

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Family Hubs
2. Directorate	Children, Young People and Education
3. Responsible Service/Division	Integrated Children's Services

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Danielle Day Programme Manager – Family Hubs
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Carolann James Director of Operational Integrated Children's Services
6. Director of Service Note: This should be the name of your responsible director.	Carolann James Director of Operational Integrated Children's Services

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Tick if Yes	Activity Type
Yes	Service Change – operational changes in the way we deliver the service to people.
Yes	Service Redesign – restructure, new operating model or changes to ways of working
Yes	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
Yes	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
Yes	Strategy /Policy – includes review, refresh or creating a new document
	Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment (EQIA)

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed in the exercise of our public functions. This EQIA is also intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

Case for change – Family Hub programme

The Department for Education (DfE) has selected Kent County Council (KCC) as a Family Hub and Start for Life Transformation Authority. Family Hubs are about bringing together and integrating support services for children, young people, and families so that they are easier for people to access. These will include, but not be limited to, KCC services:

- Children's Centres
- Youth Hubs and community youth provision
- Health Visiting Services

And partnerships, including:

- Community-based midwifery care
- Community organisations

Summary of proposals

Since the inception of Early Help and Preventative Services (EHPS) in 2015, Kent County Council (KCC) has been able to maintain a comprehensive Open Access offer, including both universal and targeted provision, delivered through both KCC staff and settings and commissioned services across the 0-19 years age group.

In September 2020, a DfE and DHSC review of outcomes for babies and the first 1001 days of a child's life, led by Andrea Leadsom MP, developed a framework for local authorities to work with health partners and develop a Start for Life concept within a 0-19 years (25 years with Special Educational Needs and Disabilities [SEND]) Family Hub model.

Existing Open Access services work closely with partners including Public Health services such as Health Visiting provision through co-location. This close working partnership provides a strong foundation for Kent to deliver to the ambitions of the national review and develop a whole family approach to services as set out in the proposals for the Family Hub model.

We know that reducing health inequalities and improving health and wellbeing requires organisations to closely work together. Through the Family Hub programme KCC seeks to deliver the best outcomes through a hybrid of universal and targeted support for children, young people, and their families, delivering services identified through the Family Hub guidance.

Our goals for the Family Hub model are to:

- Offer support to all parents and carers: from the early stages of preparing to become a parent, and throughout the child's first two years
- Reduce inequalities in health, wellbeing, and education
- Create a supported, capable workforce who work in partnership with families
- Ensure families are listened to
- Provide targeted, timely and accessible support to those in greatest need
- Support teenagers as they move into adulthood
- Provide services based on evidence and need

The model proposes some changes to the existing Open Access services and those available from Public Health:

- Services to families with children up to the age of 8yrs to support the physical, social, and emotional development, communication, and language development in young children.
- Support to young people aged 8-19 (25 for young people with SEND) around emotional health and wellbeing, educational and social development and pathways into adulthood.
 - Support for parents with parenting, emotional wellbeing, understanding child development and managing family conflict.
 - Online support for new parents
 - Increased parenting support from antenatal to 2 years
 - Perinatal Mental Health services for parents
 - Infant feeding support

- Home learning support

The DfE Family Hub model must fit with the new KCC's 'Securing Kent's Future – Budget Recovery Strategy'. The model of delivery must proactively evidence the best value for money in decision making. Sustainability and best value is at the core of all decisions and the design of the Family Hub model to ensure services can be delivered beyond the life of the Family Hub grant and elements will work within KCC's new budgetary requirements.

This EQIA relates to the policy change for Kent, to rebase our existing Open Access & Youth inhouse services to deliver provision with the Family Hub model for children and families 0 to 19 (25 with SEND).

Family Hub services will be delivered through a number of different avenues. This will include face-to-face, a digital offer and community outreach. Our Family Hubs will offer a one stop shop for advice and information for children and their families.

The Family Hub approach delivers joined up whole family services across each district. This model will be used to strengthen our arrangements with co-located partners and ensure a consistent model for Start for Life partnership across the county.

The model will strengthen the arrangements with Health Visiting and community midwifery to ensure through co-location and system arrangements, we work towards a family only needing to tell their story once.

