu	89	0.99%	French	43	0.77%	Nepali	2	1.03%
Konkani	78	0.89%	Spanish	40	0.88%	Cantonese	2	1.03%
French	78	0.70%	Dari (Afghanistan)	39	0.98%	Singhalese	2	1.03%
Russian	76	0.63%	Nepali	37	0.95%	Mandarin	2	1.03%
Spanish	61	0.61%	Turkish	35	0.63%	French	2	1.03%

Attendance by families identified as representing priority groups indicates that the largest group of families attending Cowley children’s centre, 43%, were families on a low income, followed by families with a child in need of additional support at 38%, and lone parents at 18%. In common with the southwest locality, and the borough, Cowley the largest and second largest priority groups were the same.

Borough	Southwest locality		Cowley				
Family on Low Income	3839	50.18%	Family on Low Income	1674 46.59%	Family on Low Income	96	43.05%
Child in need of additional	1848	24.16%	Child in need of additional suppor	996 27.72%	Child in need of additional su	85	38.12%
Workless Household	1519	19.86%	Lone Parent	757 21.07%	Lone Parent	41	18.39%
Lone Parent	1476	19.29%	Workless Household	695 19.34%	Child with an additional need	40	17.94%
New arrival to the UK	1435	18.76%	New arrival to the UK	605 16.84%	Workless Household	30	13.45%
Child with an additional ne	951	12.43%	Child with an additional need (incl	512 14.25%	New arrival to the UK	25	11.21%
Parent in need of addition	496	6.48%	Parent in need of additional suppc	246 6.85%	Parent in need of additional :	23	10.31%
Adult with an additional n	446	5.83%	Adult with an additional need (incl	237 6.60%	Family with absent parent	14	6.28%
Asylum Seekers / Refugees	410	5.36%	Asylum Seekers / Refugees	196 5.46%	Adult with an additional need	7	3.14%
Family with absent parent	335	4.38%	Family with absent parent	165 4.59%	Young parent (under 21 year	5	2.24%
Young parent (under 21 ye	186	2.43%	Young parent (under 21 years)	106 2.95%	Asylum Seekers / Refugees	4	1.79%
Traveller Family	129	1.69%	Family in need of support	58 1.61%	Family in need of support	3	1.35%
Family in need of support	108	1.41%	Traveller Family	53 1.48%	Traveller Family	2	0.90%
Family New to Area (6 mor	61	0.80%	Family New to Area (6 months of l	36 1.00%	Grand Total	223	100.00%
Mental Health Difficulties	33	0.43%	Mental Health Difficulties	14 0.39%			
Armed Forces Family	17	0.22%	Child with a Chronic, Serious Illnes	5 0.14%			
Child with a Chronic, Serio	10	0.13%	Family Living in Poverty	2 0.06%			
Priority Group	2	0.03%	Priority Group	2 0.06%			
Family Living in Poverty	2	0.03%	Grand Total	3593	100.00%		
Grand Total	7650	100.00%					

In common with the southwest locality most families attending Cowley children's centre resided in the UB8 and UB7 postcodes at 48%, and 24% respectively.

A.3) Who are the stakeholders in this assessment and what is their interest in it?

Stakeholders	Interest
Children and families	Continued access the services that are currently provided at Cowley children's centre within their community.
Young people, including those who access youth services at some children's centre sites	Continued to access the services that are currently provided at Cowley children's centre within their community.
Staff working in children's centres	Continued access to working locations within the Borough, and working patterns that support individuals, ensuring that staff are treated fairly and in line with policy.
Health practitioners such as midwives and Health Visitors who deliver services from Cowley children's centre	Access to working locations within the Borough, and clinically appropriate spaces to deliver services within their remit in new environments
Voluntary community and faith sector providers currently offering services at Cowley children's centre	Access to appropriate spaces within the Borough, at times suited to the programme or service being delivered, with the necessary access to appropriate resources.
Corporate Director	Providing an improved, efficient and cost-effective family hub service for residents.
Cabinet Member for Children Families and Education	Providing an improved, efficient and cost-effective family hub service for residents.
Leader	Providing an improved, efficient and cost-effective family hub service for residents.

A.4) Which protected characteristics or community issues are relevant to the assessment? ✓ in the box.

Age	✓	Sex	✓
Disability	✓	Sexual Orientation	
Gender reassignment		Socio-economic status	✓
Marriage or civil partnership		Carers	✓
Pregnancy or maternity	✓	Community Cohesion	✓
Race/Ethnicity	✓	Community Safety	
Religion or belief		Human Rights	

STEP B) Consideration of information; data, research, consultation, engagement

B.1) Consideration of information and data - what have you got and what is it telling you?

Most adult service users at Cowley children’s centre are female, and of working age; and the majority of child service users are aged under 5. This indicates that women are disproportionately represented as taking on caring responsibilities, either full-time or combining care with working from home, or elsewhere. Proximity to home and travel time to reach the nearest family hub will be an important issue for these families.

Data indicates that families on low income form the largest priority group attending Cowley children’s centre, with families having a child in need of support forming the next largest group, followed by lone parents. This shows us that a high number of families are presenting at Cowley children’s centre with issues affecting their children’s development and their well-being and who are seeking support and advice.

Children’s centre data shows that 38% of attendances at Cowley are defined as representing ‘white’ groups, and 59% defined as representing ‘other ethnic groups’. Census data shows that half the resident population of Colham and Cowley ward is identified as ‘white’, and half as ‘other ethnic groups’ this suggests that a smaller proportion of ‘white’ ward residents are accessing Cowley children’s centre services than the proportion of ‘other ethnic groups’ ward residents. Whilst ensuring that all groups find it easy to access support, it is important to provide an effective transition

for residents from 'other ethnic groups', with consideration of varied methods of communication, staged transition, and peer support in moving service delivery to other sites.

Consultation

B.2) Did you carry out any consultation or engagement as part of this assessment?

Please tick ✓ NO YES

A formal public consultation was open from 10 May – 30 July 2023 which collated resident and partner views through an on-line survey on the council's website (paper copies were available). Opportunities were provided for face-to-face discussion at drop-in and information events at children's centres and libraries.

The consultation was promoted through a range of social media channels, and council department and partner newsletters, including an article in Hillingdon People.

Presentations were shared followed by questions at a series of multi-agency meetings attended by the Assistant Director Child and Family Support Services, and two partner meetings, were held, attended by statutory health partners and community sector partners.

There was no individual consultation for Cowley children's centre; however, the Family Hub Network was commissioned to manage the consultation, to carry out a series of face-to-face events, and to analyse consultation responses.

690 responses to the online survey were received. Data shows that 83% of respondents were female, and that 73% of respondents were aged between 25 and 44 years old. The highest percentage of respondents were residents with a child aged up to 4 years (64%), followed by residents with a child aged 5-19 years (18%). Two groups each contributed 8% of the responses, residents without children aged under 19 years, and professionals; with the voluntary and community sector contributing 1% of the on-line consultation returns.

From the data 8% of respondents identified as having a disability within their family, whilst 4% preferred not to say. Data shows that 48% of respondents identified as 'white', 29% as 'Asian or Asian British', 6% as 'black, black British, Caribbean or African', 4% as 'mixed or multiple' and 8% preferred not to say.

The majority of respondents were positive about the family hub draft strategy with 71% of respondents agreeing or strongly agreeing. Key themes in the feedback included a need to understand the potential implications of implementing the family hub strategy, and the delivery of universal and targeted services across a broader age range. Parents of children with SEND were particularly positive about the proposed changes, and the opportunity to continue to access support in familiar places as their children get older. Partnership building, and clear communications

were identified as themes, with observations on accessibility for speakers of other languages, particularly in the south of the borough.

B.3) Provide any other information to consider as part of the assessment

Legal context

The council has a public duty to pay due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations (Equality Act 2010)

Financial context - standard text

Since 2010, the Business Improvement Delivery (BID) Programme has driven transformation across the Council, reducing costs and improving efficiency to ensure that in an environment of increased expenditure from population growth and inflationary uplifts we continue to deliver high quality services that put residents first.

Hillingdon's approach to maintaining sound financial management ensures that our finances are in a robust position, and therefore the Council is well placed to respond to Government funding not increasing at the same pace as the combined impact of a growing demand for services and increased market forces. Our latest projections indicate that further savings of £35m will be required by 2026/27 to bridge the resulting budget gap.

The family hubs concept was first introduced in the Levelling Up the United Kingdom: White Paper presented to Parliament 02 February 2022, announcing that "The UK Government will invest £300m to build the network of family hubs and transform start for life services for parents and babies, carers and children in half of local authorities in England."

75 upper tier authorities have since been funded to deliver Family hubs by 2025. Indicating a future roll-out of the programme, Ofsted and the Care Quality Commission (CQC) will carry out a thematic review of local authority start for life services delivered through family hubs by the end of summer 2023 specifically to:

- evaluate families' experiences of local services and whether these services are joined up effectively;
- identify ways in which families can be further supported to give their babies the best start in life; and
- identify whether the current level of inspection of Start for Life services is sufficient to capture any issues around join up and to improve families' experiences of local services.

To date the council has not received funding to develop Family Hubs within Hillingdon.

C) Assessment

What did you find in B1? Who is affected? Is there, or likely to be, an impact on certain groups?

C.1) Describe any **NEGATIVE** impacts (actual or potential):

Equality Group	Impact on this group and actions you need to take
<p>Age</p>	<p>The majority of families attending Cowley children’s centre have a child, or children aged under 5, services for this age group include both universal and targeted programmes and include the opportunity for parents and carers to socialise, with attendant benefit to mental health and well-being.</p> <p>The closure of Cowley children’s centre may impact on families as they access new service delivery points within the family hub network and contact may change with parents and carers whom they have known. Additionally, staff may be deployed to alternative locations meaning that working relationships may need to be re-made.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from Cowley, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
<p>Sex</p>	<p>Women are disproportionately represented in the number of attendances at Cowley children’s centre.</p> <p>The closure of Cowley children’s centre may impact women as single parents, carers, home workers or members of particular faith groups, and women’s attendance at different venues may be constrained by their work schedule.</p> <p>Women may be particularly affected by changes to the regular group of people normally attending Cowley children’s centre at the same time as themselves.</p> <p>Working collaboratively, we will facilitate socialising and support groups with women using our services as part of transition.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers</p>

	<p>of the continuation of services from Cowley, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
Pregnancy or maternity	<p>The closure of Cowley children's centre may impact pregnant women and their partners who attend maternity, health visiting and associated services. Attendance at different venues may be constrained by their work schedule or living arrangements.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from Cowley, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
People with a disability	<p>Families mainly attend the children's centre nearest to their residential address; and continuity of attendance, and service delivery are particularly important for under 5's accessing targeted services.</p> <p>Changes to the location of service delivery could have a potentially negative impact on those with disabilities as it could interrupt their routines and travel plans.</p> <p>We will carry out regular engagement activities with this group to ensure everyone is fully informed of the changes of venue in advance of changes being made, we will support families with travel advice and co-produce transition plans with affected families.</p>
Socio-economic status	<p>Families on a low income constitute the largest priority group at Cowley children's centre; in the southwest locality, and in the borough.</p> <p>Whilst some families will find the alternative venues nearer to where they live, others may have a longer journey which may involve public transport.</p> <p>For those affected adversely we will consult with individuals and seek shared solutions potentially through access to outreach, in-person attendance at other delivery venues, and on-line options. Wherever possible we will liaise with our partners to identify ways to support parents and carers to travel, or for services to be brought nearer to them, including the use of mobile resources.</p>
Carers	<p>Families mainly attend the children's centre nearest to their residential address.</p> <p>The closure of Cowley children's centre may affect carers disproportionately as they may be constrained by the needs and</p>

	<p>timetable of another family member, meaning that they have less flexibility to travel to another service delivery venue,</p> <p>For those affected adversely we will consult with individuals and seek shared solutions potentially through access to outreach, in-person attendance at other delivery venues and on-line options. Wherever possible we will liaise with our partners to identify ways to support parents and carers to travel, or for services to be brought nearer to them, including the use of mobile resources.</p>
Ethnicity	<p>The majority of attendees at Cowley children's centre are classified as 'other ethnic groups'. Whilst the vast majority report speaking English, these residents may find it more challenging to access information and engage with co-production activities.</p> <p>We will ensure that the families are reassured of the continuation of services from Cowley and of transition arrangements in good time. We will provide opportunities to discuss individual needs and will facilitate advance visits to maintain continuity of services for women and families.</p> <p>We will ensure that language support is available for those who may need it, and that social media and printed materials take account of the particular needs within this group.</p> <p>Women of certain ethnicities may experience additional challenges in travelling without a male chaperone; and women's attendance may also be affected by the need for community leaders to approve attendance at a new venue. We will provide opportunities to discuss individual needs and will facilitate advance visits to maintain continuity of services for women and families.</p>

C.2) Describe any **POSITIVE** impacts

Equality Group	Impact on this group and actions you need to take
Age	The development of family hubs will provide an opportunity to focus on services for families with children and young people aged over 0-19 years (0-25 years for SEND). This will facilitate multi-agency working across sectors and offer access to services designed to meet whole family needs, at times and in spaces that are accessible and welcoming.
Sex	As women are over-represented in the number of attendees at Cowley children's centre the opportunity to access the same family hub venue for services and activities covering the full age range, will be of benefit to women.

