



# Full Equality Impact Assessment Record

## Section 1:

<b>Service:</b>	Commissioning and Improvement - Safeguarding Team
<b>Title of strategy, policy or service:</b>	Safeguarding and Independent Review Services
<b>Officers involved in the EQIA:</b>	Jill Aiken

### Type of strategy, policy or service (delete below as appropriate):

Existing:	<input type="checkbox"/>
New/proposed:	<input type="checkbox"/>
Changing/Update/ revision	<input checked="" type="checkbox"/>

### Q1 – What is the aim of your strategy, policy, project or service?

The Service covers a number of areas:

- 1.1. To provide Independent Review Service for Children in Care and Child Protection Chairing for Initial and Review Child Protection Conferences. The review of children's cases falls under statutory regulations. This involves the convening, chairing and recording of child protection conferences and children in care reviews which are attended by children & young people, their parents and other family members, carers and other professionals.
- 1.2. To provide quality assurance of safeguarding across Children's Services, with a main focus on Social Care practice. This involves providing feedback on standards to social workers, team managers and senior managers and includes QA of the participation of and engagement with children and their families / carers.
- 1.4. To promote safeguarding practice in education and other child care settings in Poole. This involves offering advice and guidance to schools and early years providers and to other Children's Services in the Borough. It includes leading the anti-bullying strategy and the e-safety strategy for the Borough's children's services.
- 1.5. To manage the process of allegations against professionals working with children (Local Authority Designated Officer) ensuring that enquiries are progressed to a conclusion within set timescales. This involves the investigation of concerns and allegations about the actions and behaviour of adults (as professionals or volunteers) towards children and young people.
- 1.6. Support to the Bournemouth & Poole Local Safeguarding Children's Board (LSCB) in the carrying out of its statutory functions under s11 Children Act 2004. The objectives of the LSCB are to co-ordinate and ensure the effectiveness of safeguarding across all member agencies, developing policies and procedures, reviewing practice and communicating the need to safeguard and promote the

welfare of children and providing protective services.

1.7. One member of the Team provides business management of the Bournemouth and Poole LSCB.

1.8. Support Pan-Dorset Safeguarding functions such as Missing and CSE Contract with Barnardos, Children, Multi Agency Public Protection Arrangements, Pan-Dorset Inter-Agency Safeguarding Policy development.

1.9. The BME Safeguarding forum is facilitated from within the service. This aims to seek BME community feedback and to disseminate safeguarding messages to BME communities.

1.10 The Borough Safeguarding Strategy is being implemented by the team alongside a safeguarding lead from ASC. This aims to promote safeguarding across the BOP.

**Q2 – Who is it going to benefit and how? If this is a changing function say who it will affect or no longer benefit**

There is a wide range of people affected by the work of the Safeguarding Team:

2.1 LSCB and Pan-Dorset functions may reach any children / families / carers across the Dorset region and all of the professionals working with children and young people across Dorset.

2.2. The Conference and Review Co-ordinator Post will affect children who are looked after by the Local Authority or are subject of a Child Protection Plan, their families and the professionals working with them.

2.3. The QA processes might affect the service for anyone receiving Children's Services and staff providing services.

2.4. The Safeguarding in Education Post will affect all schools, early years settings, childminders, other child care settings and Further Education Settings in Poole.

2.5. The LADO role has the potential to affect anyone working with children and young people in Poole.

2.6. The BME Safeguarding Children Forum affects those attending and linked communities.

2.7 The Borough Safeguarding Strategy affects all those working for the BoP.

**Q3 – What outcomes do you want to achieve?**

3.1. Outcomes for the service are to ensure that multi-agency service delivery protects children and young people from harm and promotes safeguarding and positive outcomes for children and young people in Poole.

**Q4 – How will you put this into practice? Who is involved in this?**

4.1. The practice is in place, as summarised in section 1 – this aims to achieve the outcomes in 3.1

4.2. The Safeguarding Team Members implement this practice.

**Q5 – Are there barriers to doing this?**

5.1. Increases in children in care and those subject to child protection plans have added pressure to the team achieving their work to a best practice standard.

5.2. There are always capacity issues in trying to disseminate safeguarding information across such a wide group of professionals working with children, but a network of safeguarding champions assists in this.

