

Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer

Organisation prepared for	Somerset County Council		
Version	V10.0	Date Completed	31 January 2019

Description of what is being impact assessed

Proposals for the alteration and/or reduction of early help services provided to children and their families.

The Council is proposing to reduce some of the support currently provided for children and their families by the Council’s getset service. The support that would be reduced is mostly for families with children aged 0 to 4 who have Level 2 additional needs as set out in the Somerset Safeguarding Children Board’s [Effective Support for Children and Families in Somerset guidance](#).

Early help means providing support as soon as a problem emerges, at any point in a child’s life. Effective early help relies upon families, communities and local agencies working together to identify and assess the need for early help.

Level 2 describes children and families who require some extra support in addition to what every child receives, to help them reach their potential. This may be short term, but requires a targeted service to support the child and family.

The Council’s getset services are part of Somerset’s early help offer and is delivered in 2 parts:

- Level 2 - Work with children and families with ‘additional’ needs, aged 0-4
- Level 3 - Work with children and families who have ‘complex’ needs aged 0-19 and this work requires support from different organisations working together.

Please note: Early help is not the help and support that children and families get when they have serious difficulties and require statutory interventions including children’s social care. This help and support, including that from getset Level 3, is unaffected by these proposals.

The work that getset level 2 undertake can be grouped together:

Parenting support groups (including parenting programmes)

Groups can be offered in 2 ways:

Universal provision – Groups that support the population as a whole. These services are available to all children, young people, and their families. They can be accessed without any type of assessment.

Targeted provision - These are for children, young people and their families who may need additional support to access services, or may need groups or services that are specifically designed to meet their needs. Some targeted provision can be accessed directly with or without an assessment.

There are different groups that getset currently offer which can be explained below:

Table 1

Bumps and Babes	Universal – Group for parents to be and parents with babies under 18 months.
Messy Play Stay, Play and Learn	Universal - Group for parents to come together with other families to have fun playing and learning with their children (aged under 5).
PEEP (Peers Early Education Partnership)	Targeted - Learning together programme supporting parents and children to learn together.

Support for individual families

This work involves direct, one-to-one support with individual children and families. It involves establishing relationships and working closely with families to carry out an assessment, (which is called an Early Help Assessment) which is used to help discuss what support is needed to get families back on track and to make positive changes to their lives.

FUTURE PROPOSAL

- Retain getset level 2 team until March 2020 providing support to children with some additional needs at level 2 and their families by delivering group work and some key parenting programmes in areas identified as greatest need.

- The team will move to providing group work and building resilient community settings, rather than individual case work, working alongside other key agencies that support 0-4 year olds eg health visitors and Early Years settings enabling more families to be supported.
- The team will deliver a “train the trainer” model for evidence based parenting programmes open to any community / voluntary group to enable them to identify and support more vulnerable families and run parenting programmes
- The team will align with the Public Health Nursing teams and be allocated across the 8 family hubs; they should act as community agents and help partners through training to identify and provide support for families so that partners can continue this once the getset level 2 service ends in March 2020.

NB these proposals form part of a larger programme of activity to improve Somerset’s early help approach.

Impacts on staff have not been considered as part of this assessment due to the low numbers of staff affected. Any consideration around changes to staffing and impacts upon them will be dealt with separately through HR policy and practice and via a collective consultation with the unions.

