



<b>Title of the Assessment:</b>	<b>Children’s Services Decommissioning</b>	<b>Date of Assessment:</b>	25.1.16
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		<b>Extension Number:</b>	75679

**Stage 1 - Setting out the nature of the proposal and potential outcomes.**

**Stage 1 – Aims and Objectives**

**1.1 What are the objectives of the proposal under consideration?**

The objective of this assessment is to consider the current demand for a variety of commissioned services and to understand the impact of a decision to not extend these services.

The main contract included in this assessment is the contract for a children and family support service managed by The Children’s Society (TCS). This service is due to end on 31 March 2016 and costs £325k per year

In addition, this assessment considers the impact of a decision not to re-commission a range of non-statutory Early Help contracts beyond their current end dates – whether this work can be reassigned to in-house teams or other commissioned services or universal provision, and what impact this will have on service users.

The TCS contract for providing a children and family support service provides high level, intensive support to vulnerable children and parents in cases where:

- A child is assessed as a Child in Need
- There are concerns about the care given by the parent/carer, such as the presence of neglect, emotional, physical, sexual or domestic abuse, or concerns regarding their ability to protect the child
- There are concerns that the parent/carer is not meeting the needs of the child
- A child is assessed as in need of an intervention to help them understand their life experiences / family circumstances
- A child needs to learn protective behaviours
- A child has very poor self esteem and other interventions have not proved successful
- Parents have an accommodated child, to enable them to potentially return to parental care

The other contracts under consideration for de-commissioning are:

- Healthy Relationships, provided by CSUK , is a 14-week programme delivered in schools which focuses on domestic abuse – this contract has an annual value of £50,000 and was due to end 31/07/15.
- Independent Living Skills, provided by YMCA, is targeted at vulnerable young adults (e.g. NEET and care leavers) – this contract has an annual value of £37,000 and is due to end 31/12/15.
- Pyramid Clubs, provided by CHUMS, deliver 8-week therapeutic group programmes in schools to socially excluded 7-10 year olds. This contract has an annual value of £50,000 and is also due to end 31/12/15.
- Support for children affected by parental substance misuse is provided by CAN. This service delivers 1-1 and family sessions and partnership working with the Access and Referral Hub. Families may be subject to Child in Need or Child Protection Plans. The



annual contract value is £50,000 and this is due to end 31/12/15.

- The Citizen’s Advice Bureau provides awareness training and telephone support for CBC staff working with families affected by welfare reforms. This contract has an annual value of £10,000 and is due to end 31/12/15.
- Homestart contract to provide Post natal depression support. This contract has an annual value of £25K and is due to end 31/3/2015
- Homestart contract to provide support to families in their home. This contract has an annual value of £135K and is due to end 31/3/2015
- Speech and Language Contract for Early Intervention Work in Children’s Centres and Early Years settings of high need. This has an annual value of £199K and is due to end on 31/3/2015
- Dental Contract provided by Community Dental Services. The contract is mostly paid for by Public health and is valued at £88K. (£75K of which is provided by PH) The balance of £13K will be removed. This is due end on 31/3/2015
- Carers in Bedfordshire for providing group work and a help-line for Young Carers. This is part of a much larger contract commissioned by Adult Social Care and Health, although the Children’s part is clearly separable. The value that is being considered to be de-commissioned is £72K, and it is scheduled to end on 31/3/2016. The Council are continuing to fund Carers in Bedfordshire to provide support to sibling carers.

Within the Children with Disabilities service there is also a need to make £158k efficiencies in 2016/17. These efficiencies will be developed and implemented through co-production with partners and parents of the children who access the services. This is in line with the Council’s commitment to co-produce services for children with Special Educational Needs and Disabilities (SEND).

**1.2 Why is this being done?**

The Council is required to ensure that resources are targeted to areas of most need, and that all services deliver value for money. The drive for efficiencies and different ways of working is informed by national drivers that will see Councils’ financial settlement reduce by approximately 15% over the next four years.

This is being done as part of the need to make efficiencies and identify areas where potential savings could be made. Potential duplication in some areas of service provision has been identified with other commissioned services through partners and in addition, there is potential for some aspects of this service to be delivered by internal teams.

**1.3 What will be the impact on staff or customers?**

There is no evidence that there will be any disproportionate impact on staff or customers through the proposed changes outlined in this document. Meetings with the providers affected have taken place to consider how the impact of de-commissioning on staff or customers.

**1.4 How does this proposal contribute or relate to other Council initiatives?**

The proposals included in this assessment support Children’s Services Transformation Programme – to identify new ways of working with partners and children and families that will improve outcomes for the most vulnerable in Central Bedfordshire. This proposal will also contribute to the understanding of need in different localities which will support new delivery models in future.



**1.5 In which ways does the proposal support Central Bedfordshire’s legal duty to:**

- Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

The proposals included within this assessment take due regard to consider any disproportionate impact on any groups of people. There is evidence that changing the way services are commissioned and delivered will reduce the amount of services available to children and families; but steps will be taken, with partners and service users to address any adverse impact as far as possible

All providers who will be affected have been consulted and asked to consider the impact of de-commissioning.

**1.6 Is it possible that this proposal could damage relations amongst groups of people with different protected characteristics or contribute to inequality by treating some members of the community less favourably such as people of different ages, men or women, people from black and minority ethnic communities, disabled people, carers, people with different religions or beliefs, new and expectant mothers, lesbian, gay, bisexual and transgender communities?**

There is no evidence to suggest that the proposals will damage relations.

