

Helping to make an impact

Equality Assessment (EA) Form and Guidance Information

Author: E&DD EQUALITY ASSESSMENT GUIDANCE AND FORM V.Ref. 4 - March 2012



INITIAL SCREENING – STAGE 1 (See Guidance information)

As a public authority we need to ensure that our strategies, policies, functions and services, current and proposed have given due regard to equality and diversity.

Please complete the following questions to determine whether a Full Equality Assessment is required.

1. Name of policy, strategy or function: Remodelling and Integration of Preventative and Targete	ed Services. Ref: CYPF1112RE			
CHILD RESP	ASSISTANT DIRECTOR, REN'S SERVICES WITH ONSIBILITY FOR SOUTH AREA sment Date: 19 th November 2012			
Is this a: Policy Strategy Fundamental Is this: New or Proposed Already exists and is bein	ction X Service g reviewed Is Changing X			
1. What are the main aims, objectives of the policy, strate intended outcomes and who is likely to benefit from it	egy, function or service and the			
 intended outcomes and who is likely to benefit from it Aims: The aim of this savings (£3.3 million) proposal is concerned with building on the overall remodelling of the service (EA completed in September 2011) developing further the integration of Children's Services to support the Early Help Strategy and promote early intervention with children and their families which reduce the number of children who require public care; to achieve financial savings and contribute to the Birmingham City Council's budget savings programme of £70m new savings required in the coming 2013/14 financial year and the longer term financial challenge that would mean that by 2016/17, the Council would have had to reduce its controllable expenditure by about half (£600m) from what it was in 2010/11. Objectives: The objective of the proposal is to integrate 1) Education Welfare Service, statutory Social Workers and children's centre staff/managers to provide a targeted offer of support; that will fulfil statutory duties and responsibilities whilst offering intensive family support. This change in practice will be supported by evidence based practice to identify risk factors to children such as neglect to, effect change and identify those children that require a Children's Social Care service sooner rather than later. In addition there will be a rationalising of management posts and a review of some Birmingham 				
City Council staff salaries within the IFSTs and Children's Centres to ensure there is parity between roles and posts which provide a family support service.				

Outcomes: The desired outcome is to provide children, young people and their families with the right support, at the right time from the right service to prevent the unnecessary escalation of needs and identifies those children who require a specialist service a lot sooner than is the current case.

Benefits: It is anticipated that this proposal of pooling resources, will create a single coherent service that supports and strengthens early intervention that will benefit children, young people and their families who will receive an early and seamless offer of targeted support in areas of most need that prevents their needs escalating and will also generate cashable savings for Birmingham City Council that contributes to the Authority's savings plan.

2. Explain how the main aims of the policy, strategy, function or service will demonstrate due regard to the aims of the General Duty?

X

X

]x] X

Х

- 1. Eliminate discrimination, harassment and victimisation?
- 2. Advance equality of opportunity?
- 3. Foster good relations?
- 4. Promote positive attitudes towards disabled people?
- 5. Encourage participation of disabled people?
- 6. Consider more favourable treatment of disabled people?

This policy is focussed on increasing the opportunity for children, young people and their families to receive an early offer of support who have been assessed to need one; whilst fostering good relationships within their community and with professionals. The basis of the proposal is centred on Children's Centre buildings being used to integrate, where possible, targeted services and where this is not possible provide a hub and spoke approach. (Please see full EA CYPF1212CC for further detail)

Children's centres (CC's) will continue to provide universal services for families with children minus nine months to five years, targeted support will also be available where additional needs are identified and more specialist services are required. Through persistent targeted outreach they will target families who isolated or less likely to access a CC and associated services and support the city in meeting the above Equality Duties. The integration of services as defined by this proposal will extend the offer for those who require targeted support from 5 to 19 year olds This will reduce the demand on reducing resources by developing a more efficient way of working by reducing the need for multiple assessments, referrals, meetings, visits, by different teams on/with single families and allow the whole family to benefit without exclusion due to age, therefore reaching more children.

In developing and implementing this proposal we will:

- Eliminate discrimination, harassment and victimisation by ensuring the impact of any budget reductions will not disproportionately affect our most vulnerable families, for example those in need of protection. This will be achieved by the model of integration having designated links to local Children's Social Care teams. In addition the service will be focussed on delivering an early support offer of intervention which will include outreach and/or signposting services; thus maintaining and facilitating access to universal, specialist and targeted services.
- 2. Advance equality of opportunity if there are fewer opportunities in the above fields then

this may impact upon issues such as employability/skills for adults, along with the access to the core range of CC services – we will therefore need to consider how best to maintain access to such services as the new model of delivery is established. Conversely for children the new model is expected to increase the reach of CCs, targeted and specialist services and access for our most vulnerable children, for example as the availability of two yr old day care is increased by the Government.

