

### **Cwm Taf Social Services and Wellbeing Partnership Board**

### **Regional Strategy for Supporting Children, Young People and Families**

### **Equality Impact Assessment**

**Draft V1  
May 2018**

# Cwm Taf Social Services and Wellbeing Partnership Board: Regional Statement of Intent for Supporting Children, Young People and Families

## Equality Impact Assessment

### 1 Introduction

The development of a Cwm Taf Regional Statement of Intent for Supporting Children, Young People and Families has been considered against the Equality Act 2010 and specifically the Public Sector Equality Duty, which came into force on 5th April 2011.

As part of this duty, public sector bodies in Wales are required to publish an assessment of impact in order to be transparent and accountable i.e. their consideration of the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, and age, to include gender re-assignment, pregnancy and maternity, marriage and civil partnership issues. These are classed as 'protected characteristics'. Whilst deprivation does not constitute a 'protected characteristic' it is relevant because people from protected groups are more likely to experience it and because there are such high levels of deprivation in our local community. 36% of the Cwm Taf population live in areas which are among the most deprived 20% in Wales.

The need for the collection of evidence to support decisions and for engagement mean that the most effective and efficient impact assessment is conducted as an integral part of policy development or service re-design, with the assessment being commenced at the outset. These will help to eliminate discrimination, tackle inequality, develop a better understanding of the community, and target resources effectively.

### 2 Context

The Regional Statement of Intent has been developed in the context of the following key Welsh Government legislation and policy guidance:

- **Social Services and Well-being (Wales) Act 2014**<sup>1</sup> places emphasis on children, young people and their families having more of a say in the care and support they receive.
- **Well-being of Future Generations (Wales) Act 2015**<sup>2</sup> seeks to improve the social, economic, environmental and cultural well-being of Wales.
- **Children and Young People: A Framework for Partnership**<sup>3</sup>. introduces a commitment to the United Nations Convention on the Rights of the Child and proposes a new method of planning services for children and young people through partnerships of local authorities, the Health Service, and other local bodies.

<sup>1</sup> <https://www.legislation.gov.uk/anaw/2014/4/contents>

<sup>2</sup> <http://www.legislation.gov.uk/anaw/2015/2/contents/enacted>

<sup>3</sup> <http://dera.ioe.ac.uk/7717/1/090415rightstoactionen.pdf>



### 3.2 Service Model

The following diagram illustrates the proposed service model:

**Figure 1: Pathway to improving outcomes**



### 3.3 Principles

**The key principles that underpin the statement of intent are a commitment by all partner organisations to:**

- Work better in partnership with local children, young people, families and communities to help them achieve their personal well-being outcomes and build resilience.
- Work positively with children, young people and families taking a strengths-based, co-production approach.
- Take a place based approach to working collaboratively in and with communities to develop the best possible environment for them to thrive
- Focus our intensive support on those children and young people who need help to deal with significant adverse experiences.

### 3.4 Objectives

For the period 2018-21, partners have committed to the following objectives:

- Work to achieve an integrated place-based approach to building resilient communities that prevents and mitigates the effects of adverse childhood experiences (ACEs).
- Invest in and collaborate with our local communities to support children, young people and families' learning, resilience, and wellbeing.

- Co-produce shared plans for the development and organisation of early help interventions in localities, underpinned by information sharing, joint-working arrangements and the active involvement of children, young people and families in their co-production.
- Enhance partner's joint arrangements for safeguarding, risk assessment and information sharing, ensuring that they are successful in protecting children, young people and vulnerable adults in communities.
- Have a full range of integrated services for children, young people and families with complex needs to provide care and support at the right time and place.
- Have a single set of advocacy arrangements in place to ensure that all children and young people are understood, and able to contribute fully in decision making, which are relevant to them.
- Have a pooled budget in place to support delivery of a continuum of family support services across Cwm Taf and increase our overall proportional spend in this area.
- Implement a shared framework for the assessment, eligibility and support for children, young people and families, to ensure we are collaborating effectively across professions and agencies.
- Have effective shared information arrangements in place between all key agencies across Cwm Taf.
- Have a shared performance framework reflecting our continuum of services, which meets the requirements of the Welsh Government and allows us to review the impact of our services on wellbeing outcomes for children, young people and families
- All local plans will be informed by a single population assessment for Cwm Taf, which will be kept under review.
- Have a workforce across Cwm Taf which is working effectively with children, young people and families in the spirit of the SSWB (W) Act.

