

Equality Analysis

Birmingham City Council Analysis Report

EA Name	Research Exploring The Experiences Of Children And Young People In Care
Directorate	Economy
Service Area	Corporate Strategy Team
Type	New/Proposed Function
EA Summary	The scope of this EA will be all activities relating to the design, implementation and reporting of the research. This will include agreeing the research methods, identifying the sample, undertaking research activities and dissemination of findings.
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Introduction

The report records the information that has been submitted for this equality analysis in the following format.

Overall Purpose

This section identifies the purpose of the Policy and which types of individual it affects. It also identifies which equality strands are affected by either a positive or negative differential impact.

Relevant Protected Characteristics

For each of the identified relevant protected characteristics there are three sections which will have been completed.

- Impact
- Consultation
- Additional Work

If the assessment has raised any issues to be addressed there will also be an action planning section.

The following pages record the answers to the assessment questions with optional comments included by the assessor to clarify or explain any of the answers given or relevant issues.

1 Activity Type

The activity has been identified as a New/Proposed Function.

2 Overall Purpose

2.1 What the Activity is for

<p>What is the purpose of this Function and expected outcomes?</p>	<p>Aims: To explore and understand the experiences of children and young people in care and in particular the strengths and weaknesses of the care service/process in Birmingham with a view to inform discussions and decisions to improve standards of service.</p> <p>Objectives: The research will consist of a literature review and approximately 20-30 face to face interviews with children and young people.</p> <p>Literature Review Existing literature and research can help contextualise the proposed research, highlighting specific challenges for Birmingham, as well as examples of good practice in Children's Services that we can potentially explore further and learn from. The findings from the review will be recorded and reported either in a separate report format or as supplementary information within the main research report. In addition, the review will also be used to inform the methodology and the development of the research tools.</p> <p>Interviews The research will capture the views of children who are in care and have experienced the care system in Birmingham. The themes or topics that will be explored will be influenced by what is important to the children and young people taking part in the research. Indicative areas for exploration include: contact and interaction with family whilst in care; depth of the children and young people's understanding of the process, current and past living arrangements, people in their lives (e.g. friends, social workers, advocates and other agencies, effectiveness of the service (i.e. has it helped or not and how?), experience at school, experience of review meetings, and, understanding and perceptions of their future.</p> <p>Methods such as focus groups and surveys were discounted due to the sensitive and confidential nature of experiences of children in care. Focus groups were deemed to be inappropriate as the open environment is likely to discourage people to engage and share their feelings. In addition, this would cause confidentiality issues due to the sharing of very personal information in an open forum. Surveys are likely to provide a low response rate. It is also probable that responses would not be in-depth enough. In addition, it is anticipated that prompting will be vital to encourage the detailed responses required. The ability to do this when using focus groups and surveys as research methods would be limited or not possible at all.</p> <p>Outcomes: Formulation of recommendations that will inform the evidence based decision making within the Children's Services, specifically In Care Provision. A unique opportunity to capture service user views to highlight good practice and create recommendations for change.</p>
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For each strategy, please decide whether it is going to be significantly aided by the Function.

Public Service Excellence	Yes
A Fair City	Yes
A Prosperous City	No

A Democratic City	Yes
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2.2 Individuals affected by the policy

Will the policy have an impact on service users/stakeholders?	Yes
<u>Comment</u> The children that we speak to are going to be children in care that have experienced the care process. The research will mean direct contact and face to face discussions with them. In addition, the report of findings will reflect their experiences (although this will be anonymised for ethical reasons).	
Will the policy have an impact on employees?	Yes
<u>Comment</u> Employees, such as social workers will be contacted to ensure that the participant recruitment for the research is sensitive and ethical. In addition, the research may report findings that comment on staff (e.g. behaviours, roles etc) and make recommendations for their future practice and process.	
Will the policy have an impact on wider community?	No

2.3 Analysis on Initial Assessment

A lot of work has been around the potential risks of this project, especially on children in care. Following this, mitigations or actions to reduce the risk have been considered and have/will be put into place.

A summary and more detailed risk assessment is outlined below.

SUMMARY

On the whole, the project is likely to affect service users and staff in a positive way. The opportunity for children and young people in care to feedback on the councils care service will allow them to inform recommendations for service improvement.