- 3. Fostering good relationships is expected to be less of an issue as CC's play a prominent part in their communities; their continuing presence and improved, coordinated/integrated service delivery arrangements is expected to provide a broader range of services accessible to more people such as the targeted support provided by the IFSTs and specialist services from Children's Social Care.
- 4. 5 and 6 Participation, treatment and more favourable treatment of disabled people these are key elements of the current arrangements and will be reviewed as proposals for the detailed changes are developed to ensure accessibility is maintained and if possible improved through the new delivery model. There will be links made with the Early Support Service and Children's Social Care disability services; ensuring children and young people and families in need do not 'fall through the net'. The closer working relationships with children's centres and use of their buildings, will ensure accessibility to services and where possible improved.

3. What does your current data tell you about who your policy, strategy, function or service may affect:

Service users Employees Wider community	Yes 🗌 🗴 Yes 🗌 🗴 Yes 🗌 🗴	No 🗌 No 🔲 No 🗌	
Please provide an explana	ition for your 'Ye	es' or 'No' answer	
This is an assessment of the each of those services have will be explored in the secon The Task Group Members a	e completed a indi nd stage of this E	ividual EA. The detai	ion of a number of services, I and outcomes of those EA's

<u>Rights and Participation</u> Lisa Carter and Vince Clarke <u>Children's Centres</u> Richard King, Karen Pearson and Julie Wall Children's Social Care Catherine Parry

(a) Service users

This proposal is not proposing a reduction in the offer of the services; however it is concerned with supporting children and young people to remain safely within their families and communities. For example, between January 2011 and July 2012 there were 263 young people aged 14 years plus admitted to public care of which 42 were discharged within 30 days. These young people

were a discreet cohort of a total of 176 children admitted and discharged in the same period of which 38 of these young people stayed in public care less than 20 weeks at a cost of £548,810. It would therefore seem that the preventative services currently available are not sufficiently focussed and integrated to provide the level and intensity of support required for children to remain safely at home.

(STATISTICS TO BE INSERTED)

b) Employees

As indicated it is expected there will be a loss of 4 management posts, please see table below. (A breakdown of ethnicity, sex, etc will be submitted in the second stage of the EA)

Overall, the number of posts affected by this proposal will remain unchanged. However, there will be a reduction of 4 management posts, and a review of salaries for family support workers who are paid a GR 3 and 4 to ensure there is parity in their JD/PS. This may result in delivering a saving to the Council's savings plan and loss of income for relevant staff. In addition some staff may require additional training given the revised role for the integrated service offer to work closer. For some staff there will be a need to develop new skills to deliver targeted family support services; there is a training and development strategy (appendix 1) in place to address this.

		Number	Current FTE's	Inc + /	
Title	Grade	of posts	in post	Red -	
Area Managers	7	2.0	5.0	-3.0	
Locality Team Manager	6	14.0	17.6	-3.6	**
Practice supervisors/Senior Practitioners	5	18.0	18.1	-0.1	
Children Centre Managers	5	2.7	2.7	0.0	
Children Centre Service Managers	4	4.9	4.9	0.0	
Senior Family Support Workers	4	79.8	79.8	0.0	
Family Support Workers	3	111.4	111.4	0.0	*
Total		232.8	239.5	-6.7	

Staff Reductions with Troubled Families Funding 2013/14

It is proposed the IFSTs and Birmingham city Council Children's Centre staff will be integrated under the same management structure. This is likely to result in the loss of 4 management posts. Those staff affected will be subject to the council's 'at risk' procedures which may involve the offer of Voluntary Redundancy or placed on the 'priority movers' list. It is not expected that these losses will have a negative impact on the service offered to service users and which will see those of the Children's Centre and IFSTs redefined to offer intensive family support that supports those of universal services and be supported by evidence based practice which identifies risk factors to children such as neglect to effect change and identify those children that require a Children's Social Care service sooner rather than later.

Initial consultation with staff started in December 2012 and was concluded within 6 weeks of commencement, followed by a formal 3 month consultation process with staff and unions. These consultations took on the form of focus groups and questionnaires. Building on past consultation, we are currently conducting further meetings and giving staff access to a mailbox to ensure that all staff that could be affected have all of the information that they need and are able to participate in the discussions. This will be complimentary of the Council's strategic consultation process. All efforts will be made to avoid any compulsory redundancies; this could be mitigated by staff being redeployed into other vacancies.

