

EQUALITY IMPACT ANALYSIS – Appendix 1

Guide for Initial Screening and Analysis

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| Policy, practice, function or project analysed | |
| ECC Children with Disabilities (CWD) and their families | |
| Lead Officer : Philippa Bull | Tel: 01245 431621 Email: Philippa.Bull@essex.gov.uk |
| Those undertaking the analysis : | |
| Sally Hughes | Tel: 03330136313 Email: sally.hughes@essex.gov.uk |
| Jacquie Hills | Tel: 03330136457 Email: Jacquie.hills@essex.gov.uk |
| Kate Martin | Tel: 03330 136293 Email: kate.martin@essex.gov.uk |
| | Tel: E mail: |
| Start date of analysis: | Completion of analysis: |
| Reference Number: | |

- In making decisions ECC must have regard to the public sector equality duty (PSED) under s.149 of the Equalities Act 2010, ie have due regard to the need to: A. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. B. Advance equality of opportunity between people who share a protected characteristic and those who do not. C. Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding
- This initial Equalities Impact Analysis (EQIA) screening document should be used as a tool to test and analyse the nature and impact of either what we do or are planning to do in the future. It can be used flexibly for review of existing arrangements but in particular should enable identification where further consultation, engagement and data is required.
- Please use this series of questions to guide thought processes and record your findings in relation to the analysis of the level of impact of a proposed or existing policy, function, service or practice. **All high or medium impacts will require a full analysis.**
- For public sector purposes if the policy or function is subject to a Scrutiny presentation or business case development this evidenced EQIA screening process will be required as a minimum for supporting documentation.

This initial screening EQIA will be published on the ECC Website stating the outcome and providing links to further documents where appropriate and other contact details for enquiries.

| A. | POLICY, PRACTICE, FUNCTION OR PROJECT TO BE ANALYSED |
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| A1 | Is this a new or change to an existing policy, practice, function or project? Yes <input checked="" type="checkbox"/> CheckBox1 No <input type="checkbox"/> CheckBox2 |

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| A2 | <p>Is this policy or function associated with any other Council policy or priority?</p> <p>Yes <input checked="" type="checkbox"/> CheckBox3 No <input type="checkbox"/> CheckBox4</p> <p>Essex County Council is committed to ensuring that every child in Essex with disabilities has the same opportunities as able bodied children and young people to access activities and programmes that promote physical and emotional wellbeing and can lead to them achieving the best possible outcomes possible.</p> <p>Documents that support this ambition are:</p> <ul style="list-style-type: none"> • ECC Strategy for Children and Young People with Special Educational Needs and Disability (2013) • Essex County Council Children and Young People's Plan 2013-15; • Essex SEND Strategy 2014-2019 • Short Breaks Strategy 2011-2015 <p>How does it support the meeting of any priority?</p> <p>The provision of support to children with disabilities and their families is relevant to a number of our corporate outcomes and in particular the following outcomes:</p> <ul style="list-style-type: none"> • Children in Essex get the best start in life • People in Essex enjoy good health and wellbeing • Aspirations and achieve ambitions through education, training and lifelong-learning • People in Essex live in safe communities and are protected from harm • People in Essex can live independently and exercise control over their lives <p>By working closely with families, children and young people to help manage expectation, and working with suppliers to review and restructure provision through innovative thinking and planning Essex will move nearer to the All Age Commissioning Approach it wants for its citizens.</p> <p>Essex recognises that disabled children have largely the same aspirations as non-disabled children and the outcomes they would like to achieve are therefore similar. Essex also acknowledges there is a need for many disabled children and young people, to be given the opportunity to achieve some fundamental outcomes initially that will act as a foundation for other outcomes to be built on, the most important being communication.</p> |
| A3 | <p>If statutory please refer to relevant statute.</p> <ul style="list-style-type: none"> - Children & Families Act 2014 - Health & Social Care Act - Short Breaks for Disabled Children |
| A4 | <p>Does or will it affect -service users, employees, the wider community or particular groups of people particularly where there are areas of known inequalities.</p> <p>Yes <input checked="" type="checkbox"/> CheckBox5 No <input type="checkbox"/> CheckBox6</p> <p>Will the policy or function influence how organisations operate and /or involve substantial changes in resources?</p> <p>Yes <input checked="" type="checkbox"/> CheckBox7 No <input type="checkbox"/> CheckBox8</p> <p>(Particular groups protected under the act are people who share one or more protected characteristics of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.)</p> <p>If yes to any of these questions, then it is relevant to achieving fair equal outcomes and will require further screening as to nature and level of impact. Please continue answering the questions from A5</p> <p>If no- please record your comments here. No further action is required other than sign off at end of document</p> |

