

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 Model Development and ceasing of the Commissioned Youth Contracts
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
Post consultation	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.

About the Service

Kent County Council (KCC) is seeking to implement Family Hubs across Kent and initiated a consultation to determine the views of Kent's residents on the proposed model. Family Hubs aim to provide family help early on, from pregnancy into early adulthood until they reach the age of 19 (25 for young people with Special Education Needs and Disabilities [SEND]). Services offered at Family Hubs will change from the current services, with co-location of a wider range of services, for a wider range of ages with a focus on increased information for parents/carers and community partners on babies, children, and adolescent development. This will be an important change for service users which may have equalities impacts.

To support the delivery of these changes and the development of the new service offer, KCC will receive a one-off grant, up to £11m over the 3-year period of the programme, from the Department for Education (DfE). The grant is to support system transformation through workforce development and supporting development of new services whilst KCC remains responsible for sustaining the costs of the new service offer through Council resources.

As published in the Medium-Term Financial Plan (MTFP), there are approximately £2.4m savings associated with the programme's outcomes.

This consultation proposed a new way of working through:

- Bringing together Youth Hubs, Children's Centres, Health Visiting and community-based Midwifery care, with other key community services into a 0-19 age (25 for young people with SEND) Family Hub model for Kent.
- Developing a Family Hub network by bringing together support from a number of different organisations, with professionals from different services working in partnership, to offer high quality, joined up support for the whole family.
- *Co-locating services to help with multi agency working.
- Delivering a range of services as mandated through the Family Hub and Start for Life offer including perinatal mental health support, infant feeding support, parenting support, and developing the Home Learning Environment through a mixture of centre-based support, outreach support and a new digital offer for service users.
- Introducing a range of additional services such as services for parents of adolescents, improved access to support for children and young people with SEND and Family Coaches.

The proposed model considers feedback from the public consultation and represents a proposed change of our current service offer which currently includes:

- 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.

*Proposals for co-location of Family Hubs with non-Family Hub services (such as Adult Education, Libraries and Gateways) have been detailed in the Kent Community Services consultation held earlier this year.

The table below shows services that the DfE require us to do and KCC's proposals for 'additional activities', which are areas where we have a choice about how to implement a Family Hub model. These are the areas we consulted families and young people on.

Core activities (funded by DfE Family Hub grant)	Additional activities proposed (delivered through Service Transformation)
Develop Early Language skills through the Home Learning Environment	Expand and promote our offer for parents of adolescents (teenagers)
Preparation and support for pregnancy and parenthood	Expand and promote support available for emotional wellbeing
Enhanced infant feeding support	Improved access to information and support for children with SEND

Introduce a Family Hub digital offer	Co-ordinate Family Hub networks
Implement a new range of outreach support	Development of Family Coaches and peer support groups
Improve and diversify our information, advice, and support	Additional activities as identified through the consultation
Integrate our recording and reporting	Adoption of the whole family approach
Co-design and evaluation	
Workforce development	

How will the proposed model affect wider users?

- Users may access a range of services in existing centres, or new community buildings such as village halls, libraries, or leisure centres.
- Some locations will change or be unavailable as outlined in proposals within the [Community Services Consultation | Let's talk Kent](#)
- Service users should no longer need to explain their situation repeatedly to different professionals as we will integrate our working practices to better capture families' stories once.
- Service users will have access to a greater range of digital and online information to support their role as parents.
- Service users will be supported to recognise Family Hubs as a safe space to raise their concerns which may relate to their mental health and wellbeing during pregnancy or postnatally.
- Service users will not just be a recipient of service. We will work alongside families to make sure we design our offer with their feedback in mind.
- Service users may receive additional support through trained volunteers, peers, or Family Coaches.
- Some buildings will look and feel different as they cater for whole families and a wider range of services. For example, an existing Youth Hub may now have activities for younger children taking place and specific information for parents on show, such as infant feeding posters.
- Using a whole family approach, families will be able to make positive changes when needed using family led solutions and the information, support, skills, and expertise of the Family Hub network.
- Parents of young people will be able to access a wider range of information on adolescents.

Key to tackling inequalities will be support which includes group and individual interventions. Some of these will address inequalities driven by protected characteristics such as support for families with children with SEND. Others may be driven by poor outcomes observed, for example neonatal (newborn) outcomes are significantly lower for African, African British, Asian and Asian British babies.

