

**JOINT EARLY INTERVENTION
AND PREVENTION STRATEGY**

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JOINT EARLY INTERVENTION AND PREVENTION STRATEGY

Introduction

Sustainable Community Strategy- One Darlington: Perfectly Placed

One Darlington: Perfectly Placed is the Sustainable Community Strategy for the Borough of Darlington. It is a vision for the future of the people who live in Darlington, and for the place where they live. These priorities were developed following extensive consultation and discussion. The Children and Young People's Plan 2011-2014 (CYPP) responds to these priorities through the development of commissioning priorities for Darlington's Children's Trust.

Darlington Children's Trust has agreed the following vision for Darlington's children and young people:

"Darlington's children and young people are its future. We want children to be growing up and living in a safe and secure environment. We want to help children achieve their potential and enjoy life as active participating citizens free from poverty, ignorance, neglect, crime, harm, abuse and distress. We will achieve this by delivering effective, high quality, targeted and integrated services."

1. Purpose

- 1.1 This strategy sets out the principles which underpin the delivery of early intervention and prevention services for children, young people and their families in Darlington. The health offer of universal services are the key preventative services for children and families in Darlington.
- 1.2 It also proposes a series of aims and objectives to be achieved which will contribute to the delivery of Darlington's vision for children and young people.
- 1.3 This strategy delivers the offer of health services to all on a universal basis and also identifies those groups of families considered to be the most vulnerable, who will be the recipients of targeted services.
- 1.4 It provides the direction for the commissioning intentions for the spending review periods 2011-2015.

2. Strategic Context

The Children Act 2004 requires local authorities with its partners to improve outcomes for children and young people by reviewing their services and how they are provided, including the integration of children's services. The Children's Plan (DCSF 2007), Building Brighter Futures: Next Steps for the Children's Workforce (DCSF 2008) and

Healthy lives, brighter futures: the strategy for children and young people's health (DCSF 2009), describe a vision that every Children's Trust arrangement was expected to deliver integrated working by 2010. In 2009 Darlington's Children's Trust commissioned the development of 3 integrated Early Intervention and Prevention Teams which were area based.

Following the establishment of the Coalition Government in May 2010 the local authority embarked upon a transformation agenda which considered a re-design of existing commissioning activity with a focus on Early Intervention and Prevention for the most vulnerable children in Darlington. The new government had also restated its intention to re-focus Children Centre activity back to the original remit of targeted provision for those most in need.

The design principles for services for children and young people are those of Darlington Borough Council's new business model and are also heavily informed by the evidence used to establish the Sustainable Community Strategy: 'One Darlington: Perfectly Placed' which is the overall plan for the Borough of Darlington from 2008-2021. The vision is carried forward by 5 delivery themes which are:

- Prosperous Darlington
- Aspiring Darlington
- Healthy Darlington
- Greener Darlington
- Safer Darlington

The Children and Young People's Plan represents the Aspiring Darlington theme of the Sustainable Community Strategy and clearly identifies the priorities that underpin this strategy. These design principles are about developing services based on the evidence of need, targeted at those who are most in need and of what works through evidence-based practice.

This strategy is informed by the Darlington Children and Young People's Plan: Needs Analysis 2010-2011 which covers both statistical data and qualitative feedback from children, young people and their families across all priority areas within all five Every Child Matters outcomes.

This strategy complements and contributes to other strategies such as Child Poverty, and Working with Families sharing many of the same target groups and evidence bases.

3. Evidence base

The foundations for virtually every aspect of human development-physical, social, emotional and intellectual-are laid in early childhood, so giving a child the best possible start in life which help to promote the five outcomes of being healthy, staying safe, enjoying and achieving, making a positive contribution to society and achieving economic well-being. Everyone who works with children, young people or with their family has a vital role to play in ensuring their development across these outcomes.

There is an increased recognition of the importance of early intervention and prevention in work with children and their families to reduce the incidence of abuse and neglect,

family breakdown, social exclusion and poor outcomes. Intervention in the early years is also key to breaking long term cycles of disadvantage and increasing aspiration which enables young people to help remove themselves from poverty.

There exists a wide range of need and family circumstance between those children who make overall good progress in all areas of their development with no additional support and those who have a range of complex needs and require specialist services. Family circumstances may change over time, risks will impact differently and provision needs to be flexible enough to respond in an effective and timely way to prevent escalation of difficulties and levels of harm.