#### 4 Understanding the Demographic Profile

The Statement of Intent for Supporting Children, Young People and Families has been developed in the context of, and in response to the following key demographic issues:

- 3.064 million people live in Wales. 10% of the Wales' population live in Cwm Taf.
- For every 100 adults in Wales 47% have suffered at least one "Adverse Childhood Experience"<sup>5</sup> during their childhood and 14% have suffered 4 or more.
- 2,625 children in need (including disability) live in Cwm Taf and make up 13.5% of all children in need in Wales.
- 28.7% children aged 4 to 5 are overweight or obese in Cwm Taf; the highest in Wales at 26.2%
- 1 in 5 children report low life satisfaction in Wales
- 2,615 children and young people are reported to have experienced mental ill-health in Cwm Taf and make up 13.5 % of all cases in Wales.
- 765 children and young people are looked After in Cwm Taf, which is 13.5 % of all CYP looked after in Wales.

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<sup>5</sup> <http://www.aces.me.uk/in-wales/>

- 555 children and young people are on the Child Protection Register in Cwm Taf, and make up 18.5% of all such children in Wales.
- 56% of pupils in Merthyr and 62% in RCT gained A\* - C grade in GCSE
- 3,263 self-reported young carers aged under 25 years in Cwm Taf, an increase of 16% since 2001.
- The percentage of care leavers leaving school with no qualifications was 38% RCT and 29% Merthyr in 2016
- 483 households were assessed as homeless in Cwm Taf in 2016.
- 24% of children live households below the national average income in Cwm Taf in contrast to 22.2% in Wales.

#### 4.1 Ethnicity

Cwm Taf has lower representation from ethnic groups other than white than Wales as a whole. However, there are Polish, Portuguese and Czech people living in the local community and their access issues will need to be considered in terms of language issues and availability of transport.

Language can represent a further barrier for children and young people in accessing public transport and services generally. It can also create further barriers to understanding during diagnosis, treatment and during recovery. The use of translation services may be appropriate and there are supportive policies in relation to these services.

Whilst there is no specific evidence available to examine the ethnicity of children and young people in Cwm Taf at this point it is worth noting that evidence shows that people from different ethnic groups respond differently to health promotion campaigns which may not be sensitive to language or cultural differences. In planning and delivering health and wellbeing activities, providers need to be mindful of these issues. However, the importance of family and community support networks is well recognised by many ethnic groups which will be helpful in building community capacity.

#### 4.2 Religion

There is a lower representation in every religious group in Cwm Taf than is seen in Wales as a whole. Higher than average proportions of the population stated that they had no religion. However, it is important that services take cultural needs into account. A guide to cultural issues has been developed by Mental Health Advocacy Services (partly commissioned by the Health Board).

#### 4.3 Sexuality and transgender

This information is not currently available. However, in general terms, research has suggested there may be an association between harassment and poor mental health. Some evidence suggests lesbian, gay and bisexual and transgender people, are perhaps more likely than other groups to face hostility and misunderstanding, and are more likely to experience poor mental health ("How Fair is Britain?", 2006<sup>6</sup>). Recent

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<sup>6</sup> <https://www.equalityhumanrights.com/sites/default/files/how-fair-is-britain.pdf>

research looking at the mental health and emotional wellbeing of transgender people has found rates of current and previously diagnosed mental ill health are high.

The Isolation to Integration report found that gay men and lesbians are at greater risk of becoming lonely and isolated as they age because they are more likely to live alone and have less contact with family.

#### 4.4 Deprivation

Over 40% of residents in Merthyr Tydfil live in the most deprived fifth of Wales and within Rhondda Cynon Taf over 30% of residents live in the most deprived fifth of Wales. Higher levels of deprivation are evident in every category compared with the rest of Wales and this has implications for access to health generally, as well as other issues such as transport, unemployment and prosperity.

This has implications for our health and wellbeing given the association between deprivation and ill-health, which manifest in shorter life expectancy than the rest of Wales. There is also a gradient in life expectancy across Cwm Taf with higher levels of deprivation in valley communities, compared to the less deprived areas along the M4 corridor.

#### 4.5 Welsh Language

“More than just words”<sup>7</sup>, the Welsh Government’s original strategic framework for Welsh language services in health, social services and social care, launched in 2012, has led to a number of improvements that have helped support Welsh speakers receive health, social services and social care services in their first language. This has been achieved by making the best use of the existing skills and resources across our NHS and social services.

One of the key principles of “More than just words” is the Active offer. An Active Offer simply means providing a service in Welsh without someone having to ask for it. It means creating a change of culture that takes the responsibility away from the individual and places the responsibility on service providers and not making the assumption that all Welsh speakers speak English anyway.

#### 4.6 Human Rights

As described in Section 2 of this document, the Regional Statement of Intent for Supporting Children, Young People and Families responds directly to the Welsh Government strategy: **Children and Young People: A Framework for Partnership**, which in turn commits to the United Nations Convention on the Rights of the Child.