Risks have been identified and mitigations put in place (where possible). For example, the risk of the research being unfair/inappropriate is being reduced by consulting children in care during the planning stage.

Potential participants will be giving informed consent prior to participation. Where possible, they will also have the opportunity to express preferences (e.g. venue location, advocate involvement).

The issue of representativeness will be covered in the in the Full EA Analysis section. In summary, the sample selection process has been designed to increase the fairness and representativeness within the sample. The process consists of three stages:

1. Understanding the demographic breakdown of all of the children in care in Birmingham (as of April 2015). The following factors were prioritised as these were integral to the project: placement type; length of time; age; ethnicity and gender. Breakdowns were also available for disability and religion. There was no information available on sexual orientation and gender reassignment (and may be considered as inappropriate for some of the sample due to them being children).
2. 80 cases were randomly selected from the sample population (the number of cases identified was 4 times higher than we needed to account for participants choosing not to take part in the research). These were then monitored against the various variables (stated above).
3. As slight under-representation was identified against some categories an additional 13 cases were randomly selected and added to the sample. This helped boost some of the under-represented categories. The disability and religion category was also monitored to examine the proportions against these groups.

In theory, the current sample should enable an almost representative sample. However, in practice various factors will influence the sample, e.g. children may self-select themselves out of the sample as we require informed consent, children not participating due to ethical reasons (i.e. research will cause significant distress to the child, there is significant risk to the researcher and/or lack of capacity to understand and consent to the research) which is beyond the control of the research team. This, along with priority given to the primary selection criteria (e.g. placement type; length of time; age; ethnicity and gender), may mean that there is a chance that some protected characteristic

groups may not be represented in the research. If time and resources allow further cases will be selected and help boost under represented groups. If resources do not allow this, these limitations will be acknowledged, accepted and if appropriate further research recommended.

In addition, demographic/profile questions will be asked as part of the consent process in order to monitor and help identify any patterns that may indicate that certain groups (including protected characteristics) are being disproportionately affected. If patterns are identified and/or there are gaps in the research these will be highlighted in the research and, where appropriate, recommendations made.

It is important to note, that the research team has made a considerable effort and made reasonable adjustments (where possible) to make the process fair and as representative as possible.

Ultimately this project will be beneficial as the research will inform service improvements that could help create a more effective service that will benefit both service users and staff.

RISKS AND MITIGATIONS

This research has a specific purpose and will be intentionally targeting a specific audience (children in care). An explanation describing how the research meets the general equalities principles and risks and mitigations are outlined below. Detailed analyses of specific protected characteristics are available in the Full Analysis section.

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Eliminate discrimination, harassment and victimisation?
Advance equality of opportunity?

There is potential for the research to be unfair. The following risks have been identified:
the research methodology, analysis and reporting is not robust and unfair,
the cohorts (potential participants, both service users and staff) are not diverse, and,
the venue and communications will be inaccessible.

Several measures have been put into place to help ensure that the potential risks are mitigated.

RISK 1 - Research methodology, analysis and reporting is not robust and is unfair

MITIGATIONS/RESPONSES TO RISK 1

a. Sufficient preparation and planning of the research project

The methodology will be carefully planned, designed to ensure it is relevant and appropriate to children in care. Specific steps that will help ensure this are detailed in the points below.

b. Opportunity for children in care to talk about their experiences

Children in care will be directly involved in this research which will enable them to share their experiences in their own words. This should enable a fairer representation of their experiences (as opposed to talking to parents/carers or professionals, such as social workers).

c. Collaboration with experts

The collaboration with experts (Newman University) who have experience in working with children and doing research with children will act as critical friends and provide ongoing critical support throughout the project. This will include feedback that will assist in the development of an independent and objective approach and help enable robust research methodology, analysis and reporting. In addition to this, they will also conduct some interviews, which will be valuable due to their experience and expertise with working (including conducting research with) children and young people. This includes experience in conducting research with children and young people and working with

d. Collaboration with children in care

The Children in Care Council (CICC) will be consulted about the research, methodology and research tools and their feedback will inform the development of these areas.