Every Family Hub provision will be managed across a district, and staff will continue to work across the range of Family Hub sites ensuring that each location is appropriate for the services at that site. For example, appropriate spaces for adolescents, ensuring that services on school sites maintain safeguarding requirements, and ensuring support services to families, such as debt and welfare advice or parental conflict are delivered in an appropriate space maintaining privacy of participants.

Family Hub sites in each district will deliver a range of Start for Life and partnership services and work with the voluntary and community sector to provide access to a wide range of services. There will be services for 0-19 years in Family Hub sites for example, this may include activities for older children after school in a building that currently offers mainly 0-11 years services.

The increase of community outreach may mean more services within community settings where there are needs identified. The outreach offer will be developed in partnership with district and community partners and will vary according to the local partnerships and buildings available.

There will be more peer to peer community support and the introduction of Family coaches to offer additional community support.

Summary of Options for Consideration

Following the public consultation and review of the responses received, a range of options have been put forward for consideration, they are detailed below with a summary of the main equality impacts:

Option 1: Do not implement the Family Hub model.

This would mean the Local Authority would not meet the minimum expectations set by the DfE in accordance with the Memorandum of Understanding, with the associated risk of losing £11m of additional funding. If this were to occur, we would not be able to offer any additionality to our existing services.

If option 1 is chosen then there will be no change to the service that KCC already delivers, therefore there will be no impact on persons with different protected characteristics.

Option 2: Deliver the mandatory enhanced services set out by the DfE.

We will continue to deliver a 0-19 (25 SEND) Family Hub model offering enhanced services only in the DfE mandated areas set out in the following Key Decisions taken by the Cabinet Members for Integrated Children's Services and Adult Social Care and Public Health;

Infant Feeding 23/00076

Parenting Support - 23/00081

Home Learning Environment - 23/00082
Perinatal Mental Health - 23/00075

Families will still have access to Family Hub staff members who will be able to offer them assistance in finding the help that they need to access local services through signposting only.

If option 2 is chosen then there will be a positive impact to under twos and their parents, as well as pregnancy and maternity services, as we will be enhancing the existing service as outlined above, however there will be a negative impact on persons with different protected characteristics aged over 2 as these services will focus solely on the first 1001 days.

Option 3: Wider Family Hub offer

We will continue to deliver a 0-19 (25 SEND) Family Hub model offering enhanced services in the DfE mandated areas set out in the following Key Decisions taken by the Cabinet Members for Integrated Children's Services and Adult Social Care and Public Health.

Infant Feeding 23/00076
Parenting Support - 23/00081
Home Learning Environment - 23/00082
Perinatal Mental Health - 23/00075

In addition, we will offer the 7 services we consulted on below that service users felt they might most use. These will be delivered by Family Hub practitioners, through enhanced and additional modes of delivery, in each district throughout the county. We have used the consultation data and the design of the Family Hub model to allow residents to access services in a way that suits their preferences and fits in with their lifestyle wherever possible; for example, some consultees clearly prefer face to face groups and appointments, however some consultees stated they find it easier to access information online and talk to experts virtually. Young people had a very clear voice in our consultation and had a clear preference for face to face delivery which we have taken into account.

- Education for parents on child development
- Activities for children aged 0-5
- Activities for older children and young people
- Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)
- Information and signposting to mental health services (children and adults)
- Support for parents/carers of adolescents (teenagers)
- Online safety for children and young people

Option 4: Deliver a Family Hub model through a developed Family Hub Network. Our preferred option.

KCC will continue to deliver a 0-19 (25 SEND) Family Hub Model offering enhanced services in the DfE mandated areas set out in Key Decisions taken by the Cabinet Members for Integrated Children's Services and Adult Social Care and Public Health;

Infant Feeding 23/00076
Parenting Support - 23/00081
Home Learning Environment - 23/00082
Perinatal Mental Health - 23/00075

As outlined in option 3, the following services will be delivered by Family Hub practitioners:

- Education for parents on child development
- Activities for children aged 0-5
- Activities for older children and young people

- Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)
- Information and signposting to mental health services (children and adults)
- Support for parents/carers of adolescents (teenagers)
- Online safety for children and young people

In addition to these, we will also ensure that the remaining 4 services (which are outlined below) are accessible through the Family Hub model. The additional specialist services in option 4 will be delivered through partnership working with the VCS and partners (the Family Hub Network). We have outlined each service and the changes applicable for each option in appendix 3.

