

Central Bedfordshire Equality Impact Assessment Template

**Stage 1 – Aims and Objectives**

<b>Title of the Assessment:</b>	<b>Recommissioning Support Services for Children and Young people</b>	<b>Date of Assessment:</b>	Summer 2018
<b>Responsible Officer</b>	<b>Name:</b> Linda Willis	<b>Extension Number:</b>	
	<b>Title:</b> Interim Commissioning Manager Children's Services		
	<b>Email:</b> Linda.Willis@centralbedfordshire.gov.uk		

<p><b>1.1) What are the objectives of the strategy, policy or service being assessed?</b>                  To re-commission support services for children and young people that will contribute to improving outcomes, especially for vulnerable groups</p>
<p><b>1.2) What needs is it designed to meet?</b>                  The identified current needs of children, young people and their families in Central Bedfordshire, particularly in relation to prevention and early intervention.</p>
<p><b>1.3) What outcomes will be delivered?</b>                  The outcomes for the services will be aligned to the three overarching outcomes for children and young people in the Councils Children and Young people's plan:</p> <ul style="list-style-type: none"> <li>• Protected and safe</li> <li>• Achieving good learning outcomes and the best life skills</li> <li>• Living happy, healthy lifestyles</li> </ul>
<p><b>1.4) Which other strategies or policies support this?</b>                  Supporting strategies / policies include:</p> <ul style="list-style-type: none"> <li>• Children and Young Peoples Plan</li> <li>• The Council's 5 Year Plan</li> <li>• Partnership Vision for Education</li> <li>• SEND Vision</li> </ul> <p>It is also supported by findings from the JSNA and Central Bedfordshire Director of Public Health Report (December 2016) – Aiming for the best for children, young people and families in Central Bedfordshire.</p>
<p><b>1.5) In which ways does this support Central Bedfordshire's intention to tackle inequalities and deliver services to vulnerable people?</b></p> <p>The re-commissioning of support services for children and young people will support the delivery of Central Bedfordshire's Children's Transformation Programme, an evidence-based programme of change to improve the way services are delivered.</p> <p>This will enable the Council and our partners to respond earlier to the needs of vulnerable families, reduce demand on statutory specialist services and get families back into work – to support social inclusion and reduce inequality, improve longer-term outcomes and raise standards and aspirations for vulnerable groups.</p> <p>The services will address the root causes of some of the key vulnerabilities faced by families in our area – parental drug and alcohol misuse, domestic abuse, parental criminality and parental mental ill-health. These risk factors contribute to adverse childhood experiences which can exacerbate the inequalities faced by vulnerable people in later life.</p> <p>It will also focus on increasing emotional health, wellbeing and resilience – we know that children's health and mental health are closely linked to other outcomes, particularly educational attainment. By promoting greater wellbeing in childhood and adolescence, we can offset negative outcomes and inequalities which occur later in children's lives.</p>

The recommissioning programme will aim to deliver targeted, local services focused on children, young people and families' specific needs.

**1.6) Is it possible that this could damage relations amongst different communities or contribute to inequality by treating some members of the community less favourably such as people from black and minority ethnic communities, disabled people, women, or lesbian, gay, bisexual and transgender communities?**

From the evidence reviewed it is not likely that relationships would be damaged as the services will aim to reduce inequalities by improving outcomes for vulnerable children and families, which includes those from minority communities.

**Stage 2 - Consideration of Relevant Data & Research**

Equality checklist issues to be considered			
Awareness	Appropriateness	Accessibility	Partnership - working
Take Up levels	Adverse Outcomes	Staff Training Needs	Contracts & monitoring

**2) What sources of evidence and key facts will be used to inform the assessment?**

Each item ticked below must be evidenced

**Internal desktop research**

<input checked="" type="checkbox"/>	Place survey / Customer satisfaction data		Demographic Profiles – Census & ONS
<input checked="" type="checkbox"/>	Local Needs Analysis	<input checked="" type="checkbox"/>	Service Monitoring / Performance Information
	Other local research		

**Third party guidance and examples**

<input checked="" type="checkbox"/>	National / Regional Research	<input checked="" type="checkbox"/>	Analysis of service outcomes for different groups
	Best Practice / Guidance	<input checked="" type="checkbox"/>	Benchmarking with other organisations
	Inspection Reports		