**Stage 2 - Consideration of national and local research, data and consultation findings in order to understand the potential impacts of the proposal.**

**Stage 2 - Consideration of Relevant Data and Consultation**

**In completing this section it will be helpful to consider:**

- **Publicity** – Do people know that the service exists?
- **Access** – Who is using the service? / Who should be using the service? Why aren't they?
- **Appropriateness** – Does the service meet people’s needs and improve outcomes?
- **Service support needs** – Is further training and development required for employees?
- **Partnership working** – Are partners aware of and implementing equality requirements?
- **Contracts & monitoring** – Is equality built into the contract and are outcomes monitored?

**2.1. Examples of relevant evidence sources are listed below. Please tick which evidence sources are being used in this assessment and provide a summary for each protected characteristic in sections 2.2 and 2.3.**

**Internal desktop research**

	Place survey / Customer satisfaction data	X	Demographic Profiles – Census & ONS
X	Local Needs Analysis	X	Service Monitoring / Performance Information
	Other local research		



<b>Third party guidance and examples</b>			
X	National / Regional Research	X	Analysis of service outcomes for different groups
X	Best Practice / Guidance		Benchmarking with other organisations
	Inspection Reports		
<b>Public consultation related activities</b>			
X	Consultation with Service Users		Consultation with Community / Voluntary Sector
X	Consultation with Staff	X	Customer Feedback / Complaints
	Data about the physical environment e.g. housing market, employment, education and training provision, transport, spatial planning and public spaces		
<b>Consulting Members, stakeholders and specialists</b>			
X	Elected Members	X	Expert views of stakeholders representing diverse groups
X	Specialist staff / service expertise		
<p><i>Please bear in mind that whilst sections of the community will have common interests and concerns, views and issues vary within groups. E.g. women have differing needs and concerns depending on age, ethnic origin, disability etc</i></p> <p><b>Lack of local knowledge or data is not a justification for assuming there is not a negative impact on some groups of people. Further research may be required.</b></p> <p>The Council’s public consultation is used to consider the feedback from services users and staff. The information referenced in this assessments is included as part of the Council’s consultation about future budgets that was launched in January 2016. The findings of the consultation will be reported to the Council Executive on 9 February 2016. In relation to the support for carers, further more detailed consultation with services users and stakeholders will take place in February 2016 regarding proposals for a new service.</p>			
<b>2.2. Summary of Existing Data and Consultation Findings: - Service Delivery Considering the impact on Customers/Residents</b>			
<p>- <b>Age:</b> e.g. Under 16 yrs / 16-19 yrs / 20-29 yrs / 30-44 yrs / 45-59 yrs / 60-64 yrs / 65-74 yrs / 75+</p> <p><b><u>The Children’s Society</u></b></p> <p>The Children’s Society have worked with 200 children and young people and 79 parents, between 1<sup>st</sup> April 2014 and 30<sup>th</sup> September 2015, and have delivered 4296 face-to-face service hours with families . In the same period, 177 cases have been closed, of which 94% were discharged having successfully completed the programme. To date there has been a 98% successful engagement rate.</p> <p>During September 2015 there were 91 open cases, 12 new referrals and 33 cases on a waiting list. The Children’s Society delivered 310 face-to-face service hours with families during this month.</p> <p>Table 1 indicates the ages of the 200 children and young people who used this service between 1<sup>st</sup> April 2014 and 30<sup>th</sup> September 2015. A majority of children are aged 10 and under (126</p>			

children) in comparison to those aged 11years or older (74 children).

**Table 1: Age of CYP who have used The Children’s Society service**

Age of CYP	Frequency	Percentage
Four	7	3.5%
Five	19	9.5%
Six	16	8%
Seven	18	9%
Eight	13	6.5%
Nine	23	11.5%
Ten	30	15%
Eleven	15	7.5%
Twelve	12	6%
Thirteen	12	6%
Fourteen	15	7.5%
Fifteen	17	8.5%
Sixteen	3	1.5%
Seventeen	0	0%

The age of the parents who have used this service is not recorded.

**Early Intervention Contracts**

In the same period, CSUK have delivered 3.5 of a target of 10 schools programmes, engaging 9 CBC young people in Q1. No data is available YP numbers for Q2 or on age, but the programme is directed at Upper School pupils (age 12 to 16).

YMCA have engaged 56 young people – 33 in 2014/15 and 18 in the current financial year. The exact ages of young people are not reported; however, all these service users are post-16. A further 53 pre-16’s completed a separate budgeting workshop in this financial year.

CHUMS have worked with 222 children – 146 (above the target of 60) in 2014 and 76 in the first two quarters of 2015/16, operating in around 4 schools per quarter. Data for the current financial year is given in the following table and indicate that the majority of service users are aged 8 years old:

**Table 2: Age of children who have used the CHUMS service**

Age	Frequency	Percentage
7	16	21%
8	43	56.6%
9	15	19.7%
10	1	1.3%
Unknown	1	1.3%

CAN worked with 40 (performance on target) families in 2014/15, and engaged a further 15 in the first two quarters of 2015/16. There is no data for the ages of children and young people who this service supports.



The CAB received contacts in respect of 65 cases in 2014/15 and a further 8 in Q1-2 14/15. There is no data on the age of these service users.

Early Intervention Speech and Language Therapy – whole-year data is not available for 2014/15; however, in the first quarter of 2015/16, 112 families accessed targeted SLT advice; 296 parents and 207 children used the universal SLT information, advice and guidance service; 44 families attended ‘Chattertots’ groups and 74 attended speech and language focused groups; and 14 parents and 13 children were signed up to the ‘Talk Together at Home’ 4-week course. The service is delivered through Children’s Centres, so the children who access it are aged under-five.

