

Budget Savings Proposals Full Equality Impact Assessment (EQIA)

Section 1: General Information

1a) Name of the savings proposal

Family Wellbeing Model

1b) Service area

All service areas, Children, Schools and Families

1c) Service Head

Helen Lincoln, Service Head Children's Social Care

1d) Name and role of the officer/s completing the EQIA

Harriet Potemkin, Policy Officer

Section 2: Information about changes to services

2a) In brief please explain the savings proposals and the reasons for this change

The Family Wellbeing Model sets a framework for the design and delivery of support services across Children and Families Trust partners. It will result in a better targeted and streamlined offer to ensure that we provide the right support at the right time in order to meet the needs of vulnerable children and families. As a result there will be a reduced demand on specialist services such as child protection and looked after children as well as some consolidation of existing targeted services. There will also be streamlining of referral pathways to reduce duplication in this area.

The model has been agreed by our Children and Families Trust Board and is now being implemented. Implementation includes a comprehensive programme of service redesign which will realise the savings set out in this proposal by 2013/14. As part of that programme, the detail of how these savings will be realised will be established.

2b) What are the equality implications of your proposal?

In relation to the test of relevance questions, we know that the Family Wellbeing Model intends to improve access to services through providing a more joined up response to meeting the needs of children and families. Through service redesign which will take place to embed the model, it is possible that we may contract out a service currently provided in house and it is possible that the roles of staff could be redesigned.

Based on the principles of the model, the impact on protected groups should be positive, for the reasons outlined below.

The Model aims to meet the needs of all children, young people and their families in Tower Hamlets – from those at the lowest level of vulnerability and disability requiring a minimum amount of support and/or services through to those at the highest level, who may require immediate protection and/or supportive services.

The model provides a framework to identify the different levels of vulnerability and disability children/ young people may experience. This means that all children/young people should receive the right universal services and those with increased vulnerability should receive increased levels of support.

The framework to identify the different levels of need was developed in partnership with agencies from across the Children and Families Trust, ensuring that all types of agency influenced the indicators of need set out in the Model. This means that the indicators should capture the needs of children and families across the borough, from all groups.

The aim is to more effectively meet needs with the relevant level of intervention – which should result in all groups receiving the support they need regardless of their race, gender, disability, sexual orientation, age, religion/belief, or socio-economic status. Furthermore, those from groups which are more likely to experience vulnerabilities should receive better and more effective support and intervention through effective identification of need and coordinated and effective action to meet those needs. In particular, the model should improve outcomes for children and young people who have a disability, are carers and/or who experience socio-economic hardship.

One key outcome of the Family Wellbeing Model should be an increased use of Common Assessment Framework (CAF) across agencies and an increased quality of the CAFs done. The *Impact Assessment on Common Assessment Framework Interventions* (April 2009) shows the benefits of CAF to improving outcomes for children and young people. This is supported by national research (such as *LARC2: integrated children's services and the CAF process*, Local Authorities Research Consortium, April 2010).

However, despite the benefits of CAF, not all agencies are using CAF, and the quality varies. This is evidenced in the *Impact Assessment on Common Assessment Framework Interventions* (April 2009) and the outcomes of the May workshops on the Wellbeing Model. In addition, the March 2010 *Children's Social Care Management Information Report* shows that some agencies are not yet using CAF at all, or very rarely. There is still some progress to be made in ensuring CAF is the key tool for assessment, referral and action. The Wellbeing Model aims to respond to this through setting out the principles around using CAF in the agreed Children and Families Trust document. In addition, through a new Children's Workforce Development Strategy, based on the principles of the Family Wellbeing Model, we are refreshing our approach to training and support for practitioners in assessing and responding to need. The strategy aims to increase understanding of the purpose of CAF and help develop practitioners' skills and knowledge to effectively use the CAF.

Section 3: Equality Impact Assessment

With reference to the analysis above, for each of the equality strands in the table below please record and evidence your conclusions around equality impact in relation to the savings proposal.