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| A5 | <p>Please describe what are the main aims, objectives, purpose and intended outcomes of the policy or function?</p> <p>The existing provision was originally commissioned 3 years ago under the Aiming High agenda. Due to pressures identified in the ECC transformation and the financial climate savings have needed to be identified throughout this period. Through the strengthening of legislation for Children with Disabilities through the SEND agenda from the Children and Families Act 2014. These changes and due to the current contracts coming to an end in March 2015 Essex is now in a position to review and redesign the model for delivery. Current providers are aware of the contracts coming to an end and have been engaged with as part of the co-design work being undertaken and understand that they will need to go through a competitive tender process in early 2015 to secure contracts from October 2015.</p> <p>The new service model will:</p> <ul style="list-style-type: none"> • Ensure the range of services for Children with Disabilities and their families will be the most appropriate service and intervention, taking into account their health, education and social care needs. • Enable Children with Disabilities and families access to a range of local, community based provision, which can support individually identified and assessed needs. • Have a clear outcome framework that is monitored through regular performance meetings to support the continued improvement of the service (s). • Have the updated Children with Disabilities Needs Assessment (JSNA) to inform and support future priorities and decisions. • Realise the necessary 1.7 million pounds efficiency savings within the overall Children with Disabilities budget over the next 2 years. Plans to achieve this include the re-negotiating of the costs of spot purchase contracts, reviewing the resources/capacity available at residential provision and to introduce a model that will reduce management costs and increase flexibility of provision. • Promote and support the personalisation agenda across the CWD service provision which will in turn identify creative and flexible providers that best meet the needs of those needing and accessing services. • Bring improved choice for families and children with disabilities, through the lead provider managing the market and developing the appropriate service offer <p>Essex County Council Commissioners have reviewed a number of consultation and involvement reports that were carried out between 2012-14, including:</p> <ul style="list-style-type: none"> • Review of Children with Disabilities Residential Provision provided by or on behalf of ECC (2013); • Report on consultation about overnight short breaks for children with disabilities (2014); • Report on Family Operations consultation on the review of services for disabled children (2014); • Whole Essex Community Budget report - Our Lives Have been Transformed 2014 (The Essex Children's Individual Budget Pilot - Outcome Based Support. <p>Will the outcomes involve the decommissioning of a service, directly provided, commissioned externally or supported by Grant to a voluntary sector organisation¹?</p> <p>Yes <input checked="" type="checkbox"/> CheckBox9 No <input type="checkbox"/> CheckBox10</p> |
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¹ Please refer to the Essex Compact to determine how to involve voluntary sector organisations that will be impacted by our decisions.