The Children in Care Council is a place where young people who are looked after can have their say on issues that matter to them, and to make sure that they are heard by people who make the decisions. The CICC is trying to help improve the lives of children who are looked after by letting those in charge know what life in care is really like. The CICC will act to represent the views of all looked after children and young people. It is made up of 15 children and young people who are looked after in Birmingham. (<http://www.bgfl.org/78.cfm>)

e. Research Governance adhered to

A research application has been submitted and approved to the Continuous Improvement Team. A strict, internal research governance process (based on the Department of Health's Research Governance Framework (2nd Edition, April 2010), will be followed to help ensure that the planned research is of good quality, ethical and useful. It also outlines that the research take reasonable steps to protect the dignity, rights, safety and wellbeing of service users, families, carers or staff involved in the study. Any further issues that they identify will need to be addressed before the research is approved.

RISK 2 - Sample is not diverse

MITIGATIONS/RESPONSES TO RISK 2

a. Fair process of selection

The sample selection process has been designed to increase the fairness and representativeness within the samples. The process consists of three stages:

1. Understanding the demographic breakdown of all of the children in care in Birmingham (as of April 2015), including protected characteristics such as age, ethnicity, gender, disability and religion. (There was no information available on sexual orientation and gender reassignment.)
2. Random selection of 80 cases that were monitored against the various variables (e.g. age, ethnicity and gender).
3. As slight under-representation was identified against some categories an additional 13 randomly selected cases were added to boost some of the under-represented categories.
4. Screening process will help maintain ethical standards and adhere to the Mental Capacity Act, using the following criteria:
the children and young people's capacity to consent,
likelihood of the research causing significant harm or distress to the children and young people, and,
likelihood that the children or young people posing a significant risk of harm to the researcher.

More detailed analyses regarding specific protected characteristics can be found in the Full Assessment section.

b. Inclusive project

Great effort will be made to give children and young people in care an opportunity to share their experiences, highlight areas for improvement and even make suggestions. The findings will then be reported to Children's Services and decision makers.

RISK 3 - Research methods, venue and communications will be inaccessible.

MITIGATIONS/RESPONSES TO RISK 3

a. Appropriate research methods for children and young people

After careful consideration of various research methods it was concluded that interviews are particularly useful in this context, where participants will be asked about sensitive and personal experiences. It should allow the researchers to develop a rapport with participants so they feel comfortable disclosing information about themselves. In addition, there is also scope to tailor the interview (e.g. develop age appropriate activities) to enable greater engagement of children and young people.

Other research methods were ruled out:

questionnaires would not generate the level of in-depth feedback required. It would also not provide the opportunity to probe participants on emerging themes of interest, and
focus groups would not encourage participants to reveal the level of personal information needed about their experiences, due to the presence of other people and participants' desire to maintain confidentiality. The time allowed to focus on each family's experience during a group discussion would also not be sufficient to collect the level of information required.

In addition, specific research tools will be developed to aid the discussions. These will be informed by best practice and developed with different ages in mind. They will also be reviewed by various stakeholders (including CICC) to test their appropriateness and effectiveness.

b. Key considerations to meet the needs of the children and young people

The planning of the interviews will ensure that the following aspects are considered to help ensure that these activities are not indirectly discriminatory:

- consider time of day of events,
- use a venue that meets the needs of participants,
- allow the children and young people to be accompanied with an advocate,
- ensure relevant information and research activities are accessible to all participants (i.e. identifying needs in advance and working towards making the relevant provisions and adjustments e.g. interpretation support, involving interviewers with experience with working with children and young people with disabilities and advocacy (if

appropriate), meeting special requirements for individuals with hearing and sight impairments etc).

c. Honest, appropriate and fair communication methods (including research tools)

Communications regarding the research will be easy to understand and their development will be informed by research and existing best practice on how to effectively communicate with children and young people. In addition, children in care will be consulted about the research tools and help test them for effectiveness and appropriateness. Two Children in Care Council testing and piloting events will be taking place to facilitate this.

In addition, clear messages about the confidentiality and anonymity of the research will also be included. This will help reduce the risk of potential participants self excluding themselves because of concerns regarding the sensitive nature of the information they will be sharing. Strict data protection protocols will be established with the care service whereby they are sharing no personal information that could identify them with the research team and vice versa (until consent has been given to do so).