Equality analysis has also been conducted on the proposed location of Open Access and Health Visiting services in the Community Services consultation. The potential impacts of travel and co-location have been analysed and is available to view on the Let's Talk Kent website.

Further information about the model and the proposals can be found in the consultation document.

Recommendations

We anticipate that the overall impact of Family Hubs will be positive for children, young people, and families, including those with protected characteristics who access the relevant services. This is likely to include children and young people with SEND, those with the protected characteristics of pregnancy and maternity, those from ethnically diverse communities as well as those with lower household incomes.

We expect to see positive outcomes for children, young people, and families such as:

1. An increase in the proportion of infants having a first feed of breast milk and being breastfed in the first weeks and months after birth.
2. An increase in the number of children with special education needs whose educational and health needs are being met.
3. An increase in the number of Dads engaging with support and services.

KCC understands that there will be some negative impacts, which include impacts from ceasing of the commissioned youth contracts delivering discretionary service. KCC will continue to provide an in-house youth provision which will remain a mixture of activity at KCC centres and outreach locations. We also recognise there are a wide range of youth activities already available in communities e.g., local sports clubs.

We will also develop community-based youth work by supporting existing or new local volunteer-led groups. We will develop services specifically for families of young people, targeting where there is greatest need.

Considering the mitigations that will be put in place, KCC considers the negative impacts of its proposals on commissioned youth services are justified and proportionate. In light of the need to make savings, KCC also considers that the potential negative equality impacts are justified in considering the positive outcomes for users of Family Hubs, including those with protected characteristics, as referred to above.

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.

9. Do you have data related to the protected groups of the people impacted by this activity? <i>Answer: Yes/No</i>	Yes Equality and diversity data - Kent County Council . Additional links are noted below.
10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i>	Yes
11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i>	Yes-Much of this is available from The best start for life a vision for the 1 001 critical days.pdf (publishing.service.gov.uk)
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>	Yes

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.

- Engagement has taken place with Public Health, community-based Midwifery care, and Health Visiting partners as well as commissioned services and parent carer representatives, staff, and partner organisations.
- Partnership attendance at the Family Hub Board and the Start for Life Board is in place to ensure additional strategic governance.

- Staff engagement has included information sessions, with a guest speaker from the Anna Freud Centre (National Centre for Family Hubs), who have been appointed by the DfE to support the implementation of Family Hubs across England.
- Further area-based engagement sessions have taken place with Open Access staff and a Let's Talk Kent platform has been set up to take feedback directly from Open Access staff.
- Service users and residents have already been introduced to the concept of Family Hubs through various press releases, the Community Services consultation and information sessions to managers and staff. The feedback from the Kent Community Services consultation has also been considered to help inform the Family Hubs proposals and further consultation.

The service will also develop and enhance co-design opportunities through participation and engagement with children, young people, and families. This will feed into ongoing service design.

Parent carer panels are being developed to offer families the opportunity to share feedback based on their experiences to support the continuous improvement of our Family Hub services. We have already started to have conversations with parents and carers to inform our thinking.

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
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 - Our Community Services consultation set out how equality, diversity and inclusion was first considered using data for many characteristics that are provided by Equality Law.

This included data on

- Where young people lived
- Transport connectivity
- Percentage of households that are able to access services in a building within 30 minutes on public transport
- Transport mapping to understand the accessibility of building as know that older parents and carer, young people and those with a disability are more likely to be reliant on public transport

The Community Services consultation Equality Impact Assessments (EqIA) are available to read online via [Community Services Consultation \(Let's Talk Kent.gov.uk\)](https://www.kent.gov.uk/letstalk)

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 <i>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.</i>	Link to the Community Services Consultation Link to equality and diversity data Link to the Health Needs Assessment 0-4 year olds in Kent Link to 2021 Mid-year population estimates: Age and sex profile Link to NHS Kent and Medway Perinatal equity and equality report Link to House of Commons Gypsies and Travellers briefing paper Link to Department for Education research brief on the lives of young carers in England Link to Family Hubs and Start for Life programme: local authority guide Link to Emotional health and wellbeing after birth information Link to Kent Family Hub Consultation

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
Staff/Volunteers <i>Answer: Yes/No</i>	Yes		
17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No			Yes

18. Please give details of Positive Impacts

Protected characteristics.