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| A6 | <p>Referring to A4 above do you know how many people are affected or will be affected either as existing and/or intended beneficiaries/stakeholders of the policy or functions and from what sections of the community? Describe what you know.</p> <p>The Children and Families Act 2014 has provided an opportunity for Essex to develop the SEND agenda, in reality this means the alignment of children with disabilities provision with the Special Educational Needs services. Essex wants to respond to the challenge by promoting multi-agency working through the Local Offer to provide robust Education Health Care Plans (EHC) to all children and young people that meet the criteria.</p> <p>Essex also wants to promote nurturing and secure care for children and research suggests that this is best achieved where the care is provided closer to home and can be achieved by building on existing services such as specialist fostering expertise so children can be cared for in a home environment rather than a short term shared care unit. However, Essex recognises that some children and families will still require the very specialist placements.</p> <p>Essex Wider Population:</p> <p>There are 328,200 children and young people in Essex, of which 16.1% are living in poverty and whilst child poverty in itself is not the sole indicator of how many CYPF might create a demand on statutory services it serves a good proxy, indicating that potentially over 52,840 children, young people plus their parents/carers could potentially make a demand on reactionary services.</p> <p>Essex CwD population:</p> <p>There are approximately 4,000 children with a disability in Essex and only around 1500 (37.5%) of these children are open to and receiving a service from a Children's Social Care team. The remaining 2500 children (62.5%) are not known to children's social care, although they may be accessing a community based provision (including from providers of Short Breaks services). The population is increasing year on year and therefore we can project that these figures will rise to 4,350 children with a disability in Essex, with 2,719 being known to a Children's Social Care team.</p> <p>In the future, we would like to see the numbers of children with a disability receiving a social care service safely reduce, as more early intervention and support is available to families in the community and the empowerment of families is increased via personalisation, personal budgets and the opportunity for an individual payment. Looking forward we can project that the aspirational target of 25% of children being open to children's social care and accessing early help and support in the community 1,087 children would be receiving a service from Children's Social Care – a 1.6% reduction on the project if nothing changes:</p> <p>All children with disabilities will be eligible for support from Community Based provision, and it is recognised that some children will also be receiving support from Children's Social Care and through special education settings as they have more complex needs.</p> <p>Community based provision is a range of lower level interventions that do not require a social care assessment and they tend to support families to look after their child on an ongoing basis by providing activities that children and young people enjoy and benefit from, the time also acts a respite style break for parents and the wider families leading to an improved relationships long term.</p> <p>Community Based Short Breaks include the following:</p> <ul style="list-style-type: none"> – Clubs and Activities – Individual Daytime Care – Holiday Overnight Stays – Support to Participate in Universal Activities – Respite Services – Inclusive Play Equipment in Essex Parks – Changing Places (accessible toileting facilities) <p>In the future we want to see a cohesive approach to delivering exciting effective activities for children with disabilities and would expect to see a lead provider model being commissioned and developed in Essex.</p> |
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| B. | Evidence/Data and Consultation² In determining whether the policy or function could have a different impact it is expected that all information that is available is considered. In addition through this process identify what gaps in information exist. |
| B1 | <p>What monitoring or other information do you have about relevant groups (who share a protected and /or unprotected characteristic³), which will support your understanding of the impact of the policy or function? E.g. service uptake/usage, customer satisfaction surveys. performance data, research information (national, regional and local)</p> <ul style="list-style-type: none"> • Review of Children with Disabilities Residential Provision provided by or on behalf of ECC (2013) • Report on consultation about overnight short breaks for children with disabilities (2014) • Report on Family Operations consultation on the review of services for disabled children (2014) • Summary of feedback from children and parents with special needs in Essex (2013) • Whole Essex Community Budget report – Our Lives Have been Transformed 2014 (The Essex Children's Individual Budget Pilot – Outcome Based Support). <p>Other work has included, some of which is ongoing:</p> <ul style="list-style-type: none"> • Comprehensive Needs Assessment (JSNA); • Further review and possible consultation with CYP and families regarding community provision, building on what has already taken place; • Mapping current provision to eliminate duplication and ensure a consistent , countywide provision of services for children with all levels of disability and their families; • Setting out the Strategic direction for CWD which will include the development of a model taking into account Family Operations intentions for managing residential needs, building the foster care offer and ensuring that the community provision is integrated. <p>Family Voice Data</p> <p>In January 2014 Essex County Council produced a report on the consultation that it had recently carried out for Short Breaks for Children with Disabilities, although the overall result of the consultation was expected, the comments from the parents also provided an insight to their thoughts of the services they were receiving or were eligible for – below highlights some of the key messages from the consultation.</p> <p>Will the foster carers cope with children who escape or are destructive or violent.</p> <p>Concerns about the consistency of carers for children who need routine and structure.</p> <p>Some Parents felt that activity holidays couldn't provide the relationship and empathy that they felt their children needed</p> <p>Direct payments can provide choice however are difficult to manage and could create additional stress on families.</p> <p>Concern that the independent sector would provide sub standard care for increased profit.</p> <p>Important factors for parents: 1. A safe environment 2. Regular communication about their child's needs.</p> <p>Homes managers should be empowered to make decisions on compassionate grounds to support the families without the need of the panel. Under utilised beds could be offered at short notice, for a nominal fee?</p> <p>Concerns about the skills of carers for those that have severe or complex needs and require 2:1 care</p> <p>DIRECT PAYMENTS</p> <ul style="list-style-type: none"> • No one model of short breaks that suits all families. • It is the right of families to have a choice. • Having the budget so long as there are a wide variety of suitable respite alternatives available for families. • Reliability issues with individuals and agencies. |