Homestart provided post-natal depression support and home-visiting family support to 235 families in 2014/15. By September 2015, home-visiting had been delivered to a further 107 families and post-natal depression support to 40 mothers by 86 trained volunteers. The age of service users is not reported; however, it is likely that these are families of young children. Decommissioning the post-natal depression contract will particularly affect mothers of new-born and infant children.

The Community Dental contract delivered oral health observations to 188 families in 2014/15 and dietetic support to 95 families from Central Bedfordshire Children’s Centres. By September 2015, a further 27 families had received oral health observations and dietetic support had been delivered to 81. In addition, 954 families accessed drop-in support for both areas of the programme and 60 used dietetic clinics. Children accessing this programme are aged under-five.

The target for Carers in Bedfordshire (CiB) in 2015-2016 is to identify, register and respond to 65 young carers. At the end of quarter 2 the total number achieved was 37. The total target for numbers of new attendees at group based support was 15 and at the end of quarter 2 the total number achieved was 20.

The target for groups held was 52 this is a shared target with Bedford Borough - the total for CBC was 25.

CiB are also on target for numbers attending residential breaks.

CiB also have supported 29 young carer peer mentors in quarter one and two.

The number of young carers registered with Carers in Beds as of October 2015 was 282 this is up to and including 17 year olds. This figure does not include sibling carers.

**Locality**

**The Children’s Society**

From 1<sup>st</sup> April 2014 – 30<sup>th</sup> September 2015, a majority of referrals came from Leighton Buzzard, Dunstable South and Biggleswade.

**Table 3: Locality of TCS service users**

Locality	Frequency	Percentage
Biggleswade	44	15.9%
Dunstable North	26	9.4%
Dunstable South	45	16.2%
Flitwick	28	10.1%
Houghton Regis	36	13%
Leighton Buzzard	45	16.2%
Sandy	21	7.6%
Shefford	19	6.9%
Stotfold	12	4.3%



Out of area	1	0.4%
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Of the Early Intervention contracts, this data is only collected by CHUMS and localities are as follows for Q1 and 2 of 2015/16, with the largest proportion of families who access this service living in Houghton Regis:

**Table 4: Locality of Early Help service users, Apr-Sep 2015**

Locality	CHUMS Frequency	CHUMS Percentage
Houghton Regis (LU4 & LU5)	29	38.2%
Dunstable (LU6)	15	19.7%
Leighton Buzzard (LU7)	9	11.8%
Potton (Sandy SG19)	16	21%
Milton Keynes	1	1.3%
Other	12	15.8%
Information not received	1	1.3%

- **Disability:** e.g. Physical impairment / Sensory impairment / Mental health condition / Learning disability or difficulty / Long-standing illness or health condition / Severe disfigurement

**The Children’s Society**

- 4 children who have used this service have a physical disability and 27 have a learning disability.
- 10 parents who have used this service have a learning disability

This represents 15.5% of the total children and 12.6% of parents who have used this service. Parents and children with a learning disability are considerably over-represented within this service, as The British Institute of Learning Disabilities estimates that 2% of the population in England have a learning disability. A decision to not continue this contract may therefore have an adverse impact on service users with a learning disability.

It is important to highlight that these figures may not be a true reflection of the number of service users who have a disability. These figures only represent the children and parents who have been assessed by a professional and those who The Children’s Society staff feel confident to assess as having a disability. A number of children and parents who have a disability may therefore go undetected in these figures.

**Early Intervention Contracts**

For the majority of Early Help contracts under consideration, providers do not submit data on service user disability. The exception is the CAB (Welfare Reform advice) contract, which between January 2014 and July 2015 dealt with cases in respect of 3 disabled service users – 8.6% of the user group.

Parental substance misuse is known to affect the mental health of both primary users and affected others. Dual diagnosis or ‘comorbidity’ affects between 30-70% of adults presenting to health and social care settings (SCIE 2009); while parental substance misuse is also known to have a negative impact on children’s mental, emotional and behavioural development (*Hidden Harm* 2011). It is therefore likely that a decision not to re-commission the ‘Affected Others’ service provided by CAN will have an impact on the mental health of children and their parents. Service users engaged under the other Early Help contracts may also face a negative impact on mental health, as the CHUMS and YMCA programmes especially deal with vulnerable children and



young people who may be at risk of developing mental health issues.

37 young people undertaking the YMCA Independent Living Skills course have had identified additional learning needs over the life of the contract (75.5% of service users), so the decommissioning of this service will impact on those with learning difficulties.

Speech, language and communication needs often co-occur with physical or learning disabilities. Although SEPT do not report on the numbers of children with disabilities accessing the SLT service, it is reasonable to assume decommissioning this contract will negatively impact on those with additional communication needs.

References:

Advisory Council on the Misuse of Drugs (2011) *Hidden Harm: Responding to the needs of children of problem drug users*, Crown Copyright.  
 Crome, I. et al. (2009) *The relationship between dual diagnosis: substance misuse and dealing with mental health issues*, London: SCIE.

- **Carers:** *A person of any age who provides unpaid support to family or friends who could not manage without this help due to illness, disability, mental ill-health or a substance misuse problem*

Carers in Beds – The Council does not have data on the number of young carers who have disability. All our carers are caring for someone with a illness, disability, mental ill- health or a substance misuse problem.

- **Gender Reassignment:** *People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex*

Unknown; this information is not recorded.