- Support for young people with substance misuse (alcohol/drugs)
- Domestic abuse support
- Debt and welfare advice
- Signposting to information to support separating and separated parents

Option 4 is our preferred option because we recognise the importance of all 11 services following feedback from the consultation and within our Family Hub model, we are in a position to offer, in an innovative and consistent way across the county, to deliver joined up services to meet the need of children, young people and families.

If option 3 or 4 is chosen there will be positive impacts generally in terms of additional services including digital and outreach offers. The negative impacts to persons with different protected characteristics as the services outlined in option 3 and 4 are identified in further detail in this equalities impact assessment.

Summary and justification

We consider that the different options for member consideration will have differing levels of impact on groups with protected characteristics. Whilst there will be some positive impacts, particularly relating to the enhancement of services, the co-location of services and the Family Hub model, it is important to address the negative impacts on groups with protected characteristics and how the impacts are mitigated, within our options for implementation presented in the Family Hub paper. The impacts are to be considered alongside the options presented for decision on the buildings that the services will be delivered from, identified through the Kent Communities programme (KCP), which is subject to its own EQIA process.

Broadly, the mitigations against the impacts on women and young children (outlined above) include a more expansive outreach offer (details to be co-designed with partners) that will (in part) focus on providing services to areas that may not have a dedicated Family Hub site, for instance those in more rural areas. The Family Hub model will enable parents to have improved information and access to services antenatally with an increasing focus on developing services for fathers-to-be. Feedback from fathers has already identified suggestions such as an improved digital offer with more information on support such as finances and learning more about child development. More insight work is continuing to develop the services for fathers as part of the Family Hub model.

Within the umbrella of the Family Hub model there is a collation of a wider range of services for families to improve knowledge and access to them. Although some service users may be required to travel further, the model proposes that families may should be able to access a wider range of required service from sites where services are delivered.

Children and young people with SEND needs should be able to navigate through services and local support through the collation of services in the model. There may be some differences in location of services. Some services may move to co-located spaces and outreach services are reliant on local community buildings therefore physical access to some services may be impacted by community building limitations.

Users with English as a second language may find the proposal for co-location of services which will require re-location of provision more difficult to navigate initially, therefore service teams will be supported in communicating changes early and effectively to these users. Teams will receive guidance in helping signpost and support these residents effectively.

The consultation did not have enough responses from some service user groups with protected characteristics. We recognise this as an area of continued development and will ensure within our future work to proactively reach groups to engage the service user voice from these seldom heard groups and those with protected characteristics. These include, gender identity, religion and belief, wider family carers, and sexual orientation and those with differing ethnicities.

The Family Hub model seeks to reduce inequalities and increase engagement of seldom heard groups through ongoing participation activity such as Parent Carer panels. We are committed to ensuring services are developed to reach such communities therefore we will have targeted participation activity to develop the Family Hub model of services.

The Family Hub model will be developing more peer to peer groups with those with lived experience, for example SEND peer group support and fathers groups. This will be supported by staff to help set up and support through use of spaces within the Family Hub sites.

On consideration of the negative impacts with the new areas of focus for development about we feel the proposal are justified through the increased access to provision, information and services across the Family Hub model. All of these mitigation activities do need to be balanced against our Best Value Duty set out in Securing Kent's Future ensuring the activities are sustainable and can be delivered beyond the life of the Family Hub grant and work within KCC's new budgetary requirements.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

<p>9. Do you have data related to the protected groups of the people impacted by this activity? <i>Answer: Yes/No</i></p>	<p>Yes</p>
<p>10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i></p>	<p>Yes</p>
<p>11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i></p>	<p>Yes</p>
<p>12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i></p>	<p>Yes</p>

13. Who have you involved, consulted and engaged with?
Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

Initial informal engagement took place between January and August 2022 with staff, service users and partners to explore the themes and aims of a Family Hub model in Kent, to inform the proposals and the application for the Family Hub Grant Funding

in August 2022. Colleagues from across Integrated Children’s Services have spoken with KCC staff, health visitor and midwifery colleagues, other public health colleagues, commissioners and the Voluntary and Community Sector (VCS).

