

### Initial Equality Impact Assessment – Service Change.

Department	Children's Services
Service	Teenage Pregnancy – Service provided by Total Health at Wandsworth (TH@W)
People involved	Jan Norton

#### 1. What are the aims of the service and what changes are being proposed?

TH@W is commissioned to provide Sex and Relationships Education alongside other health and well-being advice and support, for example, regarding drug and alcohol use. It is proposed that the funding for this work will cease from March 31<sup>st</sup>, 2012.

#### 2. What is the rationale behind these changes?

There is a reduction in the Teenage Pregnancy budget of £60K. Some budget reductions have already been achieved, with the return to work of two previously full-time workers on a part-time basis. The roles and services funded by this budget have been reviewed and funding is being directed to those achieving the greatest impact and potential outcomes.

#### 3. What information do you have on the service and the potential impact of your service change in relation to the following?

	<p><b>List information you have. Do not put what the information shows you</b></p> <p>Information includes number of people using the service, customer satisfaction, feedback on service, results of consultation</p>
Race	<p>From the first quarters of 2010-2011 :</p> <p>76% of young people receiving advice on sex and relationships in a group setting were from a BME background and</p> <p>54% of those escorted to the GUM clinic were from a BME background</p>
Gender	<p>Young people aged 11-19 receiving advice on sex and relationships in a group setting – Male 403 (April 2011 – September 2011) Female 81 (April 2011 – September 2011)</p>
Disability	<p>0 young people supported</p>
Age	<p>Service is for young people aged 13 to 19</p>
Faith	<p>Not collected</p>

Sexual Orientation	Not collected
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**4. Thinking about each group below please list the impact that the service change will have.**

	<u>Positive</u> impacts of service change	Possible <u>negative</u> impacts of service change
	<p><u>The former SRE Co-ordinator</u> worked with SRE/PSHE leads in secondary schools on the school SRE policy and curriculum. She also provided workforce development training to other agencies, for example, teachers; Health Advisers from young people's contraception and sexual health clinics; youth work champions; youth workers; YOT staff; training officers; parent workers; to support them to deliver SRE. "Mock visits" have also been set up by some schools, enabling young people to visit clinics and share their findings with classmates.</p> <p>Several services are able to provide Sex and Relationships Education, within schools, alongside clinics or in more informal settings:</p> <ul style="list-style-type: none"> <li>• Youth service SRE delivery, including via SRE Champions, at least 3 sessions per centre per year</li> <li>• Point Clinics – 1765 attendances, August 2011 to July 2011</li> <li>• Brook and Men service Battersea – 669 visits and 178 new clients seen October 2010 to June 2011</li> </ul>	<p>In 2010/11 1567 young people received advice on sex and relationships in a group setting via the funding allocated to TH@W</p> <p>24 young people were escorted to the GUM clinic</p> <p>1744 aged 13-19 provided with condoms</p> <p>3463 signposted to sexual health services</p>

	<ul style="list-style-type: none"> <li>• Chlamydia screening – 2299 young people screened April 2011 – September 2011</li> <li>• Reducing Repeat Terminations Project (197 young women seen January 2009 – June 2011)</li> <li>• Vulnerable Young People's Development Worker – 68 vulnerable young people offered intensive 121 support March 2009 – Sept 2011</li> </ul>	
Race	<p>We know, from an analysis of ethnicity in relation to service uptake, that many services also have a good reach, in terms of ethnicity:</p> <ul style="list-style-type: none"> <li>• Youth service (61% of registered attenders age 11-19 from BME groups, 2009-10;)</li> <li>• Point Clinics – taking account of recorded ethnicity, data shows an over-representation of Black Caribbean young men (August 2010-July 2011)</li> <li>• Brook BAM service (65% of new male registrants young from BME communities, report July 2010;)</li> <li>• Chlamydia screening (no analysis of those screened but of 4% with positive results, 23% from BME groups, 2010-11)</li> </ul>	<p>Evaluation of BME uptake of services at end of Q2 2010/11 showed that 76% of young people receiving advice on sex and relationships in a group setting were from a BME background and 54% of those escorted to the GUM clinic were from a BME background.</p> <p>The GLA 2010 Round Ethnic Group Projections show that the BME population for 10-14 is 37% and for 15-19 is 36%. The percentage of BME young people supported by the TH@W service is above this. This can be explained by the areas TH@W was asked to focus on which include South Thames College and schools which have higher BME student numbers than the local population as they support young people from other boroughs. It is also recognised that TH@W as an agency are effective at engaging hard to reach groups and across their services have a high take up</p>