<p>Race</p> <p><i>Identify the effect of the policy on different racial groups.</i></p>	<p>Will the change in your policy/service have an adverse impact on specific ethnic groups? yes/no Please describe the analysis and interpretation of evidence to support your conclusion.</p> <p>The Model aims to improve access to services, and ensure effective coordinated action to address need, for all groups, regardless of race. The Model should not have any differential impact on different race groups.</p> <p>The Children and Young People Plan 2009-12 consultation with the community and practitioners included the following recommendations in relation to race:</p> <ul style="list-style-type: none"> • Children of recent immigrants - we need better and more rapid assessment of immunisation or other health needs of these children and policy for this which is at present lacking to ensure they are in school/nursery and receiving all necessary support. • There should be more targeted support for younger Bengali girls at risk of sexual exploitation. <p>The Model should improve outcomes for children of recent immigrants by better coordination between agencies to ensure they are receiving all necessary support (as per the recommendation from the consultation exercise highlighted above) – through effective and coordinated action through the CAF. The model should improve support for younger Bengali girls at risk of sexual exploitation, as it aims to support practitioners to work better together at identifying need, planning and coordinating action. Vulnerable Bengali girls would be one group for whom this targeted support should be better directed.</p>
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Disability

Identify the effect of the policy on different disability groups

Will the change in your policy/service have an adverse impact on disabled people? yes/**no**
Please describe the analysis and interpretation of evidence to support your conclusion.

The 2001 Census revealed that about 3.66% of 0-2 year olds and 4.78% of 3-4 year olds in Tower Hamlets have a limiting long term illness or disability whilst their 5-7, 8-9 and 10-14 year old counterparts account for 5.68, 4.71 and 6.14 % of all 0-19 population respectively. The model should help improve effective and coordinated action for these se children and young people through better assessment of need, and better planning and coordination of action to support the child and family.

The Model aims to improve access to services and ensure effective coordinated action to address the needs of children and young people with disabilities or whose parents or family members have a disability – and so should help promote equality of opportunity for this group.

<p>Gender</p> <p><i>Identify the effect of the policy on different gender groups (inc Trans) groups</i></p>	<p>Will the change in your policy/service have an adverse impact on men or women? yes/no Please describe the analysis and interpretation of evidence to support your conclusion.</p> <p>The Model aims to improve access to services, and ensure effective coordinated action to address need, for all groups, regardless of gender. The Model should not have any differential impact on children/ young people or parents/ carers of different gender groups.</p> <p>The Model should also promote gender equality by tackling disadvantage which is more likely to be experienced by a particular gender:</p> <ul style="list-style-type: none"> • The model identifies children/young people at risk of participating or actively participating in crime as being in need of targeted or specialist intervention – with boys more likely to offend than girls (Young justice system custody figures March 2010, www.yjb.gov.uk) • The model identifies children/young people whose caring responsibilities are impacting on their opportunities as being in need of targeted intervention, and research suggests that more girls than boys are young carers (SCIE research briefing 11: The health and well-being of young carers, www.scie.org.uk).
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<p>Sexual Orientation</p> <p><i>Identify the effect of the policy on members of the LGB community</i></p>	<p>Will the change in your policy/service have an adverse impact on lesbian, gay or bisexual people? yes/no Please describe the analysis and interpretation of evidence to support your conclusion.</p> <p>The Model aims to improve access to services and ensure effective coordinated action to address need, for all groups, regardless of sexual orientation. The Model should not have any differential impact on members of the LGB community.</p>
<p>Religion and Belief</p> <p><i>Identify the effect of the policy on different religious and faith groups</i></p>	<p>Will the change in your policy/service have an adverse impact on people who practice a religion or belief? yes/no Please describe the analysis and interpretation of evidence to support your conclusion.</p> <p>The Model aims to improve access to services and ensure effective coordinated action to address need, for all groups, regardless of religion or belief. The Model should not have any differential impact on members of different religious and faith groups.</p>

<p>Age</p> <p><i>Identify the effect of the policy on different age groups using the prompts above</i></p>	<p>Will the change in your policy/service have an adverse impact on specific age groups? yes/no Please describe the analysis and interpretation of evidence to support your conclusion.</p> <p>The Model aims to improve access to services and ensure effective coordinated action to address needs of children and young people, and will therefore in particular benefit this age group. However, the Model should also improve services for parents/carers and families as a whole. The Model aims to improve coordination between Children's and Adult's Services by adopting the 'Think Family' approach – all age groups should therefore be positively impacted by the Model.</p>
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Socio-economic

Identify the effect of the policy in relation to socio-economic inequalities

Will the change in your policy/service have an adverse impact on people with low incomes? yes/**no**
Please describe the analysis and interpretation of evidence to support your conclusion.

