SSA EQUALITY IMPACT AND NEEDS ANALYSIS

| Directorate | Children's Services | |
|---|--------------------------------------|--|
| Service Area | Thrive Innovation and Impact Team | |
| Service/policy/function being assessed | Thrive (early help) | |
| Which borough (s) does the service/policy | Wandsworth | |
| apply to | | |
| Staff involved | Rachel Egan, Lucy Davies, Sara Jukes | |
| Date approved by Policy and Review | 22.08.18 | |
| Manager | | |
| | | |

SUMMARY

Please summarise the key findings of the EINA.

We are proposing the re-configuration of staff and teams within the Early Help Division which will bring together into a single team, staff to lead on the development and innovation of the Thrive Wandsworth Strategy and Action Plan, the service will provide:

- To support the journey of children from the Initial Point of Contact to appropriate Early Help service.
- To ensure compliance with Childcare Act 2006 the provision and publication of information on behalf to the local authority this should include services for children and young people up to age 19 or 25 where a child or parent is disabled
- To bring together the data from across the division and use this, to inform and drive improvements across early help services.
- To take a lead on developing the early help workforce and how they provided support and services to children and partners from across the children's workforce.
- To strength engagement with community and voluntary sectors to ensure strong partnership that can help respond to family needs.

The outcome will be to ensure that children needs are identified and meet early to minimise later more expensive interventions or statutory input later when challenges and poor parenting practice is more embedded and harder to shift.

The teams function is to support frontline staff and services to enable them to provide the best possible services that have the biggest impact possible in improving outcome for children and their families and is not going to negatively impact on any frontline service accessed by children and their families.

1. Background

Briefly describe the service/policy or function:

The Thrive Innovation and Impact Team will drive the quality and performance of the Early Help Division, by using ensure practice is evidence based and impact is analysed and changes and improvements can be made quickly, so the service is flexible to the needs and demands of the community and the families living in Wandsworth.

2. Analysis of need and impact

| Protected group | Findings | | |
|-------------------|---|--|--|
| Age | Early Help Pathway Team, Thrive Keep in Touch and Thrive | | |
| | Online work with families who have children from conception | | |
| | to 19. In addition the Thrive Online and Thrive Keep in Touch | | |
| | ovide information and support for families with children | | |
| | with SEND up to 25 years of age. | | |
| Disability | #60% of the families worked via the Early Help Pathway have | | |
| | a SEND. Section 17 of the Children Act identifies that a criteria | | |
| | for a 'child in need' is SEND but very few of children with an | | |
| | SEND meet the threshold for a social work service, but they do | | |
| | need additional targeted support to ensure they are able to | | |
| | access services and achieve the best possible outcome. | | |
| | Therefore it is to be expected that I high number of SEND | | |
| | children will need a targeted early help response. | | |
| Gender (sex) | #F49%:51%M. This percentage is in line with the gender | | |
| | breakdown of boys and girls in Wandsworth. | | |
| Gender | Not recorded | | |
| reassignment | | | |
| Marriage and | 120 young parents have a child under five in Wandsworth | | |
| civil partnership | (parent was under 19 or 25 if CLA when child was born) | | |
| | according to Public Health England's 2016 data Wandsworth | | |
| | Teen parent population has stayed the same and is in line with | | |
| | regional statistics. | | |
| Pregnancy and | Not reported | | |
| maternity | | | |
| Race/ethnicity | #51% of children who had an EHA started were BAME. This is | | |
| | higher than the boroughs BAME children which in the 2011 | | |
| | consensus made up just under a third of the child population. | | |
| | But as there is an over representation of BAME families in our | | |
| | statutory services (CSS and YOT) and a higher % of BAME | | |
| | families live in Wandsworth 10% most deprived wards, we | | |
| | feel this figure is reflects the work we are doing in early help | | |
| | to targeted vulnerable families that may end up in statutory | | |
| | services if early help is not accessed. | | |

| Religion and belief, including non belief | Not reported |
|---|--------------|
| Sexual orientation | Not recorded |

#data taken from period 1st April 2017 to 31st March 2018

Data gaps.

| Data gap(s) How will this be addressed? | |
|---|--|
| Gender reassignment | Both Gender reassignment and |
| Sexual orientation | sexual orientation will be added to the EHA. |
| Data not recorded | A key function of the new team will be to determine the base line data for services to be recording. |
| Data not reported | Key function for the new team will be to ensure that data collected is analysed and used to drive improved understanding and service delivery. |