² Essex Insight [Public Engagement guidance](#)

³ An unprotected characteristic are those not covered by the Equality Act such as people on lower income or lone parents.

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| B2 | <p>What does the information tell you about those groups identified in A6 above? Are they likely to have different access points, needs, experiences or outcomes as a result of this policy?</p> <p>Children with Disabilities and their families need to be correctly matched to the support and locality that best meets their needs, one that will achieve the best individual outcome at the most competitive price. Their experiences should improve with localised services, thus improving targeted outcomes.</p> <p>As a result of this function there will be an improvement in the consistency that families can expect to receive from a service and the workforce delivering those interventions that will be personalised to their needs..</p> <p>Providers will be expected to continue to work together across services and within local systems to reduce duplication, avoid families repeating their issue and ensure swift and easy access.</p> |
| B3 | <p>Have you compared the data you have with comparative data, such as national statistics or the equality profile of the local population? What does it show?⁴</p> <p>Data is not readily available nationally for comparative analysis purposes, as data recording for Children with Disabilities accessing Aiming High provision has been poor. However, steps are in place to improve this and the Children and Families Act 2014 will also influence improved reporting.</p> <p>However, what we know about the Essex population to date shows that projections based on Mid-2011 year populations (ONS) suggest a year-on-year increase in the population of 0-19 year olds from 328,800 in 2011 to 361,900 in 2012. This is an estimated 33,100 more 0-19 year olds in 2021 compared with 2011, an increase of 10.1%.</p> <p>In terms of quinary age groups only the 15-19 year old age group shows a projected decrease in population in 2021 compared with 2011. This is an estimated 5,600 fewer 15-19 year olds, a decrease of 6.5% from 86,200 to 80,600. All other populations by quinary age bands are expected to increase, with the highest proportional increase in the 5-9 year old age band of 26%, followed by 0-4 years (11.5%) and 10-14 year olds (10.9%). The 0-4 year age group shows an increase of 9,400 from 2011 (82,000) to 2021 (91,400). The 5-9 year old age group shows an increase of 20,300 additional children from 2011 (78,000) to 2012 (98,300). The 10-14 year olds age group shows an increase from 2011 (82,700) to 2021 (91,700) of 9,000 additional children.</p> <p>The above data will help to plan services in the future.</p> |
| B4 | <p>Have you identified any improvements or other changes that could be made from analysing the data? E.g. improving access to services/ opportunities, customers' experience or outcomes.</p> <ul style="list-style-type: none"> • Families will be supported and encouraged to identify their own challenges, needs and solutions and to access local universal and additional services • Aim to build resilience and capacity in children and young people to give them the skills and support to develop into adulthood as confident individuals • When we are made aware that a child or young person has needs beyond those that can be met by their family and direct access to universal and additional services, we will talk and listen to that child/young person and their family, offer advice and support to meet that need, and develop a plan of support • We will seek to support children and young people to live at home and attend the most suitable local school. Where children and young people need to be supported overnight or long-term away from home, we will seek to provide that support in a familial setting such as foster care wherever possible • Support will always be provided in proportion to the needs identified. We will seek to provide support that promotes independence and resilience for the disabled young person and their family, and avoids creating dependency |