Work to develop the involvement of parent/carers started in March 2023 and includes feedback on the branding for Kent Family Hubs, Fathers’ feedback on Start for Life services and feedback on the Service user Journey in the two test sites. Further consultation and engagement has taken place and will continue with internal and external stakeholders as well as children, young people, and parent/carer representatives throughout the duration of this programme of transformation.

The Family Hub services consultation launched on 19 July 2023 and closed on the on 13 September. The consultation aimed to gather the views of the community about the proposed changes to Children’s Centre services, youth provision, Health Visiting and community-based midwifery care. Families were able to complete an online or physical form, send emails, written communication and young people also sent videos, voice notes and flip charts from youth sessions. The feedback from the consultation has informed the equalities impact analysis and modelling.

Family Hub Consultation feedback

The table below shows the profile of consultees responding to the consultation questionnaire only, we do not have the profile data for those who responded through alternative methods. The proportion who left this question blank or indicated they did not want to disclose this information has been included.

RESPONDING AS...	Number of consultees answering	% of consultees answering
As a Kent resident	849	94%
On behalf of a friend or relative	24	3%
A resident from somewhere else	14	2%
Other	6	1%
Prefer not to answer / left blank	15	2%

Our consultation data shows women were the majority of consultees and are far more likely to be impacted by the implementation of the Family Hub model as they form the majority of parent/carer service users as supported by our user reach data.

GENDER	Number of consultees answering	% of consultees answering
Male	97	11%
Female	597	66%
Prefer not to answer / left blank	214	24%

The consultation shows that those most consultees were between the age of 25 - 49 and that supports our KCC user data for those that utilise our services with 67% having children and 4% expecting a child. 22% of consultee’s left this question blank.

As outlined below we have recognised Age as an impacted group.

AGE	Number of consultees answering	% of consultees answering
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0-15	14	2%
16-24	28	3%
25-34	198	22%
35-49	315	35%
50-59	62	7%
60-64	23	3%
65-74	23	2%
75-84	15	2%
85 & over	3	0.3%
Prefer not to answer / left blank	227	25%

PRESENCE OF CHILDREN	Number of consultees answering	% of consultees answering
I/we have children	612	67%
I am / we are expecting a child	40	4%
I/we do not have children	54	6%
Prefer not to answer / left blank	202	22%

AGES OF CHILDREN	Number of consultees answering	% of consultees answering
0-1 year old	194	21%
2-5 years old	240	26%
6-10 years olds	196	22%
11-19 years old	238	26%
I/we do not have children	54	6%
Do not have children / prefer not to answer / left blank	255	28%

Profile of professionals / organisation consultees responding

263 consultees took part in the consultation questionnaire specifically responding as professionals/organisations.

The KCC team also received feedback via email / letters. All emails / letters / videos received were passed to Lake Market Research to review and include comments in this report accordingly.

The table below shows the profile of consultees responding specifically to the consultation questionnaire. The proportion who left this question blank or indicated they did not want to disclose this information has been included. The main responses that were identified came from KCC staff, charities and the voluntary/community sector and educational establishments.

RESPONDING AS...	Number of consultees answering	% of consultees answering
Kent County Council staff	77	29%
Community-based midwifery staff	2	1%
Health Visiting staff	17	6%
Staff from another health-related organisation	11	4%
As a representative of a local community group or residents' association	2	1%
On behalf of an educational establishment, such as a school, college or early years setting	40	15%
On behalf of a Parish / Town / Borough / District Council in an official capacity	15	6%
As a Parish / Town / Borough / District / County Councillor	16	6%
As a Kent business owner or representative	2	1%
On behalf of a charity, voluntary or community sector organisation (VCS)	53	20%
On behalf of a faith group	2	1%
Other	26	20%

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*

Yes

15. Do you have evidence/data that can help you understand the potential impact of your activity? *Answer: Yes/No*

Yes

Uploading Evidence/Data/related information into the App
Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
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Staff/Volunteers <i>Answer: Yes/No</i>	Yes	
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17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? <i>Answer: Yes/No</i>	Yes
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18. Please give details of Positive Impacts

The principles and framework for the Family Hub model, as set out by central government, are built based on improving user experience by:

1. increasing access to a wider range of services in one place or under one shared umbrella;
2. improving the interface and join-up between services; and
3. having services working within practice that builds on strengths and puts children, young people and their families at the centre of services.