People with a disability	Family hubs will provide accessible physical spaces, outreach into communities, and on-line services. A wider range of opportunities to engage with services will add positively to the lived experience of children and young people with a disability and their families.
Socio-economic status	The enhanced range of family hub services will provide opportunities for supported access to on-line resources, adult learning, volunteering and work entry in a non-stigmatising environment, as well as easy access to housing and debt advice.
Carers	<p>Family hubs will take a whole family approach with consideration of the demands placed on adult carers and young carers.</p> <p>An agile approach to developing services delivered from family hubs will take account of partners' work, outreach and digital opportunities to facilitate carer's inclusion.</p>
Community cohesion	<p>There will be an enhanced range of family hub services, and extended age span from conception to age 25 for young people with SEND. Statutory and voluntary sector organisations will collectively deliver services that meet community needs, as defined by local data.</p> <p>The family hub environment will be non-stigmatising, demonstrating connectivity between services, accessibility for all users, and relationship-based practice as the basis for successful family outcomes.</p>

D) Conclusions

We acknowledge that closure of Cowley children's centre may have an adverse or negative impact on certain groups of service users and staff.

Changes to the venues from which services are delivered could have an impact on women, including those from specific ethnic groups, carers, people with a disability and families with low socio-economic status; and staff could be affected by the change to an alternative work location.

However, these changes are intended to have a positive effect for all families through easily accessible physical locations for service delivery and mobile facilities allowing in-reach to communities, alongside the development of on-line services. Services will evolve and develop over time, responding to community need.

We will provide support to all service users and staff during the transition period, encouraging engagement and collaboration in creating transition plans, whilst tailoring our support for specific groups.

The development of family hubs will provide an opportunity to focus on services for families with children and young people aged up to 25 years. This will facilitate multi-

agency working across sectors and offer access to services designed to meet whole family needs, at times and in spaces that are accessible and welcoming.

Signed and dated: Claire Fry – 22/08/2023

Name and position: Assistant Director, Child and Family Support Services



HILLINGDON
LONDON

Equality and Human Rights Impact Assessment

What is being assessed? Please tick ✓

Review of a service Staff restructure Decommissioning a service

Changing a policy Tendering for a new service A strategy or plan

Harefield Children's centre

The council has developed a Family Hub strategy to deliver services for babies, children, young people and their families in an integrated way. The strategy proposes closing Harefield children's centre and relocating services and staff to a remodelled space within the local library. The building would be returned to Harefield Infants School; this document assesses the potential impact on service users at Harefield.

The Council intends to further develop its approach to meeting the needs of children, young people and families through the introduction of family hubs. The intended focus will be connections between families, professionals, services and providers; access to support and early intervention; and strengthened relationships within families and between families and service providers.

The national family hubs programme sets out the Government's aspiration that every family will receive the support they need, when they need it, and have access to the information and tools they need to care for and interact positively with their babies and children, and to look after their own wellbeing.

The council intends to develop the Hillingdon family hub programme informed by the national family hubs programme, both demographic information and the views of parents and carers, young people, residents, voluntary, community and faith organisations will inform the implementation of the programme.

The council has a programme of family hub building development, providing new physical locations for service delivery and mobile facilities allowing in-reach to communities, alongside the development of on-line services. One impact is that proximity will change, with different locations being closer to some families, rather than others. The Harefield children's centre building will become surplus to requirements when services have been successfully migrated and established in

other delivery points in the family hub network.

Who is accountable? E.g. Head of Service or Corporate Director

Claire Fry – Assistant Director, Child and Family Support Services

Date assessment completed and approved by accountable person

23/08/2023

Names and job titles of people carrying out the assessment

Lesley Jallow – Family and Community Hub Project Manager

A.1) What are the main aims and intended benefits of what you are assessing?

The closure of Harefield Children's centre forms part of a wider strategy to develop family hubs in line with the needs of residents in different localities; using data and resident feedback to locate physical spaces and services in locations that are easy to access, and where users feel welcomed.

The Family Hub strategy seeks to make best use of both council and community assets, that can support the delivery of services for a wider age range of residents, from 0-19 years (0-25 years with SEND). The strategy will deliver services that are connected and integrated within local communities; the benefits for children, young people and families are that support will be readily available conveniently, and at the earliest opportunity in a non-stigmatising environment.

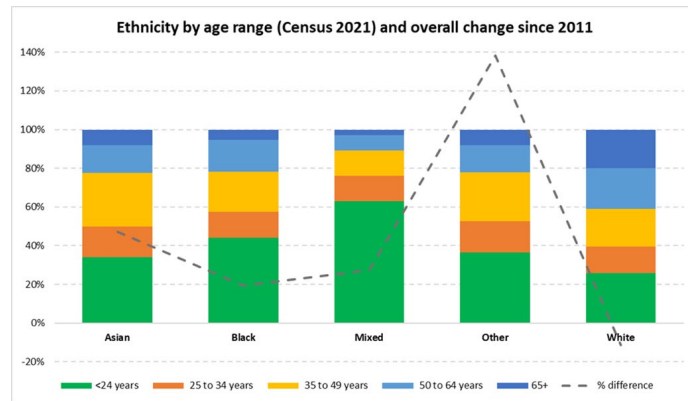
Services will be connected so that families will only need to tell their story once; support will be available on-line and in a range of different physical spaces, giving residents a choice of access point that feels right for them.

A.2) Who are the service users or staff affected by what you are assessing? What is their equality profile?

The service users at Harefield children's centre are babies, children, young people and their parents and carers.

Harefield children's centre is in Harefield Village ward and is defined by the council as within the Harefield locality. 2021 census data tells us that of 2,327 households 49% are not deprived in any of the 4 measured dimensions, and 0.1% are deprived in every dimension: health, housing, employment and education. The ward population is expected to decrease by 2.6%.

The ethnic make-up of the borough population, and overall change since the last census in 2011 is shown in the table below



As a borough Hillingdon has broadly similar health outcomes for young children compared to London and England, except in the higher percentage of low-birth-weight full-term babies (2021 Office for Health Improvement and Disparities OHID data), and the higher percentage of 5-year-olds with obvious dental decay (2019 OHID data). Whilst at school reception age the percentage of Hillingdon children who are obese is the same as London at 10.8% but is higher than England; measurement in school year six shows that 25.6% of Hillingdon children are obese (2022 OHID data). Notably, only 48.7% of babies' first feed is breastmilk in the borough compared to London with 87.7% and England with 71.7% of babies (2021 OHID data).

Harefield is defined by the Child and Family Development Service as within the children's centres north locality; comparative data shows borough, children's centres north locality, and Harefield children's centre measures.

The profile of Harefield children's centre users highlights that 0–5-year-olds constituted the majority of child attendances at 40%, with 6-10 and 11-17 year olds making up 1.74% and 0.50% respectively. The majority of adults attending were aged 31-40 years, at 37% which was consistent with the north locality, but higher than the Borough.

Borough			North locality			Harefield		
a) 5 and under	7645	37.01%	a) 5 and under	1655	35.39%	a) 5 and under	482	40.03%
b) 6-10 years old	321	1.55%	b) 6-10 years old	60	1.28%	b) 6-10 years old	21	1.74%
c) 11-17 years old	55	0.27%	c) 11-17 years old	14	0.30%	c) 11-17 years old	6	0.50%
d) 18-25 years old	1018	4.93%	d) 18-25 years old	120	2.57%	d) 18-25 years old	38	3.16%
e) 26-30 year old	2584	12.51%	e) 26-30 year old	423	9.04%	e) 26-30 year old	98	8.14%
f) 31-40 year old	7192	34.82%	f) 31-40 year old	1919	41.03%	f) 31-40 year old	452	37.54%
g) 41-50 year old	1458	7.06%	g) 41-50 year old	367	7.85%	g) 41-50 year old	82	6.81%
h) 51-60 year old	205	0.99%	h) 51-60 year old	56	1.20%	h) 51-60 year old	16	1.33%
i) 61-70 years old	150	0.73%	i) 61-70 years old	52	1.11%	i) 61-70 years old	7	0.58%
j) 71+ years old	27	0.13%	j) 71+ years old	11	0.24%	j) 71+ years old	2	0.17%
Grand Total	20655	100.00%	Grand Total	4677	100.00%	Grand Total	1204	100.00%

The gender of individuals attending Harefield children's centre shows a large female majority at 66% which slightly above the north locality and the borough.

Borough			North locality			Harefield		
Female	14515	65.00%	Female	3293	64.17%	Female	844	66.04%
Indeterminate	2	0.01%	Indeterminate	1	0.02%	Indeterminate	1	0.08%
Male	7815	34.99%	Male	1838	35.81%	Male	433	33.88%
Grand Total	22332	100.00%	Grand Total	5132	100.00%	Grand Total	1278	100.00%

Children's centre ethnicity data is defined by 5 categories, "White, Asian, Chinese and other, Black and Mixed". Hillingdon census population data for Harefield Villages

ward is expressed as 'white' at 81%, and 'other ethnic groups' at 19%. Attendance at Harefield children's centre tells us that there was a majority of 'white' attendance at 59% with remaining other ethnic groups groups combined at 39%

Borough		North locality		Harefield	
Asian	5545 48.00%	White	1337 49.15%	White	406 59.01%
White	3716 32.17%	Asian	967 35.55%	Asian	175 25.44%
Black	1015 8.79%	Chinese & Other	167 6.14%	Chinese & Other	54 7.85%
Chinese & Other	932 8.07%	Black	159 5.85%	Black	28 4.07%
Mixed	344 2.98%	Mixed	90 3.31%	Mixed	25 3.63%
Grand Total	11552 100.00%	Grand Total	2720 100.00%	Grand Total	688 100.00%

When registering the vast majority attending Harefield children's centre 86% report that they speak English at home, this is above the north locality at 77%, and the Borough at 56%.

Attendance by families identified as representing priority groups indicates that the largest group of families attending Harefield children's centre, 33%, had a child in need of support, families on low income formed the next largest group at 31%, followed by families with a child with additional need (including health conditions) at 19%.

In common with the north locality most attendees at Harefield children's centre resided in the HA4 or UB9 postcodes making up 69% of attendances, with 10% of attendees living in UB10

A.3) Who are the stakeholders in this assessment and what is their interest in it?

Stakeholders	Interest
Children and families	Continued access the services that are currently provided at Harefield children's centre within their community.
Young people, including those who access youth services at some children's centre sites	Continued to access the services that are currently provided at Harefield children's centre within their community.
Staff working in children's centres	Continued access to working locations within the Borough, and working patterns that support individuals, ensuring that staff are treated fairly and in line with policy.
Health practitioners such as midwives and Health Visitors who deliver services from Harefield children's centre	Access to working locations within the Borough, and clinically appropriate spaces to deliver services within their remit in new environments
Voluntary community and faith sector providers currently offering services at Harefield children's centre	Access to appropriate spaces within the Borough, at times suited to the programme or service being delivered, with the necessary access to appropriate resources.
Corporate Director	Providing an improved, efficient and cost-effective family hub service for residents.
Cabinet Member for Children Families and Education	Providing an improved, efficient and cost-effective family hub service for residents.

Leader	Providing an improved, efficient and cost-effective family hub service for residents.
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A.4) Which protected characteristics or community issues are relevant to the assessment? ✓ in the box.

Age	✓	Sex	✓
Disability	✓	Sexual Orientation	
Gender reassignment		Socio-economic status	✓
Marriage or civil partnership		Carers	✓
Pregnancy or maternity	✓	Community Cohesion	✓
Race/Ethnicity	✓	Community Safety	
Religion or belief		Human Rights	

STEP B) Consideration of information; data, research, consultation, engagement

B.1) Consideration of information and data - what have you got and what is it telling you?

Most adult service users at Harefield children's centre are female, and of working age; and the majority of child service users are aged under 5. This indicates that women are disproportionately represented as taking on caring responsibilities, either full-time or combining care with working from home, or elsewhere. Proximity to home and travel time to reach the nearest family hub will be an important issue for these families.

Data indicates that children in need of support form the largest priority group attending Harefield children's centre, with families on low income forming the next largest group, followed by families with a child with additional need (including health conditions). This shows us that a high number of families are presenting at Harefield children's centre with issues affecting their children's development and their well-being and who are seeking support and advice.