⁴ Data sources within ECC include [Essex Insight](#) with links to JSNA and 2011 Census

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| B5 | <p>Have you consulted or involved external stakeholders about the policy or function? If so, what were their views and how have their views influenced your decision?</p> <ul style="list-style-type: none"> • Professionals including social workers are currently being consulted with; initial findings include the preference for a single referral point and equity of services. The final conclusions will be available at the end of November 2014 • Incumbent providers have been consulted with and have raised the importance of localised provision and a wide range of activities to suit different abilities, needs and ages. They recognise that as savings are required they will have to work closely and collaborate more closely if they are going to survive. <p>Families, children and young people are being consulted with at the moment and final findings will be available at the beginning of December. Initial discussions with families have suggested that they like much of what is currently available but would prefer to have more choice on a local basis rather than having to sometimes travel.</p> |
| B6 | <p>Have you undertaken any consultation⁵ with staff e.g. employee forums or subject matter experts to assess their perception of any impacts of the policy or function? If so, what has been learnt from them?</p> <p>Regular meetings with budget holders, subject matter experts and officers who have held face-to-face meetings with providers and service users and their parents concerning extension of existing contracts to allow time for evaluation and design of new services. Realisation that successful monitoring of the these services has not been regularly undertaken and some organisations may be in receipt of funding that could be more effectively allocated without detriment to the users of the service.</p> <p>Discussions have been had with senior officers in Essex County Council and cabinet members about the political nature of this work and it has been welcomed that provision is going to be broadened but simplified for the purposes of understanding what is available across the county.</p> <p>Discussions have taken place with senior officers/commissioners in Education and Lifelong Learning to ensure the pathway into education/learning environments is developed and access to review and assessment as the roll-out of the EHC Plans takes over from the previous education statements.</p> |
| B7 | <p>If you have not consulted or engaged any stakeholders in your decision making please provide details on when you intend to carry out consultation or provide reasons for why you feel this is not necessary.</p> <p>Consultation is in the process of being completed with information being available November/December 2014</p> |

⁵ Reutilising existing data may reduce the extent of consultation required.

C1. Impact of the Policy or Function

Use the considerations in sections A & B to assess the potential impact on each of the equality characteristics/groups. Impact could be positive, adverse, or neutral and **if adverse** for any choice then assess whether that impact is **low, medium or high**. Characteristics can relate to residents and/or employees who are likely to be impacted by the change. Refer to the evidence you use.

| Description of Impact | Nature of Impact | Extent of Impact |
|---|--|-------------------|
| Identify the potential impact of the policy/function on the following groups | Positive, Neutral , Adverse | Low, medium, High |
| | Double click box select choice and click move to assess choice | |
| AGE | | |
| Children and Young People 0-25 | Positive | Low |
| RACE AND CULTURE | | |
| | Positive | Low |
| DISABILITY | | |
| Children with Disabilities and their Families | Positive | Low |
| GENDER (Sex) | | |
| | Positive | Low |
| SEXUAL ORIENTATION | | |
| | Positive | Low |
| RELIGION/BELIEF | | |
| | Positive | Low |
| GENDER REASSIGNMENT | | |
| | Positive | Low |
| PREGNANCY AND MATERNITY | | |
| | Positive | Low |
| MARITAL STATUS AND CIVIL PARTNERSHIP | | |
| N/A | Positive | Low |
| CROSS CUTTING THEMES : | | |
| SOCIO-ECONOMIC | | |
| Support for low income families where direct payments can be accessed. | Positive | Low |
| HEALTH INEQUALITIES e.g. addressing inequalities of health outcomes | | |
| Emotional Health & Wellbeing | Positive | Low |
| ENVIRONMENTAL- e.g. Housing, transport links/rural isolation | | |
| Social connectedness and a improved sense of wellbeing will improve as children with disabilities and their families have the choice to attend more localised services, thus cutting down on transport time and costs incurred. | Positive | Low |