Examples of positive impacts that we anticipate from the Family Hub model for service users with protected characteristics include:

- Increased information and support for fathers-to-be and fathers
- Increased support for mothers and fathers on perinatal mental health and the different gender impacts
- Easy to navigate digital and virtual offers for pregnant parents on a wider range of services
- Increased support and access to Infant feeding support for mothers and father
- Increased information for parents/carers on child development at early years and adolescent development
- Targeted support for parents of children with additional needs or disabilities
- More peer to peer groups led by those with lived experience eg SEND peer support groups
- Targeted engagement of seldom heard groups to help further develop the Family Hub model eg for families where English is a second language.

There is more detailed Kent demographic data and positive impacts in the Family Hub post consultation EQIA.

Negative Impacts and Mitigating Actions
 The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for age? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>	Yes
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b) Details of Negative Impacts for Age	<p>We recognise that parents (most likely to be aged between 25 and 39) may need to access services differently, may need to travel to alternative locations and may receive a different type of service than previously offered. Travel costs could become a barrier to access and, if this is the case, this could affect their ability to access the support required when needed.</p> <p>Additionally, as Family Hubs adopt a 0-19 (25 for SEND) whole family approach. The look and feel of buildings may change and individuals from different age groups will have to share space. This may affect how individuals feel about space that was previously designed for their age range and could impact on feelings of safety and belonging.</p>
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	<p>We know that young people were concerned about this as part of their feedback on the Family Hub services consultation. 12% of consultees answering indicated there should be more youth services offered / more activities for young people / not less / separate spaces should be provided for them. In addition, promotional education/information material for young people that is displayed in buildings may not be suitable for different age ranges.</p> <p>Additionally, parents (most likely to be aged between 25 and 39) may also experience some negative impacts as a result of these changes to the look and feel of buildings, and the co-location of a wider range of services at Family Hubs. Parents of younger children may feel uncomfortable sharing spaces with teenagers, as the messaging around information, guidance and support literature is very different, also they may feel uncomfortable approaching a building with lots of young people gathered outside.</p>
<p>c) Mitigating Actions for age</p>	<p>We will address recognised barriers to accessing services, and how outreach and digital options of support could assist. In some cases, where required home visits or support through other community provision could be provided. Leaflets and posters will be displayed with consideration for the different service user groups in a Family Hub site to ensure the materials are age appropriate.</p> <p>As part of the co-design element of the model, users will be involved in the development of shared spaces to create a sense of ownership and belonging.</p> <p>We will ensure that timetabling and scheduling considers when children, young people and families are available based on their age range. Promotional material will also need to be age appropriate in delivery spaces.</p> <p>Parent Carer Panels will seek to engage and include a wide range of parents and carers at the different end of the age range to ensure inclusivity.</p>
<p>d) Responsible Officer for Mitigating Actions – Age</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>20. Negative Impacts and Mitigating actions for Disability</p>	
<p>a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Disability</p>	<p>The Census and the Council do not routinely collect data on the number of parents with a disability living in Kent, so it is difficult to assess the impact of the service change without a baseline.</p> <p>Face to face services are not changing but they may be delivered from a different location, however some children and young people with disabilities could be more digitally excluded. For example, an enhanced digital offer may have limited applicability for children, young people, and adults with SEND, who are hard of hearing, or have visual impairment or dyslexia who may struggle to engage with virtual activities.</p> <p>Changes to buildings, staffing, timings, and the addition of co-located staff may be a challenge for some children, young people and adults who struggle with change by the nature of their disability. New environments and the level of activity in those</p>

environments (as a result of co-location and integration of services) could also adversely affect those groups.

Outreach support will be in community buildings and this may impact accessibility dependant on physical building limitations.