**Public consultation related activities**

<input checked="" type="checkbox"/>	Consultation with Service Users	<input checked="" type="checkbox"/>	Consultation with Community / Voluntary Sector
<input checked="" type="checkbox"/>	Consultation with Staff	<input checked="" type="checkbox"/>	Customer Feedback / Complaints
	Data about the physical environment e.g. housing market, employment, education and training provision, transport, spatial planning and public spaces		

**Consulting Members, stakeholders and specialists**

<input checked="" type="checkbox"/>	Elected Members	<input checked="" type="checkbox"/>	Expert views of stakeholders representing diverse groups
<input checked="" type="checkbox"/>	Specialist staff / service expertise		

*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*

**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.**

**2.1) Existing Data and Consultation Findings:**

**- Age:**  
 ACEs: Adverse childhood experiences are present in a high proportion of assessments for Children in Need, including domestic violence, mental health issues and substance misuse (see JSNA). Individuals who experience four or more ACEs have increased risk of poorer outcomes as adults (Director of Public Health report). The demand analysis for the Children's Transformation Programme identified a need to focus on these issues, which drive demand for specialist statutory services.  
 Additional vulnerabilities of younger children: A good education is essential to counter socio-economic disadvantage and to break the intergenerational cycle of poor achievement and poverty, and if a child

arrives at school ready to learn they are much more likely to achieve the best outcomes. The early identification (and accurate assessment) of children with special educational needs and/or disabilities is also key to ensuring every child is able to fulfil their potential. In Central Bedfordshire children at the age of 5 are not doing as well as children nationally or as well as those living in similar areas. Although Good Level of Development results improved in 2016, Central Bedfordshire remains in the 3<sup>rd</sup> Quartile.

During the engagement work to develop the proposal for these services a gap in support services for 6-12-year olds available out of school was identified. The consultation findings indicate support for the current 0-5 offer to be extended to 0-12 years.

### **Disability**

**Physical:** The majority of disabled people have impairments that are not easily visible. In the 2011 census findings 15,465 (6.1%) residents in Central Bedfordshire indicated that day-to-day activities were limited a lot and 21,142 (8.3%) residents indicated that day-to-day activities were limited a little. More than one in 20 children and young people in Central Bedfordshire have a physical disability. There were comments during the consultation that identified that these services need to cater for more children with SEND and also for their siblings who do not have SEND.

**Mental health:** In Central Bedfordshire it is estimated that 3,225 children aged 5-16 have a mental disorder, with a higher number seen in the 11-16 year old age group and in boys. Promoting resilience, emotional wellbeing and the good mental health of children and young people is a priority across Central Bedfordshire. These services aim to intervene early to support children and young and prevent problems escalating.

### **Carers:**

Between May 2016 and December 2016 145 referrals for young carers support was received. The majority of referrals were with respect to the need for 1-1 support; however, it has been noted that an increasing number of referrals and enquiries are coming from schools regarding young carers affected by parental mental health issues. This means we need to make sure support services for young people are able to recognise and respond to these needs.

### **- Gender: differences in outcomes between boys and girls**

In 2017 the Early Years Foundation Stage Profile indicated that a higher percentage of girls than boys achieve a Good level of Development (79%/65%)

This gap in educational attainment levels appears to persist up to KS4.

. There is are a higher number of mental health disorders seen in the 11-16 age group and in boys. (DPH report 2016)

### **- Trans Gender / Gender Reassignment:**

The 2011 Census did not include a specific question in respect of gender reassignment. It is estimated from national research that 1 in 10,000 people experience the recognised medical condition known as gender dysphoria, referred to as being transgender or transsexual. In any school of 1,000 pupils there are likely to be six who will identify as transgender. Young people feel that professionals need training around terminology and how to support young people questioning their sexuality and gender.

### **- Race: difference in outcomes (eg: gypsies and travellers)**

Central Bedfordshire is ethnically diverse with around 10.3% of people living in the area from black or ethnic minority communities. The biggest ethnic minority groups in Central Bedfordshire were White Other (not White British, White Irish or Gypsy or Irish Traveller), White Irish and Indian.