Data shows that a larger proportion of attendees are from 'white' population at 20% above 'other ethnic groups'. Whilst ensuring that all groups find it easy to access

support, it is also important to provide an effective transition for residents from 'other ethnic groups', with consideration of varied methods of communication, staged transition, and peer support in moving service delivery to other sites.

Consultation

B.2) Did you carry out any consultation or engagement as part of this assessment?

Please tick ✓ NO YES

A formal public consultation was open from 10 May – 30 July 2023 which collated resident and partner views through an on-line survey on the council's website (paper copies were available). Opportunities were provided for face-to-face discussion at drop-in and information events at children's centres and libraries.

The consultation was promoted through a range of social media channels, and council department and partner newsletters, including an article in Hillingdon People.

Presentations were shared followed by questions at a series of multi-agency meetings attended by the Assistant Director Child and Family Support Services, and two partner meetings, were held, attended by statutory health partners and community sector partners.

There was no individual consultation for Harefield children's centre; however, the Family Hub Network was commissioned to manage the consultation, to carry out a series of face-to-face events, and to analyse consultation responses.

690 responses to the online survey were received. Data shows that 83% of respondents were female, and that 73% of respondents were aged between 25 and 44 years old. The highest percentage of respondents were residents with a child aged up to 4 years (64%), followed by residents with a child aged 5-19 years (18%). Two groups each contributed 8% of the responses, residents without children aged under 19 years, and professionals; with the voluntary and community sector contributing 1% of the on-line consultation returns.

From the data 8% of respondents identified as having a disability within their family, whilst 4% preferred not to say. Data shows that 48% of respondents identified as 'white', 29% as 'Asian or Asian British', 6% as 'black, black British, Caribbean or African', 4% as 'mixed or multiple' and 8% preferred not to say.

The majority of respondents were positive about the family hub draft strategy with 71% of respondents agreeing or strongly agreeing. Key themes in the feedback included a need to understand the potential implications of implementing the family hub strategy, and the delivery of universal and targeted services across a broader age range. Parents of children with SEND were particularly positive about the proposed changes, and the opportunity to continue to access support in familiar places as their children get older. Partnership building, and clear communications were identified as themes, with observations on accessibility for speakers of other languages, particularly in the south of the borough.

B.3) Provide any other information to consider as part of the assessment

Legal context

The council has a public duty to pay due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations (Equality Act 2010)

Financial context - standard text

Since 2010, the Business Improvement Delivery (BID) Programme has driven transformation across the Council, reducing costs and improving efficiency to ensure that in an environment of increased expenditure from population growth and inflationary uplifts we continue to deliver high quality services that put residents first.

Hillingdon's approach to maintaining sound financial management ensures that our finances are in a robust position, and therefore the Council is well placed to respond to Government funding not increasing at the same pace as the combined impact of a growing demand for services and increased market forces. Our latest projections indicate that further savings of £35m will be required by 2026/27 to bridge the resulting budget gap.

The family hubs concept was first introduced in the Levelling Up the United Kingdom: White Paper presented to Parliament 02 February 2022, announcing that "The UK Government will invest £300m to build the network of family hubs and transform start for life services for parents and babies, carers and children in half of local authorities in England."

75 upper tier authorities have since been funded to deliver Family hubs by 2025. Indicating a future roll-out of the programme, Ofsted and the Care Quality Commission (CQC) will carry out a thematic review of local authority start for life services delivered through family hubs by the end of summer 2023 specifically to:

- evaluate families' experiences of local services and whether these services are joined up effectively;
- identify ways in which families can be further supported to give their babies the best start in life; and
- identify whether the current level of inspection of Start for Life services is sufficient to capture any issues around join up and to improve families' experiences of local services.

To date the council has not received funding to develop Family Hubs within Hillingdon.

C) Assessment

What did you find in B1? Who is affected? Is there, or likely to be, an impact on

certain groups?

C.1) Describe any **NEGATIVE** impacts (actual or potential):

Equality Group	Impact on this group and actions you need to take
Age	<p>The majority of families attending Harefield children’s centre have a child, or children aged under 5, services for this age group include both universal and targeted programmes, and include the opportunity for parents and carers to socialise, with attendant benefit to mental health and well-being.</p> <p>The closure of Harefield children’s centre may impact on families as they access new service delivery points within the family hub network and contact may change with parents and carers whom they have known. Additionally, staff may be deployed to alternative locations meaning that working relationships may need to be re-made.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from Harefield, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
Sex	<p>Women are disproportionately represented in the number of attendances at Harefield children’s centre.</p> <p>The closure of Harefield children’s centre may impact women as single parents, carers, home workers or members of particular faith groups, and women’s attendance at different venues may be constrained by their work schedule.</p> <p>Women may be particularly affected by changes to the regular group of people normally attending Harefield children’s centre at the same time as themselves.</p> <p>Working collaboratively, we will facilitate socialising and support groups with women using our services as part of transition.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from Harefield, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers,</p>

	and adapting to specific need.
Pregnancy or maternity	<p>The closure of Harefield children's centre may impact pregnant women and their partners who attend maternity, health visiting and associated services. Attendance at different venues may be constrained by their work schedule or living arrangements.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from Harefield, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
People with a disability	<p>Families mainly attend the children's centre nearest to their residential address; and continuity of attendance, and service delivery are particularly important for under 5's accessing targeted services.</p> <p>Changes to the location of service delivery could have a potentially negative impact on those with disabilities as it could interrupt their routines and travel plans.</p> <p>We will carry out regular engagement activities with this group to ensure everyone is fully informed of the changes of venue in advance of changes being made, we will support families with travel advice and co-produce transition plans with affected families.</p>
Socio-economic status	<p>Families on a low income constitute the second largest priority group at Harefield children's centre; but constitute the largest group in the north locality, and in the borough.</p> <p>Whilst some families will find the alternative venues nearer to where they live, others may have a longer journey which may involve public transport.</p> <p>For those affected adversely we will consult with individuals and seek shared solutions potentially through access to outreach, in-person attendance at other delivery venues, and on-line options. Wherever possible we will liaise with our partners to identify ways to support parents and carers to travel, or for services to be brought nearer to them, including the use of mobile resources.</p>
Carers	<p>Families mainly attend the children's centre nearest to their residential address.</p> <p>The closure of Harefield children's centre may affect carers disproportionately as they may be constrained by the needs and timetable of another family member, meaning that they have less flexibility to travel to another service delivery venue,</p>

	<p>For those affected adversely we will consult with individuals and seek shared solutions potentially through access to outreach, in-person attendance at other delivery venues and on-line options. Wherever possible we will liaise with our partners to identify ways to support parents and carers to travel, or for services to be brought nearer to them, including the use of mobile resources.</p>
Ethnicity	<p>The majority of attendees at Harefield children's centre are classified as 'white'. Whilst most families registering report speaking English at home, we would anticipate that some will find it challenging to access information and engage with co-production activities.</p> <p>We will ensure that the families are reassured of the continuation of services from Harefield and of transition arrangements in good time. We will provide opportunities to discuss individual needs and will facilitate advance visits to maintain continuity of services for women and families.</p> <p>We will ensure that language support is available for those who may need it, and that social media and printed materials take account of the particular needs within this group.</p> <p>Women of certain ethnicities may experience additional challenges in travelling without a male chaperone; and women's attendance may also be affected by the need for community leaders to approve attendance at a new venue. We will provide opportunities to discuss individual needs and will facilitate advance visits to maintain continuity of services for women and families.</p>

C.2) Describe any **POSITIVE** impacts

Equality Group	Impact on this group and actions you need to take
Age	The development of family hubs will provide an opportunity to focus on services for families with children and young people aged over 0-19 years (0-25 years for SEND). This will facilitate multi-agency working across sectors and offer access to services designed to meet whole family needs, at times and in spaces that are accessible and welcoming.
Sex	As women are over-represented in the number of attendees at Harefield children's centre the opportunity to access the same family hub venue for services and activities covering the full age range, will be of benefit to women
People with a disability	Family hubs will provide accessible physical spaces, outreach into communities, and on-line services. A wider range of opportunities to engage with services will add positively to the lived experience of children and young

	people with a disability and their families.
Socio-economic status	The enhanced range of family hub services will provide opportunities for supported access to on-line resources, adult learning, volunteering and work entry in a non-stigmatising environment, as well as easy access to housing and debt advice.
Carers	Family hubs will take a whole family approach with consideration of the demands placed on adult carers and young carers. An agile approach to developing services delivered from family hubs will take account of partners' work, outreach and digital opportunities to facilitate carer's inclusion.
Community cohesion	There will be an enhanced range of family hub services, and extended age span from conception to age 25 for young people with SEND. Statutory and voluntary sector organisations will collectively deliver services that meet community needs, as defined by local data. The family hub environment will be non-stigmatising, demonstrating connectivity between services, accessibility for all users, and relationship-based practice as the basis for successful family outcomes.

D) Conclusions

We acknowledge that closure of Harefield children's centre may have an adverse or negative impact on certain groups.

Changes to the venues from which services are delivered could have an impact on women, including those from specific ethnic groups, carers, people with a disability and families with low socio-economic status; and staff could be affected by the change to an alternative work location.

However, these changes are intended to have a positive effect for all families through easily accessible physical locations for service delivery and mobile facilities allowing in-reach to communities, alongside the development of on-line services. Services will evolve and develop over time, responding to community need.

We will provide support to all service users and staff during the transition period, encouraging engagement and collaboration in creating transition plans, whilst tailoring our support for specific groups.

The development of family hubs will provide an opportunity to focus on services for families with children and young people aged up to 25 years. This will facilitate multi-agency working across sectors and offer access to services designed to meet whole family needs, at times and in spaces that are accessible and welcoming.

Signed and dated: Claire Fry – 22/08/2023

Name and position: Assistant Director, Child and Family Support Services



HILLINGDON
LONDON

Equality and Human Rights Impact Assessment

What is being assessed? Please tick ✓

Review of a service Staff restructure Decommissioning a service

Changing a policy Tendering for a new service A strategy or plan

McMillan Children's centre

The council has developed a Family Hub strategy to deliver services for babies, children, young people and their families in an integrated way. The strategy proposes closing McMillan children's centre and relocating services and staff to alternative family hubs and delivery spaces within the local community. The building will be returned to the Maintained Nursery School; this document assesses the potential impact on service users at McMillan.

The Council intends to further develop its approach to meeting the needs of children, young people and families through the introduction of family hubs. The intended focus will be connections between families, professionals, services and providers; access to support and early intervention; and strengthened relationships within families and between families and service providers.

The national family hubs programme sets out the Government's aspiration that every family will receive the support they need, when they need it, and have access to the information and tools they need to care for and interact positively with their babies and children, and to look after their own wellbeing.

The council intends to develop the Hillingdon family hub programme informed by the national family hubs programme, both demographic information and the views of parents and carers, young people, residents, voluntary, community and faith organisations will inform the implementation of the programme.

The council has a programme of family hub building development, providing new physical locations for service delivery and mobile facilities allowing in-reach to communities, alongside the development of on-line services. One impact is that proximity will change, with different locations being closer to some families, rather than others. The McMillan children's centre building will become surplus to

requirements when services have been successfully migrated and established in other delivery points in the family hub network.

Who is accountable? E.g. Head of Service or Corporate Director

Claire Fry - Assistant Director, Child and Family Support Services

Date assessment completed and approved by accountable person

22/08/2023

Names and job titles of people carrying out the assessment

Lesley Jallow – Family and Community Hub Project Manager

A.1) What are the main aims and intended benefits of what you are assessing?

The closure of McMillan children's centre forms part of a wider strategy to develop family hubs in line with the needs of residents in different localities; using data and resident feedback to locate physical spaces and services in locations that are easy to access, and where users feel welcomed.

The Family Hub strategy seeks to make best use of both council and community assets, that can support the delivery of services for a wider age range of residents, from 0-19 years (0-25 years with SEND). The strategy will deliver services that are connected and integrated within local communities; the benefits for children, young people and families are that support will be readily available conveniently, and at the earliest opportunity in a non-stigmatising environment.

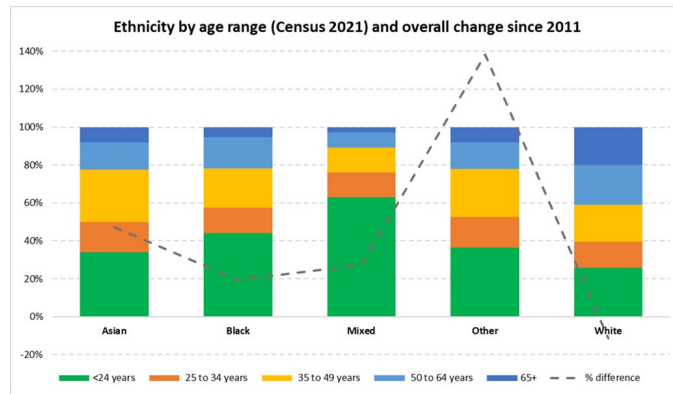
Services will be connected so that families will only need to tell their story once; support will be available on-line and in a range of different physical spaces, giving residents a choice of access points that feels right for them.