	<ul style="list-style-type: none"> <li>Reducing Repeat Terminations Project (where ethnicity recorded, 48% of young women from BME groups)</li> <li>Vulnerable Young People's Development Worker (54% of clients from BME groups, January 2011;)</li> <li>Reintegration of young parents into education (36% of students from BME groups; 11 students supported, January 2011)</li> </ul> <p>These services will continue and young people who would have accessed TH@W's services will be signposted to them</p>	<p>from BME young people.</p> <p>There will still be a focus on high need groups and high rate areas.</p> <p>South Thames College have engaged with local providers for example Local GUM clinic Health Advisors for Fresher's week.</p> <p>In addition all services will be monitored by race, gender and disability to ensure that the current service profile is maintained, in particular that there is no decrease in young people from BME backgrounds accessing the service following the discontinuation of the service at TH@W. Any negative changes in profile will be raised with providers and action plans developed</p>
Gender	<p>The Brook and Men project, based in Battersea is a service tailored to the needs of young men, most who attend as a result of word of mouth recommendation. The service provides sexual health information and advice on the use of condoms, tailored to an individual's needs. The service has been positively evaluated.</p>	<p>Evaluation of the gender breakdown of services at end of Q2 2010/11 showed that 52% of young people receiving advice on sex and relationships in a group setting were female and 76% of those escorted to the GUM clinic were female.</p> <p>The service profile for advice reflects the borough population however the breakdown of young people escorted to the GUM is above the borough population according to the Census.</p> <p>Young people aged 11-19 receiving advice on sex and relationships in a group setting – Male 403 (April 2011 – September 2011) Female 81 (April 2011 – September 2011)</p> <p>All services will be monitored</p>

		by race, gender and disability to ensure that the current service profile is maintained. Any negative changes in profile will be raised with providers and action plans developed
Disability	There will be ongoing monitoring of SRE delivery in special schools, to ensure that young people with disabilities are supported to access appropriate information and support in relation to SRE.	No disabled young people were given advice in a group session or escorted to the GUM clinic
Age	The mean age of Brook and Men's male clients is 15 although the age range is 13-20+ with the majority of clients 13-18.	TH@W work with young people aged 13-19
Faith	Not collected	Not collected
Sexual orientation	Not collected	Not collected

#### 5. Is a full EIA required? No.

The following questions should help you decide if a full EIA is required. As a guide if you are a frontline service where the impact is unclear or negative you will need to conduct a full EIA. You are unsure call Clear O'Connor on ext 7816.

- Is the service a frontline service? Yes
- Is it clear what impact the service change will have on all the equality groups? Yes.
- Overall will the change have a negative impact on any of the equality groups? No

#### Comments - Please give the rationale here for not undertaking a full EIA

Withdrawal of funding will have no significant adverse impact on reducing the capacity to deliver SRE in and outside schools as SRE and sexual health promotion can be delivered in an integrated way through a number of other services. Actions to mitigate that impact include:

- Schools to continue to be provided with support and advice on the delivery of high quality Sex and Relationships Education including policy and curriculum development; signposting to guidance and provision by external providers

- Continuing SRE delivery via youth services; Sexual Health Clinic Health Advisers; Chlamydia Screening programme; Reducing Repeat Terminations Project; and Vulnerable Young People's Development Worker
- Maintenance of Brook and Men Project which provides a more tailored one-to-one service and groups support on sexual health to young men
- Provision of ongoing workforce development training for those practitioners delivering SRE

**6. Through the initial EIA have you identified any actions that needed to be implemented to improve access to the service or monitoring of the service? (please list)**

All services to be monitored by race, gender and disability to ensure that the current service profile is maintained, in particular that there is no decrease in young people from BME backgrounds accessing the service following the discontinuation of the service at TH@W. Any negative changes in profile will be raised with providers and action plans developed.

Signed: Jan Norton

Date 26.10.11

Approved by: Clare O'Connor