Pregnancy and Maternity

Women who are pregnant or who have had a baby are most likely users of some services. During 2020 there were 15,940 live births in Kent, with some districts having a higher percentage of births e.g., Gravesham, Maidstone, Dartford, and Tonbridge & Malling. In Dartford, the births make up a higher percentage of the total population in that district highlighting the importance of equity in service provision (see 0-4 needs assessment). The Start for Life Offer will focus on perinatal mental health and infant feeding which is likely to benefit females through pregnancy and maternity as well as babies and infants. The Start for Life offer will be able to be accessed digitally which will be helpful for women who may struggle to travel.

In addition, our parenting education programmes will also provide new families with the information that they need to support them at this critical time.

Work around Reducing Parental Conflict and targeted support around domestic violence where needed will support (where applicable) relationship stability and the family environment/safeguarding.

Co-location of services will make the physical experience accessing services easier and should reduce the number of times that stories need to be re-told. There will also be an increased awareness of other potential sources of support.

In addition, the Family Hub and Start for Life model provides us with the opportunity to engage with people at an earlier point through maternity services building those key relationships at a critical time.

Sex

Population data from the 2021 Census shows that there are slightly more female residents than male in Kent (51.3% female vs 48.7% male). However, females only outnumber males from aged 25 years; prior to this, males outnumbered females in children and young people. Services are available for all parents, regardless of gender, however, the majority of parents currently accessing services are women.

To encourage men to access services, there will be a targeted community offer and digital resources.

As we develop our community-based offering there will be an increase of opportunities for volunteers and Family Coaches. We will actively encourage men to participate and engage in these opportunities.

The DfE ambition is for 50% of parent / carer panels to be Fathers / male partners and we will actively promote involvement and engagement through the Family Hub networks and digital offer.

We will also work with all service users to ensure that activities take place in safe spaces.

Age

There are 369,600 children and young people (ages 0-19) living in Kent (Census 2021). The spread of ages is uneven across Kent; 5.5% of total population are 0-4 year olds, 6.0% are 5-9 years old, 6.2% are 10-14 years old and 5.6% are 15-19 year olds.

The majority of Children Centre services are accessed by parents / carers aged 25-39, babies and children aged 0-8.

Young people (aged 8-19) will benefit from community-led social and developmental activity available for all, whilst those at most risk of missing out where community resources do not meet the need will be prioritised if needed.

Needs assessments will support targeted interventions for young adults such as: teenage mothers, those who are at risk of homelessness, young carers, sexual or criminal exploitation or grooming and those Not in Education, Employment or Training (NEET), those at risk of going missing and those at risk of drug and alcohol misuse.

Families will experience smoother transition points as this is 0-19 year old (25 for children with SEND) service so will be able to access services under the Family Hub model and network.

Age related specific services will continue.

Following national policy, recognising the importance of the first 1,001 days, and implementing services to ensure the best start in life for babies will improve outcomes.

Disability

Kent has a higher proportion of people aged under 16 (5.8%) claiming a disability benefit than both the regional (4.5%) and national average (4.6%). It is unknown how many children with SEN, or a disability, use current services, as this information is not routinely collected.

The Family Hub offer will benefit those with SEND through additional parenting education and improved access to information on support for children and young people. We currently know those with SEN are underrepresented in our service, a more targeted approach should ensure more equal access for children with SEND with the help of outreach and digital provision.

Some community-based provision may take place in environments they are more familiar with e.g., home or school, reducing anxiety and behaviours that challenge and for some, our digital offer will improve the opportunity to access information, advice and guidance and online support.

Accessibility of venues will be a consideration across the Family Hub network, including outreach venues.

Through taking a whole family approach, and the co-location of services, parents, and carers of children with disabilities will not have to tell their story more than once.

Feedback suggests parents of children with SEND prefer online and email communication options, so they would benefit from an enhanced digital offer. They may also benefit from virtual delivery that can be done at a time and place to suits them,

increasing flexibility around caring needs.

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.

Through more integrated working, parents and carers, including those experiencing baby loss, should be better supported to seek and receive help for their mental health. Focused support will be available for those who are suffering from perinatal mental health issues.

Through enhancing the existing emotional wellbeing support in place, children and young people and their families will be able to get the emotional wellbeing and health support they need when facing difficult situations. This includes the provision of face-to-face support, outreach and digital information, advice, and guidance.