At its most basic, care and support offers protection of people’s right to life under Article 2 of the European Convention by ensuring their most fundamental physiological needs, such as eating, taking medication, getting up in the morning and going to bed at night are met. But for those who require it, and those with whom they share their lives, the availability and organisation of care and support also determines whether they enjoy a number of other important human rights including freedom from inhuman and degrading

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<sup>7</sup> [http://www.wales.nhs.uk/sites3/documents/415/WEB%20-%2016184\\_Narrative\\_e\\_WEB.pdf](http://www.wales.nhs.uk/sites3/documents/415/WEB%20-%2016184_Narrative_e_WEB.pdf)



treatment (under Article 3 of the Convention) and the right to respect for private and family life (under Article 8).

One crucial element of ensuring people are treated with dignity is for providers to understand the significance of human rights legislation. The legal framework of human rights law requires that health and social care workers, alongside other providers of public services, respect the dignity of people using services.

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation. There are ongoing tensions between adherence to these values and the need to protect people from abuse, neglect and harm.

## **5 Staff Who May Be Affected by The Statement of Intent**

We will need to consider the implications of the new service models for our staff. It is recognised that if staff are required to relocate or work differently, eg as part of integrating services, their personal characteristics and circumstances are taken into account, particularly if their journey is more difficult or their work pattern changes e.g. their age and family commitments.

There are appropriate organisational change policies in place within the local authorities and the University Health Board to manage any staff changes required as a result of this work.

## **6 The Engagement Exercise**

The initial draft Regional Statement of Intent for Supporting Children, Young People and Families was developed in response to what service users, carers and other stakeholders had told us previously, including engagement as part of developing the Cwm Taf Population and Wellbeing Assessments, and with reference to good practice and research from elsewhere.

An Engagement Strategy was approved which included a range of activities undertaken during 2017/18 intended to make sure that we have correctly addressed the things that stakeholders told us and that the Statement of Intent is focussed on what matters

### **Findings from the Online Survey**

An online survey was designed and a summary report is attached as Appendix 1. The following key points were noted:

- The questionnaire received only 28 responses. It is not known how many people may have been given the opportunity to complete it and so a “response rate” cannot be calculated.
- Although relatively few responses were received, their comments can still be regarded as significant



- The majority of the responses were from a child, young person or a family member
- Four responses were received from professionals
- It is not possible to attribute subsequent responses to each individual category
- Only 3 out of 23 respondents felt that the Partnership had not paid attention to the views of children, young people and families in the development of the strategy. A further 8 out of 23 were unsure.
- Additional comments indicated that additional opportunities to engage may have been exploited further eg: parents, schools, PTAs, sports clubs etc.
- 16 out of 19 respondents agreed with the main points of the strategy. Only 2 were unsure and only 1 did not agree.
- There was some indication that participants felt the need for greater clarity around how the strategy will be implemented.
- There is an opportunity to continue (and extend) engagement processes as Action Plans are developed.
- Children and Young People felt the most significant aspect of the 12-point plan is Point 2: ***“We will invest in and collaborate with our local communities to support children, young people and families’ learning, resilience, and wellbeing”.***
- Other significant points were:
  - 3 – ***“We will co-produce shared plans for the development and organisation of early help interventions in localities, underpinned by information sharing, joint-working arrangements and the active involvement of children, young people and families in their co-production”***
  - 4 – ***“We will enhance partner’s joint arrangements for safeguarding, risk assessment and information sharing, ensuring that they are successful in protecting children, young people and vulnerable adults in communities.”***
  - 9 – ***“We will have effective shared information arrangements in place between all key agencies across Cwm Taf.”***
  - 10 – ***“We will have a shared performance framework reflecting our continuum of services, which meets the requirements of the Welsh Government and allows us to review the impact of our services on wellbeing outcomes for children, young people and families.”***
- There was no awareness of the impact so far of the strategy
- Some participants expressed the view that a summary of the strategy was not sufficient and wanted to see the full document.
- There was a generally expressed appetite to be further involved in the development of strategies and plans; perhaps adopting a workshop-based approach.

## 7 Potential Positive and Negative Impact Identified

### 7.1 Positive Impact

The primary beneficiaries are children, young people and their families as the Statement of Intent seeks to implement a service model which promotes health and well-being and promotes their rights under the United Nations Convention on the Rights of the Child.

There will be a positive impact in terms of a culture change which promotes independence, social inclusion, greater choice and control. The 12 key objectives of the statement of Intent all seek to achieve a positive impact:

- An integrated, locality based approach mitigates the effects of adverse childhood experiences (ACEs).
- Investment in collaborating with local communities
- Early help services in localities.
- Working together better to respond to safeguarding and child protection
- Joined up and seamless services to provide care and support at the right time and place.
- Co-ordinated advocacy.
- Pooled budgets to support integrated delivery.
- A shared approach to assessment, eligibility and support for children, young people and families.
- Shared information arrangements.
- A shared performance framework.
- Local plans informed by a single population assessment.
- A co-ordinated and shared approach to the workforce.