3. Impact

| Protected group | Positive | Negative |
|-----------------|-------------------------------|--|
| Age | By bringing together the data | These changes will not have a negative |
| | we have held of different | impact on service users |
| | systems and analysing what | |
| | it is telling us we will be | |
| | better informed to identify | |
| | the best time to target | |
| | services and what age to | |
| | target these services to have | |
| | the best impact | |
| Disability | By using the data we have | These changes will not have a negative |
| | we will have a better idea | impact on service users |
| | about the needs of children | |
| | of families with SEND which | |
| | will enable us to ensure the | |
| | services we offer or | |
| | commission are the best fit | |
| | for children and families | |
| Gender (sex) | Better data will help us to | These changes will not have a negative |
| | ensure we have the right mix | impact on service users |
| | of services to meet specific | |
| | gender issues for children | |
| | and young people in | |

| | Wandsworth. | |
|-------------------|--|--|
| Gender | Good quality data will help | These changes will not have a negative |
| reassignment | us understand the level of | impact on service users |
| | need we have and how best | · |
| | to ensure our services can | |
| | meet specific needs. | |
| Marriage and | Having the most holistic | These changes will not have a negative |
| civil partnership | assessment for a child will | impact on service users |
| | help to ensure practitioners | process of the second |
| | understand the lives | |
| | experience of the child. | |
| Pregnancy and | Wandsworth has a Family | These changes will not have a negative |
| maternity | Nurse Partnership which is | impact on service users |
| | part of the new | · |
| | commissioned Health | |
| | Visiting Service; they work | |
| | closely with our Children's | |
| | Centres and Youth Services. | |
| | Partnership working will | |
| | ensure better more holistic | |
| | plans that meet the need of | |
| | parents and child. | |
| Race/ethnicity | Better data about BAME | These changes will not have a negative |
| | children at early help will | impact on service users |
| | enable us to ensure our | |
| | services meet the needs of | |
| | the BAME community and | |
| | result in lowering the BAME | |
| | population with statutory | |
| | services, by meeting needs | |
| | early and reducing | |
| | escalation. | |
| Religion and | Better date will ensure we | These changes will not have a negative |
| belief, including | have services in the right | impact on service users |
| non belief | place delivering the best | |
| | services for communities | |
| | that understand religion and | |
| | belief and are able to | |
| | address this within the work | |
| | they do with families and communities. | |
| Sexual | Better data will enable us to | These changes will not have a negative |
| orientation | develop our services and | impact on service users |
| Julentation | workforce in a way that is | impact on scratce users |
| | sensitive, inclusive and | |
| | response to an individual | |
| | child's needs as they | |
| | ciniu s neeus as they | |

| emerge. | |
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| i emerge | |
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4. Actions

| Action | | Lead Officer | Deadline |
|--------|--|-----------------|-----------|
| 1. | Consult with Heads of Service (HS) within the Early Help Division and consult with AD and HS in Education Division about the development of the new service and proposals to move some staff into the new structure. | Rachel Egan | September |
| 2. | Consider with HS within Early Help Division if they can identify posts where staff currently provide support, advice and information to families through direct contact and could become part of the Thrive In Touch Team. | Rachel Egan | September |

5. Consultation. (optional section—as appropriate)

The Children's Services Department and Wandsworth Council are keen to ensure that families are accessing early help and that this will reduce the number of children that are coming through to statutory services and requiring more costly interventions. The data has show a steady increase of children accessing statutory services. This has been identified by the WSCB and the CIG board.

The Council has restructured Children's Services departments they now have an Early Help division and Assistant Director. Wandsworth Council has agreed the Early Help Strategy 2017-2021, these sets out the vision and process for changes to meet this vision. The establishment of the Innovation and Impact Team will drive the vision across the division.

Review of Pilot for early help at the front door to children's specialist services As part of the review of the early help pilot to introduce early help at the front door we asked parents, young people and practitioners if they felt the early help team had improved outcomes for a child. 15 parents, 9 practitioners and 4 young people gave feedback.

 Parents were on the whole positive, they felt better informed, improved relationship with schools, changes in young person behaviour, issues and concerns had been faced, more confident and empowered, time had been taken to meet the whole family, plans were clear, felt staff knew what they were talking about, felt reluctant to work with professionals but felt a weight had been lifted. One father said he worried about engaging as he had so many bad experiences but said "you do listen sometimes".

- Practitioners were very positive, saying the service was revolutionary, talked about sensitive and complex issues really well, very helpful to have a TAC chaired, time to go through a case was really helpful, see how to convene a TAC was really good, good to have a service to step down to when social services is closing a case
- Young people told us, glad to be asked what they wanted, nobody has ever asked me how I feel before, having their voice heard at the TAC, that they were seen and visited rather than just being read about on a piece of paper.