Religion

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.

However, as we develop a community-based offer, we would work with religious organisations to provide support to develop provision in a safe and supportive way, helping them stay linked to the Family Hub network to seek advice. Our data driven approach will allow us to engage with those who do not normally engage with services. We also have the opportunity to engage with people at an earlier point through maternity services and can build a rapport with communities earlier.

Through the wider Family Hub network and the outreach offer we have the opportunity to engage with new spaces and places that are accessed by families who are from ethnic minority backgrounds or have English as a second language. This could include links to faith groups for example. We aim to build our relationships with communities and encourage further access and tailoring of services accordingly.

Race

Ethnicity varies across the districts in Kent. Gravesham and Dartford have the highest proportion of ethnically diverse profiles. Approximately a third of 0–4 year-olds in Gravesham and a quarter of Dartford district are non-white British. This highlights the importance of acknowledging the increased likelihood of inequalities, and likely barriers to accessing health services in these areas. A recent report on Equity and Equality in the Kent and Medway Local Maternity and Neonatal system suggests that Kent mirrors the national picture with regards to Black and Asian women having a higher risk of dying in pregnancy, maternal mortality rates, neonatal mortality rate and stillbirths per 1,000 total births. The report also highlighted differences in early access to antenatal care with Black and Asian women less likely get early access to antenatal care.

According to the 2021 Census, there are a total of 7,660 people living in Kent from one of the Gypsy, Roma or Traveller communities. There is likely to be under-recording as people may be reluctant to self-identify for fear of discrimination and mistrust of organisations and authorities. Gypsy, Roma, Traveller communities have higher rates of mortality, morbidity and long-term health conditions, low child immunisation and a higher prevalence of anxiety and depression compared with the general population.

Given that parent and infant health outcomes are already worse for Black and Asian families, as well as those from white minority backgrounds such as Gypsy, Roma, Traveller communities, co-ordinated interventions will be targeted at these groups across services to reduce health inequalities.

Through the wider Family Hub Network and the outreach offer, we have the opportunity to engage with new spaces and places that are accessed by families who are from ethnic minority backgrounds or have English as a second language. This could include links to faith groups for example. We aim to build our relationships with communities and encourage further access and tailoring of services accordingly.

Taking a data driven approach will allow us to target communities who do not feel that existing services are “for them” and we will use outreach opportunities through the Family Hub partnership to improve engagement and participation.

Carers

According to 2021 Census, there are 10,855 young carers aged 0-24 in Kent. Nationally there is a trend in under identification as young people often do not report that they have caring responsibilities at home. We estimate that there could be up to four times more young carers in Kent.

Young carers or adults with caring responsibilities may find it hard to access in person services due to their caring responsibilities and may particularly benefit from enhanced digital and virtual opportunities, as well as services in locations they already visit such as schools.

Co-located services will also play a part in making this experience easier, reducing the need for carers to have to re-tell their story.

Whole family working will assist in capturing the wider challenges of caring and the impact this has on whole family wellbeing.

Young carers will continue to be offered support through targeted supportive groups.

Sexual orientation/ Gender identity/ Transgender

Our services are open to all individuals, but we recognise that accessing services can be challenging.

Some LGBTQ+ individuals who are concerned about accessing face to face services may benefit from our online digital and virtual offer. Our workforce development across the Family Hub network will support inclusive practice and whole family working with a commitment to equality. Our outreach offer will give individuals the opportunity to access support in places they are already comfortable. LGBTQ+ young people will be actively encouraged to participate in service design opportunities.

Low income

Relative low income is defined as a family in low income before housing costs in the reference year. In 2020/21 in Kent, 17.3% of all children aged 0-4 years were living in relative low-income families (nationally its 18.1%). However, some districts have a higher proportion of children (aged 0-4) living in relative low-income families including Thanet (23.6%), Folkestone and Hythe (21.3%), Gravesham (21.1%), Dover (21.1%) and Swale (20%). The council provides services to children, young people, and their families, irrespective of family circumstances (income level). However, evidence from the Local Maternity and Neonatal System equity report suggests that women living areas of deprivation in Kent are likely to seek antenatal care later compared to women in other groups likely leading to differences in health outcomes. (Perinatal equity and equality: NHS Kent and Medway (icb.nhs.uk))

The Family Hub emphasis on providing targeted support for families in areas of 20% most deprived in Kent will aim to redress this inequity in access.