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| C2. | <p>Could you minimise or remove any adverse or potential impact that is high, medium or low significance, in advance of a full equality impact analysis? Explain how.</p> <p>N/A</p> |
| C3 | <p>Does the policy or function actively promote equal opportunities and good community relations? Or could changes be made so that it does so?</p> <p>YES</p> |
| C4 | <p>Consider any further information, qualitative or quantitative that does not fit into the questions but you feel has a likely impact on this analysis.</p> <p>Data collected to improve measuring the long term outcomes and impact of the services</p> |

| D. CONCLUSIONS | | Leave check box clear if answer different to preceding column | |
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| D1. Was there sufficient data to complete the stage 1 analysis? | Yes? | <input checked="" type="checkbox"/> CheckBox11 | If “ NO ”, what arrangements are in place for evidence gathering and continuing with the analysis? Please use the Action Plan to highlight relevant actions. |
| | No? | <input type="checkbox"/> CheckBox12 | |
| D2. Is the outcome of the initial analysis outlined in section C that the impact of the policy or function would be adverse with a medium or high impact on one or more target group? | Yes? | <input type="checkbox"/> CheckBox13 | If “ YES ”, proceed to a full Stage 2 analysis? If so, what arrangements are in place to carry out the full analysis? Please use the Action Plan to highlight relevant actions. Stage 2 Full Equality Analysis available here Template |
| | No? | <input checked="" type="checkbox"/> CheckBox14 | |
| D3. Is the outcome of the initial analysis in Section C that the policy or function would have a neutral or positive impact on equalities? | Yes? | <input checked="" type="checkbox"/> CheckBox15 | If “ YES ”, please include proposals in the Action Plan to further improve the impact of the policy, practice, function or project on equalities. Taking account of sections C2, C3 and C4 do you plan to review the service or policy again in future to assess whether there has been any change? If so, when? Please use the Action Plan to highlight relevant actions. Has the functional D&E Steering Group reviewed the analysis? If so what were their comments? |
| | No? | <input type="checkbox"/> CheckBox16 | |
| D4. Do you have any other conclusions/outcomes from the initial analysis? Data and information is available from a variety of settings; however it is not always recorded so going forward there needs to be a consistent approach to data recording and reporting. | | | |

ACTION PLAN for enhancing existing practice/identify key personnel for Stage 2 analysis if required

| Recommendation/ issue to be addressed | Planned Milestone | Review date | Planned completion of milestone (date) | Officer Responsible | Progress |
|---|-------------------|-------------|--|---------------------|-----------|
| XXXX Contracts to be extended in line with other end dates to allow time for extensive review | | | | Kate Martin | Completed |
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RESOURCES: Does the above action plan require any additional resources?

No

ARRANGEMENTS FOR MONITORING

Please think about your plans for monitoring the achievement of the actions you have set out and record them here.

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SIGN OFF: The officers below confirm that this initial analysis has been completed appropriately with the Council's guidance

Signature of Tier 3: Lead Officer

Date:

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| Signature of Accountable Officer: | | Date: |
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Please retain an electronic copy for your records and forward a copy to your D&E steering group representative and the Head of Diversity and Equality for monitoring purposes. Please upload a copy on Essex Insight for publishing.