A body of evidence from longitudinal studies indicates that early childcare interventions of high quality have lasting effects on learning and motivation; the key benefit of early and positive social and emotional development to later school and life achievements is also well-documented in research.

Parents deliver more outcomes than any other part of the system and it is necessary to consider what public services are doing to maximise this as this is the most sustainable of interventions in the longer term. Mothers and fathers are the most significant influence on their children's lives, achievements and prospects. Effective warm and assertive parenting gives children confidence, a sense of well-being and self worth. It also stimulates brain development and the capacity to learn, and is a hugely protective factor for children's outcomes.

The Social Exclusion Task Force report "Reaching Out: Think Family" further examines the wide range of individual parent-based risk factors that contribute to the nature of multiple disadvantage faced by families.

4. Needs Analysis

The local rationale for developing integrated services is based upon the information contained in the Darlington Children and Young People's Plan Needs Analysis 2010-2011. This analysis is drawn from 11 different sources of service surveys and consultation events since 2008 and local and national data.

Of particular note is that the percentage of children in Darlington who are the subject of a child protection plan because of neglect is higher than both the national and regional average. Information comparisons between 2008/09 and 2009/10 show a significant increase in children aged 0-12 months old being made subject to a Child protection plan. The number of children being looked after is higher than the national average and is continuing to rise.

5. Links to National Initiatives

There has been much research and comment about the importance of early intervention to prevent supporting a costly crisis later. The DOH/ DCSF in "Healthy lives, brighter futures" commented that "the right services should be in place to meet the specific health needs and expectations of children and their families" and "extra support is provided for those from the most disadvantaged backgrounds". Graham Allen MP recently published his interim report "Early Intervention: the next steps" in which he says that "Early Intervention is an approach that offers a real opportunity to make lasting improvements in

the lives of our children, to forestall many persistent social problems and end their transmission from one generation to the next” and “we need to make sure that all children have the social and emotional capability to be ‘school ready’ at five”.

The Marmot review comments on “the need to give every child the best start in life” and “the need to create the conditions in which individuals and communities take control over their lives”.

Dame Clare Tickell’s review “The Early Years: Foundations for life, health and learning” makes it clear how the early years are critical in improving children’s life-chances and that parental involvement in their child’s learning and development should be maximised.

6. Principles

Across Darlington, all services working with children, young people and their families will be underpinned by a set of principles which provide the sense of purpose and optimism to everyone so that they can contribute to making improvements in the most effective way. These are:

- Giving every child the best start in life
- Being a champion for every child and young person
- Ensuring every child and young person attends education and has the opportunity to enjoy positive activities
- Ensuring that there is a job or place for every school and college leaver

The themes that support these principles are as follows:

- i. A “Think Family” approach – children, young people and their families will be at the centre of everything we do.
- ii. The role of fathers is acknowledged and creative methods are used to engage fathers of children of all ages.
- iii. The use of a positive rather than deficit model of support, starting with what families do well and building on their strengths which will help to build confidence and skills in parenting.
- iv. All practitioners acknowledge, understand and respect the diverse nature of family life and arrangements.
- v. We will “hold the baton”- each practitioner will hold onto families, work with them and where necessary refer them to another service but keeping “hold of the baton” safely so that families are not lost between services.
- vi. Services will be flexible enough to meet the needs of children, young people and their families as and when they require them.
- vii. There will be a single assessment through CAF and a single point of contact through the Lead Practitioner which will remove the need for families to struggle through a maze of contacts.
- viii. Services will be aligned through single line management structures and geographically based.
- ix. Inter-agency governance is essential to improve family outcomes with clear strong leadership and protocols setting out agreed responsibilities between

agencies which will contribute to the local priorities agreed by the Local Strategic partnership.

- x. Services will attempt to impact positively on levels of children living in poverty and provide opportunities for volunteering and employment of those who are not in education, employment or training (NEET).