Wider impact

KCC is receiving a grant of approximately £11m to transform our services. This is an exciting opportunity to improve our services to benefit the residents of Kent. The grant is in place to support system transformation through service integration, workforce development, and co-designed new services as directed by the DfE.

This significant investment and an improved integrated model across Children’s Centres, youth provision, Health Visiting, community-based Midwifery care, with other key community services have positive wider impact for the wider population.

In addition, service users will benefit from better access to services, signposting, information, advice, and guidance as well as greater availability and visibility of services within the community. They may access this independently, through digital channels, or through outreach such as through community networks or in physical buildings.

Children and parents/carers will continue to receive support targeted at different age groupings so the support they receive is

appropriate and tailored to their development stage.

Parent carer panels and peer support networks will ensure those from minority groups are able to be heard and shape our services. We think this will particularly benefit those from ethnically diverse communities whose views may currently be underrepresented, same sex parents (LGBTQ), those with SEND, carers, and fathers. Virtual support networks may be particularly effective where parents are in a very small minority in their community. Enhanced digital support will enable service users to engage with services at a time that works for them.

The co-location of staff in buildings will make services easier to access and reduce the need for service users to tell their story more than once.

The integrated working model would ensure that staff working under the Family Hub umbrella would all adopt the whole family model and have access to workforce development opportunities. This means that families would receive a more consistent style and quality of service.

The new model also includes partnerships with local community and voluntary services as a key part of the Family Hub network. We will seek to offer increased access to partners to deliver their services for families within Hubs and jointly in outreach where there are joint opportunities and needs are identified. This will enable improved access to a wider range of services for children, young people and parents/carers.

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? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Age

57% of all consultees were between 25-49 with 67% having children and only 4% expecting a child. The most common activity used is activities for children 0-5 at 70% of consultees answering, followed by activities for older children and young people at 48%. Around a third of consultees answering indicated they use education for parents on child development (35%), information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (31%) and information and signposting to mental health services (children and adults) (31%).

There are significant differences in the current use of activities by demographic:

- A higher proportion of consultees aged 25-34 and 35-49 use activities for children aged 0-5 (86% and 79% respectively).
- A higher proportion of consultees aged 50-64 and 65 & over, use activities for older children and young people (67% and 62% respectively), information and signposting to mental health services (children and adults) (45% and 41% respectively), support and information for

parents/carers of adolescents (teenagers) (35% and 34% respectively) and online safety for children and young people (21% and 38% respectively)

It can be surmised that those in the 25-49 category typically have children belonging to 0-5 whilst parents of older children and young people are 50+.

Just under a third of consultees answering (32%) indicated the future Family Hub model should include a place specifically for teenagers / activities for teenagers / support for teenagers / youth activities.

Just over a quarter (27%) believe the ending of commissioned youth contracts will result in them missing out on socialising / mixing / building confidence in making friends / socialising. 21% believe that the removal of these activities will be detrimental to children / young people that use them and have a negative impact. 15% specifically referenced mental health / wellbeing / anxiety / isolation concerns if these activities were stopped.

By ceasing the commissioned youth contracts, (ages 8-19, and up to 25 for young people with SEND) we do recognise that there will be a cohort of children who currently access those services and for whom they will no longer be available. Our data tells us that these services currently reach 8,834 young people across the county. Young people currently accessing these services, and who wish to continue attending similar youth provision, will need to find alternative, community-based services. This may cause disruption and may lead to increased numbers of young people no longer engaged in activities or having to seek alternative youth activities.

Furthermore, it is possible that alternatives will be fewer in number, may not offer the same services or may not be as accessible as the services which are currently offered. This is likely to mean that some young people are unable to access services which are as suitable as services they previously accessed, and some service users may cease to access services altogether.

We also 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.

Additionally, as Family Hubs adopt a 0-19 (25 for young people with 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. We know that young people

were concerned about this as part of their feedback on the Community Services consultation. In addition, promotional education/information material for young people that is displayed in buildings may not be suitable for different age ranges. 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.

c) Mitigating Actions for age

KCC will continue with youth provision which is run by KCC, which would remain a mix of activity at KCC centres and outreach locations. We also recognise there are a wide range of youth activities already available in communities e.g., local sports clubs.