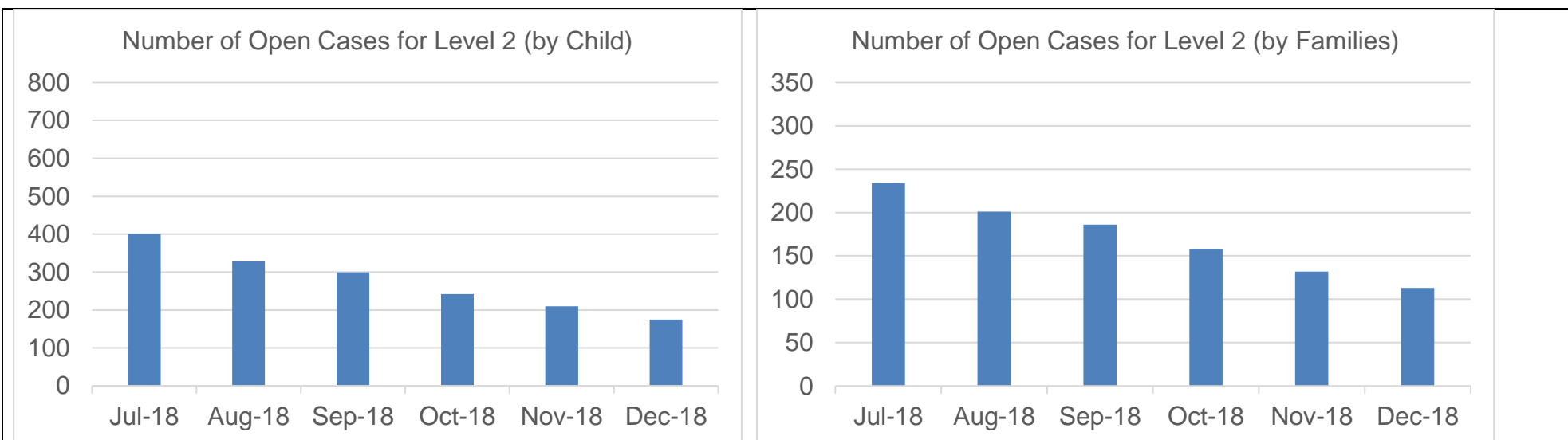
Evidence

What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the [Office of National Statistics](#), [Somerset Intelligence Partnership](#), [Somerset’s Joint Strategic Needs Analysis \(JSNA\)](#), Staff and/ or [area profiles](#), should be detailed here

Current demand of getset Level 2 Service

Open cases and caseloads

The following graphs show the Level 2 open cases, by child and by family since July 2018.



The revised staffing structure in getset level 2 was implemented from the 1 January 2019:

- July - December 2018 = 30 FTE (full time equivalent)
- January 2019 = 11 FTE

Using the above staff numbers the average caseload for a worker in July 2018 equates to 7.8 families. In December this has reduced to 3.7 families.

It is worth noting these calculations are based on establishment rather than headcount. From January 2019 the Level 2 establishment has reduced to 11 FTE which if using December's data would equate to a caseload of 10.2 families per worker. This remains well within the agreed caseload figures of 1:20.

Table 2 - Age breakdown of open cases (Children)

The level 2 cases (as at December 2018) can be broken down further to show the split of the cases across the 4 geographical areas and shows unborn children and up to the age of 4 years being worked with.

Age	Mendip	Sedgemoor	South Somerset	Taunton & West Somerset
Unborn	1	3	3	1
0 to 4	32	20	43	55

Table 3 - Gender breakdown of open cases (Children)

The table below shows the breakdown for children with open cases by gender (As at December 2018).

	Level 2 (Children)
Female	66
Male	79
Unknown	1
Unborn	8

Disability data (Children)

The level 2 cases (as at December 2018) shows that 3 children had a disability. SCC also provides early help through its Children's with Disabilities Team which offers support to families who have a child with a disability. This includes one to one emotional support, respite and opportunities for children to attend activities. The Special Educational Needs and Disabilities (SEND) Team provide advice and guidance for children and young people who need additional help with learning and who may require an Education Health and Care plan (EHCP). They will also signpost to other relevant organisations to provide support.

Table 4 - Ethnicity breakdown of open cases (Children)

The table below shows the breakdown for children with open cases by ethnicity level 2 cases (as at December 2018)

Ethnic Group	Children
Any Other Ethnic Group	1
Asian/Asian Bri - Other Asian	2
Black or Black British - African	1
Client Declined	2
Filipino	1
Mixed - Other Mixed Background	2
Mixed - White & Asian	1
White - British	123
White - Other Cultural Background	1
White - Other European	1
Unknown	19

Table 5 Parenting Support Groups

The following tables show attendance at the getset led parenting support groups across the 5 geographical areas for the whole of 2018, grouped by quarters. It shows the number of times each group took place, the number of children who attended and the number of parents/carers who attended.