We recognise that individuals with disabilities may need to access services differently, may need to travel to alternative locations and may receive a different type of service than previously offered. Travel could become a barrier to access and, if this is the case, this could affect their ability to access the support required when needed.

c) Mitigating Actions for Disability

We will undertake co-production of digital content to ensure it is functional and accessible for individuals with disabilities.

Our peer-to-peer support through Family Coaches and volunteers may assist individuals who feel that services don't understand the challenges they face. This should assist with greater engagement and the opportunity to offer support.

We will also undertake digital accessibility testing of web content to ensure accessibility across a wider spectrum of need e.g., sensory needs, deaf or hard of hearing, blind/poor vision, dyslexic, physical, neurodivergence, and mental health difficulties.

Venues will be checked for accessibility and advice will be given to partners and volunteers delivering services as part of the wider network on inclusive practice.

Family Hubs, by working as part of the SEND Transformation programme, will be able to improve and develop on our inclusion practice.

Our data driven approach, outreach offer and work through the Family Hub network will assist us able to identify the greatest need and respond appropriately.

There are four specific categories of need that have been identified through a data driven approach, as areas of focus within the Family Hub model that indicate a requirement for outreach provision within the community.

- I. Specific 'edge-of-town' communities falling outside the 20 min walking distance but high proportion of families and young people living in deprivation sitting outside the boundary and therefore '0-19' outreach activity is required.
- II. Larger communities 'whole towns' that see a high cumulative 0-19 deprivation linked need across the whole area but not enough to warrant a whole building.
- III. Rural communities with high levels of deprivation that may otherwise be cut off, with cumulative level of need requiring specific 0-19 outreach provision.
- IV. Areas where specific flexible detached youth provision is required – often 'in the field' and not linked to specific building locations.

Outreach work in the community within the Family Hub model will be delivered across both urban and rural localities informed by need/data.

Outreach is community-based provision, delivered in non-Family Hub sites such as libraries, community centres and may take place in family homes (for example Health Visitors attending a family home).

	<p>It will not be possible to have a Family Hub site in all localities, particularly in rural areas with low population density as outlined within the Kent Communities programme. Outreach delivery will improve reach to isolated and/or vulnerable communities through its flexibility/agility in responding to need and not being tied to a physical Family Hub site location.</p> <p>In these cases, the Family Hub offer will be delivered from existing community buildings e.g., libraries, halls, as well through a digital offer with the nature of delivery varying and informed by local need and data. The need/type of outreach provision will be reviewed on a regular basis, examples include:</p> <ul style="list-style-type: none"> • Practitioners delivering targeted groups/activities from locations such as community halls and libraries. • Joint work with community and health partners. • Practitioners working alongside existing groups, such as toddler groups on a regular basis to extend the reach/access to information, advice, and guidance. • Practitioners holding drop-in surgeries/sessions to provide 1 to 1 signposting and support. • Practitioners holding targeted virtual groups and activities online. • The frequency of outreach and rural delivery will be determined by need and data, and in some cases may be weekly, monthly, or termly. <p>We will engage on barriers to accessing services, and how outreach and digital options of support could assist.</p>
d) Responsible Officer for Mitigating Actions - Disability	Danielle Day Programme Manager – Family Hubs
a) Are there negative impacts for Sex? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Sex	<p>Given that females may be disproportionately affected as they are most likely to access our services currently, we need to recognise that women may be negatively impacted by the co-location of services. This is likely to be subjective to individuals lived experience and circumstance. For example, women mainly attend groups for support around domestic violence and may struggle to enter buildings where men are sharing the space.</p> <p>Conversely, some fathers or male carers may be put off attending spaces that are mostly occupied by women.</p>
c) Mitigating Actions for Sex	<p>Our workforce development programme will include training on inclusive practice, and we will work with the wider Family Hub network to consider how groups and services are scheduled and promoted appropriately.</p> <p>Our digital offer will allow us to target information, signposting, and online content suitable for the needs of service users based on their sex, and individual needs.</p> <p>Our parent carer panels, and co-design opportunities will also assist us in improving accessibility. We will seek feedback from all service users to improve and develop</p>

inclusive and safe delivery spaces that acknowledge how circumstances and lived experience can affect men and women's view on space sharing.