We are committed to developing community-based youth work by supporting existing and new local volunteer-led groups. These services and support would be accessed or signposted to from the Family Hub network. We will develop services specifically for families of young people, targeting where there is greatest need.

To reduce the impact on vulnerable young people, we propose that any future commissioning would be aligned to education services that support children with SEND.

In addition, as part of our Family Hub outreach offer, we will improve access to Public Health services specifically for families of young people, targeting where there is greatest need.

This is unlikely to fully replicate the support offered under previous arrangements but young people who require support will be able to access a range of options.

Through the consultation, we gathered information on young people that are negatively impacted and explored whether we can reinforce outreach, or offer online support, or identify additional resources at times needed.

We consulted on 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.

We will ensure that timetabling and scheduling considers when children, young people and families are available based on their age range.

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.

There is a range of community-based youth activities which can be

accessed by young people. These include activities at afterschool clubs, leisure centres, grass roots sports clubs, youth activities provided by groups such as Scouts and Brownies, or faith groups.

In order to address the concerns expressed within the consultation responses insofar as is possible, if commissioned youth services are not renewed it will be important for us to work with young people and former contracted providers to identify and signpost appropriate services that they will be able to access through in-house youth provision and any other local services (e.g. in the voluntary sector), via a directory of youth services. This will be provided through half yearly updates and will be managed centrally.

d) Responsible Officer for Mitigating Actions – Age

Danielle Day
Programme Manager – Family Hubs

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability?

Yes

Answer: Yes/No (If yes, please also complete sections b, c, and d).

b) Details of Negative Impacts for Disability

The consultation asked a variety of questions on how the potential services being proposed and the delivery model may affect people in terms of access as well as what services should be offered, assess needs for delivery including face to face vs virtual. In relation to our service offer for SEND including both direct service delivery and advice and guidance some key highlights from the consultation include:

- A higher proportion of consultees aged 50-64 use information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (54%).
- Around two thirds of consultees answering indicated they might use information and signposting to mental health services (69%), activities for children aged 0-5 (65%) and information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (62%).
- 5% of consultees highlighted the need for more support for SEN and SEND or to be be mindful of SEND when developing the Family Hub service delivery model and services.
- 17% consultees indicated that our demographic of those with SEN/SEND/Autism/ND would be impacted by the proposals not being considered adequately. Highlighting the need to ensure that equalities impact remain at the core of the proposed model.

In terms of the suitability of virtual delivery vs face to face:

- The vast majority of consultees answering (93%) consider face to face (in person) access to be suitable for information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND).
- Three quarters of consultees answering consider online services (75%) suitable for this service and 67% consider virtual services suitable.
- Only 6% of consultees thought virtual service delivery was appropriate for Services for SEN / SEND / ND

Services in respect of this cohort are not being reduced, 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.

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

Linked to the Community Services consultation, availability of sensory rooms may change or reduce.

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.

The availability of sensory experiences will also be considered within delivery of services by offering more sensory resources and

	<p>activities within hubs and outreach services. This will be factored into how the Family Hub partnership develops its inclusive practice.</p> <p>Family Hubs, by working with the SEND Transformation programme, will be able to improve and develop on our inclusion practice.</p> <p>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.</p> <p>To ensure we continue to support young people with SEND to access youth activities there will need to be face to face targeted groups in each district to minimise impact on impacted young people with SEND.</p> <p>Evidence from the consultation tells us that families prefer virtual services on some occasions. This may be the case where a young person is experiencing anxiety in meeting people or going out to new groups. To this end we will also ensure that there is some virtual delivery of services.</p> <p>[In order to address the concerns expressed within the consultation responses insofar as is possible, if commissioned youth services are not renewed it will be important for us to work with young people and former contracted providers to identify and signpost appropriate services that they will be able to access through in-house youth provision and any other local services (e.g. in the voluntary sector), via a directory of youth services. This will be provided through half yearly updates and will be managed centrally.</p> <p>There are some existing groups available to those with disabilities, and to ensure consistency, we will deliver groups in partnership where this is beneficial to service users on a county wide basis. KCC will continue to strengthen the in-house youth provision to support those with SEND, working alongside partners.</p>
<p>d) Responsible Officer for Mitigating Actions - Disability</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).</p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Sex</p>	<p>66% of all consultees (597) to the consultation were female reflecting that they are the most likely to access our services currently. 11% of consultees were male and contained within our proposals are outreach and advice for fathers.</p> <p>Given that Females may be disproportionately affected as they are</p>