Group	17/18 Quarter 4: Jan - Mar 18			18/19 Quarter 1: Apr - Jun 18			18/19 Quarter 2: Jul - Sep 18			18/19 Quarter 3: Oct - Dec 18		
	Number of times group occurred	No of children attended (0-4)	No of parent/carers attended	Number of times group occurred	No of children attended (0-4)	No of parent/carers attended	Number of times group occurred	No of children attended (0-4)	No of parent/carers attended	Number of times group occurred	No of children attended (0-4)	No of parent/carers attended
Bumps and Babes	15	45	45	19	46	57	11	31	34	15	28	33
Messy Play	10	16	17	0	0	0	2	14	12	0	0	0
PEEP	0	0	0	0	0	0	0	0	0	0	0	0
Stay, Play and Learn (includes Cookery and Singing Activity)	63	179	162	56	140	206	28	140	128	22	79	81
Mendip Total	88	240	224	75	186	263	41	185	174	37	107	114
Bumps and Babes	11	13	17	12	13	20	10	16	17	12	7	7
Stay, Play and Learn	21	57	58	23	53	54	15	32	30	19	31	27
Sedgemoor Total	32	70	75	35	66	74	25	48	47	31	38	34
Bumps and Babes	0	0	0	0	0	0	0	0	0	9	7	9
PEEP	38	41	37	47	49	49	9	16	18	6	6	10
Stay, Play and Learn (includes Singing Activity)	35	70	69	24	55	51	9	38	30	17	36	32
South Somerset Total	73	111	106	71	104	100	18	54	48	32	49	51
Bumps and Babes	13	20	23	12	14	17	11	14	16	18	10	12
getset drop in	0	0	0	0	0	0	0	0	0	0	0	0
PEEP	9	12	12	2	1	1	0	0	0	0	0	0
Stay, Play and Learn	22	39	35	18	40	36	16	57	68	24	41	37
Taunton Total	44	71	70	32	55	54	27	71	84	42	51	49
PEEP	0	0	0	5	10	8	2	6	5	0	0	0
Stay, Play and Learn (includes Messy Play)	42	153	151	42	110	106	28	63	80	32	41	40
West Somerset Total	42	153	151	47	120	114	30	69	85	32	41	40

Groups such as Bumps and Babes, Messy Play and Stay, Play and Learn are open to anyone. Additionally parent/carers with open cases at Level 2 could be asked to attend the above groups as part of an agreed action plan. Demographic data is only held on parents and carers who have open cases. PEEP is a targeted provision for which we hold demographic data within open cases at Level 2.

Table 6 - Parent/carer data by gender

The table below shows the breakdown of parent/carers with open cases (as at December 2018) by gender:

Female	118
Male	96

Table 7 - Parent/carer data by age group

The table below shows the breakdown of parent/carers with open cases (as at December 2018) by age group:

Teen parents (<19)	6
Parents aged 20-24	53
Parents aged 25-34	122
Parents aged 35-44	28
Parents aged 45+	5

Table 8 – Parent/carer data by sexual orientation

The table below shows the breakdown of parent/carers with open cases (at December 2018) by sexual orientation:

Heterosexual	6
Not stated	208

Table 9 – Parent/carer data by ethnicity

The table below shows the breakdown of parent/carers with open cases (at December 2018) by ethnicity:

Any other ethnic group	2
Asian/Asian British – Other Asian	4
Client declined	4

Not stated	80
White – British	119
White – Other cultural background	1
White – Other European	4

Table 10 – Parent/carer data by religion

The table below shows the breakdown of parent/carers with open cases (at December 2018) by religion:

Atheist	3
Christian	10
Church of England	1
None	7
Other	1
Roman Catholic	1
Unknown	3
Not stated	188

Table 11 – Groups based in venues linked to a faith

Appendix 1 of the public consultation listed other groups and activities that are run by other people or organisations that provide the same kind of support for children and families. The list below shows how many groups are based in venues linked to a faith. This shows that there are other groups and activities for people with religious/non-religious beliefs.

Area	Total number of groups	Groups based in venues linked to a faith
Mendip	109	23 (21.1%)
Sedgemoor	84	12 (14.2%)
South Somerset	111	35 (31.5%)
Taunton	57	11 (19.2%)
West Somerset	60	11 (18.3)

Table 12 - Travel impacts

The following table obtained from the 2011 census data shows vehicle ownership in households across Somerset.

Vehicle ownership in households – average for all Lower Super Output Areas (LSOA)	Somerset %
Households with no vehicle	16%
Households with one vehicle	43%
Households with 2-4 vehicles	41%

Analysis was carried out of the 39 groups offered by getset and looking at the most comparable alternative provision. In analysis of the parenting supporting groups that are available in the community a significant proportion would be difficult to reach using public transport due to routes not being available at the right time. The additional distances range from 1 to 21 miles. Of the alternative provision 59% would require use of public transport with 41% being able to travel the distance by foot (no more than 1 mile). Appendix 5 shows the detailed analysis on the closest alternative provision and the travel impacts.

Consultation responses

The public consultation ran for 8 weeks and over 900 responses were received. Over 1,200 free text comments were analysed to identify the key themes emerging from the responses. The full report, analysis and breakdown of demographics can be seen in Appendix 2 of the 11 February 2019 cabinet papers.