A.2) Who are the service users or staff affected by what you are assessing? What is their equality profile?

The service users at McMillan children's centre are babies, children, young people and their parents and carers.

McMillan children's centre is in Wood End ward (formerly Townfield) and is defined by the council as within the Hayes Town locality. 2021 census data tells us that of 6,326 households 35% are not deprived in any of the 4 measured dimensions, and 0.7% are deprived in every dimension: health, housing, employment and education. The ward population is expected to increase by 9.6%.

The ethnic make-up of the borough population, and overall change since the last census in 2011 is shown in the table below.



As a borough Hillingdon has broadly similar health outcomes for young children compared to London and England, except in the higher percentage of low-birth-weight full-term babies (2021 Office for Health Improvement and Disparities OHID data), and the higher percentage of 5-year-olds with obvious dental decay (2019 OHID data). Whilst at school reception age the percentage of Hillingdon children who are obese is the same as London at 10.8% but is higher than England; measurement in school year six shows that 25.6% of Hillingdon children are obese (2022 OHID data). Notably, only 48.7% of babies' first feed is breastmilk in the borough compared to London with 87.7% and England with 71.7% of babies (2021 OHID data).

McMillan is defined by the Child and Family Development Service as within the children's centres southeast locality; comparative data shows borough, children's centres southeast locality, and McMillan children's centre measures.

The profile of McMillan children's centre users highlights that 0–5-year-olds constituted the majority of child attendances at 49%, with 6-10 and 11-17 year olds making up 0.52% and 0.06% respectively. The majority of adults attending were aged 31-40 years, at 29% which was consistent with the southeast locality, but lower than the Borough.

Borough			Southeast			McMillan		
a) 5 and under	7645	37.01%	a) 5 and under	3264	38.54%	a) 5 and under	759	49.13%
b) 6-10 years old	321	1.55%	b) 6-10 years old	107	1.26%	b) 6-10 years old	8	0.52%
c) 11-17 years old	55	0.27%	c) 11-17 years old	18	0.21%	c) 11-17 years old	1	0.06%
d) 18-25 years old	1018	4.93%	d) 18-25 years old	541	6.39%	d) 18-25 years old	33	2.14%
e) 26-30 year old	2584	12.51%	e) 26-30 year old	1296	15.30%	e) 26-30 year old	141	9.13%
f) 31-40 year old	7192	34.82%	f) 31-40 year old	2643	31.21%	f) 31-40 year old	448	29.00%
g) 41-50 year old	1458	7.06%	g) 41-50 year old	497	5.87%	g) 41-50 year old	129	8.35%
h) 51-60 year olds	205	0.99%	h) 51-60 year olds	63	0.74%	h) 51-60 year olds	17	1.10%
i) 61-70 years old	150	0.73%	i) 61-70 years old	34	0.40%	i) 61-70 years old	8	0.52%
j) 71+ years old	27	0.13%	j) 71+ years old	6	0.07%	j) 71+ years old	1	0.06%
Grand Total	20655	100.00%	Grand Total	8469	100.00%	Grand Total	1545	100.00%

The gender of individuals attending McMillan children's centre shows a large female majority at 66% which is very similar across the north locality and the borough.

Borough			Southeast locality			McMillan		
Female	14515	65.00%	Female	6362	69.36%	Female	1034	66.37%
Indeterminate	2	0.01%	Indeterminate	1	0.01%	Male	524	33.63%
Male	7815	34.99%	Male	2810	30.63%	Grand Total	1558	100.00%
Grand Total	22332	100.00%	Grand Total	9173	100.00%			

Children's centre ethnicity data is defined by 5 categories, "White, Asian, Chinese and other, Black and Mixed". Hillingdon census population data for Wood End ward is expressed as 'white' at 30%, and 'other ethnic groups' at 60%. Attendance at McMillan children's centre shows variance from with the Wood End ward population breakdown, with 'white' at 20% and other ethnic groups combined at 78%.

Borough			Southeast locality			McMillan		
Asian	5545	48.00%	Asian	2780	59.78%	Asian	431	55.76%
White	3716	32.17%	White	867	18.65%	White	154	19.92%
Black	1015	8.79%	Black	484	10.41%	Black	92	11.90%
Chinese & Other	932	8.07%	Chinese & Other	401	8.62%	Chinese & Other	73	9.44%
Mixed	344	2.98%	Mixed	118	2.54%	Mixed	23	2.98%
Grand Total	11552	100.00%	Grand Total	4650	100.00%	Grand Total	773	100.00%

When registering the vast majority attending McMillan children's centre 61% report that they speak English at home, this is above the southeast locality at 47% and the borough at 56%.

Borough			Southeast locality			McMillan		
English	5856	56.37%	English	2480	47.38%	English	265	61.34%
Punjabi	1980	20.27%	Punjabi	1623	31.25%	Punjabi	97	22.45%
Urdu	577	5.74%	Urdu	354	6.53%	Urdu	28	6.48%
Hindi	480	4.70%	Hindi	286	5.49%	Hindi	20	4.63%
Other Language	429	4.24%	Tamil	242	4.77%	Tamil	18	4.17%
Tamil	371	3.83%	Somali	146	3.04%	Romanian	14	3.24%
Romanian	312	3.15%	Other Language	139	2.60%	Other Language	14	3.24%
Arabic	282	2.70%	Romanian	136	2.72%	Somali	12	2.78%
Somali	242	2.33%	Arabic	100	2.20%	Bengali	11	2.55%
Polish	228	2.44%	Gujarati	85	1.68%	Farsi (Iran)	8	1.85%
Bengali	205	2.02%	Bengali	82	1.62%	Gujarati	8	1.85%
Gujarati	175	1.62%	Polish	81	1.88%	Polish	8	1.85%
Albanian	130	1.37%	Konkani	64	1.36%	Konkani	7	1.62%
Portuguese	104	0.87%	Nepali	57	1.30%	Arabic	6	1.39%
Farsi (Iran)	101	0.92%	Farsi (Iran)	55	1.01%	Portuguese	5	1.16%
Dari (Afghanistan)	97	1.12%	Albanian	49	1.01%	Amharic	5	1.16%

Attendance by families identified as representing priority groups indicates that the largest group of families attending McMillan children's centre, 4%, were families on a low income, 46% had a child in need of support, the next largest group were workless households at 21%. These priority needs were mirrored in the southeast locality and in the borough.

Borough			Southeast			McMillan		
Family on Low Income	3839	50.18%	Family on Low Income	2027	55.98%	Family on Low Income	312	48.52%
Child in need of additional sup	1848	24.16%	Child in need of additional	814	22.48%	Child in need of additional s	298	46.35%
Workless Household	1519	19.86%	New arrival to the UK	787	21.73%	Workless Household	136	21.15%
Lone Parent	1476	19.29%	Workless Household	778	21.49%	Lone Parent	134	20.84%
New arrival to the UK	1435	18.76%	Lone Parent	665	18.37%	Child with an additional nee	111	17.26%
Child with an additional need (i	951	12.43%	Child with an additional ne	357	9.86%	New arrival to the UK	56	8.71%
Parent in need of additional sup	496	6.48%	Parent in need of additione	245	6.77%	Adult with an additional nee	36	5.60%
Adult with an additional need (446	5.83%	Asylum Seekers / Refugees	232	6.41%	Parent in need of additiona	26	4.04%
Asylum Seekers / Refugees	410	5.36%	Family with absent parent	143	3.95%	Family with absent parent	20	3.11%
Family with absent parent	335	4.38%	Adult with an additional ne	138	3.81%	Asylum Seekers / Refugees	19	2.95%
Young parent (under 21 years)	186	2.43%	Young parent (under 21 ye	59	1.63%	Family in need of support	8	1.24%
Traveller Family	129	1.69%	Traveller Family	38	1.05%	Young parent (under 21 ye	4	0.62%
Family in need of support	108	1.41%	Family in need of support	33	0.91%	Traveller Family	3	0.47%
Family New to Area (6 months	61	0.80%	Family New to Area (6 mon	16	0.44%	Mental Health Difficulties	2	0.31%
Mental Health Difficulties	33	0.43%	Mental Health Difficulties	10	0.28%	Grand Total	643	100.00%
Armed Forces Family	17	0.22%	Child with a Chronic, Serious	5	0.14%			
Child with a Chronic, Serious Illi	10	0.13%	Armed Forces Family	4	0.11%			
Priority Group	2	0.03%	Grand Total	3621	100.00%			
Family Living in Poverty	2	0.03%						
Grand Total	7650	100.00%						

In common with the southeast locality most attendees at McMillan children's centre resided in the UB3 and UB4 postcodes.

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A.3) Who are the stakeholders in this assessment and what is their interest in it?

Stakeholders	Interest
Children and families	Continued access the services that are currently provided at McMillan children's centre within their community.
Young people, including those who access youth services at some children's centre sites	Continued to access the services that are currently provided at McMillan children's centre within their community.
Staff working in children's centres	Continued access to working locations within the Borough, and working patterns that support individuals, ensuring that staff are treated fairly and in line with policy.
Health practitioners such as midwives and Health Visitors who deliver services from McMillan children's centre	Access to working locations within the Borough, and clinically appropriate spaces to deliver services within their remit in new environments
Voluntary community and faith sector providers currently offering services at McMillan children's centre	Access to appropriate spaces within the Borough, at times suited to the programme or service being delivered, with the necessary access to appropriate resources.
Corporate Director	Providing an improved, efficient and cost-effective family hub service for residents.
Cabinet Member for Children Families and Education	Providing an improved, efficient and cost-effective family hub service for residents.
Leader	Providing an improved, efficient and cost-effective family hub service for residents.

A.4) Which protected characteristics or community issues are relevant to the assessment? ✓ in the box.

Age	✓	Sex	✓
Disability	✓	Sexual Orientation	
Gender reassignment		Socio-economic status	✓
Marriage or civil partnership		Carers	✓
Pregnancy or maternity	✓	Community Cohesion	✓

Race/Ethnicity	✓	Community Safety	
Religion or belief		Human Rights	

STEP B) Consideration of information; data, research, consultation, engagement

B.1) Consideration of information and data - what have you got and what is it telling you?

Most adult service users at McMillan children's centre are female, and of working age; and the majority of child service users are aged under 5. This indicates that women are disproportionately represented as taking on caring responsibilities, either full-time or combining care with working from home, or elsewhere. Proximity to home and travel time to reach the nearest family hub will be an important issue for these families.

Data indicates that children in need of support from the largest priority group attending McMillan children's centre, with families on low income forming the next largest group, followed by families with a child with additional need (including health conditions). This shows us that a high number of families are presenting at McMillan children's centre with issues affecting their children's development and their well-being and who are seeking support and advice.

Ward data shows that 'other ethnic groups' make up 60% of the population, and McMillan children's centre data shows that 'other ethnic groups' make up 80% of the attendances at the centre. In contrast, ward data records 30% of the population as 'white' whilst only 20% of attendances at McMillan are recorded as 'white'. The data suggests that a larger proportion of the 'other ethnic groups' registered at McMillan children's centre are choosing to access services, than the 'white' population registered at McMillan. We will ensure that all groups find it easy to access support, and experience an effective transition to family hub working, with consideration of varied methods of communication, staged transition, and peer support in accessing service delivery from other sites.

Consultation

B.2) Did you carry out any consultation or engagement as part of this assessment?

Please tick ✓ NO YES

A formal public consultation was open from 10 May – 30 July 2023 which collated resident and partner views through an on-line survey on the council's website (paper

copies were available). Opportunities were provided for face-to-face discussion at drop-in and information events at children's centres and libraries.

The consultation was promoted through a range of social media channels, and council department and partner newsletters, including an article in Hillingdon People.

Presentations were shared followed by questions at a series of multi-agency meetings attended by the Assistant Director Child and Family Support Services, and two partner meetings, were held, attended by statutory health partners and community sector partners.

There was no individual consultation for McMillan children's centre; however, the Family Hub Network was commissioned to manage the consultation, to carry out a series of face-to-face events, and to analyse consultation responses.

690 responses to the online survey were received. Data shows that 83% of respondents were female, and that 73% of respondents were aged between 25 and 44 years old. The highest percentage of respondents were residents with a child aged up to 4 years (64%), followed by residents with a child aged 5-19 years (18%). Two groups each contributed 8% of the responses, residents without children aged under 19 years, and professionals; with the voluntary and community sector contributing 1% of the on-line consultation returns.