- **Pregnancy and Maternity:** *e.g. pregnant women / women who have given birth & women who are breastfeeding (26 week time limit then protected by sex discrimination provisions)*

Homestart's post-natal depression support contract is targeted at women who have given birth, and the loss of this provision will disproportionately affect this cohort (40 so far in 2015/16 financial year).

- **Race:** *e.g. Asian or Asian British / Black or Black British / Chinese / Gypsies and Travellers / Mixed Heritage / White British / White Irish / White Other*

**The Children's Society**

A majority of children (88%) and parents (86%) who have used this service are White British. This is reflective of the general population in Central Bedfordshire where 89.7% of the population are White British (Census, 2011). As ethnic minorities are not over represented within the service user population, a decision to not re-new the children and family support contract would not have an adverse impact on ethnic minorities.



**Table 5: Ethnicity of the CYP and Parents who use this service**

Ethnicity	CYP frequency	CYP percentage	Parent frequency	Parent percentage
White: White British	176	88%	68	86%
White: White Irish	0	0.0%	0	0.0%
White: Irish Traveller	0	0.0%	0	0.0%
White: Gypsy/Roma	0	0.0%	0	0.0%
White: Other	2	1%	1	1.2%
Mixed: White/Asian	5	2.5%	0	0.0%
Mixed: White/Black African	4	2%	2	2.5%
Mixed: White/Black Caribbean	0	0.0%	0	0.0%
Mixed: Other	6	3%	2	2.5%
Asian/Asian British: Indian	0	0.0%	3	3.8%
Asian/Asian British: Bangladeshi	0	0.0%	0	0.0%
Asian/Asian British: Pakistani	0	0.0%	0	0.0%
Asian/Asian British: Other	0	0.0%	0	0.0%
Black/Black British: African	4	2%	1	1.2%
Black/Black British: Caribbean	1	0.5%	0	0.0%
Black/Black British: Other	0	0.0%	2	2.5%
Chinese	0	0.0%	0	0.0%
Chinese: Other	1	0.5%	0	0.0%
Other	0	0.0%	0	0.0%
Not Stated	1	0.5%	0	0.0%

**Early Intervention Contracts**

Slightly higher percentages of service users from Black and Minority Ethnic backgrounds use the Early Help services under consideration than either The Children’s Society clients or the population of Central Bedfordshire as a whole, but for the most part these are not significantly greater.

81.6% of CHUMS service users were from White British backgrounds in the first 2 quarters of this financial year and 5.3% were from other White backgrounds. This suggests a small adverse effect may be felt by children from Black backgrounds and Asian/Asian mixed heritage (3.9% each).

**Table 6: Ethnicity of Early Help service users, Apr-Sep 2015**

Ethnicity	CHUMS Frequency	CHUMS Percentage
White British	62	81.6%
White Other	4	5.3%
White & Asian	1	1.3%
Black Caribbean	1	1.3%
Black African	1	1.3%
Black Other	1	1.3%
Asian - Pakistani	2	2.6%
Other	1	1.3%



Not Given	3	3.9%
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Data from the YMCA programme does not break down ethnic backgrounds in the same way: 61.2% of service users over the length of the contract have been reported as ‘white’ (30), and a large minority are ‘mixed’ (19, or 38.8%). A number of these are likely to be unaccompanied asylum-seeking minors placed in semi-independent accommodation (12 young people in this year’s cohort are also on ESOL courses).

**- Religion or Belief:** e.g. *Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No religion / Other*

Unknown; this information is not recorded.

**- Sex:** e.g. *Women / Girls / Men / Boys*

**The Children’s Society**

54% of CYP who have used this service are female and 46% are male. This is reflective of the general population in Central Bedfordshire, where 50.8% are female and 49.2% are male (Census, 2011). Figures for the gender of parents however indicate that females would experience an adverse impact if this service was not continued, as they represent 68.4% of parent service users. This is an over-representation of approximately 20% in comparison to the general population in Central Bedfordshire.

**Table 7: Gender of TCS Service Users**

Gender	Frequency	Percentage
<b>CYP</b>		
Male	93	46.0%
Female	107	54.0%
<b>Parents</b>		
Male	25	31.6%
Female	54	68.4%

**Early Intervention Contracts**

With regard to the Early Help contracts, data on gender is not reported for the CAN ‘Affected Others’ service, either Homestart service, Speech and Language Therapy, CiB or Healthy Under 5’s. However, the post-natal depression contract by Homestart is targeted at women.

Among the other services proposed for decommissioning, where data is recorded girls account for 100% of participants on the CSUK Healthy Relationships programme so would bear the main impact of its removal. Boys account for slightly more than half the participants in the CHUMS Pyramid Club programme (51.3%), a slightly greater proportion than males among the general Central Bedfordshire population, but not significantly so. The majority of CAB cases relate to female service users (94.3%), so women would be disproportionately affected by the decommissioning of this service. YMCA service users tend to be male in this financial year (81.3%); however, in the previous year the course was female-dominated (60.6%, or 20 of 33), so it is not possible to say if either gender would be particularly affected by the decommissioning of this service.



NB: the Early Help figures are for the first two quarters of the 2015/16 financial year only, so should be used with caution.

**Table 8: Gender of Early Help service users, Apr-Sep 2015**

	Frequency CSUK	Percentage CSUK	Frequency CHUMS	Percentage CHUMS	Frequency YMCA
Male	0	0.0%	39	51.3%	13
Female	6	100.0%	37	48.6%	3

- **Sexual Orientation:** e.g. Lesbians / Gay men / Bisexuals / Heterosexuals

Unknown; this information is not recorded.