7. Aims

Working within an integrated model will empower families to develop confidence in their capabilities as parents/carers and members of the community by enabling them to improve their skills, knowledge and ability to make well-informed decisions and choices. This will be achieved by:

- Increasing the early identification of children and young people with additional needs that require support
- Reducing the number of children and young people requiring support from tier 3 and 4 services
- Increasing the number of Common assessments(CAF's) completed by a wider range of services
- Reducing the number of multiple practitioners from different services making visits to families
- Increasing staff knowledge of services other than their own
- Improving information sharing and multi-disciplinary approaches to planning with families
- Increasing the ability to develop personalised plans in response to identified need
- Increasing the ability to identify community trends leading to the re-design or re-shaping of services
- Increasing the earlier use of Family Group Conferencing as an intervention to enable families to find their own solutions
- Increasing the use of “step down” services for families moving out of specialist and targeted services.

8. Scope

While more work needs to be done to identify a range of risk factors which would enable the early identification of these most vulnerable children, the following families could be identified as being vulnerable:

- Disabled parents
- Parents with alcohol/substance abuse issues
- Domestic abuse
- Parents with mental health issues
- Teenage parents
- Children as main carers
- Ethnic minority families, including travelling families
- Asylum seekers/refugees
- Parents who have a disabled child and or additional needs
- Armed forces families

- Families of offenders
- Families living in temporary accommodation
- Families with low income
- Families who have experienced long term unemployment or who have a history of worklessness

In addition to these familial factors, some young people have additional risk-factors-eg risk of exclusion, persistent absenteeism, have offended, or are at risk of offending, are NEET, or are engaging in risk-taking behaviours. Focussed work with these children, young people and their families is likely to give the greatest benefit to them as well as reducing the need for future specialist service costs.

9. Workforce Development

In order to offer greater flexibility of resources, the workforce must be developed to ensure new skill mixes and it must enable practitioners to use those skills at the most appropriate level within each intervention.

The delivery of high quality services will be dependent on creating and maintaining a service which provides opportunities and the appropriate resources to enable all members of staff to build on existing skills and knowledge and to enhance and extend their professional skills. Consideration needs to be given to the mix of skills in the workforce compared to the local analysis of what families need.

This approach will need a workforce who has a complementary mix of skills, who will be able to:

- Promote positive emotional health and well-being in children ,young people and adults
- Undertake accurate assessment of need
- Communicate effectively with a range of different families
- Engage children ,young people, families and communities
- Empower others
- Promote resilience in others
- Employ solution-focused approaches
- Work in non-judgemental and inclusive ways
- Have those difficult conversations with families
- Have a thorough knowledge about the support and advice that already exists across the Borough

10. Evaluation/Impact

An Outcome Based Accountability process has been used by Children's Commissioners in Health and Darlington Borough Council to develop an interim joint Performance Management Framework in conjunction with the Head of Family Support to evaluate the effectiveness of this strategy through the implementation of the locally-based Early Intervention and Prevention teams. This will use both qualitative and quantitative measures as below:

- How much have we done?
- How well have we done?
- Is anyone better off?(number)
- Is anyone better off? (proportion)
- Any unmet need?

11. Commissioning Intentions and actions taken

1. The Children's Trust is committed to achieving clear and seamless integrated services that will respond effectively to the needs of children, young people and their families. In order to achieve this, Early Intervention and Prevention services for children aged 0-19 years and their families, are being delivered through three locality teams along with a Borough-wide provision for those services that cut across all boundaries. Following an extensive restructuring, staff in the new structure will take up their new posts on 4th September 2011.

The services that have come together to form these integrated teams are as follows:

- Health Visiting Services and School Nursing
- Some Ante-natal services
- Family Support services
- 12-19 services
- Community Psychologists
- Sure Start Children's Centres
- Health Education services
- Primary Mental Health Workers

2. Service delivery will be provided across the continuum of need but with a particular emphasis on targeted and evidence- based interventions and will interface with specialist services across all aspects of health, education, social care, youth justice and housing.

3. A joint interim service specification has been developed with a plan to develop a joint specification by 1st April 2012.

4. An interim performance management framework and suite of indicators has been developed with a plan to develop that jointly by 1st April 2012. An Initial performance monitoring meeting will take place in October 2011 and quarterly thereafter.

4. The Integrated Service Pathway which has been developed, provides opportunities for practitioners to intervene in a timely and effective way at key transition points.

5. A guidance document for practitioners on service thresholds, "Indicators of Concern" has also been developed.

6. Initial priorities for workforce development have been identified by a task and finish group comprising personnel from Health and Darlington Borough Council.

7. A governance Board has been established at Director level representing Darlington Borough Council, County Durham and Darlington PCT and County Durham and Darlington Foundation Trust to ensure implementation and to manage the effective transition to fully integrated services.