From the data 8% of respondents identified as having a disability within their family, whilst 4% preferred not to say. Data shows that 48% of respondents identified as 'white', 29% as 'Asian or Asian British', 6% as 'black, black British, Caribbean or African, 4% as 'mixed or multiple' and 8% preferred not to say.

The majority of respondents were positive about the family hub draft strategy with 71% of respondents agreeing or strongly agreeing. Key themes in the feedback included a need to understand the potential implications of implementing the family hub strategy, and the delivery of universal and targeted services across a broader age range. Parents of children with SEND were particularly positive about the proposed changes, and the opportunity to continue to access support in familiar places as their children get older. Partnership building, and clear communications were identified as themes, with observations on accessibility for speakers of other languages, particularly in the south of the borough.

B.3) Provide any other information to consider as part of the assessment

Legal context

The council has a public duty to pay due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations (Equality Act 2010)

Financial context - standard text

Since 2010, the Business Improvement Delivery (BID) Programme has driven transformation across the Council, reducing costs and improving efficiency to ensure that in an environment of increased expenditure from population growth and

inflationary uplifts we continue to deliver high quality services that put residents first.

Hillingdon's approach to maintaining sound financial management ensures that our finances are in a robust position, and therefore the Council is well placed to respond to Government funding not increasing at the same pace as the combined impact of a growing demand for services and increased market forces. Our latest projections indicate that further savings of £35m will be required by 2026/27 to bridge the resulting budget gap.

The family hubs concept was first introduced in the Levelling Up the United Kingdom: White Paper presented to Parliament 02 February 2022, announcing that “The UK Government will invest £300m to build the network of family hubs and transform start for life services for parents and babies, carers and children in half of local authorities in England.”

75 upper tier authorities have since been funded to deliver Family hubs by 2025. Indicating a future roll-out of the programme, Ofsted and the Care Quality Commission (CQC) will carry out a thematic review of local authority start for life services delivered through family hubs by the end of summer 2023 specifically to:

- evaluate families’ experiences of local services and whether these services are joined up effectively;
- identify ways in which families can be further supported to give their babies the best start in life; and
- identify whether the current level of inspection of Start for Life services is sufficient to capture any issues around join up and to improve families’ experiences of local services.

To date the council has not received funding to develop Family Hubs within Hillingdon.

C) Assessment

C.1) Describe any **NEGATIVE** impacts (actual or potential):

Equality Group	Impact on this group and actions you need to take
Age	<p>The majority of families attending McMillan children’s centre have a child, or children aged under 5, services for this age group include both universal and targeted programmes and include the opportunity for parents and carers to socialise, with attendant benefit to mental health and well-being.</p> <p>The closure of McMillan children’s centre may impact on families as they access new service delivery points within the family hub network and contact may change with parents and carers whom they have known. Additionally, staff may be deployed to</p>

	<p>alternative locations meaning that working relationships may need to be re-made.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from McMillan, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
Sex	<p>Women are disproportionately represented in the number of attendances at McMillan children's centre.</p> <p>The closure of McMillan children's centre may impact women as single parents, carers, home workers or members of particular faith groups, and women's attendance at different venues may be constrained by their work schedule.</p> <p>Women may be particularly affected by changes to the regular group of people normally attending McMillan children's centre at the same time as themselves.</p> <p>Working collaboratively, we will facilitate socialising and support groups with women using our services as part of transition.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from McMillan, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
Pregnancy or maternity	<p>The closure of McMillan children's centre may impact pregnant women and their partners who attend maternity, health visiting and associated services. Attendance at different venues may be constrained by their work schedule or living arrangements.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from McMillan, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
People with a disability	<p>Families mainly attend the children's centre nearest to their residential address; and continuity of attendance, and service delivery are particularly important for under 5's accessing</p>

	<p>targeted services.</p> <p>Changes to the location of service delivery could have a potentially negative impact on those with disabilities as it could interrupt their routines and travel plans.</p> <p>We will carry out regular engagement activities with this group to ensure everyone is fully informed of the changes of venue in advance of changes being made, we will support families with travel advice and co-produce transition plans with affected families.</p>
<p>Socio-economic status</p>	<p>Families on a low income constitute the largest priority group at McMillan children's centre.</p> <p>Whilst some families will find the alternative venues nearer to where they live, others may have a longer journey which may involve public transport.</p> <p>For those affected adversely we will consult with individuals and seek shared solutions potentially through access to outreach, in-person attendance at other delivery venues, and on-line options. Wherever possible we will liaise with our partners to identify ways to support parents and carers to travel, or for services to be brought nearer to them, including the use of mobile resources.</p>
<p>Carers</p>	<p>Families mainly attend the children's centre nearest to their residential address.</p> <p>The closure of McMillan children's centre may affect carers disproportionately as they may be constrained by the needs and timetable of another family member, meaning that they have less flexibility to travel to another service delivery venue,</p> <p>For those affected adversely we will consult with individuals and seek shared solutions potentially through access to outreach, in-person attendance at other delivery venues and on-line options. Wherever possible we will liaise with our partners to identify ways to support parents and carers to travel, or for services to be brought nearer to them, including the use of mobile resources.</p>
<p>Ethnicity</p>	<p>The majority of attendees at McMillan children's centre are classified as 'other ethnic groups', with 61% of all families registered reporting that they speak English at home, We remain sensitive to individual needs and will ensure that all groups find it easy to access support, and experience an effective transition to family hub working, with consideration of varied methods of communication, staged transition, and peer support in accessing service delivery from other sites.</p> <p>We will ensure that language support is available for those who may need it, and that social media and printed materials take</p>

	<p>account of the particular needs within this group.</p> <p>We will ensure that the families are reassured of the continuation of services from McMillan and of transition arrangements in good time. We will provide opportunities to discuss individual needs and will facilitate advance visits to maintain continuity of services for women and families.</p> <p>Women of certain ethnicities may experience additional challenges in travelling without a male chaperone; and women's attendance may also be affected by the need for community leaders to approve attendance at a new venue. We will provide opportunities to discuss individual needs and will facilitate advance visits to maintain continuity of services for women and families.</p>
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C.2) Describe any **POSITIVE** impacts

Equality Group	Impact on this group and actions you need to take
Age	The development of family hubs will provide an opportunity to focus on services for families with children and young people aged over 0-19 years (0-25 years for SEND). This will facilitate multi-agency working across sectors and offer access to services designed to meet whole family needs, at times and in spaces that are accessible and welcoming.
Sex	As women are over-represented in the number of attendees at McMillan children's centre the opportunity to access the same family hub venue for services and activities covering the full age range, will be of benefit to women
People with a disability	Family hubs will provide accessible physical spaces, outreach into communities, and on-line services. A wider range of opportunities to engage with services will add positively to the lived experience of children and young people with a disability and their families.
Socio-economic status	The enhanced range of family hub services will provide opportunities for supported access to on-line resources, adult learning, volunteering and work entry in a non-stigmatising environment, as well as easy access to housing and debt advice.
Carers	<p>Family hubs will take a whole family approach with consideration of the demands placed on adult carers and young carers.</p> <p>An agile approach to developing services delivered from family hubs will take account of partners' work, outreach and digital opportunities to facilitate carer's inclusion.</p>
Community cohesion	There will be an enhanced range of family hub services,

	<p>and extended age span from conception to age 25 for young people with SEND. Statutory and voluntary sector organisations will collectively deliver services that meet community needs, as defined by local data.</p> <p>The family hub environment will be non-stigmatising, demonstrating connectivity between services, accessibility for all users, and relationship-based practice as the basis for successful family outcomes.</p>
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D) Conclusions

We acknowledge that closure of McMillan children’s centre may have an adverse or negative impact on certain groups.

Changes to the venues from which services are delivered could have an impact on women, including those from specific ethnic groups, carers, people with a disability and families with low socio-economic status; and staff could be affected by the change to an alternative work location.

However, these changes are intended to have a positive effect for all families through easily accessible physical locations for service delivery and mobile facilities allowing in-reach to communities, alongside the development of on-line services. Services will evolve and develop over time, responding to community need.

We will provide support to all service users and staff during the transition period, encouraging engagement and collaboration in creating transition plans, whilst tailoring our support for specific groups.

The development of family hubs will provide an opportunity to focus on services for families with children and young people aged up to 25 years. This will facilitate multi-agency working across sectors and offer access to services designed to meet whole family needs, at times and in spaces that are accessible and welcoming.

Signed and dated: Claire Fry – 22/08/2023

Name and position: Assistant Director, Child and Family Support Services



HILLINGDON
LONDON

Equality and Human Rights Impact Assessment

What is being assessed? Please tick ✓

Review of a service Staff restructure Decommissioning a service

Changing a policy Tendering for a new service A strategy or plan

South Ruislip Children's Centre

The council has developed a Family Hub strategy to deliver services for babies, children, young people and their families in an integrated way. The strategy proposes closing South Ruislip children's centre and relocating services and staff to alternative family hubs and delivery spaces within the local community. The building will be utilised to increase the capacity for the delivery of childcare by the nursery on site. This document assesses the potential impact on service users at South Ruislip.

The Council intends to further develop its approach to meeting the needs of children, young people and families through the introduction of family hubs. The intended focus will be connections between families, professionals, services and providers; access to support and early intervention; and strengthened relationships within families and between families and service providers.

The national family hubs programme sets out the Government's aspiration that every family will receive the support they need, when they need it, and have access to the information and tools they need to care for and interact positively with their babies and children, and to look after their own wellbeing.

The council intends to develop the Hillingdon Family Hub programme informed by the national family hubs programme, both demographic information and the views of parents and carers, young people, residents, voluntary, community and faith organisations will inform the implementation of the programme.

The council has a programme of family hub building development, providing new physical locations for service delivery and mobile facilities allowing in-reach to communities, alongside the development of on-line services. One impact is that proximity will change, with different locations being closer to some families, rather than others. The South Ruislip children's centre section of the building will transfer to

day-care use when services have been successfully migrated and established in other delivery points in the family hub network.

Who is accountable? E.g. Head of Service or Corporate Director

Claire Fry - Assistant Director, Child and Family Support Services

Date assessment completed and approved by accountable person

22/08/2023

Names and job titles of people carrying out the assessment

Lesley Jallow – Family and Community Hub Project Manager

A.1) What are the main aims and intended benefits of what you are assessing?

The closure of South Ruislip Children's Centre forms part of a wider strategy to develop family hubs in line with the needs of residents in different localities; using data and resident feedback to locate physical spaces and services in locations that are easy to access, and where users feel welcomed.

The Family Hub strategy seeks to make best use of both council and community assets, that can support the delivery of services for a wider age range of residents, from 0-19 years (0-25 years with SEND). The strategy will deliver services that are connected and integrated within local communities; the benefits for children, young people and families are that support will be readily available conveniently, and at the earliest opportunity in a non-stigmatising environment.

Services will be connected so that families will only need to tell their story once; support will be available on-line and in a range of different physical spaces, giving residents a choice of access point that feels right for them.

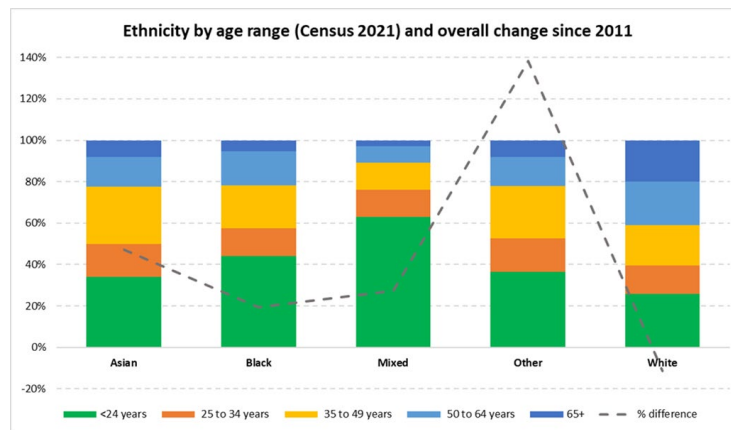
A.2) Who are the service users or staff affected by what you are assessing? What is their equality profile?

The service users at South Ruislip children's centre are babies, children, young people and their parents and carers.

South Ruislip children's centre is in South Ruislip ward and is defined by the council as within the Ruislip and Northwood locality. 2021 census data tells us that of 6,140 households 52% are not deprived in any of the 4 measured dimensions, and 0.2% are deprived in every dimension: health, housing, employment and education. The ward population is expected to increase by 2.3%.

The ethnic make-up of the borough population, and overall change since the last

census in 2011 is shown in the table below.