Participants will receive copies of a final summary research report so they are clear what the research has found and recommendations made.

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Foster good relations?

A number of measures will be implemented to enable the engagement and empowerment of the children and young people. The Children in Care Council will be consulted and involved in testing and piloting the research tools.

Children and young people that participate in the research will also have the option to:
decide where and when the interview will take place,
ask an advocate to attend with them, and,
allow some choice in the topics that are to be discussed in the interview (to allow discussion of areas that are most important to the children and young people).

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Promote positive attitudes towards disabled people?
Encourage participation of disabled people?
Consider more favourable treatment of disabled people?

The research team will request information regarding needs. If the selected participants do have a disability, reasonable adjustments will be made to accommodate these.

Children and young people with disabilities will be included in the list from which the sample will be selected. This research, however, will be required to gain informed consent from participants to comply with legal requirements and ethical research practice (Mental Capacity Act). A judgement will need to be made, by qualified practitioners, as to the ability of the identified individuals mental capacity to consent. The Department of Healths Research Governance Framework (2nd Edition, April 2010) states, Unless a participant has good, clear and sufficient information about the reasons for the research and consequences of taking part, it is impossible to make a genuine choice about whether to take part. It also highlights that researchers have an obligation to protect the subject as far as possible against the potentially harmful effects of participating. In the conduct of research it is important to avoid or minimise possible distress

In addition, colleagues from Newman University, who have experience and expertise in working with children and young people with disabilities, will be conducting interviews and providing advice and support to the wider research team.

Additional Comments

Unfortunately, due to the restrictions of the system we are unable to attach the Governance and Ethics Application that outlines how we ensure that the research will maintain the ethical standards whilst conducting research with children in care.

In addition, we are also unable to attach the selection process document.

Please contact Kam Caulton on 0121 303 4301, if you wish to see a copy of these documents.

3.1 Age

3.1.1 Age - Differential Impact

Age	Relevant
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3.1.2 Age - Impact

<p>Describe how the Function meets the needs of Individuals of different ages?</p>	<p>The purpose of this research is to help provide a deeper understanding of the children in care service, which will include good practice as well as improvement areas. The children's needs will be met in the following ways:</p> <ul style="list-style-type: none"> - children in care (aged 8-17 years old) will be directly spoken to, enabling them to share their experiences and their 'story' in their own words, - controls have been put in place to ensure that the risk of children experiencing significant risk and harm is reduced (e.g. social workers will be consulted to assess the appropriateness of each child's participation, researchers are getting training to develop their skills in conducting research with children, children will have the right to withdraw their consent at various points of the process, aftercare leaflets will be produced (and talked through at the end of the interview) to signpost support that the child can access, - research tools have been developed (many have been adapted from existing good practice) in consultation with experts (Children in Care Council, Children in care colleagues and universities) to help encourage child engagement. <p>The sample selection process consisted of two stages. The first stage involved understanding the age breakdown of the current children in care (as of April 2015), which is identified as the sample frame. Ages 8-17 were prioritised because there were concerns about younger children's understanding and capacity to consent and engage, and, the lack of expertise and skills within the team to effectively engage them in discussions regarding their experiences of being in care. In addition, older children may recall their experiences when they were younger and so they may be somewhat represented. In addition, typically other similar research does not include children this young. This will be acknowledged in the report and, if required, further research can be conducted with younger children. This is, however, out of the scope of this project and this equalities analysis.</p> <p>A breakdown of the prioritised groups is available below:</p> <p>8-10: 270 (23%) - proportionally equating to approx. 4-5 in sample of 20</p> <p>11-15: 563 (48%) proportionally equating to approx. 11-12 in sample of 20</p>
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Do you have evidence to support the assessment?	Yes
Please record the type of evidence and where it is from?	- Studies which highlight the importance of speaking with children directly when conducting research affecting children (McLeod, A. 2007; Leeson, C. 2007; Gaskell, C. 2009), - Screening tool and ethics application (available upon request), and, - Studies that share good practice relating to research tools (Punch, S. 2002; Appell, K. et al, 2012; Save the Children Norway 'A Kit of Tools for Participatory Research and Evaluation with CYP', 2008).
Have you received any other feedback about the Function in meeting the needs of Individuals of different ages?	Yes
Please record the nature of such feedback.	We will be proactively seeking feedback throughout the process from experts, including experts Children in Care Council, Children in care colleagues and universities.
You may have evidence from more than one source. If so, does it present a consistent view?	Not applicable
Is there anything about the Function and the way it affects Individuals of different ages which needs highlighting?	No