- **Other:** e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion, Marriage and Civil Partnership

**The Children’s Society**

**Social Care Status**

97% of children were recorded as a Child in Need (194) and 39.5% were recorded as having a Child Protection Plan (79). Three children were Looked After and five children were recorded as a Step-down. Discontinuing this service would therefore have an adverse impact on our most vulnerable children and young people; unless suitable alternative provision is identified to manage this work.

**Presenting Needs**

The majority of referrals related to the child’s behaviour (n=89) and domestic abuse (n=85). There were also 25 referrals for sexual abuse. A decision to discontinue this service will have a negative impact upon service users who have been a victim of domestic and/or sexual abuse, unless these referrals can be picked up by another commissioned service, or in-house staff, who have the capacity and skills to deliver an appropriate intervention. Central Bedfordshire Council currently commission Sorted Counselling Services to provide interventions for children who have witnessed or experienced domestic or sexual abuse. It is important to highlight that the annual target is 40 service users, which raises questions regarding their capacity to take on referrals that would have been made to the Children’s Society, if the service is discontinued.

**Table 9: Primary Reason for Referral**

Reason	Freq.
Child’s behaviour	89
Domestic abuse	85
Drug/Alcohol misuse	10
Mental health issues	10
Sexual abuse	25
Bereavement	1
Sexualised behaviour	0
“Toxic Trio” (DV/DAM/MH)	3
Parental Separation	38
Parenting Support	15

**Interventions Delivered**

The most common intervention delivered by The Children’s Society was for Wishes and Feelings work (37%), followed by Protective Behaviours work (33%) and Parenting Support (29%)

**Table 10: Type of Interventions Children and Parents Have Engaged In**

Intervention	Freq.
Protective Behaviours	97
Wishes and Feelings	107
Parenting Support	86
Bereavement	2

**Outcomes: Q2 2015**

**At the end of Quarter Two:**

- 57% of children and 83% parents achieved the outcomes identified at the beginning of the intervention
- 31.8% of children demonstrated an improvement in education, employment and skills, and their hopes and dreams
- 53% of children demonstrated an improvement in their safety
- 47% of children demonstrated an improvement in their emotional, physical and mental health
- 42.4% of children demonstrated an improvement in their family/carer relationships

**Early Help contracts**

All these commissions deal with families experiencing high levels of deprivation and disadvantage, with the intention of reducing child poverty and promoting social cohesion. The effect of decommissioning will impact at various levels against specific areas of this remit:

- Decommissioning the CSUK Healthy Relationships programme could have a knock-on effect on community safety, as this intervention focuses on preventing, and promoting resilience for young people exposed to, domestic abuse. The effect size is likely to be small because of the numbers of young people recruited onto the programme, however the impact for individuals may be significant
- Presenting issues are measured for YMCA participants at referral rather than engagement so the total is slightly higher than the numbers of young people undertaking the Independent Living Skills course (56 rather than 49). The majority of these young people are Looked After/care leavers, accounting for 55.4% (31) of service users over the length of the contract. 26.8% (15) were referred from Signposts temporary accommodation or the CBC Homelessness and Mediation service, suggesting that these service users are vulnerable to housing instability. 8.9% (5) were referred from Children’s Centres and a further 1.8% (1) from a mother & baby unit, suggesting that young parents may also be detrimentally affected by the loss of this service. Another 7.1% (4) were open to Bedfordshire YOS. A decision to decommission this service will therefore affect some of our most vulnerable young people. 32.7% of service users have progressed to Independent Living, 42.9% to college, 8.2% to training and 6.1% to employment.
- The loss of the CHUMS Pyramid Club programme may impact on community cohesion in the areas where it operates, as this intervention deals specifically with children experiencing social exclusion. While it is open to Looked after Children, none accessed the



programme between April and September 2015. In the first 2 quarters of this financial year, the programme worked with schools some of the most deprived wards in Central Bedfordshire (Manshead, Parkside and Tithe Farm, Dunstable Northfields and Sandy), so it is anticipated that the loss of this programme will have a negative effect on vulnerable children in areas of high disadvantage. In the first year of operations, the following outcomes were achieved against the pro-social domains of the Strengths and Difficulties Questionnaire (SDQ): 44% of children had an improved score in emotional distress, 36% in difficulties getting along with other children and 42% in kind and helpful behaviour.

- Between cases carried over from previous quarters and new referrals, CAN were working with 23 families affected by parental substance misuse in Q1, which had risen to 28 in Q2. Fourteen of these (50%) were subject to Child in Need or Child Protection Plans (extrapolated from the number of families where a CIN/CP/Core Group meeting was attended by the CAN worker). This means that half of all families accessing this service meet statutory social care thresholds and have high levels of vulnerability/risk – the loss of this service could exacerbate that risk and lead to a need for costlier statutory interventions (e.g. children becoming Looked After) if families’ needs cannot be met through alternative services.
- A decision to decommission the CAB Welfare Reform advice service may impact on service users who are already experiencing disadvantage and receiving benefits, and will be more at risk of vulnerability and material disadvantage due to welfare reforms. However, as this service consists of training delivered to existing professionals rather than directly to residents, it is not clear what the effects of removing this service would be.
- The Homestart services promote family and community cohesion by training volunteers and working directly with families in need of support. 96% of families accessing this service in April-September 2015 said they felt more confident, and decommissioning this contract could potentially undermine this cohesion.
- As Speech and Language Therapy and Healthy Under-5’s are accessed through Children’s Centres, many of the families who use them live in the lowest 40% LSOAs in Central Bedfordshire and are vulnerable to deprivation and disadvantage, as well as social care involvement. While exact numbers of each are not known, 2.7% of parents and 3.2% of children accessing SLT services in Q1 were supported by an Early Help Assessment (EHA), and anecdotal feedback from performance reports for this contract indicates that some families have involvement with statutory safeguarding services.
- Carers in Bedfordshire offer group based support in localities across Central Bedfordshire including Dunstable, Leighton Buzzard and Biggleswade. The children and young people that have attended the groups have built relationships with other young carers that may be lost without the group. Young carers may not be able to identify other young carers who have a shared experience of caring and receive support from their relationship. The groups offer support within a group setting to children with various levels of need. Without the groups support this may exacerbate the risks and needs and lead to more intensive support.