(c) The wider community

The intention of the model is to provide greater benefits for the wider community via a broader, more equitable service and increased integrated working/service offer alongside the IFSTs. CC's will have close links with IFST's (often co-located) and the IFST's will have closer links with schools, Health and other delivery partners across each locality. However, changes in the children's centres may result in increased barriers to access for those living in more affluent areas because some centres may merge and offer reduced services, therefore services may not be within pram-pushing distance however, if the services are identified as needed, alternative, accessible community sites will be sourced, i.e. schools, churches, etc. This will be addressed in the EA for the Children's Centres.

4. Are there any aspects of the policy, strategy, function or service, including how it is delivered, or accessed, that could contribute to inequality? (including direct or indirect discrimination to service users or employees)

Yes 🗌

No 🗌 🗴

Please provide an explanation for your 'Yes' or 'No' answer

or

It is not anticipated any aspects of this proposal will directly or indirectly contribute to inequality on the grounds of age, disability, sexuality and gender.

The proposal is predicated that children and young people are receiving a 'universal' offer of intervention from schools, nursing or GP services and where the respective practitioner considers the child requires additional support they will complete a common assessment. In order to ensure a consistent approach and application of practice the risks of inequality will be minimised by;

- Review and re-launch of a 'threshold' policy in Birmingham
- Development of a common set of procedures all professionals
- Production of communication strategy/plan that will include;
 - promotional materials for practitioners
 - Production of promotional materials children, young people and their families advising of accessibility
 - Web-based information.

Whilst a review of salaries is proposed, there will not be any significant changes to the roles of staff; rather greater parity in their salary for undertaking a similar role, The development of a workforce development training plan is expected to improve the knowledge base of staff and therefore improve the service being offered to children and their families.

5. Will the policy, strategy, function or service, have an adverse (negative) impact upon the lives of people, including employees and service users?

Yes 🗌

No

or Please provide an explanation for your 'Yes' or 'No' answer

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The proposed integration of services is not likely to have an adverse impact on service users; but rather enhance and increase the accessibility of targeted services. The impact of any changes in the configuration of Children's Centre services has been addressed though the Children's Centre's EA - Should the location of the services, i.e. in Children's Centres, not improve accessibility, the service is likely to adopt a hub an spoke model and provide outreach services through a home visiting service and delivering any group sessions in a local setting that enables continued access.

Once the detailed proposals in relation to changes in the terms and conditions of staff contracts and reduction in management posts and the elements of staffing in the IFSTs could be adversely affected by these changes. This will be considered in partnership with HR and within the consultation process with staff and Trade Unions. In addition consideration will be given to the potential risks to staff from black and minority ethnic backgrounds and for those with disabilities.

6. Is an Equality Assessment required?

If your answer to question 2 has identified potential adverse impact and you have answered 'yes' to any of the following questions 3, 4, or 5, then you should carry out a Full Equality Assessment.

Does the Policy, Strategy, Function or Service require a Full Equality Assessment? **Yes x No** not at this stage

If a Full Equality Assessment is required, before proceeding you should discuss the scope of the assessment with service managers in your service area as well as the Directorate Contact Officer.

If a Full Equality Assessment is **Not** required, please sign the declaration and complete the Summary statement below, then forward a copy of the Initial Screening to your Directorate Contact Officer

If a Full Equality Assessment **Is** required, you will need to sign the declaration and complete the Summary statement below, detailing why the Policy, Strategy, Function or Service is moving to a Full Equality Assessment. Then continue with your Assessment

DECLARATION

A Full Equality Assessment not required, the Initial Screening has demonstrated that the Policy, Strategy, Function or Service is robust; there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

Chairperson: PAUL MARSHALL

Sign-off Date: 23.3.13

Summary statement: This proposal will have an impact on staff, potentially service users and whilst there are clearly some mitigation identified, in light of the nature and scale of the proposed changes and impact a full EIA should be completed.

Quality check: The screening document has been checked using the agreed audit arrangements in the Directorate:

Name: (Officer/Group carrying out the Quality Check) Veronika Quintyne Directorate:CYPF Contact number: 0121 4643073	Date undertaken: 21.11.2012	Screening review statement: Once there is further clarity provided in this risk assessment on whom the change to the function will impact and what the impact is likely to be and on the mitigations considered, I will be able to provide an appropriate and measured check in line with BCC audit arrangements
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Equality Assessment Task Group Members			
		Role on Task Group (e.g. service user, manager or service specialist)	Contact Number
2.	Paul Marshall	Chair	0121 303 8252
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