Some key highlights from the consultation:

- 171 responses were from someone who uses the getset service. At any one time, over the last 12 months, an average of 299 families at Level 2 were receiving individual support from getset staff; which equates to 57% which is a good representation of getset users.
- The largest response was 235 (32%) which were members of staff either from SCC or the wider children's workforce.
- The strongest theme from the free text fields was that early help and prevention is key to preventing families' needs escalating and requiring higher levels of care.
- 89.6% of respondents had 'some awareness' or were 'well aware' of the parenting support groups currently available across Somerset, which is reassuring.

- Across all districts over 60% of respondents said there would be either a 'notable impact' or a 'significant impact' on individuals, organisations and communities if parenting support groups were stopped
- Across all districts over 65% of respondents said there would be either a 'notable impact' or a 'significant impact' on individuals, organisations and communities if support for individual families was stopped.
- Over 80% of respondents who were users of the getset service were women.
- Through face to face meetings with partners Young Parent Health Visitors were anxious about collaborative work with getset Level 2 to provide parenting programmes specifically designed to support young parents not continuing.

Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?

In an attempt to ensure that the views of traditionally under-represented areas of the community were captured and considered, specific programmes of activity were developed as part of the consultation process. Diversity Voice were commissioned to translate the consultation paperwork into Portuguese, Polish and Romanian and then engage with relevant families in these communities. This resulted in at least 56 consultation questionnaires being completed by nationalities including the above as well as Bulgarian, Lithuanian, Danish and French.

Responses received through the online consultation:

- 15.0% were men
- 73.7% were women
- 7.0% considered themselves to have a disability
- 27.2% defined themselves as a 'carer'
- 17.2% were in receipt of universal credit/family tax credit
- 73.6% has children
- 78.5% had access to a car
- 39.9% had access to transport (including public transport)

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<ul style="list-style-type: none"> There could be a disproportionate impact on young parents who are more likely to require additional support and guidance around parenting skills as getset provide support to young parent health visitors as part of the Young Parents Programme. Although the group would continue to be led by health getset wouldn't be involved in the running of the programme. The impact of not providing support and guidance to parents/carers with children aged 0-4 could increase the need for those families. This could see an increase in families presenting for level 3 and 4 services with increased needs. 	☒	☐	☐
Disability	Reduced access to alternative provision could result in the main carer becoming isolated. This could then affect the main carers mental health due to them becoming more socially isolated.	☒	☐	☐
Gender reassignment	On review of the data we don't foresee any disproportionate impacts on this group.	☐	☒	☐
Marriage and civil partnership	On review of the data we don't foresee any disproportionate impacts on this group.	☐	☒	☐

Pregnancy and maternity	On review of the data we don't foresee any disproportionate impacts on this group.	□	⊗	□
Race and ethnicity	On review of the data we don't foresee any disproportionate impacts on this group.	□	⊗	□
Religion or belief	On review of the data we don't foresee any disproportionate impacts on this group. Table 11 above provides data on venues linked to a faith	□	⊗	□
Sex	<p>Current data on open cases show that more female parent/carers are supported by getset (Table 6).</p> <p>Table 7 shows that 59% of households are likely to have access to no or one vehicle. We can make an informed judgement that if it is a one car household then this will be by the main wage earner of the household which will leave the primary carer who is more likely to be a woman to be without access to a vehicle. Appendix 5 indicates that of the alternative provision 59% would require use of public transport with 41% being able to travel the distance by foot (no more than 1 mile).</p> <p>The above indicates that there is an additional burden on women being able to access parenting support groups if they do not have access to a car.</p>	⊗	□	□
Sexual orientation	On review of the data we don't foresee any disproportionate impacts on this group.	□	⊗	□

<p>Other, e.g. carers, veterans, homeless, low income, rurality/isolation, etc.</p>	<p>The removal of level 2 support for socially isolated and vulnerable groups in Somerset could lead to increased isolation and vulnerability for these groups.</p> <p>The removal of level 2 support for families on low income in Somerset could lead to increased isolation and vulnerability for these groups. This group is less financially able to access additional support and guidance where there is a fee attached.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Negative outcomes action plan

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
<p>NB A set of proposals to improve Somerset's early help approach is being developed, subject to cabinet approval in February 2019 and will then form a detailed project action plan. Main proposals are:</p>				
<p>Retain getset level 2 team in its current form, for the implementation period until March 2020. Team will work closely with other key agencies that support 0-4 year olds and the voluntary sector which will develop a stronger early help offer for 0-4 year olds.</p>	<p>March 2020</p>	<p>Strategic Commissioner for Early Help</p>	<ul style="list-style-type: none"> • Early Help Strategic Commissioning Board • Quality, Performance and Review Monitoring (QPRM) Meetings 	
<p>To ensure children and families needs are identified at the right time, the Team around the School model will be extended to cover 0-4 year olds. This will strengthen</p>	<p>March 2020</p>	<p>Strategic Commissioner for Early Help,</p>	<ul style="list-style-type: none"> • Early Help Strategic 	