As a borough Hillingdon has broadly similar health outcomes for young children compared to London and England, except in the higher percentage of low-birth-weight full-term babies (2021 Office for Health Improvement and Disparities OHID data), and the higher percentage of 5-year-olds with obvious dental decay (2019 OHID data). Whilst at school reception age the percentage of Hillingdon children who are obese is the same as London at 10.8% but is higher than England; measurement in school year six shows that 25.6% of Hillingdon children are obese (2022 OHID data). Notably, only 48.7% of babies' first feed is breastmilk in the borough compared to London with 87.7% and England with 71.7% of babies (2021 OHID data).

South Ruislip is defined by the Child and Family Development Service as within the children's centres north locality; comparative data shows borough, children's centres north locality, and South Ruislip children's centre measures.

The profile of South Ruislip children's centre users highlights that 0–5-year-olds constituted the majority of child attendances at 33%, with 6-10 and 11-17 year olds making up 0.68% and 0.04% respectively. The vast majority of adults attending were aged 31-40 years, at 46% which was 5% higher than the north locality, and higher than the Borough.

Borough			North locality			South Ruislip		
a) 5 and under	7645	37.01%	a) 5 and under	1655	35.39%	a) 5 and under	765	32.71%
b) 6-10 years old	321	1.55%	b) 6-10 years old	60	1.28%	b) 6-10 years old	16	0.68%
c) 11-17 years old	55	0.27%	c) 11-17 years old	14	0.30%	c) 11-17 years old	1	0.04%
d) 18-25 years old	1018	4.93%	d) 18-25 years old	120	2.57%	d) 18-25 years old	46	1.97%
e) 26-30 year old	2584	12.51%	e) 26-30 year old	423	9.04%	e) 26-30 year old	255	10.90%
f) 31-40 year old	7192	34.82%	f) 31-40 year old	1919	41.03%	f) 31-40 year old	1076	46.00%
g) 41-50 year old	1458	7.06%	g) 41-50 year old	367	7.85%	g) 41-50 year old	149	6.37%
h) 51-60 year olds	205	0.99%	h) 51-60 year olds	56	1.20%	h) 51-60 year olds	10	0.43%
i) 61-70 years old	150	0.73%	i) 61-70 years old	52	1.11%	i) 61-70 years old	20	0.86%
j) 71+ years old	27	0.13%	j) 71+ years old	11	0.24%	j) 71+ years old	1	0.04%
Grand Total	20655	100.00%	Grand Total	4677	100.00%	Grand Total	2339	100.00%

The gender of individuals attending South Ruislip children's centre shows a large female majority at 67% which is very similar across the north locality and the borough.

Borough			North locality			South Ruislip		
Female	14515	65.00%	Female	3293	64.17%	Female	1756	67.10%
Indeterminate	2	0.01%	Indeterminate	1	0.02%	Male	861	32.90%
Male	7815	34.99%	Male	1838	35.81%	Grand Total	2617	100.00%
Grand Total	22332	100.00%	Grand Total	5132	100.00%			

Children’s centre ethnicity data is defined by 5 categories, “White, Asian, Chinese and other, Black and Mixed”. Hillingdon census population data for South Ruislip ward is expressed as ‘white’ at 61%, and ‘other ethnic groups’ at 27%. Attendance at South Ruislip children’s centre contrasts with the South Ruislip ward population breakdown, with ‘white’ at 49% and remaining groups combined at 49%

Borough			North locality			South Ruislip		
Asian	5545	48.00%	White	1337	49.15%	White	703	49.47%
White	3716	32.17%	Asian	967	35.55%	Asian	525	36.95%
Black	1015	8.79%	Chinese & Other	167	6.14%	Black	76	5.35%
Chinese & Other	932	8.07%	Black	159	5.85%	Chinese & Other	67	4.71%
Mixed	344	2.98%	Mixed	90	3.31%	Mixed	50	3.52%
Grand Total	11552	100.00%	Grand Total	2720	100.00%	Grand Total	1421	100.00%

When registering the vast majority attending South Ruislip children’s centre 74% report that they speak English at home, this is in line with the north locality at 77%, but higher than the Borough at 56%.

Attendance by families identified as representing priority groups indicates that the largest group of families attending South Ruislip children’s centre, 38%, were families living on a low income, with families with a child in need of additional support, and families with a child with additional need including health conditions were the next largest groups at 28% and 19% respectively. South Ruislip was in line with the locality and the borough with low income forming the priority group most often identified.

Borough			North locality			South Ruislip		
Family on Low Incc	3839	50.18%	Family on Low Inco	484	36.86%	Premises	South Ruislip	
Child in need of ad	1848	24.16%	Child in need of ad	472	35.95%	Row Labels	Distinct C	Distinct Co
Workless Househo	1519	19.86%	Child with an additi	266	20.26%	Family on Low Income	214	38.28%
Lone Parent	1476	19.29%	Lone Parent	227	17.29%	Child in need of additior	159	28.44%
New arrival to the	1435	18.76%	Workless Househol	190	14.47%	Child with an additional	106	18.96%
Child with an additi	951	12.43%	Adult with an additi	125	9.52%	Lone Parent	102	18.25%
Parent in need of a	496	6.48%	New arrival to the U	123	9.37%	Workless Household	60	10.73%
Adult with an addi	446	5.83%	Parent in need of a	99	7.54%	Adult with an additional	55	9.84%
Asylum Seekers / F	410	5.36%	Family with absent	62	4.72%	New arrival to the UK	48	8.59%
Family with absent	335	4.38%	Traveller Family	46	3.50%	Parent in need of additi	35	6.26%
Young parent (und	186	2.43%	Young parent (unde	31	2.36%	Family with absent pare	34	6.08%
Traveller Family	129	1.69%	Asylum Seekers / R	26	1.98%	Family in need of suppo	17	3.04%
Family in need of s	108	1.41%	Family in need of su	19	1.45%	Mental Health Difficultie	13	2.33%
Family New to Are	61	0.80%	Armed Forces Fami	13	0.99%	Traveller Family	13	2.33%
Mental Health Diff	33	0.43%	Mental Health Diffi	13	0.99%	Armed Forces Family	13	2.33%
Armed Forces Fam	17	0.22%	Family New to Area	11	0.84%	Asylum Seekers / Refuge	6	1.07%
Child with a Chron	10	0.13%	Grand Total	1313	100.00%	Young parent (under 21	5	0.89%
Priority Group	2	0.03%				Grand Total	559	100.00%
Family Living in Po	2	0.03%						
Grand Total	7650	100.00%						

In common with the north locality most attendees at South Ruislip children’s centre resided in the HA4 postcode at 65%, and UB10 at 12%

Borough	North locality	South Ruislip
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UB3	5186	23.57%			HA4	2650	52.32%			HA4	1696	65.21%
UB7	3450	15.68%			UB10	577	11.39%			UB10	317	12.19%
UB4	3301	15.00%			UB9	512	10.11%			HA6	167	6.42%
UB8	2871	13.05%			HA5	448	8.85%			HA5	167	6.42%
HA4	2863	13.01%			HA6	414	8.17%			UB9	87	3.34%
UB10	2609	11.86%			UB8	117	2.31%			UB8	31	1.19%
UB9	581	2.64%			UB7	95	1.88%			UB4	31	1.19%
HA5	480	2.18%			UB3	88	1.74%			UB3	31	1.19%
HA6	466	2.12%			UB4	84	1.66%			UB7	30	1.15%
UB5	74	0.34%			UB5	36	0.71%			UB5	28	1.08%
Out of borough	72	0.33%			Out of borough	18	0.36%			Out of borough	7	0.27%
WD3	13	0.06%			WD3	13	0.26%			HA2	4	0.15%
UB2	11	0.05%			HA2	7	0.14%			UB1	4	0.15%
HA2	8	0.04%			UB1	5	0.10%			TW5	1	0.04%
UB1	6	0.03%			TW5	1	0.02%			Grand Total	2601	100.00%
UB6	5	0.02%			Grand Total	5065	100.00%					
TW6	4	0.02%										
TW19	2	0.01%										
TW5	1	0.00%										
Grand Total	22003	100.00%										

A.3) Who are the stakeholders in this assessment and what is their interest in it?

Stakeholders	Interest
Children and families	Continued access the services that are currently provided at South Ruislip children's centre within their community.
Young people, including those who access youth services at some children's centre sites	Continued to access the services that are currently provided at South Ruislip children's centre within their community.
Staff working in children's centres	Continued access to working locations within the Borough, and working patterns that support individuals, ensuring that staff are treated fairly and in line with policy.
Health practitioners such as midwives and Health Visitors who deliver services from South Ruislip children's centre	Access to working locations within the Borough, and clinically appropriate spaces to deliver services within their remit in new environments
Voluntary community and faith sector providers currently offering services at South Ruislip children's centre	Access to appropriate spaces within the Borough, at times suited to the programme or service being delivered, with the necessary access to appropriate resources.
Corporate Director	Providing an improved, efficient and cost-effective family hub service for residents.
Cabinet Member for Children Families and Education	Providing an improved, efficient and cost-effective family hub service for residents.
Leader	Providing an improved, efficient and cost-effective family hub service for residents.

A.4) Which protected characteristics or community issues are relevant to the assessment? ✓ in the box.

Age	✓	Sex	✓
Disability	✓	Sexual Orientation	
Gender reassignment		Socio-economic status	✓
Marriage or civil partnership		Carers	✓
Pregnancy or maternity	✓	Community Cohesion	✓
Race/Ethnicity		Community Safety	
Religion or belief		Human Rights	

STEP B) Consideration of information; data, research, consultation, engagement

B.1) Consideration of information and data - what have you got and what is it telling you?

Most adult service users at South Ruislip children’s centre are female, and of working age; and the majority of child service users are aged under 5. This indicates that women are disproportionately represented as taking on caring responsibilities, either full-time or combining care with working from home, or elsewhere. Proximity to home and travel time to reach the nearest family hub will be an important issue for these families.

Data indicates that children in low income families, children in need of support, families with a child with additional need (including health conditions) form the majority of families self-identifying with priority needs. This shows us that a high number of families are presenting at South Ruislip children’s centre with issues affecting their children’s development and well-being, and who are seeking support and advice.

Data shows that a larger proportion of the ‘other ethnic groups’ population of South Ruislip ward are accessing South Ruislip children’s centre than the ‘white’ population. Whilst ensuring that all groups find it easy to access support, it is also important to provide an effective transition for residents from ‘other ethnic groups’, with consideration of varied methods of communication, staged transition, and peer support in moving service delivery to other sites.

Consultation

B.2) Did you carry out any consultation or engagement as part of this assessment?

Please tick ✓ NO YES

A formal public consultation was open from 10 May – 30 July 2023 which collated resident and partner views through an on-line survey on the council's website (paper copies were available). Opportunities were provided for face-to-face discussion at drop-in and information events at children's centres and libraries.

The consultation was promoted through a range of social media channels, and council department and partner newsletters, including an article in Hillingdon People.

Presentations were shared followed by questions at a series of multi-agency meetings attended by the Assistant Director Child and Family Support Services, and two partner meetings, were held, attended by statutory health partners and community sector partners.

There was no individual consultation for South Ruislip children's centre; however, the Family Hub Network was commissioned to manage the consultation, to carry out a series of face-to-face events, and to analyse consultation responses.

690 responses to the online survey were received. Data shows that 83% of respondents were female, and that 73% of respondents were aged between 25 and 44 years old. The highest percentage of respondents were residents with a child aged up to 4 years (64%), followed by residents with a child aged 5-19 years (18%). Two groups each contributed 8% of the responses, residents without children aged under 19 years, and professionals; with the voluntary and community sector contributing 1% of the on-line consultation returns.

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B.3) Provide any other information to consider as part of the assessment

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Financial context - standard text

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The family hubs concept was first introduced in the Levelling Up the United Kingdom: White Paper presented to Parliament 02 February 2022, announcing that "The UK Government will invest £300m to build the network of family hubs and transform start for life services for parents and babies, carers and children in half of local authorities in England."

75 upper tier authorities have since been funded to deliver Family hubs by 2025. Indicating a future roll-out of the programme, Ofsted and the Care Quality Commission (CQC) will carry out a thematic review of local authority start for life services delivered through family hubs by the end of summer 2023 specifically to:

- evaluate families' experiences of local services and whether these services are joined up effectively;
- identify ways in which families can be further supported to give their babies the best start in life; and
- identify whether the current level of inspection of Start for Life services is sufficient to capture any issues around join up and to improve families' experiences of local services.

To date the council has not received funding to develop Family Hubs within Hillingdon.

C) Assessment

What did you find in B1? Who is affected? Is there, or likely to be, an impact on certain groups?