We will continue to work with partners to develop and improve our offer to fathers and male carers and ensure feedback from fathers and male carers is used to develop relevant and engaging services to support them in their parenting roles.

d) Responsible Officer for Mitigating Actions - Sex
Danielle Day
Programme Manager – Family Hubs

22. Negative Impacts and Mitigating actions for Gender identity/transgender

a) Are there negative impacts for Gender identity/transgender?
Answer: Yes/No (If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Gender identity/transgender

There are areas within service user groups with protected characteristics that we don't have data from the consultation or from across the service. We recognise this as an area of development and will ensure within our future work to develop the model we will proactively reach groups to engage the service user voice from these seldom heard groups and those with protected characteristics.

c) Mitigating actions for Gender identity/transgender

N/A

d) Responsible Officer for Mitigating Actions - Gender identity/transgender

N/A

23. Negative Impacts and Mitigating actions for Race

a) Are there negative impacts for Race? *Answer: Yes/No (If yes, please also complete sections b, c, and d).*

Yes

b) Details of Negative Impacts for Race

Gravesham and Dartford districts both have a higher number of ethnic communities than the Kent Average:

District	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group	White
Dartford	9.9%	10.5%	3.1%	2.0%	74.5%
Gravesham	11.2%	6.5%	2.6%	3.0%	76.6%
Kent Average	4.6%	2.7%	2.3%	1.3%	89.1%

Within these districts the co-production work to develop the access to services will ensure that feedback is representative of the communities living within the districts to help shape how we support communities.

People whose first language is not English are more likely to be digitally excluded and may not be able to access an enhanced digital offer. They may also not access traditional marketing activity for face to face, understand the changes being proposed or understand how to access or apply for support in the future. They may be more

	<p>reliant on local access points. We also recognise that some ethnic minority families may not feel that the services are available to cater for their specific cultural needs.</p>
<p>c) Mitigating Actions for Race</p>	<p>Co-production of digital content will be developed to be inclusive focusing on simple language that is either available to translate or is compatible with common translation software.</p> <p>Targeted provision will be informed by a range of data including the number of children whose main language is not English, and the number of students from ethnically diverse backgrounds. Ongoing analysis will be required to ensure that Family Hub services are targeted at more “hidden” communities or ethnic groups.</p> <p>Family Hubs will work alongside partner agencies, community groups and faith organisations to identify ethnic minority children, families, and communities in the local area to provide local solutions to service provision e.g., specifically designed groups and interventions to improve outcomes for diverse ethnic communities.</p> <p>Enhanced community working and support from volunteer and peer support networks should increase awareness of services and access routes. Universal health services within the Start for Life offer may use interpretation services to support services for one-to-one support. In areas of higher need (e.g., in Dartford and Gravesham 15% of children don’t have English as their main language) promotional materials should be available in alternative languages where possible e.g., for targeted campaigns.</p> <p>Family Coaches and volunteers may assist individuals who feel that services don’t understand the challenges they face. This should assist with greater engagement and the opportunity to offer support. The Family Coaches, volunteers and any peer to peer groups much reflect the ethnic diversity of local populations. In Dartford and Gravesham there will be proactive engagement of community groups to engage a diverse group of Family Coaches.</p>
<p>d) Responsible Officer for Mitigating Actions - Race</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>24. Negative Impacts and Mitigating actions for Religion and belief</p>	
<p>a) Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).</p>	<p>No</p>
<p>b) Details of Negative Impacts for Religion and belief</p>	<p>There is currently no direct data which measures religion of children and young people or parents of children and young people living in Kent. The only data collected is related to the overall population and based on the 2021 Census data. The Council provides services to children, young people, and their families, irrespective of their religion or beliefs.</p> <p>We recognise this as an area of development, and will ensure within our future work to develop the model we will proactively reach community and faith groups to engage the service user voice from these seldom heard groups and those with protected characteristics.</p>
<p>c) Mitigating Actions for Religion and belief</p>	<p>N/A</p>