<p>partnership working across the early years sector and ensure take up of targeted 2 year old funding for child care is closely monitored.</p>		Early Years and Primary Adviser	<p>Commissioning Board</p> <ul style="list-style-type: none"> • QPRM Meetings 	
<p>Improve Somerset Choices website by offering self-help, self-referral methods to increase self-resilience in families.</p> <p>Ensure community groups, parenting support/advice, breastfeeding, ante and post-natal support are widely publicised, thereby supporting individuals to help themselves and promote independence.</p>	March 2020	Strategic Commissioner for Early Help	<ul style="list-style-type: none"> • Early Help Strategic Commissioning Board • QPRM Meetings 	
<p>Redesign role of Somerset Direct (SD) to be first point of contact for young people and families and develop talking cafes across Somerset which will both provide advice and guidance, only referring onto the Early Help (EH) Advice Hub if appropriate.</p> <p>Remodel EH Advice Hub as a single multi-agency support and triage point providing support and training for professionals and for families requiring further telephone advice.</p>	March 2020	Strategic Commissioner for Early Help Strategic Manager, Prevention	<ul style="list-style-type: none"> • Early Help Strategic Commissioning Board • QPRM Meetings 	
<p>Improve access to EH systems for both families to be able to self-refer and for early help practitioners across the system to support them in early help work with families.</p>	March 2020	Strategic Commissioner for Early Help	<ul style="list-style-type: none"> • Early Help Strategic Commissioning Board • QPRM Meetings 	

<p>Undertake further development of the current Early Help Assessment (EHA) into a digital form enabling quicker and simplified process for all practitioners.</p>	<p>March 2020</p>	<p>Strategic Commissioner for Early Help</p>	<ul style="list-style-type: none"> • Early Help Strategic Commissioning Board • QPRM Meetings 	
<p>Establish an annual £200k commissioning / grant fund that would initially be focused on mitigating gaps identified by stopping getset level 2. This could be investing in parenting programmes, and consideration to establish a children's version of community connect and community catalyst model (based on successful implementation and learning from adults' commissioners). Any commissioned activity would specifically, but not exclusively aiming to address impacts for young parents, isolation and travel.</p>	<p>April 2019</p>	<p>Strategic Commissioner for Early Help</p>	<ul style="list-style-type: none"> • Early Help Strategic Commissioning Board • QPRM Meetings 	
<p>Develop stronger, collaborative relationships with district councils and other key partners such as health and housing to offer stronger advice and guidance to children and families; thereby delivering a better community development offer.</p>	<p>March 2020</p>	<p>Strategic Commissioner for Early Help</p>	<ul style="list-style-type: none"> • Early Help Strategic Commissioning Board • QPRM Meetings 	
<p>Collaborate with partners and larger voluntary and community sector provision eg Home-start West Somerset, Safe Families for Children, Yeovil4Families, YMCA etc to identify further opportunities and offer one to one case work with families.</p>	<p>March 2020</p>	<p>Strategic Commissioner for Early Help</p>	<ul style="list-style-type: none"> • Early Help Strategic Commissioning Board • QPRM Meetings 	

Strengthen the multi-agency Early Help Area Advisory Boards in each district council area to understand local needs, undertake local audit of provision and identify gaps which will ensure the commissioning /grant fund is spent in the right way and support is getting to children and families who need it.	March 2020	Strategic Commissioner for Early Help	<ul style="list-style-type: none"> • Early Help Strategic Commissioning Board • QPRM Meetings 	
Remodel the Council's level 3 early help services and make both the early help and the edge of care offer clear to all early help professionals to ensure children and families receive the right level of support.	March 2020	Strategic Commissioner for Early Help, Strategic Manager for Prevention	<ul style="list-style-type: none"> • Early Help Strategic Commissioning Board • QPRM Meetings 	

If negative impacts remain, please provide an explanation below.

Effectiveness of early help interventions across the partnership needs to be closely monitored, as the combined effect of the proposed reductions and mitigating actions is difficult to assess with any accuracy. It is likely that some families will receive reduced support.

Completed by:	Children's Commissioning Team
Date	31st January 2019
Signed off by:	Director of Children's Services
Date	31st January 2019
Equality Lead/Manager sign off date:	
To be reviewed by: (officer name)	
Review date:	