C.1) Describe any **NEGATIVE** impacts (actual or potential):

Equality Group	Impact on this group and actions you need to take
Age	<p>The majority of families attending South Ruislip children’s centre have a child, or children aged under 5, services for this age group include both universal and targeted programmes, and include the opportunity for parents and carers to socialise, with attendant benefit to mental health and well-being.</p> <p>The closure of South Ruislip children’s centre may impact on families as they access new service delivery points within the family hub network and contact may change with parents and carers whom they have known. Additionally, staff may be deployed to alternative locations meaning that working relationships may need to be re-made.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from South Ruislip, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
Sex	<p>Women are disproportionately represented in the number of attendances at South Ruislip children’s centre.</p> <p>The closure of South Ruislip children’s centre may impact women as single parents, carers, home workers or members of particular faith groups, and women’s attendance at different venues may be constrained by their work schedule.</p> <p>Women may be particularly affected by changes to the regular group of people normally attending South Ruislip children’s centre at the same time as themselves.</p> <p>Working collaboratively we will facilitate socialising and support groups with women using our services as part of transition.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from South Ruislip, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
Pregnancy or maternity	<p>The closure of South Ruislip children’s centre may impact pregnant women and their partners who attend maternity, health</p>

	<p>visiting and associated services. Attendance at different venues may be constrained by their work schedule or living arrangements.</p> <p>We will engage with families early and use a range of in-person and social media communications to share information and progress towards the move to different family hub access points. We will take an iterative approach, reassuring parents and carers of the continuation of services from South Ruislip, until full capacity is built up in other access points. We will manage the transition to new delivery points flexibly, collaborating with parents and carers, and adapting to specific need.</p>
<p>People with a disability</p>	<p>Families mainly attend the children’s centre nearest to their residential address; and continuity of attendance, and service delivery are particularly important for under 5’s accessing targeted services.</p> <p>Changes to the location of service delivery could have a potentially negative impact on those with disabilities as it could interrupt their routines and travel plans.</p> <p>We will carry out regular engagement activities with this group to ensure everyone is fully informed of the changes of venue in advance of changes being made, we will support families with travel advice and co-produce transition plans with affected families.</p>
<p>Socio-economic status</p>	<p>Families on a low income constitute the largest priority group at South Ruislip children’s centre; and constitute the largest group in the north locality, and in the borough.</p> <p>Whilst some families will find the alternative venues nearer to where they live, others may have a longer journey which may involve public transport.</p> <p>For those affected adversely we will consult with individuals and seek shared solutions potentially through access to outreach, in-person attendance at other delivery venues, and on-line options. Wherever possible we will liaise with our partners to identify ways to support parents and carers to travel, or for services to be brought nearer to them, including the use of mobile resources.</p>
<p>Carers</p>	<p>Families mainly attend the children’s centre nearest to their residential address.</p> <p>The closure of South Ruislip children’s centre may affect carers disproportionately as they may be constrained by the needs and timetable of another family member, meaning that they have less flexibility to travel to another service delivery venue,</p> <p>For those affected adversely we will consult with individuals and seek shared solutions potentially through access to outreach, in-</p>

	<p>person attendance at other delivery venues and on-line options. Wherever possible we will liaise with our partners to identify ways to support parents and carers to travel, or for services to be brought nearer to them, including the use of mobile resources.</p>
Ethnicity	<p>Half of the attendees at South Ruislip children's centre are classified as 'other ethnic groups'. Whilst the majority report speaking English at home, these residents may find it more challenging to access information and engage with co-production activities.</p> <p>We will ensure that the families are reassured of the continuation of services from South Ruislip and of transition arrangements in good time. We will provide opportunities to discuss individual needs and will facilitate advance visits to maintain continuity of services for women and families.</p> <p>We will ensure that language support is available for those who may need it, and that social media and printed materials take account of the particular needs within this group.</p> <p>Women of certain ethnicities may experience additional challenges in travelling without a male chaperone; and women's attendance may also be affected by the need for community leaders to approve attendance at a new venue. We will provide opportunities to discuss individual needs and will facilitate advance visits to maintain continuity of services for women and families.</p>

C.2) Describe any **POSITIVE** impacts

Equality Group	Impact on this group and actions you need to take
Age	The development of family hubs will provide an opportunity to focus on services for families with children and young people aged over 0-19 years (0-25 years for SEND). This will facilitate multi-agency working across sectors and offer access to services designed to meet whole family needs, at times and in spaces that are accessible and welcoming.
Sex	As women are over-represented in the number of attendees at South Ruislip children's centre the opportunity to access the same family hub venue for services and activities covering the full age range, will be of benefit to women
People with a disability	Family hubs will provide accessible physical spaces, outreach into communities, and on-line services. A wider range of opportunities to engage with services will add positively to the lived experience of children and young people with a disability and their families.
Socio-economic status	The enhanced range of family hub services will provide opportunities for supported access to on-line resources,

	adult learning, volunteering and work entry in a non-stigmatising environment; as well as easy access to housing and debt advice.
Carers	<p>Family hubs will take a whole family approach with consideration of the demands placed on adult carers and young carers.</p> <p>An agile approach to developing services delivered from family hubs will take account of partners' work, outreach and digital opportunities to facilitate carer's inclusion.</p>
Community cohesion	<p>There will be an enhanced range of family hub services, and extended age span from conception to age 25 for young people with SEND. Statutory and voluntary sector organisations will collectively deliver services that meet community needs, as defined by local data.</p> <p>The family hub environment will be non-stigmatising, demonstrating connectivity between services, accessibility for all users, and relationship-based practice as the basis for successful family outcomes.</p>

D) Conclusions

We acknowledge that closure of South Ruislip children's centre may have an adverse or negative impact on certain groups.

Changes to the venues from which services are delivered could have an impact on women, including those from specific ethnic groups, carers, people with a disability and families with low socio-economic status; and staff could be affected by the change to an alternative work location.

However, these changes are intended to have a positive effect for all families through easily accessible physical locations for service delivery and mobile facilities allowing in-reach to communities, alongside the development of on-line services. Services will evolve and develop over time, responding to community need.

We will provide support to all service users and staff during the transition period, encouraging engagement and collaboration in creating transition plans, whilst tailoring our support for specific groups.

The development of family hubs will provide an opportunity to focus on services for families with children and young people aged up to 25 years. This will facilitate multi-agency working across sectors and offer access to services designed to meet whole family needs, at times and in spaces that are accessible and welcoming.

Signed and dated: Claire Fry – 22/08/2023

Name and position: Assistant Director, Child and Family Support Services



HILLINGDON
LONDON

Equality and Human Rights Impact Assessment

STEP A) Description of what is to be assessed and its relevance to equality

What is being assessed? Please tick ✓

Review of a service ✓ Staff restructure Decommissioning a service

Changing a policy Tendering for a new service A strategy or plan

The Council delivers Early Years Childcare (nurseries) at 3 sites within the Borough: Uxbridge, South Ruislip and Hayes, providing 102 childcare places daily for children aged 6 months to 5 years.

Children attend the nurseries for privately funded places and also for universally funded 15 and 30 hour places for 2, 3 and 4 year olds via the Free Early Education Entitlement Scheme. The nursery prioritises admission for children with additional needs and those who may be considered vulnerable e.g. children in need of protection supported by children's social care.

Providing childcare is not a core function of the Council, and there is no statutory requirement to directly deliver childcare services. However, the Council has a sufficiency duty under the Childcare Act of 2006 to ensure there is sufficient childcare provision in so far as is reasonable, to enable parents to engage in employment, education or training for employment.

Who is accountable? E.g. Head of Service or Corporate Director

Claire Fry ~ Assistant Director, Child and Family Support Services

Date assessment completed and approved by accountable person

22 August 2023

Names and job titles of people carrying out the assessment

Claire Fry ~ Assistant Director, Child and Family Support Services

Lisa Swales ~ Service Manager, Childcare

A.1) What are the main aims and intended benefits of what you are assessing?

Review of the Service / Decommissioning the Service:

The council has a duty to deliver services in the most efficient and cost effective way, including making best use of its assets. Currently the council nursery provision has a budgeted subsidy of £230K; in addition, the nurseries do not bring in sufficient income to meet the high operational costs.

Based on the 2022/23 outturn figures, the gross cost of the provision is £1,538k netted down by income of £828k resulting in a loss of £710k. There is a net nil General Fund budget provision for this service and as such, the loss of £710k results in an equal pressure on the council's General Fund.

The council is responsible for ensuring sufficiency of childcare within Hillingdon and has a role in ensuring the quality of childcare provision and support for children with SEND. The introduction of the new extended Early Entitlements for working parents from April 2024 is expected to increase demand for childcare and the council will proactively work with childcare providers to expand the number of childcare places available in Hillingdon over the next 2 years.

Parents are keen for the local authority help to build childcare capacity and quality and previous decisions to close the early years nurseries generated widespread concern and anger amongst parents of children attending the nurseries and local communities who value the nurseries highly and the benefits they bring.

The council is therefore proposing to maintain childcare provision at Nestles Avenue, South Ruislip and Uxbridge early years centres by securing an alternative provider from the childcare market to deliver services from these sites, thereby ensuring continuity of provision that supports parents to access childcare locally and enable them to work.

A.2) Who are the service users or staff affected by what you are assessing? What is their equality profile?

The nurseries routinely collect equalities data for the children attending the nurseries as part of their admission process; this information is shared below and representative of the children on roll in the nurseries in July 2023.

Data for parents is not routinely collected; however, an annual survey of users across the Child and Family Development Service was conducted in August 2023, which whilst voluntary and therefore not completed by all parents using the nurseries, enables officers to better understand the profile of parent/carers using the nurseries' childcare provision, when considered in conjunction with the responses received through the public consultation.

Parent/Carer Equalities Data

Protected Characteristic	Nestles Avenue		South Ruislip		Uxbridge	
	No. of Parents	% of total	No. of Parents	% of total	No. of Parents	% of total
Age						
Under 21	0	0	0	0	0	0
21-24	0	0	0	0	0	0
25-34	7	41%	7	21%	6	30%
35-44	9	53%	22	67%	13	65%
45-54	1	6%	3	9%	1	5%
55-64	0	0	1	3%	0	0
Prefer not to say	0	0	0	0	0	0
Total	17	100%	33	100%	20	100%
Race/Ethnicity						
Asian/ Asian British	7	41%	15	46%	7	35%
Black/Black British	2	12%	0	0	1	5%
Mixed	1	6%	1	3%	0	0%
Other	0	0%	3	9%	1	5%
Total BAME	10	59%	19	58%	9	45%
White	7	41%	14	42%	11	55%
Not given	0	0%	0	0%	0	0%
Disability						
No	14	82%	29	88%	19	95%
Yes	2	12%	3	9%	1	5%
Prefer not to say	1	6%	1	3%	0	0%
Sex						
Female	16	94%	20	61%	15	75%
Male	1	6%	13	39%	5	25%
Lone Parent						
Yes	2	12%	2	6%	0	0%
No	15	88%	30	91%	20	100%
Don't know	0	0%	1	3%	0	0%
Employment						
Full time employment	10	59%	18	55%	15	75%
Part time employment	6	35%	7	21%	4	20%
Full time education or training	0	0%	0	0%	0	0%
Part time education or	0	0%	0	0%	0	0%

training						
None of the above	1	6%	6	18%	1	5%
Prefer not to say	0	0%	1	3%	0	0%
Household Income below £16,190						
Prefer not to say	3	18%	0	0	0	0%
Don't know	0	0	0	0	0	0%
No	13	76%	24	73%	20	100%
Yes	1	6%	9	27%	0	0%

Children's Equalities Data

Protected Characteristic	Nestles Avenue		South Ruislip		Uxbridge	
	No. of children	% of total	No. of children	% of total	No. of children	% of total
Age of Children						
Under 2 years	8	15%	4	13%	7	18%
2 years of age	21	38%	11	37%	13	34%
3-4 years of age	26	47%	15	50%	18	48%
Total	55	100%	30	100%	38	100%
Race/ Ethnicity						
Asian/ Asian British	25	45%	7	23%	12	32%
Black/Black British	7	13%	1	3%	2	5%
Mixed	0		2	7%	5	13%
Other	0		1	4%	2	5%
Total BAME	32	58%	11	37%	21	55%
White	13	24%	10	33%	15	40%
Not given	10	18%	9	30%	2	5%
Disability						
No	53	96%	30	100%	36	95%
Yes	2	7%	0	0%	2	5%
Sex						
Female	28	51%	14	47%	17	45%
Male	27	49%	16	53%	21	55%

A.3) Who are the stakeholders in this assessment and what is their interest in it?