## Section 2: Information gathering and judging impact

### Q6 - What does the existing information and data tell us about the likely impact on different groups?

#### What existing information and data do you have?

- 6.1. Data is collated about the service users and service delivery. This is accessed from the electronic records maintained by social care and from manual systems (quality assurance standards forms). Gender, age, disability and ethnicity are currently collated for an annual report about children in need, child protection and children in care. This data is reviewed by the CYPSC extended management team.
- 6.2. Existing QA processes regularly monitor services and practice which includes consideration of respect for diversity.
- 6.3. The Conference & Review Coordinators (CRC) work closely with the Consumer Relations Officer and are involved in any participation events with young people.
- 6.4. The QA of Children's Social Care has standards that are based on anti-discriminatory and professional standards. The Safeguarding Service is based on a response to individual cases and is a low level risk.
- 6.5. Participation of service users is a priority and our business plan includes working towards greater participation of both children and their parents / carers, particularly those young people who have special needs / disabilities. The Service manages the contract for advocacy services and aims to increase advocacy services for children in care this year.
- 6.6. The South –West Regional Independent Reviewing Officer meeting informs the practice of the Conference & Review Coordinators in relation to child in care reviews and the participation of young people.
- 6.7. A regional LADO meeting also shares good practice, which might include the way equality and diversity is considered in any allegation management processes.
- 6.8. The support to the Bournemouth & Poole Local Safeguarding Children's Board includes quality assurance of services across all agencies and developing policies and procedures to improve communication between agencies, professional practice and service delivery. This includes an Equality Impact Assessment of all policies and QA of services which include aspects of equality and diversity.
- 6.9. Corporate Data informs us about the local population and their needs, and influences the way in which service delivery is planned at a Children's Services level. The Corporate Research Team collect data to inform our understanding of the Poole population: [poole.gov.uk](http://poole.gov.uk) - [Population Evidence Paper](#).
- 6.10. The Service accesses a number of journals, research, publications and government notifications which highlight practice and needs for service users.

#### General/all equality groups

##### Data:

On 31/03/2016 there were 142 children subject to child protection plans, 180 children in care.

Children in care at a distance to the Local Authority may have fewer opportunities to express concerns about their care.

Families from other cultures and with English as a second language or with hearing impairment experience difficulties understanding the child protection or child in care systems.

**Mitigating Factors:**

Staff are trained in diversity and as social care qualified staff have an understanding of the impact of discrimination.

Resources are available to give information, contact details and tools for use in a variety of situations, eg. translators, sign language, accessibility etc.

Pan-Dorset Policy and Procedures and Poole Service delivery and policy have EQIAs undertaken in their development. There is a policy around working with families from BME communities.

Strategies and guidance produced for schools and early years considers equality issues and addresses these explicitly.

Prejudice Incident Reporting is embedded in Poole which seeks to address and record any prejudice incidents.

Advocacy services are commissioned for children aged 8 and over to ensure their views and wishes are available to child protection conferences and child in care reviews. These services can adapt to meet the needs of children with additional communication needs.

The Management of Allegations function is one where issues relating to the inappropriate behaviour towards children and young people, including intimidation and discriminatory attitudes, are addressed.

**Outstanding action:**

Consultation document for CiC to be re-implemented

**Age**

The service is for children pre-birth to 21 (and 25 in some circumstances)

**Data:**

The age profile of people accessing children's services is predominantly 0<18 years and their parents / carers who's age profile ranges from teenagers < 70+ yrs. In social care age is one of the factors considered in decision making about welfare concerns and ability to stay safe. Younger children are vulnerable because of their limited communication and also because they do not have so many opportunities to be observed by a variety of professionals. Young people are vulnerable to being targeted through social networking and more at risk from being drawn into risk-taking behaviour.

Assessment and planning is based on individual needs, so age, both chronological and ability will be assessed and addressed using social work skills and drawing on the expertise of others when needed.

Child in Care Research tells us that children or young people may have difficulty in expressing their views regarding proposed services and actions. The CRC plays a role of Independent Reviewing Officer and as such should hear from the child or young person about their wishes and feelings.

Young People in care are known to stand less chance of achieving permanence through adoption and so IRO role has to ensure that planning for permanence is well managed.

**Mitigating Factors:**

Independently commissioned advocacy services are available for all young people aged 8yrs or over. The young person's choice in making use of this service is respected.

Consultation documents are sent to children / young people in advance of a Review (this system has faltered but will recommence by Sept 16).

Children / young people are given the opportunity to speak in confidence with the

CRCs.

The child / young person's understanding of how to make a representation or complaint is part of the CiC review agenda.

CRCs act as intermediaries passing representation or complaints onto the Quality Assurance and Improvement Adviser (Representations and Complaints).