The 'Mixed' ethnic groups and Gypsy or Irish travellers all have a younger age profile than Central Bedfordshire as a whole, with over 40% of their population aged 0-15. Educational attainment statistics for Central Bedfordshire do indicated that children from 'mixed' ethnic groups do have slightly lower levels of attainment.

### **- Religion or Belief: 2011 census**

Most of the population state their religion as Christian (62.2%), with (28.4%) having no religion and other religions constituting (2.6%) of the population. (Note: 6.8% did not state their religion)

<p><b>- Sexual Orientation:</b>                  In Central Bedfordshire, 4% of Year 8 students, 6% of Year 10 students and 4% of students in Year 12+ said they worried 'quite a lot' or 'a lot' about being gay, lesbian or bisexual. 42% of students who worried about their sexual orientation said they had nowhere or no-one to go to about this (SHEU Survey 2015/16)</p>
<p><b>- Other: e.g. Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion- FSM</b>                  The Income Deprivation Affecting Children Index (IDACI) looks at the proportion of children aged 0-15 living in income deprived households. This is defined as households that receive work-related benefits, or where income is below 60% of the national median.                  The average figure for Central Bedfordshire in 2015 was 14% of children living in income deprived households, while the average for England was 20%. Eight LSOAs in Central Bedfordshire had between 34% and 40% of children living in income deprived households.                  Levels of deprivation for schools and their pupils are usually measured using the Free School Meals indicator. 8.2% of Central Bedfordshire school children were known to be eligible for free school meals (January 2016 school census) compared to 14.3% in England. However, the rate varies widely between different areas. For instance, 18% of Houghton Regis school children received free school meals, compared to 3% in Ampthill.</p>
<p><b>2.2) To what extent are vulnerable groups experiencing poorer outcomes compared to the population or workforce as a whole?</b>                  Vulnerable children and young people are those facing additional challenges that can impact negatively on their lives. They may be at risk of harm and face poorer outcomes unless they are offered support through early intervention. The risk factors are broad and often interrelated, so understanding and recognising when a child or young person is at risk relies upon a culture of professional curiosity across all services. It is also crucial that there are appropriate referral mechanisms in place and that these are understood by all. (DPH report 2016)</p>
<p><b>2.3) Are there areas where more information may be needed?</b>                  We may need to find ways of finding out why some people who would benefit from accessing support services choose not to do so.</p>
<p><b>2.4) Are there are any gaps in data or consultation findings?</b>                  We need to gain more data in relation to the emerging needs of children and young people who identify as Lesbian, Gay, Bisexual and Transgender or questioning.</p>
<p><b>2.5) What action will be taken to obtain this information?</b>                  Ongoing work with schools, families, voluntary organisations and local communities. The Youth Partnership that is proposed will be required to undertake an initial young people led needs assessment</p>
<p><b>2.6) To what extent do current procedures and working practices address the above issues and help to promote equality of opportunity?</b>                    An extensive programme of pre-engagement work was undertaken to develop the proposals for the new services. This included needs and service analysis as well as stakeholder engagement events and targeted face to face engagement with families and young people at the Children's centres and Youth Centres.                  The Public Consultation included targeted face to face opportunities to input views as well as the Universal online opportunity</p>

<b>Stage 3 – Assessing Positive &amp; Negative Impacts</b>			
<b>Equality checklist issues to be considered</b>			
<b>Awareness</b>	<b>Appropriateness</b>	<b>Accessibility</b>	<b>Partnership - working</b>