d) Responsible Officer for Mitigating Actions - Religion and belief	N/A
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Sexual Orientation	<p>Our services are open to all individuals, but we recognise that accessing services can be challenging.</p> <p>Some LGBTQ+ individuals who are concerned about accessing face to face services may benefit from our online digital and virtual offer.</p> <p>There are areas within service user groups with protected characteristics that we don't have data from the consultation or from across the service. We recognise this as an area of development, and will ensure within our future work to develop the model we will proactively reach groups to engage the service user voice from these seldom heard groups and those with protected characteristics</p>
c) Mitigating Actions for Sexual Orientation	N/A
d) Responsible Officer for Mitigating Actions - Sexual Orientation	N/A
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Pregnancy and Maternity	<p>We recognise that expectant mothers may need to access services differently, may need to travel to alternative locations and may receive a different type of service than previously offered. Travel costs and accessibility could become a barrier to access and, if this is the case, this could affect their ability to access the support required when needed.</p> <p>The Family Hub model includes midwifery and Health Visiting support which includes home visiting services, this will not change with any of the Family Hub implementation options.</p> <p>The Family Hub model includes the outreach offer and work through the Family Hub network will assist us able to identify the greatest need and respond appropriately.</p> <p>There are four specific categories of need that have been identified through a data driven approach, as areas of focus within the Family Hub model that indicate a requirement for outreach provision within the community.</p> <ol style="list-style-type: none"> I. Specific 'edge-of-town' communities falling outside the 20 min walking distance but high proportion of families and young people living in deprivation sitting outside the boundary and therefore '0-19' outreach activity is required. II. Larger communities 'whole towns' that see a high cumulative 0-19 deprivation linked need across the whole area but not enough to warrant a whole building.

- III. Rural communities with high levels of deprivation that may otherwise be cut off, with cumulative level of need requiring specific 0-19 outreach provision.
- IV. Areas where specific flexible detached youth provision is required – often ‘in the field’ and not linked to specific building locations.

Outreach work in the community within the Family Hub model will be delivered across both urban and rural localities informed by need/data.

Outreach is community-based provision, delivered in non-Family Hub sites such as libraries, community centres and may take place in family homes (for example health visitors attending a family home).

It will not be possible to have a Family Hub site in all localities, particularly in rural areas with low population density as outlined within the Kent Communities programme. Outreach delivery will improve reach to isolated and/or vulnerable communities through its flexibility/agility in responding to need and not being tied to a physical Family Hub site location.

In these cases, the Family Hub offer will be delivered from existing community buildings e.g., libraries, halls, as well through a digital offer with the nature of delivery varying and informed by local need and data. The need/type of outreach provision will be reviewed on a regular basis, examples include:

- Practitioners delivering targeted groups/activities from locations such as community halls and libraries.
- Joint work with community and health partners
- Practitioners working alongside existing groups, such as toddler groups on a regular basis to extend the reach/access to information, advice, and guidance.
- Practitioners holding drop-in surgeries/sessions to provide 1 to 1 signposting and support.
- Practitioners holding targeted virtual groups and activities online.
- The frequency of outreach and rural delivery will be determined by need and data, and in some cases may be weekly, monthly, or termly

We will engage on barriers to accessing services, and how outreach and digital options of support could assist.

ii) **Mitigating Actions for Pregnancy and Maternity**

We will consult on barriers to accessing services, and how outreach and digital options of support could assist. In some cases support through other community provision could be provided.

iii) **Responsible Officer for Mitigating Actions - Pregnancy**

and
Maternity

27. Negative Impacts and Mitigating actions for marriage and civil partnerships

a) **Are there negative impacts for Marriage and Civil Partnerships?** *Answer: Yes/No (If yes, please also complete sections b, c, and d).*

No

b) **Details of Negative Impacts for Marriage and Civil Partnerships**

N/A

c) **Mitigating Actions for Marriage and Civil Partnerships**

N/A

d) **Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships**

N/A

28. Negative Impacts and Mitigating actions for Carer's responsibilities

a) **Are there negative impacts for Carer's responsibilities?** *Answer: Yes/No (If yes, please also complete sections b, c, and d).*

No

b) **Details of Negative Impacts for Carer's Responsibilities**

N/A

c) **Mitigating Actions for Carer's responsibilities**

N/A

d) **Responsible Officer for Mitigating Actions - Carer's Responsibilities**

N/A