**2.3. Summary of Existing Data and Consultation Findings – Employment  
Considering the impact on Employees**

**Central Bedfordshire Council staff are not affected by the proposals included in this assessment**

- **Age:** e.g. 16-19 / 20-29 / 30-39 / 40-49 / 50-59 / 60+ **N/A**

- **Disability:** e.g. *Physical impairment / Sensory impairment / Mental health condition / Learning*



*disability or difficulty / Long-standing illness or health condition / Severe disfigurement* **N/A**

- **Carers:** *e.g. parent / guardian / foster carer / person caring for an adult who is a spouse, partner, civil partner, relative or person who lives at the same address* **N/A**

- **Gender Reassignment:** *People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex* **N/A**

- **Pregnancy and Maternity:** *e.g. Pregnancy / Compulsory maternity leave / Ordinary maternity leave / Additional maternity leave* **N/A**

- **Race:** *e.g. Asian or Asian British / Black or Black British / Chinese / Gypsies and Travellers / Mixed Heritage / White British / White Irish / White Other* **N/A**

- **Religion or Belief:** *e.g. Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No religion / Other* **N/A**

- **Sex:** *Women / Men* **N/A**

- **Sexual Orientation:** *e.g. Lesbians / Gay men / Bisexuals / Heterosexuals* **N/A**

- **Other:** *e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion, Marriage and Civil Partnership* **N/A**

**2.4. To what extent are vulnerable groups more affected by this proposal compared to the population or workforce as a whole?**

Details are provided in section 3.

**2.5. To what extent do current procedures and working practices address the above issues and help to promote equality of opportunity?**

The proposal to de-commission these services is part of a broad Transformation Plan that will enable the Council and partners to focus resources on the most vulnerable children and families. The Aims of the Transformation Programme are:

- Reduce levels of child abuse/family breakdown, managing demand effectively
- Deliver more for less, managing our resources effectively
- Ensure consistent high quality services which demonstrate positive impact on children

The Objectives of the Transformation Programme are:

- Remodel and develop the way we work
- Improve team integration and skill mix
- Co-production and multi-agency working with staff, internal and external partners
- Outstanding and consistent practice from Early Help through to Fostering and Adoption

**2.6. Are there any gaps in data or consultation findings**

There are inconsistencies in the quality and quantity of data that is collected and analysed from different commissioned services. This makes the analysis of some of the characteristics impossible.

The Council will conduct a more detailed consultation regarding the proposed changes included in this assessment for support for carers. This consultation will be launched in February 2016.



**2.7. What action will be taken to obtain this information?**

It is recommended that the current independent performance management process adopted by the Commissioning and Performance service continues regardless of where services are delivered from (i.e. internal or external teams). This will support a consistent approach to understanding the demand for services and the outcomes from different provision. Efforts will be made to address the inconsistencies which have been identified in relation to data collection and analysis.

**Stage 3 - Providing an overview of impacts and potential discrimination.**

**Stage 3 – Assessing Positive & Negative Impacts**

Analysis of Impacts	Impact?		Discrimination?		Summary of impacts and reasons
	(+ve)	(- ve)	YES	NO	
<b>3.1 Age</b>		Yes			<p>The decommissioning of the Children’s Society contract would adversely impact children aged 10 and under, who represent 63% of CYP service users (n=126 children).</p> <p>The decommissioning of early intervention services will affect different age cohorts – 0-5’s for health provision, lower-school children for the CHUMS contract, teenagers/young adults for the CSUK and YMCA programmes and parents of very young children for the Homestart contracts and children and young people over 4 for CIBs</p>
<b>3.2 Disability</b>		Yes			<p>The decommissioning of the Children’s Society contract would have a disproportionately negative impact on service users with a disability, who are significantly over represented within this group. 15.5% of CYP service users and 12.6% of parents have a disability, in comparison to 2% of the general population. In total, 41 children and parents with a disability have accessed this</p>



					<p>service.</p> <p>The decommissioning of the YMCA contract is likely to disproportionately affect this cohort of young people, 76% of whom had additional learning needs.</p> <p>There is also likely to be a mental health impact from the loss of the CAN contract, as rates of co-morbidity among adult service users are known to be high, and parental substance misuse is known to affect child mental health, although the exact extent is unclear.</p> <p>The decommissioning of the SLT contract will affect children with communication needs, particularly if these are the result of a disability.</p> <p>The decommissioning of the CIB contract for young carers could have a disproportionate impact on those caring for others with a disability or illness.</p>
<b>3.3 Carers</b>					<p>Potential changes in contract may impact on young carers. The proposal to provide more resource for delivering one to one support will however benefit those in receipt and need of more intensive support.</p>
<b>3.4 Gender</b>	None identified				
<b>Reassignment</b>					
<b>3.5 Pregnancy &amp; Maternity</b>		Yes			<p>Mothers will be the key group affected by the loss of the Homestart post-natal depression contract.</p>
<b>3.6 Race</b>		Yes			<p>The ethnicity of Children's Society Service users generally reflects that of the general population in Central Bedfordshire. A decision to end this contract is therefore unlikely to have a disproportionate impact on</p>