8. While an implementation plan is being developed by the Early Intervention and Prevention team, a commissioning action plan is attached at Appendix 1.

9. Work around Equality Impact Assessment of this strategy is underway: working in a more targeted way was consulted upon as part of that done around the priorities for the Children and Young People's Plan 2011-14; advice has been sought from the DAD/DBC Equality Impact Assessment Group and parent representative groups in Children's Centres are currently considering the impact of the Strategy. Further impact assessment work will be undertaken through events organised to consult further on the Children and Young People's Plan in October 2011.

Equality Impact Assessment undertaken to date is attached at Appendix 2.

Lynne Henderson

Anita Hamer

4th October 2011

Appendix 1

Early Intervention & Prevention Strategy- Commissioning Action Plan 2011-14

| Key Objectives | Actions | Lead Officer | By when | Outcomes | Resources required |
|---|--|---|----------------------------------|---|---------------------------|
| <p>To establish clear and seamless integrated services that will respond effectively to needs of children, young people and their families.</p> | <ul style="list-style-type: none"> • Develop a fully integrated specification jointly with health colleagues. | <p>Health and DBC Commissioners in conjunction with health and DBC providers.</p> | <p>1st April 2012</p> | <ul style="list-style-type: none"> • Clear understanding for staff within the Early Intervention & Prevention teams of their roles and responsibilities. • Reduced duplication of service • Effective early intervention & prevention services support vulnerable children and families. • Value for money • Improved opportunities for efficiencies • Fewer families requiring specialist services | <p>Personnel Time</p> |

| | | | | | |
|--|---|--|--|---|--|
| | <ul style="list-style-type: none"> Develop a fully integrated performance management framework jointly with health colleagues. | Health and DBC Commissioners in conjunction with health and DBC Providers. | 1 st April 2012 | <ul style="list-style-type: none"> Improved ability to track children's outcomes across agencies Improved information and data sharing across agencies Demonstrate value for money of different interventions Improved local understanding of effective interventions Improved ability to achieve efficiencies Improved ability to demonstrate cost-effectiveness of certain services | Venue Personnel Time |
| To develop multi-agency working/training | <ul style="list-style-type: none"> Audit current qualification and training of practitioners Identify training gap analysis Develop bespoke training programme | Workforce Development, Head of Family Support, Health & DBC Commissioners | <p>April 2012</p> <p>Ongoing</p> <p>September 2012</p> | <ul style="list-style-type: none"> Practitioners qualifications and training needs identified Training programme developed Staff undertaking training Increased level and range of skills identified through PDR processes. | Venue costs Personnel Time Cost of training and delivery to be identified |

EQUALITY IMPACT ASSESSMENT

| | |
|--|---|
| STRATEGY/ACTION: Early Intervention & Prevention Strategy 2011-14 | Department: Development & Commissioning |
| Person responsible for assessment: Lynne Henderson/ Anita Hamer Person responsible for strategy where different from above: | Date of assessment: 4 th October 2011 |

| |
|---|
| <p>Brief description of strategy, partners and those who will be affected by its delivery:</p> <p>The Early Intervention and Prevention Strategy is a result of the LA decision to embark upon a transformation agenda which considered a re-design of existing commissioning activity with a focus on Early Intervention and Prevention for the most vulnerable children in Darlington. The design principles are those of the new business model and the Darlington Children and Young People's Plan: Needs Analysis 2010-11 has informed this strategy. The strategy is about having service provision based on the evidence of need and of what works through evidence-based practice, promoting self-reliant and resilient families and communities.</p> <p>The strategy has been developed taking account of the recommendations of numerous recent reports produced for National Government, which all recommend the need to re-focus delivery to intervening early to prevent costly remedial interventions at a later stage in a child's life.</p> <p>The Strategy provides the direction for the commissioning intentions 2011-15 which include the development of 3 area –based teams and a Borough-wide team, comprising a range of professionals from the local authority and health, including our Children's Centres, all of which are managed through a single line-management structure. Services will also be delivered by other agencies and organisations such as Job Centre Plus.</p> <p>The strategy will affect children and young people aged 0-19 and their families and while some universal provision will be maintained, services will be targeted to those most in need with a strong emphasis on narrowing the inequalities gap across all 5 Every Child Matters outcomes.</p> |
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Equality Impact Assessments will be undertaken at service delivery level by responsible managers from partner organisations. These will inform the frontline delivery of services to ensure that no-one experiences discrimination in accessing services provided by Children's Trust partners.