QA processes identify whether visits to children are sufficient to have made regular observations and opportunities for them to discuss any concerns.

**Issues identified for further work:**

Independent Visitor service to be used by a greater number of children in care.

**Disability**

**Data :**

Nineteen percent of children in need at the end of March 2016 have some form of disability. Learning difficulty is identified as the most common (18%), followed by those diagnosed with autism (16%) and behavioural needs (14%).

**Key findings:**

Children with disabilities often have communication difficulties which make it more difficult for them to participate in child protection (CP) conferences and CiC reviews. Parents/ carers and other family members with a learning disability or mental health issue may find it difficult to understand the child protection processes and to express their views in meetings.

Young people and parents / carers with literacy difficulties will have difficulties with written reports. At times such difficulties will be concealed.

Serious Case Reviews have identified that parents' literacy can affect their ability to access services where communication is only in written form.

Children, young people and families with physical disabilities can experience difficulties accessing some buildings / rooms / facilities.

Serious Case Reviews have identified that parents' literacy can affect their ability to access services where communication is only in written form.

**Mitigating factors:**

Advocacy services will provide a suitably trained communicator where there are communication difficulties.

The Reviewing Officers wherever possible / appropriate meets the child and spends time observing them in the placement, which helps their assessment of the children's well-being where communication is a difficulty.

Mental Health and learning disability advocacy services for adults are accessed via Adult Social Care Service.

Training provided to professionals regarding safeguarding awareness highlights the needs of children and parents / carers.

Procedures require that reports are discussed with and made available to young people / parents before conferences. The QA system monitors availability within a 1-day initial and 5-day review standard. Additional time will be given where literacy difficulties are known.

Access and transport to venues is considered in line with corporate guidance on "Accessible Meetings"

Translations into Makaton or braille of written information is available on request.

Hearing loops are available in meeting rooms if necessary.

Leaflets regarding the child protection process can be produced in different formats on request.

Adaptations of services may be needed and can usually be made.

### **Gender reassignment**

**Data:**

There is no data collation for gender reassignment.

**Key findings:**

This is an issue which may arise in assessment work with young people and may also feature in work with families and is currently recorded in their individual assessments and plans, but not collated.

**Mitigating Factors:**

Borough training available to increase understanding of issues.

### **Pregnancy and maternity**

**Data:**

Two hundred and six children were subject to child protection plans in the year 2015-16. 4% were plans for unborn babies.

**Key findings:**

It is unlikely that being pregnant is going to make someone increasingly at risk of discrimination from safeguarding team services.

### **Race**

**Data:**

Of the 142 CP plans open on 31.03.2016 91.5 were for white British children and 0.7% were not obtained. This leave 7.8% BME.

Of the 180 children in care in 31.03.2016 85.6% were White British.

Poole statistics report (Oct 2010) estimate that 7% of Poole's population is BME.

This is likely to be a greater percentage in 2016.

**Key findings:**

The ethnicity / race / nationality of a service user may make them vulnerable to feeling oppressed and less able to voice their opinions / views.

Where a child / parent has a first language other than English, they may need assistance to understand the process and to be fully involved in CP conferences and CIC reviews.

Ethnicity data suggests an under representation of children & young people from the gypsy / traveller family in respect of child protection plans. This might indicate reluctance to engage with the assessment service and a masking of possible risks to children and young people. It may also reflect the national issue of gypsy / traveller's not wishing to declare their ethnicity / culture for fear of discrimination.

Some safeguarding issues arise through different cultural norms which need to be challenged within the UK legislation (eg domestic violence, physical chastisement, FGM, breast ironing, HBV, forced marriage).

Bullying related to race / culture / ethnicity is recognised.

**Mitigating Factors**

CRCs will be aware of the impact on individuals of discrimination related to their ethnicity and culture. Where race and cultural difference is identified, staff are aware of the need to practice in an anti-oppressive way and to promote a positive identity.

Accredited interpreters are commissioned when required for conferences and reviews.

Documents relating to the outcome of meetings are translated into the first

language of the child/parents.

Leaflets regarding the child protection process can be produced in different formats on request.

Practitioners are aware to explore cultural norms and are able challenge them in work with families.

### **Sex/Gender**

#### **Data:**

Of the 142 children subject to CP Plans at 31.03.2016 81 male and 61 female.

Of the 180 children in care at 31.03.2016, 116 were male and 64 were female.

#### **Key findings:**

The gender profile of children in care shows that males are more likely to become looked after. This is a national trend.