3.1.3 **Age - Consultation**

Have you obtained the views of Individuals of different ages on the impact of the Function?	No
If not, why not?	There are plans to consult relevant individuals
<u>Comment</u> We will be proactively seeking feedback throughout the process from experts, including experts Children in Care Council, Children in Care colleagues and universities.	
Have you obtained the views of relevant stakeholders on the impact of the Function on Individuals of different ages?	Yes
If so, how did you obtain these views?	We will be proactively seeking feedback throughout the process from experts, including experts Children in Care Council, Children in Care colleagues and universities.
Is there anything about the Function and the way it affects Individuals of different ages which needs highlighting?	No

3.1.4 **Age - Additional Work**

Do you need any more information to complete the assessment?	No
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Please explain how individuals may be impacted.	This research aims to give children in care a voice. This will enable them to share their experiences with us in their own words. It will also help us understand the service from a different perspective and understand what is most important to children and young people in care (challenging the child/adult power imbalance).
Please explain how.	As above
Is there any more work you feel is necessary to complete the assessment?	No
Do you think that the Function has a role in preventing Individuals of different ages being treated differently, in an unfair or inappropriate way, just because of their age?	Yes
Do you think that the Function could help foster good relations between persons who share the relevant protected characteristic and persons who do not share it?	Yes

3.2 Disability

3.2.1 Disability - Differential Impact

Disability	Relevant
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3.2.2 Disability - Impact

<p>Describe how the Function meets the needs of Individuals with a disability?</p>	<p>The sample selection process consisted of two stages. The first stage involved understanding the breakdown of disabled children (the indicator used was those being looked after by a social worker in a team that specialises in working with people with disabilities) of the current children in care (as of April 2015), which is identified as the sample frame. A breakdown is available below:</p> <p>Non disable team: 1885 (95%) - proportionally equating to approx. 19 in sample of 20 Disabled team: 90 (5%) - proportionally equating to approx. 1 in sample of 20</p> <p>The second stage involved randomly selecting 80 cases (plus 13 after an adjustment was required) from the sample population. The number of cases identified was intended to be 4 times higher than we needed to account for participants choosing not to take part in the research (in practice it was slightly more than this - we required 5% but had 8%). The number of children selected to participate in the research will then be monitored against the proportion of children with and without disabilities.</p> <p>However, as we require informed consent prior to participation, children may self-select themselves out of the sample and unfortunately this is out of our control.</p> <p>The needs of children with disabilities that participate in the research will be identified prior to research activity and reasonable adjustments will be made to meet their needs and enable easier access to the venue and materials.</p>
<p>Do you have evidence to support the assessment?</p>	<p>Yes</p>
<p>Please record the type of evidence and where it is from?</p>	<p>Sample select documents were produced. The above is an extract from these documents.</p>

Have you received any other feedback about the Function in meeting the needs of Individuals with a disability?	No
<u>Comment</u> Additional needs will be sought by the researchers from the child's social worker to ensure that all needs are identified and reasonable adjustments can be made.	
You may have evidence from more than one source. If so, does it present a consistent view?	Not applicable
Is there anything about the Function and the way it affects Individuals with a disability which needs highlighting?	No