	<p>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>
<p>c) Mitigating Actions for Sex</p>	<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 inclusive and safe delivery spaces that acknowledge how circumstances and lived experience can affect men and women’s view on space sharing.</p> <p>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.</p>
<p>d) Responsible Officer for Mitigating Actions - Sex</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>22. Negative Impacts and Mitigating actions for Gender identity/transgender</p>	
<p>a) Are there negative impacts for Gender identity/transgender? <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 Gender identity/transgender</p>	<p>We do not have data post consultation on feedback around impact on Gender identity.</p> <p>We recognise that some Transgender individuals (including adults) may not feel that the services are available to cater for their specific identity needs.</p> <p>Some Transgender parents may feel concerned about attending events due to current tensions around environments not feeling fully inclusive.</p>
<p>c) Mitigating actions for Gender identity/transgender</p>	<p>We will work with all service users to ensure that activities take place in safe spaces.</p> <p>Our digital and outreach offer will be developed and co-designed</p>

	<p>to support all service users.</p> <p>KCC will continue to provide an in-house youth provision which will remain a mixture of centre based and outreach activity. We will also undertake targeted work through local community groups to continue support for transgender and young people who are not cisgender in a safe environment where required.</p> <p>Our digital content and our Family Hub network will be able to provide information, advice, and support for a range of issues concerning gender identify.</p> <p>We will work with local community organisations to ensure provision (based on local need) includes targeted services or is well sighted on how to make groups more inclusive.</p> <p>Our workforce development programme will also include a focus on inclusive practice and an ongoing commitment to equalities.</p> <p>We will work with and co-produce services with all service users to ensure that activities take place in safe spaces.</p>
<p>d) Responsible Officer for Mitigating Actions - Gender identity/transgender</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>23. Negative Impacts and Mitigating actions for Race</p>	
<p>a) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).</p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Race</p>	<p>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 targeted support in the future. They may be more 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 organisation 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</p>

	<p>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 for targeted support should be available in alternative languages.</p>
d) Responsible Officer for Mitigating Actions - Race	Danielle Day Programme Manager – Family Hubs
24. Negative Impacts and Mitigating actions for Religion and belief	
a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Religion and belief	<p>We had 2 responders from faith organisations to the consultation. There were specific negative impacts regarding religion and belief to the consultation proposals.</p> <p>Religious and community leaders may feel increased pressure and responsibility from becoming part of the wider Family Hubs delivery network.</p> <p>We recognise that some families may not feel that the services are available to cater for their specific religious and cultural needs.</p> <p>Some individuals may have specific requirements based on faiths and beliefs and may feel that some delivery spaces within Hubs or outreach venues are not suitable.</p>
c) Mitigating Actions for Religion and belief	<p>Ongoing analysis and use of local intelligence will ensure that Family Hub services are targeted at communities who have historically not accessed services.</p> <p>Working with the Family Hub network will allow us to learn from pockets of great practice / share best practice and improve our understanding of barriers and how to break them down.</p> <p>Family Hubs will work alongside faith organisations to identify families and communities in the local area to provide local solutions to service provision e.g., specifically designed groups and interventions to improve outcomes. This includes encouraging participation and engagement in co-design opportunities.</p> <p>Our parent carer panels work actively to engage individuals with different beliefs according to local demographics and need.</p> <p>Enhanced community working and support from volunteer and peer support networks should increase awareness of services and access routes.</p>