There is a greater proportion of male professionals working with children who have allegations made against them.

#### **Mitigating factors:**

The gender of the young person is unlikely to be impacted on by the service offered as needs relating to gender are considered in the process of matching with carers.

### **Religion or belief**

#### **Data:**

Data on faith is added to individual children's records, but is not collated and analysed in annual reports.

#### **Key findings:**

Children in Care may not be placed with a family who shares the same religion / faith, in these cases, the Independent Reviewing Officer will play a role in ensuring that the faith needs of children and young people are identified and actions identified to ensure these are addressed in the care plan.

Some safeguarding issues arise through different expectations from faith or belief which need to be challenged within the UK legislation (eg. Health issues, physical chastisement, FGM, forced marriage, HBV, breast ironing).

#### **Current mitigating actions/ positive actions:**

CRCs will be aware of the impact on individuals of discrimination related to their faith. Where this is identified, staff are aware of the need to practice in an anti-oppressive way and to promote a positive identity and practice of faith.

The review of needs considers all cultural and identity issues in relation to the child / young person's development such as opportunities for worship / routine religious practice; faith related dietary, clothing and other items relating to codes of conduct; social activities and promoting a positive sense of self.

Foster carer reviews include attention to training in relation to understanding and promoting the cultural, faith and identity needs of children and young people.

Research is available on spirit possession which is sometimes uncovered in safeguarding practice.

Practitioners are aware to explore religious / faith beliefs, cultural norms and are able challenge them in work with families.

A guide for caring for gypsy/traveller children has been produced.

A guide for caring for Muslim children is available.

**Sexual orientation****Data:**

The sexual orientation of young people and their parents / carers may or may not be known.

**Current mitigating actions/ positive actions:**

Reviewing Officers will be aware of the impact on individuals of discrimination related to their sexual orientation. Where this is identified, staff are aware of the need to practice in an anti-oppressive way and to promote a positive identity.

Reviewing Officers to ensure that, where known, the sexual orientation of a young person is promoted and discriminatory attitudes challenged, signposting the young person or their carers to appropriate services / specific support groups (local or national)

**Socially excluded groups****Data:**

Data around social exclusion is limited.

**Key findings:**

Children in care and care leavers are groups of people who are known to have poorer outcomes compared to their peers.

**Health problems in looked after children:**

Looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect. (2009)

**Children of armed forces:**

Children and young people who experience frequent moves due to being in service families can experience disadvantage. There is scope for safeguarding issues not to be addressed due to the move from local authority to authority.

**Mitigating Factors:**

The Care Matters agenda in the Borough of Poole aims to tackle the disadvantages experienced by children in care by putting in place sufficient targeted resources and creating stability for these children and young people to give them as much chance to succeed as possible.

The Care Planning and Reviewing processes are key to the oversight of the way in which this is being addressed for each child in our care.

**Outstanding issues:**

Create link with SAFFA welfare service at Marine base.

**Q7 – Does this have any impact on the workforce or other Human Resources issues in relation to equality?**

Yes/No/Don't know (delete as appropriate). Please give explain your answer.

None identified

If this is negative discuss it with your HR advisor

**Q7 - Is there any potential for direct or indirect discrimination? Yes**  
**If yes, please use the action plan below to say how this will be mitigated**

### Section 3: Action planning

Issue	Objective/ Intended outcome	SMART action	Performance Target	Lead	Deadline
<b>General equality issues</b>	Ensure team members access training and information on discrimination.	Oversee training records and training plans to ensure an awareness across the team for a range of diversity issues.		Jill Aiken	April 2017
	CiC to be offered a range of opportunities to participate in CiC reviews.	Consultation document for CiC to be re-implemented		John McLaughlin	April 2017
<b>Age</b>	Independent Visitor service to be used by a greater number of children in care	Implement systems to identify more children who would benefit from independent visitor service.		John McLaughlin	February 2017
<b>Disability</b>	None				
<b>Gender reassignment</b>	None				
<b>Pregnancy and maternity</b>	None				
<b>Race</b>	None				

<b>Religion or belief</b>	None				
<b>Sex</b>	None				
<b>Sexual orientation</b>	None				
<b>Socially excluded groups</b>	Ensure that children of service families have access to safeguarding services.	Establish annual meeting with SAFFA at Marine base to share practice and any issues.		Jill Aiken	April 2017

**EQIA approved by:**

**Date:**

**Contact number:**

**Review date:**

Send a copy of your completed screening to your Unit's Equality Rep for publication