3.2.3 Disability - Consultation

Have you obtained the views of Individuals with a disability on the impact of the Function?	No
If not, why not?	There are plans to consult relevant individuals
<u>Comment</u> If children with disabilities are identified during the sample selection process the social workers that represent them will be consulted about their needs (e.g. access to venue, access to materials, appropriateness of research tools) and reasonable adjustments will be made to accommodate them and enable them to participate in the research. All children will be asked to give their consent prior to the beginning of the interview. This will allow for any issues to be discussed and resolved or for the child to withdraw from the research if they wish (e.g. if they change their mind).	
Have you obtained the views of relevant stakeholders on the impact of the Function on Individuals with a disability?	Yes
If so, how did you obtain these views?	We will be proactively seeking feedback throughout the process from experts, including experts Children in Care Council (which included members with disabilities), Children in Care colleagues and universities. If children with disabilities are identified during the sample selection process the social workers that represent them will be consulted about their needs (e.g. access to venue, access to materials, appropriateness of research tools) and reasonable adjustments will be made to accommodate them and enable them to participate in the research. In addition, interviewers that have experience with working with children with disabilities are available.
Is there anything about the Function and the way it affects Individuals with a disability which needs highlighting?	No

3.2.4 Disability - Additional Work

Do you need any more information to complete the assessment?	No
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Please explain how individuals may be impacted.	Children in care with disabilities will be included in the sample frame and will have an equal chance of being identified to participate in the research. Effort will be made to encourage participation by identifying their needs early and putting in place reasonable adjustments to accommodate their needs.
Please explain how.	If children with disabilities participate in the research they will be able to offer unique insight into their experiences. If the findings are deemed significant further research focussing on children with disabilities could be recommended.
Is there any more work you feel is necessary to complete the assessment?	No
Do you think that the Function has a role in preventing Individuals with a disability being treated differently, in an unfair or inappropriate way, just because of their disability?	Yes
Do you think that the Function could help foster good relations between persons who share the relevant protected characteristic and persons who do not share it?	Yes
Do you think that the Function will take account of disabilities even if it means treating Individuals with a disability more favourably?	Yes
<u>Comment</u> See comments above.	
Do you think that the Function could assist Individuals with a disability to participate more?	Yes
<u>Comment</u> See comments above.	
Do you think that the Function could assist in promoting positive attitudes to Individuals with a disability?	Yes
<u>Comment</u> See comments above.	

3.3 Religion or Belief

3.3.1 Religion or Belief - Differential Impact

Religion or Belief	Relevant
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3.3.2 Religion or Belief - Impact

Describe how the Function meets the needs of Individuals of different religions or beliefs?	<p>The sample selection process consisted of two stages. The first stage involved understanding the breakdown of the religion/faith of the current children in care (as of April 2015), which is identified as the sample frame. The breakdown of the highest ranking religion/faith categories (i.e. with the most frequencies) within the sample frame include:</p> <p>Information not yet obtained: 169 (9%) - proportionally equating to approx.2 in sample of 20</p> <p>Muslim: 263 (13%) - proportionally equating to approx. 3 in sample of 20</p> <p>None: 950 (48%) - proportionally equating to approx. 10 in sample of 20</p> <p>Other: 102 (5%) - proportionally equating to approx.1 in sample of 20</p> <p>Protestant: 133 (7%) - proportionally equating to approx. 1 in sample of 20</p> <p>Refused: 62 (3%) - proportionally equating to approx. 1 in sample of 20</p> <p>Roman Catholic: 131 (7%) - proportionally equating to approx. 1 in sample of 20</p> <p>The second stage involved randomly selecting 80 cases from the sample frame (the number of cases identified was 4 times higher than we needed to account for participants choosing not to take part in the research). These will be monitored the proportions above.</p> <p>However, as we require informed consent prior to participation, children may not have the capacity to consent and/or self-select themselves out of the sample, Unfortunately this is out of our control.</p>
Do you have evidence to support the assessment?	Yes
Please record the type of evidence and where it is from?	Sample select documents were produced. The above is an extract from these documents.
Have you received any other feedback about the Function in meeting the needs of Individuals of different religions or beliefs?	No
You may have evidence from more than one source. If so, does it present a consistent view?	Not applicable

Is there anything about the Function and the way it affects Individuals of different religions or beliefs which needs highlighting?	No
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3.3.3 Religion or Belief - Consultation