The individual partners will use the Equality Impact Assessment processes agreed for their organisation which comply with the Equality Act 2010 and the Statutory Codes of Practice being developed.

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Introduction

This is a generic document that will require interpretation in particular circumstances. If, after reading the guidance, you require further information on how to implement the assessment, please contact David Plews, Policy Advisor (Social Inclusion) on 01325 388023.

Q.1 Is your strategy and the actions it proposes accessible to everyone within the community? Bear in mind any economic, social, environmental, physical, intellectual, cultural, linguistic, technological or other barriers.

| Issue | Yes | No | If yes, what evidence do you have to demonstrate this? | If no, what do you plan to do to remove barriers to access? |
|--|-----|----|--|---|
| Race (inc. culture and nationality) | ✓ | | The strategy will be published in English; however a summary of the plan will be available in other languages on request. | |
| Religion or belief | ✓ | | The CYPP makes no distinction regarding religion or belief. The provision of services to implement the strategy will undertake Equality Impact Assessments to ensure services are sensitive to the religion or beliefs of service users. | |
| Gender (inc. transvestitism, transgender and Tran sexuality) | ✓ | | The development of the CYPP in consultation with children, young people and their parents has not highlighted any specific issues around gender; consequently this strategy follows the same direction. | |

| Issue | Yes | No | If yes, what evidence do you have to demonstrate this? | If no, what do you plan to do to remove barriers to access? |
|---|-----|----|--|---|
| Sexuality (inc. homosexuality, lesbian and bisexuality) | ✓ | | The development of the CYPP, in consultation with children, young people and their parents has not highlighted any specific issues around sexuality; consequently this strategy follows the same direction. | |
| Disability/Impairment (inc. physical and/or mental impairments) | ✓ | | <p>Consultation and involvement sessions have been held with disabled young people and disabled parents regarding the CYPP which has Early Intervention and Prevention as 1 of it's key priorities. Disabled children and children of disabled parents have been identified as among those most vulnerable groups identified as the priority for services.</p> <p>Strong emphasis on the need for services to ensure the Disability Impact Assessments are carried out by Service Managers and Commissioners as services develop to meet the needs of children and young people to improve outcomes.</p> | |
| Age | ✓ | | The strategy's intention is to improve outcomes for children and young people aged 0-19, but has a strong theme around strengthening families and supporting parents . Thus, many of the aims within the strategy are targeted at helping parents/carers | |

| Issue | Yes | No | If yes, what evidence do you have to demonstrate this? | <i>If no, what do you plan to do to remove barriers to access?</i> |
|--|-----|----|--|--|
| | | | improve their skills, knowledge and ability to make well-informed decisions and choices. | |
| Geographical location | ✓ | | The Early Intervention and Prevention Strategy covers the whole Borough of Darlington and all its population of children, young people and families. | Delivery of services to those most vulnerable families needs to take account of the access difficulties some families living outside the urban area may encounter. |
| Any other equality issue (e.g. people with dependants and/or caring responsibilities). | | | Young Carers have been involved in discussions about the development of the CYP Plan for 2011-2014 and thus consulted on the priority around targeting services to those most in need. | |

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Q.2 (a) For whatever reason, does your strategy and the actions it proposes treat any group differently from others?

| | |
|-----|---|
| Yes | ✓ |
| No | |

If you have answered 'yes', please specify those individuals or groups affected and whether the impact has the potential to be adverse.

The Early Intervention and Prevention Strategy has been informed by the Darlington Children and Young People's Plan: Needs Analysis 2010-11 which identifies high level priorities agreed by all partners in the Children's Trust to address local priorities. This needs analysis used data from all partners and local knowledge and the involvement of children, young people and their parents/carers.

Individual service providers will ensure that there is no discrimination in terms of the protected characteristics –

- age
- sex
- disability
- gender reassignment
- race
- religion or belief
- sexual orientation
- marriage and civil partnership
- pregnancy and maternity

(b) What needs to be done to prevent any potentially adverse impact?

The requirement for all services to ensure appropriate and proportionate impact assessments are carried out is reinforced through the Children's Trust.