Take Up levels	Adverse Outcomes	Staff Training Needs	Contracts & monitoring
<b>Analysis of Impacts</b>	<b>Impact?</b>	<b>Summary of impacts and reasons for this</b>	
<b>3.1) Age</b>	+	The engagement work identified a gap in support services for 6-12-year olds	
<b>3.2) Disability</b>	+	The consultation identified a need to cater more for CYP with SEND and also for their siblings who do not have SEND.	
<b>3.3) Carers</b>	+	A need to recognise and be able respond to the needs of young carers who have parents with mental health problems was identified in the consultation. This will be referenced explicitly in the specification.	
<b>3.4) Gender</b>	+	Mental needs appear to be highest in boys aged 11-16 and services need to recognise and respond to this.	
<b>3.5) Transgender</b>	+	Young people struggle to find anywhere to go for support and information- identified need for training needed for professionals working with young people, which will be included as a requirement for the workforce for the new services.	
<b>3.6) Race</b>	+	Although the numbers are relatively small, over 40% of the Gipsy and Traveller community are aged 0-15 and may achieve lower health and well-being and educational outcomes due to reduced consistency in accessing services.	
<b>3.7) Religion / Belief</b>			
<b>3.8) Sexual Orientation</b>	+	Young people struggle to find anywhere to go for support and information- identified need for training needed for professionals working with young people, which will be included as a requirement for the workforce for the new services.	
<b>3.9) Other e.g. Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion</b>	+	The services will particularly seek to improve outcomes for vulnerable children, young people and families	

<b>Stage 4 – Conclusions, Recommendations and Action Planning</b>		
<b>4.1) What are the main conclusions from the assessment?</b>		
The services are in a good position to make a positive impact on Equalities and with some adjustments and the actions outlined below will ensure the identified opportunities are implemented.		
<b>4.2) What are the priority recommendations and actions?</b>		
<ul style="list-style-type: none"> <li>• the 0-5 offer will be extended to 0-12</li> <li>• Ensure an improved access to services for children and young people with SEND and their siblings</li> <li>• Make it a requirement of the services to recognise and respond to the needs of young carers of parents with mental health problems</li> <li>• Ensure the specifications for the new services include a requirement for workforce training to be able to support transgender children and young people</li> <li>• Ensure that the services focus on reaching vulnerable families and children living in poverty.</li> </ul>		
<b>4.3) What changes will be made to address any adverse impacts that have been identified</b>		
n/a		
<b>4.4) Are there any budgetary implications?</b>		
No		
<b>4.5) Actions to be Taken:</b>		
<b>Action</b>	<b>Date</b>	<b>Priority</b>
Specifications for services to address requirements identified	End Sept 18	

Questions for use during procurement process to make sure requirements identified are explored for solutions with potential providers	End Sept 18	
Contract monitoring to ensure requirements are implemented	ongoing	

<b>Stage 5 - Quality Assurance &amp; Scrutiny: 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>		
The Corporate Policy Advisor (Equality & Diversity) for comment & decision re further scrutiny The Equality advisor has been fully involved in the process		
<b>Step 2:</b>		
The Equalities Working Group		<p>The Equalities Forum</p> <p>The Forum noted that there was some evidence that current services were not being as well utilised as they could be:</p> <p>The Children’s centres universal offer showed an average attendance of three times in a child’s first year. It was acknowledged that age differentiation between siblings could be a contributing factor to lack of attendance.</p> <p>Pockets of deprivation impacts on all aspects of society and learning outcomes reflect where deprivation and social care needs are recorded.</p> <p>A member of the Forum raised concerns about the level of sub-contracting. Historically this has proved to waste money and therefore any sub contracting would need to be handled with care.</p> <p>It was noted that the word ‘service’ could be confusing and that the aim was to stimulate more partnership working i.e. joint ventures and looking at different models of working.</p> <p>The Forum noted that a multi service might be ‘messy’ but it would bring a greater diversity.</p> <p>The Forum requested that children be included in all consultation and it was noted that young people will be encouraged to get involved.</p>
Other:		
<b>5.2) Were any additional actions / amendments identified?</b>		
No		
<b>Step 3:</b>		
<b>5.1) Has a member of the senior management team been notified of the outcome of the assessment?</b>		
Sue Tyler – Assistant Director CSMT		

<b>Stage 6 – Monitoring Future Impact</b>		
<b>6.1) How will implementation of the actions be monitored?</b>		

Contract monitoring processes
<b>6.2) What sort of data will be collected and how often will it be analysed?</b> Indicators to assess progress on meeting Outcomes- quarterly contract meetings
<b>6.3) How often will the policy be reviewed?</b> Annually
<b>6.4) Who will be responsible for this?</b> Children's Commissioning Team
<b>6.5) Have the actions been incorporated in the service / business plan or team targets?</b> Yes – contract review and monitoring are part of the team's performance management

The results of all equality impact assessments will be made accessible to the public.