Have you obtained the views of Individuals of different religions or beliefs on the impact of the Function?	No
If not, why not?	There are no plans to consult relevant individuals
<p><u>Comment</u> We do not think the research poses any risks to the children participating in the research with regards to ethnicity.</p> <p>This question does not seem to be very applicable to the research project as the whole purpose of the research is to seek views. Views of children and young people of different religion/beliefs will be sought via the research interviews and research process. They will have an equal opportunity to participate in the research.</p>	
Have you obtained the views of relevant stakeholders on the impact of the Function on Individuals of different religions or beliefs?	Yes
If so, how did you obtain these views?	We will be proactively seeking feedback throughout the process from experts, including experts Children in Care Council, Children in Care colleagues and universities.
Is there anything about the Function and the way it affects Individuals of different religions or beliefs which needs highlighting?	No

3.3.4 Religion or Belief - Additional Work

Do you need any more information to complete the assessment?	No
Is there any more work you feel is necessary to complete the assessment?	No
Do you think that the Function has a role in preventing Individuals of different religions or beliefs being treated differently, in an unfair or inappropriate way, just because of their religion or belief?	No
Do you think that the Function could help foster good relations between persons who share the relevant protected characteristic and persons who do not share it?	No

3.4 Gender

3.4.1 Gender - Differential Impact

Gender	Relevant
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3.4.2 Gender - Impact

Describe how the Function meets the needs of Men and women?	<p>The sample selection process took into account the gender proportions of all children in care in Birmingham (as of April 2015). It was found, however, that the gender split was almost 50/50. The research team will aim for the sample to be 50% male and 50% female, if possible.</p> <p>However, as we require informed consent prior to participation, children may self-select themselves out of the sample and unfortunately this is out of our control.</p>
Do you have evidence to support the assessment?	Yes
Please record the type of evidence and where it is from?	A sample selection document is available upon request.
Have you received any other feedback about the Function in meeting the needs of Men and women?	No
You may have evidence from more than one source. If so, does it present a consistent view?	Not applicable
Is there anything about the Function and the way it affects Men and women which needs highlighting?	No

3.4.3 Gender - Consultation

Have you obtained the views of Men and women on the impact of the Function?	No
<u>Comment</u> This question does not seem to be very applicable to the research project as the whole purpose of the research is to seek views. Views of male and female children and young people will be sought via the research interviews and research process. Gender neutral tools will be used to reduce the risk of discouraging engagement based on gender.	
If not, why not?	There are no plans to consult relevant individuals
Have you obtained the views of relevant stakeholders on the impact of the Function on Men and women?	Yes
If so, how did you obtain these views?	We will be proactively seeking feedback throughout the process from experts, including experts Children in Care Council, Children in Care colleagues and universities.

Is there anything about the Function and the way it affects Men and women which needs highlighting?	No
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3.4.4 Gender - Additional Work

Do you need any more information to complete the assessment?	No
Please explain how individuals may be impacted.	<p>The sample selection process took into account the gender proportions of all children in care in Birmingham (as of April 2015). It was found, however, that the gender split was almost 50/50. The research team will aim for the sample to be 50% male and 50% female, if possible.</p> <p>Views of male and female children and young people will be sought via the research interviews and research process. Gender neutral tools will be used to reduce the risk of discouraging engagement based on gender.</p>
Is there any more work you feel is necessary to complete the assessment?	No
Do you think that the Function has a role in preventing Men and women being treated differently, in an unfair or inappropriate way, just because of their gender?	Yes

3.5 Race

3.5.1 Race - Differential Impact

Race	Relevant
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3.5.2 Race - Impact