					<p>ethnic minority service users.</p> <p>Nearly 40% of YMCA participants are non-white, and are particularly asylum-seekers. Decommissioning this service will therefore adversely impact upon these minority groups.</p>
<b>3.7 Religion / Belief</b>	None identified				
<b>3.8 Sex</b>		Yes			<p>A decision to end the Children’s Society contract would have a disproportionately negative impact on female parent service users, who represent 68.4% of parent service users (n=54). Female parents are therefore over represented by 20% within this service user cohort.</p> <p>100% of CSUK participants are female, as are 94% of CAB service users. Girls/women are therefore likely to be disproportionately affected by decommissioning these services. Women would also be disproportionately impacted by decommissioning the Homestart post-natal depression contract.</p>
<b>3.9 Sexual Orientation</b>	None identified				
<b>3.10 Other e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion Marriage and Civil Partnership</b>		Yes			<p>Decommissioning the Children’s Society Contract would have a disproportionate negative impact on Children in Need and children on a Child Protection Plan. Children in Need represent 97% of service users (n=194) and children on a Child Protection Plan represent 39.5% of service users (n=79).</p> <p>A majority of referrals to the Children’s Society related to the child’s behaviour (n=89) and domestic abuse (n=85).</p>



				<p>There were also 25 referrals for sexual abuse. A decision to discontinue this service will have a negative impact upon service users who have been a victim of domestic and/or sexual abuse, unless these referrals can be picked up by another commissioned service, or in-house staff, who have the capacity and skills to deliver an appropriate intervention. Central Bedfordshire Council currently commission Sorted Counselling Services to provide interventions for children who have witnessed or experienced domestic or sexual abuse. It is important to highlight that the annual target for this contract is 40 service users, which raises questions regarding their capacity to take on referrals that would have been made to the Children’s Society, if the service is discontinued.</p> <p>Looked after Children/care leavers, young people experiencing housing vulnerability and young offenders will be affected by decommissioning YMCA, as these cohorts make up a significant proportion of service users.</p> <p>Decommissioning the CAN programme will impact on Children in Need and those under Child Protection Plans, which make up 48% of service users.</p> <p>There will be an impact on deprivation from the loss of the CHUMS and CAB services, as these are targeted towards poorer wards and those on benefits respectively.</p> <p>Cohesion will be affected by</p>
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					<p>the loss of the CSUK programme, which contributes to community safety. Family cohesion would also be affected by the loss of the Homestart contracts. Families in deprived areas would be affected by the loss of contracts delivered from Children’s Centres, particularly speech and language services, which would leave some families with social care involvement without early-stage help to support children’s development and communication needs.</p>
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**Stage 4 - Identifying mitigating actions that can be taken to address adverse impacts.**

Stage 4 – Conclusions, Recommendations and Action Planning	
<b>4.1</b>	<p><b>What are the main conclusions and recommendations from the assessment?</b></p> <p>Based on a calculation of the average total open caseload per month held by the Children’s Society between July – September 2015, it is expected that on 1<sup>st</sup> April 2016 there will be 87 open cases that will be referred elsewhere, if this contract is not continued.</p> <p>The proposal to de-commission these services and deliver them in a different way is part of a Board Transformation Plan that will enable the Council and partners to focus resources on the most vulnerable children and families. Some services offered by Council teams and by partners will be able to provide alternative services.</p> <p>It is recommended that the current independent performance management process adopted by the Commissioning and Performance service continues regardless of where services are delivered from (i.e. internal or external teams). This will support a consistent approach to understanding the demand for services and the outcomes from different provision.</p> <p>Without the access to early intervention services, the needs of children and families could escalate which <u>could</u> increase numbers of children needing more high-level support/intervention, including being taken into care. The Council is aware of the benefits of early intervention<sup>1</sup> and through the Transformation Plan will ensure that the services that offer value for money and with the best evidence of success are protected</p> <p>The Council are continuing detailed negotiations with The Children’s Society and other</p>

<sup>1</sup>

Early Intervention: The Next Steps. An Independent Report to Her Majesty’s Government Graham Allen MP, 2011

commissioned providers to develop proposals that could continue some of the services currently offered during the transition phase to redesigned service delivery models. These negotiations will conclude in early 2016 and influence services from April 2016.

**4.2 What changes will be made to address or mitigate any adverse impacts that have been identified?**

Discussions about the level of de-commissioning with three providers (SEPT, Homestart and the Children’s Society) are ongoing. These discussions are designed to mitigate the impact on the core elements of these services for 2016/17 and will be influenced by any budget consultation feedback. The information below refers to the impact of de-commissioning all of the services but will be updated to reflect the final re-commissioning decisions taken.

Since first considering the impact of de-commissioning the services outlined in this assessment, the Council has agreed to invest significant funding to secure the core elements of some of the services for the immediate future. The medium/longer term design of all services will be informed by the Transformation Plan outlined in section 2.5.

**Children’s Society:**

Parenting work and protective behaviours work could be delivered by existing teams for example the Parenting team. They are experienced in delivering a range of evidenced based parenting programmes and 1:1 work. Currently the Parenting Team is delivering 72 interventions which includes protective behaviours and parenting. There is also potential for social work teams to pick up this work with the families they support.