d) Responsible Officer for Mitigating Actions - Religion and belief	Danielle Day Programme Manager – Family Hubs
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Sexual Orientation	<p>19% of responders to the consultation commented on the Equality Analysis. 4% (6 responders) felt that LGBTQIA+ were adversely affected and not considered adequately.</p> <p>We recognise that some children and young people may not feel that the services are available to cater for their specific needs and that they may not consider it safe to openly declare their sexuality.</p> <p>Whilst existing youth provision supports those who identify as LGBTQ+, LGBTQ+ users of commissioned youth provision may not be able to access them in future (where no alternatives exist) or may not feel comfortable accessing new support.</p>
c) Mitigating Actions for Sexual Orientation	<p>KCC will continue to provide an in-house youth provision which will remain a mixture of centre based and outreach activity. We will also undertake targeted work through local community groups to continue support for LGBTQ+ youth and allies in a safe environment where required.</p> <p>Our digital content and our Family Hub network will be able to provide information, advice, and support for a range of issues concerning sexual orientation.</p> <p>We will work with local community organisations to ensure provision (based on local need) includes targeted services for LGBTQ+ individuals or are well sighted on how to make groups more inclusive.</p> <p>Our workforce development programme will also include a focus on inclusive practice.</p> <p>We will work with and co-produce services with all service users to ensure that activities take place in safe spaces.</p>
d) Responsible Officer for Mitigating Actions - Sexual Orientation	Danielle Day Programme Manager – Family Hubs
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Pregnancy and Maternity	4% of consultees were expecting a baby.

Part of the model is a move towards greater outreach and digital services. There may not be as much opportunity for parents to develop a network of informal support as a result. We recognise that informal support is important to some new mothers who feel more able to cope through linking with other new mothers and developing supportive relationships, friendships and getting peer support.

We are also aware that co-location of a wider range of services at Family Hubs and the widening of the age range may impact pregnant individuals and mothers including those who are more vulnerable. For example, some individuals with new babies may feel anxious attending a site where there are other activities or services being delivered for other groups e.g., Fathers groups, depending on their own lived experiences and circumstances.

We also recognise the impact on fathers to be during pregnancy and the approach to the whole family model will include support for fathers.

c) Mitigating Actions for Pregnancy and Maternity

Family Hubs will increase access to perinatal mental health, infant feeding and infant relationship support across the county. The Family Hub network will include a range of providers who will be able to signpost individuals to support, advice and guidance and existing networks that can be accessed including community-based provision where available.

Support will be for mothers and fathers using insight gained from parents to be.

Our enhanced digital offer will include signposting to digital apps and may include virtual delivery options.

Where there are barriers to access, staff will be able to assess need to determine if direct support from a Family Hub is appropriate.

In terms of the ability to develop friendships and supportive relationships, our proposed Peer to Peer support offer will play some part in mitigating against the potential loss of informal networks.

The workforce development opportunities for the Family Hub network will ensure that a wide range of providers, including front of house staff, are able to understand key issues and provide information related to early parenthood.

Working with other partners such as community and voluntary groups there will be wider information to local groups and other support; we propose to facilitate opportunities through co-design for parents to create their own groups.

d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	Danielle Day Programme Manager – Family Hubs
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No - These changes do not adversely affect individuals because they are married or in a civil partnership.
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? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Carer's Responsibilities	<p>67% (612) of the responders had children and therefore caring responsibilities.</p> <p>We recognise that carers access universal child play sessions as part of their caring responsibilities.</p> <p>Pending the outcome of the Kent Community Services and Family Hub consultations, it may be the case that some geographical locations provide fewer universal face to face services. As a result, families may need other access to activities.</p> <p>We recognise that carers may need to factor in more additional time to manage transport and accessibility issues, and any changes may be a barrier for some.</p> <p>Changes of timing, location or offer may be a barrier for young carers.</p>
c) Mitigating Actions for Carer's responsibilities	<p>Where there are barriers to access, staff will be able to assess need to determine if direct support from a Family Hub is appropriate.</p> <p>We will signpost individuals to alternative provisions where appropriate, for example, to Carers Support Services where other respite may be available. Our data driven approach and working through the Family Hub network will help us target young carers and provide support accordingly.</p> <p>Working with other partners such as community and voluntary groups there will be wider information to local groups and other support; we propose to facilitate opportunities through co-design for parents to create their own groups and develop more peer-to-peer support.</p> <p>We will develop more community support were there are</p>

requests for support to set up a group with provision of our expertise to support new group development.

We will ensure our digital offer is co-produced with carers and young carers to best meet their needs and that information is up to date and easy to access.

We will encourage participation and engagement in our Parent-Carer Panels to enable meaningful co-design of services to suit the needs of carers.

Young carers will be encouraged to take the opportunity to co-design services suitable for their needs.

Kinship carers will be provided with information, advice, and support to access appropriate services.

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

Danielle Day
Programme Manager – Family Hubs