<p>Describe how the Function meets the needs of Individuals from different ethnic backgrounds?</p>	<p>The sample selection process consisted of two stages. The first stage involved understanding the breakdown of the ethnicity of the current children in care (as of April 2015), which is identified as the sample frame. The breakdown of the highest ranking ethnicity categories (i.e. with the most frequencies) within the sample frame include:</p> <p>White - UK: 962 (49%) - proportionally equating to approx. 10 in sample of 20 Black-African Caribbean: 167 (8%) - proportionally equating to approx. 2 in sample of 20 Asian Other: 49 (3%) - proportionally equating to approx. 1 in sample in 20 Black African: 57 (3%) - proportionally equating to approx. 1 in sample of 20 Mixed Parentage - Other Mixed Background: 106 (6%) - proportionally equating to approx 1 in sample of 20 Mixed Parentage - White and Asian: 115 (6%) - proportionally equating to approx. 1 in sample of 20 Mixed Parentage - White and Black Caribbean: 119 (6%) - proportionally equating to approx. 1 in sample of 20 Other: 48 (3%) - proportionally equating to approx. 1 in sample of 20 Pakistani: 129 (4%) - proportionally equating to approx. 1 in sample of 20 White - Other: 54 (3%) - proportionally equating to approx. 1 in sample of 20</p> <p>The second stage involved randomly selecting 80 cases from the sample frame (the number of cases identified was 4 times higher than we needed to account for participants choosing not to take part in the research). These will then be monitored against the proportions above.</p> <p>However, as we require informed consent prior to participation, children may not have the capacity to consent and/or self-select themselves out of the sample, Unfortunately this is out of our control.</p>
<p>Do you have evidence to support the assessment?</p>	<p>Yes</p>
<p>Please record the type of evidence and where it is from?</p>	<p>Sample select documents were produced. The above is an extract from these documents.</p>
<p>Have you received any other feedback about the Function in meeting the needs of Individuals from different ethnic backgrounds?</p>	<p>No</p>

You may have evidence from more than one source. If so, does it present a consistent view?	Not applicable
Is there anything about the Function and the way it affects Individuals from different ethnic backgrounds which needs highlighting?	No

3.5.3 Race - Consultation

Have you obtained the views of Individuals from different ethnic backgrounds on the impact of the Function?	No
If not, why not?	There are no plans to consult relevant individuals
<p><u>Comment</u></p> <p>We do not think the research poses any risks to the children participating in the research with regards to ethnicity.</p> <p>This question does not seem to be very applicable to the research project as the whole purpose of the research is to seek views. Views of children and young people of different ethnicities (those identified as high proportions) will be sought via the research interviews and research process. They will have an equal opportunity to participate in the research.</p>	
Have you obtained the views of relevant stakeholders on the impact of the Function on Individuals from different ethnic backgrounds?	Yes
If so, how did you obtain these views?	We will be proactively seeking feedback throughout the process from experts, including experts Children in Care Council, Children in Care colleagues and universities.
Is there anything about the Function and the way it affects Individuals from different ethnic backgrounds which needs highlighting?	No

3.5.4 Race - Additional Work

Do you need any more information to complete the assessment?	No
Is there any more work you feel is necessary to complete the assessment?	No
Do you think that the Function has a role in preventing Individuals from different ethnic backgrounds being treated differently, in an unfair or inappropriate way, just because of their ethnicity?	No
Do you think that the Function could help foster good relations between persons who share the relevant protected characteristic and persons who do not share it?	No

3.6 Concluding Statement on Full Assessment

See Analysis on Initial Assessment section

The research has considered the protected characteristics in its planning. The sampling process is systematic, methodical and fair at the initial stage and following this, where required, adjustments made to help create opportunity for a diverse sample.

In theory, the current sample should enable an almost representative sample. However, in practice various factors will influence the sample, e.g. children may self-select themselves out of the sample as we require informed consent, children not participating due to ethical reasons (i.e. research will cause significant distress to the child, there is significant risk to the researcher and/or lack of capacity to understand and consent to the research) which is beyond the control of the research team.

This, along with priority given to the primary selection criteria (e.g. placement type; length of time; age; ethnicity and gender), may mean that there is a chance that some protected characteristic groups may not be represented in the research. If time and resources allow further cases will be selected and help boost under represented groups. If resources do not allow this, these limitations will be acknowledged, accepted and if appropriate further research recommended.

Further to this, other considerations (e.g. appropriate communications materials and methods, research tools, venue and reporting materials) will consider different groups and accommodate their needs (including make reasonable adjustments where necessary).

We will also be seeking to obtain and monitor information on protected characteristics via a profile form. We will highlight any patterns or trends that suggest that particular groups are disproportionately being affected by the care service and where appropriate make suggestions for further research.

A general risk assessment against the general equalities principles has also been conducted to identify potential risks, put mitigations in place and reduce impact.

4 Review Date

25/03/16

5 Action Plan

There are no relevant issues, so no action plans are currently required.