Individual organisations remain accountable for the impact assessment process following their particular organisation's procedures and protocols.

Q.3 (a) Does your strategy promote equality? (e.g. does it contain actions that demonstrate a consideration of community cohesion and the needs of the members of Darlington's diverse communities)

| | |
|-----|-------------------------------------|
| Yes | <input checked="" type="checkbox"/> |
| No | <input type="checkbox"/> |

If you have answered 'yes', please give examples of how equality is promoted.

The overall aim of the Early Intervention and Prevention Strategy is to address inequality and narrow the gap within the community. The Strategy identifies a range of risk factors which practitioners will use in the early identification of the most vulnerable families, such as disabled children, ethnic minority families and parents with mental health issues. The strategy addresses the core areas for improving outcomes for all children, young people and their families by intervening early before problems become too entrenched, whilst emphasising the importance of improving outcomes for children and young people in vulnerable groups.

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Q.4 In the past three years, have you consulted with any of the following groups regarding the development of your strategy?

| Group | Yes | No | If yes, please summarise evidence (Who? When? What were the outcomes?) | If no, are you satisfied that the strategy has no impact on this group? |
|--|-----|----|--|---|
| Age | ✓ | | <p>Consultation and involvement has been undertaken with children and young people through the Youth Service, Workforce Development and eVOLution. This consultation was in relation to the priorities of the Children and Young People's Plan 2011-14 of which early Intervention and Prevention and targeting services to those most in need, is a key priority.</p> <p>Extensive consultation with children, young people, parents and carers has been undertaken regarding the priorities of the Darlington Children and Young People's Plan 2011-14; this strategy has been developed to contribute to the CYPP's priorities and shares the same principles.</p> <p>The Member of the UK Youth Parliament, Ben Million has contributed significantly to the development of the CYP Plan and the priorities. He has also written an executive summary for the young people's version of the Plan.</p> <p>During January and February 2011 comprehensive consultation was carried out with a variety of children and young people across the town. Contact was made with schools, youth clubs and youth projects across the borough and an interactive workshop based session plan was developed and delivered in settings in order to find out the views and opinions of the young people. Darlington rE-view Digital Media Youth Work team agreed to film, photograph and take audio podcast recordings in a number of the sessions with the children and young people.</p> | |
| Racial (inc. culture and nationality) | | ✓ | | |
| Religion or belief | | ✓ | | |
| Sex (inc transvestitism, transgender and Tran sexuality) | | ✓ | | |
| Gender reassignment | | ✓ | | |
| Sexuality (e.g. homosexuality and bisexuality) | | ✓ | | |
| Impairment (e.g. physical and/or mental impairment) | ✓ | | | |
| Marriage or civil partnership | | ✓ | | |
| Pregnancy and maternity | | ✓ | | |

| Group | Yes | No | If yes, please summarise evidence (Who? When? What were the outcomes?) | <i>If no, are you satisfied that the strategy has no impact on this group?</i> |
|--|-----|----|--|--|
| <p>Any other status (e.g. people with dependants and/or caring responsibilities.</p> <p>Young Carers Disabled Parents Parents</p> | | | | |

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| Group | Yes | No | If yes, please summarise evidence (Who? When? What were the outcomes?) | <i>If no, are you satisfied that the strategy has no impact on this group?</i> |
|-----------------------|-----|----|---|--|
| | | | <p>Additional consultation has been undertaken regarding the strategy with 10 parent representatives through 3 Children's Centres: some parents commented that "working with only targeted families would hide a lot of issues suffered by other families not considered for help" and "who's going to support you if you're not in a targeted group?" Parents felt that a Health Visitor should be present in each Children's centre at all times to take phone calls and drop-in advice. They highlighted a need for weekend play sessions for single families, a need for affordable after school clubs, better links with nurseries and more information about local childminders; young people in years 10 and 11, as future parents, should be offered information about children's centres; a centre needs to be identified where under 21's can obtain condoms; reduce prices at the Dolphin Centre so low-income families can benefit and more information needed on the Life card.</p> <p>Other comments felt that the purpose behind the strategy was really good, but needed greater clarity about qualifying criteria for the target groups e. g what extent of disability was needed to be eligible to receive targeted services.</p> <p>Further consultation is planned during October 2011 specifically to consider impact of the Strategy and will address the following:</p> <ul style="list-style-type: none"> • What we want to happen(Proposal) • Good things (positive Impacts) • Bad things(negative impacts) • What will we do to limit negative impact(Mitigation) • Impacts on Individual or carer | |
| Geographical location | | ✓ | Consultation and engagement sessions were held across the Borough in a variety of locations – Dolphin Centre; Schools; Children's Centres; Rural wards and youth clubs. | |