Stakeholders	Interest
Children and Families	<ul style="list-style-type: none"> • For children to receive high-quality education and childcare, that means their individual learning and development needs. • For parents to access childcare locally, within their financial means which enables them to access employment, education or training.
Head of Service	<ul style="list-style-type: none"> ▪ To give due regard to parents' views expressed through the consultation and the implemented proposals are fair and equitable. ▪ To ensure the sufficiency of childcare in line with the Childcare Act 2006. ▪ To address the current budget gap and ensure services operate within budget and are financially viable.
Director	<ul style="list-style-type: none"> ▪ To give due regard to parents' views expressed through the consultation and the implemented proposals are fair and equitable. ▪ To ensure the sufficiency of childcare in line with the Childcare Act 2006. ▪ To address the current budget gap and ensure services operate within budget and are financially viable.
Cabinet member	<ul style="list-style-type: none"> ▪ To give due regard to parents' views expressed through the consultation and the implemented proposals are fair and equitable. ▪ To ensure the sufficiency of childcare in line with the Childcare Act 2006. ▪ To address the current budget gap and ensure services operate within budget and are financially viable.
Leader	<ul style="list-style-type: none"> ▪ To give due regard to parents' views expressed through the consultation and the implemented proposals are fair and equitable. ▪ To ensure the sufficiency of childcare in line with the Childcare Act 2006. ▪ To address the current budget gap and ensure services operate within budget and are financially viable.

A.4) Which protected characteristics or community issues are relevant to the assessment? ✓ in the box.

Age	✓	Sex	✓
Disability	✓	Sexual Orientation	
Gender reassignment			
Marriage or civil partnership		Carers	✓
Pregnancy or maternity	✓	Community Cohesion	

Race/Ethnicity	✓	Community Safety	
Religion or belief		Human Rights	

STEP B) Consideration of information; data, research, consultation, engagement

B.1) Consideration of information and data - what have you got and what is it telling you?

Parent and Carers Data

Equalities data is not routinely collected from parents using the nurseries' childcare, however as part of the wider service annual survey, anonymous data was collected on a voluntary basis. The following results reflect those who participated in the survey.

Age

A large proportion of parents using all three nurseries are of working age in the 35-44 years of age category, totalling 44 (62.8%) parents across the service, followed by 20 parents in the 25-44 age bracket.

This is supported by responses in the wider public consultation; 471 of those who responded to the consultation said they had children aged under 5 years and of this sample, 60% used childcare.

54% of parents who used childcare said it enabled them to work, with 19% stating they used childcare as they were planning on returning to work. A further 2% used childcare for support whilst training.

Gender

A larger proportion of female respondents 51 (77%) completed the annual survey; this may be reflective of which parent collects or takes their child to nursery. A total of 19 males (27.1%) completed the survey.

This similar to the response received from the public consultation in which 83% or respondents were female and 14 were male.

Ethnicity

When combined for all three sites, the largest single declared ethnic group within the nursery parents is 'White' at 45% (32 respondents). This is higher than the borough average of 32% and shows an overrepresentation of this group at each of the three individual nurseries.

However combined representation of 'Black', 'Asian', 'Mixed' ethnicity groups is higher at 54% (38 respondents) and is reflective of the communities the nurseries serve, with 'Asian/Asian British' ethnic group being equal to or higher than 'White' at Nestles Avenue and South Ruislip.

Analysis of Disabilities

12% of parents said they had a disability. This is slightly lower than the borough average of 14%. 88% of parents did not identify as having a disability.

Lone Parents

A small proportion of parents report to be lone parents, just 4 respondents; this is important for understanding informal support for childcare, as well as eligibility for early years entitlements.

Employment

A large proportion of parents, 85.7% report that they are in either full time or part time employment. With 10 parents preferring not to say what their employment status is.

This is supported by responses in the wider public consultation; 471 of those who responded to the consultation said they had children aged under 5 years and of this sample, 60% used childcare.

54% of parents who used childcare said it enabled them to work, with 19% stating they used childcare as they were planning on returning to work. A further 2% used childcare for support whilst training.

Household income

85.7% of parents report they earn higher than £16,190 per year with 10 (14.2%) parents earning below this threshold. Anecdotally this is reflective of Uxbridge Early Years nursery, which currently has 2 children eligible for 2 year old funding. However, this does not appear to be reflective of Nestles where there are 12 children attending who were eligible for the 2 year old funding entitlement.

Post Codes

For all three nurseries, review of post code data showed that 71% of respondent's live within close proximity to the nurseries, sharing the initial first three digits of the post code. This was echoed in feedback to the consultation, where parents stated that they looked for childcare in close proximity to their home or place of work, or on route.

Children's Data

The data is based on the cohort of children attending the nurseries in July 2023.

Age Analysis

Children attending the nurseries are aged six months to four years of age. The largest of these age groups are the three and four year olds at 48% equating to 59 children. Although, a large proportion of children in this age group will leave in August ahead of starting in a school nursery or reception class, a higher proportion of children of this age remain. This is due to the number of spaces available for this age group, across the nurseries.

Two year olds make up 37% which equates to 45 children across the nurseries, with 17 children accessing childcare through the two year old offer scheme, with 12 of these children at Nestles Avenue.

Under twos are the smallest group of children attending the nurseries at 15% which

equates to 19 children across the service.

Gender

There is a slightly higher proportion of male children attending across the Early Years service 52% (64) compared to 47.9 % (59) of female children.

Ethnicity

The largest declared ethnic group varies at each nursery. For the children at Nestles Avenue children from an Asian/Asian British ethnic group are the majority at 45 % with a total of 58% of children from Black, Asian, and Mixed ethnic groups. A smaller percentage of children and 23.6% of children with White ethnicity which is reflective of the community the nursery serves.

South Ruislip and Uxbridge have 33% and 40% of children from a White ethnic group, with 36.6% and 55.2% of children with a BAME (Black, Asian, Mixed ethnic) heritage which is reflective of the communities the nurseries serve.

Disabilities

Four children have a declared disability, which is a very small number of children, which is indicative of the young age of the children. However, some disabilities are not always evident early in a child's life, and included within the nursery cohort are those who are currently receiving help through the SEN support process, who may go on to receive diagnoses of long term conditions.

Consultation

B.2) Did you carry out any consultation or engagement as part of this assessment?

Please tick ✓ NO YES

A formal public consultation was open from 10 May – 30 July 2023; the Family Hub Network was commissioned to manage the consultation, to carry out a series of face-to-face events, and to analyse consultation responses. The consultation was two-fold inviting views on the draft Family Hubs strategy and options for the council's nurseries.

Resident and partner views were collated through an on-line survey on the council's website (paper copies were available) and 690 responses were received.

The consultation was promoted through a range of social media channels, and council department and partner newsletters, including an article in Hillingdon People. Opportunities were provided for face-to-face discussion at drop-in and information events at children's centres and libraries.

Parents using childcare at the council's nurseries were all offered the opportunity to participate in individual and group conversations with an external facilitator to share their views and opinions – 33 parents took up this opportunity.

Parents and partners were asked to rank options for the future provision of the council's nurseries in order of preference, with the responses received showing a consistent picture across all three nurseries.

Parents linked to all three nurseries said that their first preference was to keep the nurseries open, with 45% at Nestles, 48% at South Ruislip and 46% at Nestles Avenue. This was closely followed by a second preference of inviting an alternative provider to run the nursery provision instead of the council, at 36%, 34% and 35% respectively. The least popular option was to close the nurseries and redeploy staff to support children with SEND across the childcare sector.

Whilst no clear alternative option was put forward for consideration, parents were clear that they wanted the nursery provision to stay open and were both angry and frustrated at the perceived lack of transparency regarding the financial difficulties deficit and that they had not been involved or consulted on ways to reduce or manage this. Some questioned the council's business acumen, as a public sector organisation.

Others spoke of their distress upon hearing that the council had decided to close the nurseries, and although the decision was subsequently withdrawn, many said the stress had continued as the threat of closure had not ended.

B.3) Provide any other information to consider as part of the assessment

Legal context

The council has a public duty to pay due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations (Equality Act 2010)

Financial context - standard text

Since 2010, the Business Improvement Delivery (BID) Programme has driven transformation across the Council, reducing costs and improving efficiency to ensure that in an environment of increased expenditure from population growth and inflationary uplifts we continue to deliver high quality services that put residents first.

Hillingdon's approach to maintaining sound financial management ensures that our finances are in a robust position, and therefore the Council is well placed to respond to Government funding not increasing at the same pace as the combined impact of a growing demand for services and increased market forces. Our latest projections indicate that further savings of £35m will be required by 2026/27 to bridge the resulting budget gap.

In the Spring Budget of 2023, the Government announced plans to expand the Early Years Entitlements for children of working parents. Roll out of the new entitlement is occurring in phases:

- Phase 1: April 2024 – 15 hours of childcare over 38 weeks of the year made available to eligible parents of two-year-olds
- Phase 2: September 2024 – 15 hours over 38 weeks of the year made available to eligible parents of 9 month to 36-month-olds.

- Phase 3: September 2025 – 30 hours over 38 weeks of the year made available to eligible parents of 9 month to 36-month-olds.

Early indications from the DfE are that with the introduction of the new entitlements, demand for places in Hillingdon in April 2024 and September 2024 will exceed current supply; whilst the modelling does not yet take account of the amount of childcare use per child i.e. number of hours, officers are currently working to analyse the anticipated supply and demand, and it is expected that there will need to be further development of the market over the next 2 years to increase the supply of childcare available.

Putting the nurseries to the childcare market, and developing the capacity in the early years nurseries, should support the development of childcare places in Hayes, South Ruislip and Uxbridge and support parents to access the new free entitlements.

C) Assessment

What did you find in B1? Who is affected? Is there, or likely to be, an impact on certain groups?

C.1) Describe any **NEGATIVE** impacts (actual or potential):

Equality Group	Impact on this group and actions you need to take
Women	<p>Based on the feedback through the survey and the public consultation, it is reasonable to conclude that women undertake a greater proportion of caring responsibilities when children are young.</p> <p>Furthermore many women using the early years nurseries for childcare, are in part-time or full time employment. Securing an alternative provider to deliver and expand the capacity for childcare at Nestles Avenue, South Ruislip and Uxbridge early years nurseries will provide continuation of service for the families using the nurseries and those living and working in the local community.</p> <p>As part of the extension to the childcare sufficiency duty, the council will work with childcare providers to extend and build on childcare provision available. The government aims to make childcare more affordable and is proposing to fund childcare places for working parents following parental leave from September 2024.</p>
Children with Disabilities	<p>The changes in the way the service is delivered could have a potentially negative impact on those with a special educational need or disability, as a change of nursery provider could impact upon their learning environment and may interrupt their daily routines.</p>

	<p>All early years settings have a duty under Foundation Stage Framework and Code of Practice for Special Educational Needs and Disabilities to provide an inclusive service and work with partner agencies to meet the needs of vulnerable children.</p> <p>We will carry out regular engagement activities with this group to ensure everyone is fully informed of the changes and supported in the transition phase.</p>
Ethnicity	<p>Children and families from Black, Asian and mixed ethnic groups are disproportionately represented within the cohort at Nestles Avenue; however, the council intends to source an alternative provider from within the childcare market to ensure continuity of childcare in a familiar setting for children and families.</p> <p>We will carry out regular engagement activities with this group to ensure everyone is fully informed of the changes and supported in the transition phase.</p>

C.2) Describe any **POSITIVE** impacts

Equality Group	Impact on this group and actions you need to take
All	<ul style="list-style-type: none"> • Enables the remodelling of the councils' children & family wider offer that incorporates the locality model to provide families with support locally. • Promotes opportunities for local providers to increase capacity in the market and thereby supporting the sustainability of local providers to deliver childcare for families within the local communities. • Supports the development of childcare sufficiency in Hayes, South Ruislip and Uxbridge, in line with provision planning for the new early years entitlements. • Ensures ongoing support to providers in the market to develop quality, inclusive nursery provision. • Reduce budget pressures on the Council's General Fund by ceasing to directly deliver a service that is unable to operate within budget and generates an overspend year on year in excess of £500K.

D) Conclusions

We recognise the impact of changing a service for the families and communities who use and value it. Families have told us they value the nurseries, for the staff, the quality of care and their proximity to work and home. Some families have attended the nurseries for many years with multiple children; therefore, the impact of the seeking an alternative provider for the nurseries is not to be underestimated. It is acknowledged that some families may not want to transfer to a new provider on site

and may want to seek alternative options. Children and families will need to be supported through the transition process and communication will be key in ensuring families are kept informed throughout.

Should the proposal be agreed Children and Families will be fully supported throughout the transition process. Access to the Families information Service, and Inclusion Team will help support families in seeking alternative childcare places over the coming months as necessary.

Signed and dated: Claire Fry – 22/08/2023

Name and position: Assistant Director, Child and Family Support Services