If families meet the appropriate criteria they would be enrolled on the Supporting (Troubled) Families programme.

**Homestart:**

Some work would be undertaken by Supporting Families.

**Homestart Post Natal Depression Work**

The Healthy Child Programme places an expectation on Health Visitors to assess mental mood and they will be expected to work with or refer mothers who are assessed with a problem to specialist health services

**Speech and Language** The CCG are presently recommissioning for SALT, and the method of delivery of the EI contract is seen as best practice and it is expected that some of the work be picked up. This has not yet been discussed with the CCG and will present a pressure for the current reconfiguring of services.

**Young Carers**

It is proposed that there is a change in approach which moves away from providing peer support and group work to focus on delivering more intensive 1:1 work with the most vulnerable young carers, including those with parents suffering from mental ill health.

**Other Contracts**

Dental Contract - Public Health colleagues are in the process of re-commissioning parts of the Dental Health contract and some aspects of this work may be picked up. However the aspects of the contract covering Healthy Eating for the under fives will not be covered, although Children’s Centres will be able to discuss healthy eating in general terms with parents.



<b>4.3 Are there any budgetary implications?</b>			
The decommissioning of the services within this proposal will support achieving efficiencies captured within CSE1612, CSE1614 and CSE1618 which total £676k over the next four years.			
<b>4.4 Actions to be taken to mitigate against any adverse impacts:</b>			
Action	Lead Officer	Date	Priority
<i>This section will detail the teams/staff that will offer support to the children/families currently receiving support – service managers/HoS to complete once the final detail of the efficiencies has been agreed.</i>		Jan – March 16	H
Parenting Team	Julia Overton	Jan – March 16	H
Supporting Families	Vicky Marlin	Jan – March 16	H
For Homestart Supporting Families	Vicky Marlin	Jan – March 16	H

**Stage 5 - Checking that all the relevant issues and mitigating actions have been identified**

<b>Stage 5 – Quality Assurance &amp; Scrutiny:</b>
<b>Checking that all the relevant issues have been identified</b>
<b>5.1 What methods have been used to gain feedback on the main issues raised in the assessment?</b>
<b>Step 1:</b> Public consultation (as part of the Council’s budget consultation) in January 2016. There have also been meetings with affected providers to agree which elements of services can be protected and delivered in different ways. These discussions will continue to influence which services are available to children and families from April 2016.
<b>Has the Corporate Policy Advisor (Equality &amp; Diversity) reviewed this assessment and provided feedback? Yes</b>
<b>Summary of CPA’s comments:</b> CPA has provided advice and guidance about the completion of the EIA and the ongoing process.
<b>Step 2:</b>
<b>5.2 Feedback from Central Bedfordshire Equality Forum</b>
This draft Equality Impact Assessment was presented to the Equality Forum on 14 January 2016. A summary of the feedback from the group is outlined below:  The members of the Equality Forum were very concerned to see that such significant amounts of money had been identified as efficiencies, particularly in areas such as Children’s Services and reductions in funding to the voluntary sector.  Particular concern was expressed in relation to proposed reductions in support for post natal depression. Research was highlighted which identified how post natal depression and attachment problems can lead to serious life long problems for children and so it is



important to tackle the issue as soon as possible.

Whilst members of the Forum agreed that there was probably more scope to reduce duplication by joining up voluntary sector activities across Children and Adult Services it was noted that significant efficiency savings had also been identified in Adult Services related to the voluntary sector and that this would impact on overall capacity levels.

Concern was expressed that overall budget levels were being drawn up, predicated on certain savings being achieved, for example recruiting more local authority foster carers, which might not be achievable.

The size of the efficiencies were felt to be very significant and Forum Members expressed concern about the extent to which there was capacity within teams to take on new cases and the ability of the voluntary sector to attract more volunteers of the required calibre.

It was suggested that the EIA should highlight research assessing the long term impact of early help and family support and the significant personal and financial costs that are created further down the line if such help is withdrawn.

Concern was expressed that the proposals were potentially creating a snowball effect which could be cataclysmic and bite the Council further in 10 years time, as damaged children become damaged adults that local services are unable to help.

**Stage 6 - Ensuring that the actual impact of proposals are monitored over time.**

<b>Stage 6 – Monitoring Future Impact</b>	
<b>6.1 How will implementation of the actions be monitored?</b>	Monitoring of the performance and outcomes of any successor services will be monitored by the Children’s Services Commissioning and Performance service. This will be reported to CSMT regularly.
<b>6.2 What sort of data will be collected and how often will it be analysed?</b>	The level of data that is currently collected for the Children and Family Support service is proposed to continue for all services, whether commissioned or in-house.
<b>6.3 How often will the proposal be reviewed?</b>	Quarterly
<b>6.4 Who will be responsible for this?</b>	Members of Children’s Services Management Team
<b>6.5 How have the actions from this assessment been incorporated into the proposal?</b>	The actions arising from this assessment will be built into the Children’s Services Transformation Plan

**Stage 7 - Finalising the assessment.**

<b>Stage 7 – Accountability / Signing Off</b>	
<b>7.1 Has the lead Assistant Director/Head of Service been notified of the outcome of the assessment</b>	Name: Ben Pearson _____ Date: 25.1.16
<b>7.2 Has the Corporate Policy Adviser Equality &amp; Diversity provided confirmation that the Assessment is complete?</b>	Date: 25.1.16