Guidance and Definitions

The Equality Act 2010 combined over 100 pieces of legislation into one Act and introduces nine protected characteristics for which due regard is required in ensuring discrimination is prevented. These are age, race, disability, sex, gender reassignment, sexuality, faith/religious belief, marriage or civil partnership, and pregnancy/maternity. Statutory guidance is currently being developed by the Equality and Human Rights Commission and is being consulted upon. The Public Sector Duty came into force on April 5th, 2011.

The following definitions will be useful in determining impacts of strategies, actions or services on specific groups.

Age

Discrimination on the grounds of age under the Equality Act 2010 applies from the age of 18 years.

Race

To ensure that no person is treated less favourably because of his or her race defined as colour, ethnic origin or national origin or nationality (including citizenship).

Sex

Male or female.

The Sex Discrimination Act 1975 ensured that no person is treated less favourably because of his or her gender or because he or she is married.

Gender Reassignment

A process which is undertaken under medical supervision for the purposes of reassigning a person's sex by changing physiological or other characteristics of sex, and includes any part of such a process.

The Sex Discrimination (Gender Reassignment) Regulations 1999 outlaw direct discrimination against transsexuals on the grounds of "gender reassignment".

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Transvestite

An individual who wears the clothing of the opposite gender to express their feminine/masculine side, or for relaxation. Also known as cross-dressing.

Transgender

An individual, who appears as, wishes to be considered as or has undergone surgery to become a member of the opposite sex.

Transsexual

An individual who believes that their apparent gender is not their actual gender and may seek gender reassignment surgery to alter their body to meet their belief. Transsexuals may appear similar to transvestites, but have a different intent.

For the purposes of completing the impact assessment, consideration ought to be given, in the first instance for example, to the arrangements made (or which could be made/agreed upon), regarding the use of toilets and any other gender specific facilities.

Sexuality

The Employment Equality (Sexual Orientation) Regulations 2003 ban discrimination in employment and vocational training on grounds of sexual orientation. Sexual orientation is defined as an orientation towards:

- Persons of the same sex (lesbians and gay men)
- Persons of the opposite sex (heterosexuals)
- Persons of the same sex and opposite sex (Bisexuals).

It does not cover sexual practices such as sado-masochism and paedophilia.

Religion or Belief

This area presents, perhaps, the greatest difficulty in terms of providing a definition, not least because of the close links/overlaps in some instances with culture and race/ethnicity.

The Employment Equality (Religion or Belief) Regulations 2003 ban discrimination in employment and vocational training on grounds of religion or belief. Under the regulations, religion is defined as being 'any religion, religious belief, or similar philosophical belief'. This does not include any philosophical or political belief unless that belief is similar to a religious belief. Courts and tribunals may consider a number of factors when deciding what is a 'religion or belief' (e.g. collective worship, clear belief system, profound belief affecting way of life or view of the world)'.

For the purposes of completing the impact assessment, consideration ought to be given to a range of factors, examples of which are set out below. It is recognised, however, that whilst knowledge of the central tenets of those religions most likely to be encountered would help ensure that appropriate provision is made with regard to the delivery of and access to services, such knowledge might not necessarily be held.

- Is provision made, when dealing with customers, for them to be dealt with, if requested, by persons of the same sex?
- Does the way in which your service is delivered restrict access to certain religious groups that have days of religious observance restricting or preventing them accessing services on those days?
- Is your service delivered in locations or environments that might preclude or restrict access to certain religious groups?

Marriage or Civil Partnership

Discrimination on grounds a persons marital status or civil partnership is illegal under the Equality Act 2010.

Pregnancy/Maternity

Discrimination on grounds of a woman's pregnancy or maternity status is illegal under the Equality Act 2010.

Outside the Equality Act:

Culture

This area is also not easy to define, but a person's culture is likely to be influenced by a whole range of factors and in many instances might be unique to an individual. These factors could include:

- Place of birth/origin
- Upbringing
- Economic status
- Educational history
- Family status
- Language spoken

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