### 7.2 Negative Impact

The engagement process has not identified any notable negative impacts. Possible negative impacts may include:

- **Uncertainty during any period of change in arrangements** – Children, young people and families need to understand the way in which they can access information and advice, support and care. If changes are to be made to the way in which these services are made available, then there could be uncertainty during any period of change.
- **New arrangements for staff** – New ways of working may mean new rules, relationships and, possibly, jobs. Staff involved in providing services to children, young people and families may feel uncertain about their future and have concerns about new ways of working.
- **Managing transition** – Introducing new processes and arrangements mean periods of transition and flux in which old systems are no longer used, but new ones are still embedding, for example new safeguarding procedures and information systems.
- **Increased emphasis on community support** – Increased emphasis on community support will require agreement, co-operation and potentially additional

“resource” for those in the community upon whom the new expectation to participate is placed. This will need to be negotiated in some way.

Overall it is considered that the benefits to be gained from the implementation of the Regional Statement of Intent for Supporting Children, Young People and Families will outweigh any negative impacts. The potential negative impacts will be addressed as identified below and as the Statement of Intent is implemented.

## 8 Plans to Alleviate any Negative Impact

### Engagement and communication

The Delivery group overseeing the next steps will comprise of partner representatives. This group will from the outset agree an engagement plan

The purpose of the engagement plan is for the group to think through how stakeholders are going to be kept appropriately informed and involved in each stage of the development of the business case and the implementation of the delivery model.

Effectively engaging and communicating with stakeholders including staff will help facilitate the change management process. It will also help identify as well as reduce the potential risk of stakeholders not engaging in or being committed to the changes. This plan is not a plan for consulting stakeholders about whether any changes should or should not take place. The case for change has been accepted and the focus now is to develop and implement the best solutions to deliver the agreed Vision and outcomes.

The objectives of the engagement plan are to:

- Achieve a shared understanding of what we are doing and why.
- Ensure that a whole system approach is taken towards the agenda for change and that the relevant individual parts of the system understand their contribution towards its delivery.
- Maximise the opportunity for participation of stakeholders into the development and implementation of the changes.
- Build credibility and trust and create an environment that encourages openness and meaningful dialogue.
- Ensure all stakeholders know what is happening, when and how it will affect them.

This Statement of intent is a high-level document that does not go into the detail of service change at an operational level

## 9 Mitigation

An effective EIA takes into account the views and opinions of those who may be affected by the policy and what is already known about how the policy might affect different groups. This includes national evidence, Public Health Wales information,

census data, public and service user views wherever possible in order to identify and address issues.

The consideration of mitigating measures and alternative ways of doing things is at the heart of the Equality Impact Assessment process. Different options have been considered in the development of the regional Statement of Intent as covered in this document. The consideration of mitigation of adverse impacts is intertwined with the consideration of all actions. Mitigation can take the form of lessening the severity of the adverse impact.

Ways of delivering services which have a less adverse effect on the relevant equality category or issue, or which better promote equality of opportunity for the relevant equality category, have been considered.

The preliminary issues and potential mitigations have been listed earlier in this document and will be revisited as the service changes are agreed and developed. This initial document represents stage one of the equality impact assessment.

## 10 Summation: General Duty

Due Regard to 3 elements of general equality duty

This Equality Impact Assessment is representative of a real attempt to address the following questions:

- **Does this Statement of Intent help to eliminate discrimination?**

**Yes** - Although there is no perceived discrimination in the way services are currently provided, the move to this new approach based on Welsh Government Policy and rooted in the principles of the United Nations Convention on the Rights of the Child will help achieve the outcomes we are seeking to achieve for children, young people and their families.

- **Does this service change help promote equality of opportunity?**

**Yes** - This model of service provision should enhance the service offer to all children, young people and their families.

- **Does this Statement of Intent help/foster good relations between people possessing the protected characteristic and those that do not?**

Yes - We have considered the target population. Where concerns relating to equality have been raised, these have been identified and explored in order to establish possible mitigation and to avoid discrimination against any particular groups and to promote equality of access to services. This has involved engagement with different groups in relation to the use of appropriate media, fora and by building on existing relationships.

The composition of the local population (2011 Census and Public Health information) has been analysed and issues considered.

## 11 Monitoring Arrangements

The impact of this statement of intent will be closely monitored and careful consideration will continue to be given to the points highlighted in this equality impact assessment.

Further, and as noted above, specific service change resulting from our commitment to this high-level statement will require further comprehensive equality impact assessment and as such this assessment.