The Model aims to improve access to services, and ensure effective coordinated action to address needs of children and young people. Children, young people and their families from socio-economic groups where need is highest (those living in poverty) are more likely to experience higher levels of need and therefore to be referred to targeted services and for those with the highest levels of need, to specialist services. The Model aims to reduce socio-economic inequalities by meeting the needs of children, young people and families in disadvantaged socio-economic groups.

Children in poverty are more likely to experience high levels of need - we know that statistically speaking, children who grow up in poverty are:

- Less likely to succeed at school
- More likely to suffer from poor health
- Less likely to secure a job as an adult
- More likely to offend
- Less likely to access a range of cultural and leisure activities
- More likely to be taken into care.

The indicators of need set out in the model recognise these disadvantages, and aim to support children and young people to overcome these problems through effective and coordinated action.

The model should therefore help to tackle and mitigate the effects of child poverty.

<p>Other</p> <p><i>Identify if there are groups, other than those already considered, that may be adversely affected by the policy?</i></p>	<p>Will the change in your policy/service have an adverse impact on any other people (e.g. carers)? yes/no Please describe the analysis and interpretation of evidence to support your conclusion.</p> <p>No</p>
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<p>Staff</p> <p><i>Identify if there are any staff groups, that may be adversely affected by the policy?</i></p>	<p>Will the change in your policy/service have an adverse impact on staff? yes/no Please describe the analysis and interpretation of evidence to support your conclusion.</p> <p>All partners/ contractors working in children’s services will be required to work to the model. There has been extensive consultation across the Children and Families Trust to ensure buy-in from partners.</p> <p>The service redesign programme will result in new working practices for staff as well as changes in contracted/ partner services. All staff have access to the guidance and information on the model on the Children and Families Trust website, and we are developing a training programme to further support staff to adapt to this new way of working.</p> <p>No group of staff have been identified as being adversely affected by the model.</p>
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Section 4: Equality Impact Assessment Action Plan

Adverse impact	Please describe the actions that will be taken to mitigate this impact
No adverse impact has been identified.	

If an adverse impact cannot be mitigated please describe an alternative option, its costs and the equality impact.

Section 5: Future Review and Monitoring

Although the Model shouldn't have a negative impact on any group and should promote equality in relation to race, disability and gender, there is limited local evidence currently available to support this. The recommendation is that an analysis should be carried out on the breakdown of referrals into universal, targeted and specialist services, to determine whether any group is under or over represented in any of the services, in the context of local population needs analysis. This will be built into an evaluation plan which is due to be completed by 1 April 2011.

Implementation of the Family Wellbeing Model will also involve equality impact assessments as part of any service redesign, and as part of the commissioning that takes place in order to support the Model.

APPENDIX A: Equality Impact Assessment Test of Relevance

TRIGGER QUESTIONS	YES / NO	IF YES PLEASE BRIEFLY EXPLAIN.....
Does the change reduce resources available to address inequality?	No	
CHANGES TO A SERVICE		
Does the change alter access to the service?	Yes	The intention is to improve access to services through providing a more joined up response.
Does the change involve revenue raising?	No	
Does the change alter who is eligible for the service?	No	
Does the change involve a reduction or removal of income transfers to service users?	No	
Does the change involve a contracting out of a service	See comment	Service redesign has not been finalised – it is possible that this may be the case.

currently provided in house?		
CHANGES TO STAFFING		
Does the change involve a reduction in staff?	No	
Does the change involve a redesign of the roles of staff?	See comment	Service redesign has not been finalised – it is possible that this may be the case.