



North

Yorkshire County Council

Equality Impact Assessment (EIA): evidencing paying due regard to protected characteristics

Children's Social Care and Prevention Referrals Project September 2015

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যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو براۓ مہربانی ہم سے پوچھئے۔



Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Children and Young People's Service - NYCC
Lead Officer and contact details	Vicky Metherringham, Head of Safeguarding and LAC
Names and roles of other people involved in carrying out the EIA	Julie Firth, Head of Prevention Naomi Smith, 2020 Project Manager Pauline Shepherd, Information Management Officer: Performance and Outcomes David Walker, Chair: CYPS Equality and Diversity Group
How will you pay due regard? e.g. working group, individual officer	Via the Children and Families 2020 Programme Board, via project group
When did the due regard process start?	From project start-up, June 2015
Sign off by Assistant Director (or equivalent) and date	 Judith Hay 06.11.15

Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)

This EIA supports the Children's Social Care and Prevention Referrals Project which has been established to improve front-end user experience of referring into the Children and Families service by ensuring that the referral process for different levels of support delivered across teams is clear, consistent, co-ordinated, effective and efficient.

The project aims to streamline and simplify to create one referral pathway, one referral form that means referrers can identify an issue / need without having to try and predict what service will pick this up. We should be determining where the referral goes based on our screening processes and this will make the customer experience much more effective and efficient.

The project will build on the success of the Children's Social Care (CSC) Screening Team within the Customer Contact Centre (CCC) to create a referral route through these teams which meets the needs of both Children's Social Care and Prevention Services, and which also considers alignment with face-to-face and digital channels. There will be one point of contact, one referral form and consistency will be applied to decision making where timely referrals will be dealt with by the appropriate service.

This assessment of Equality Impact has been made at an early stage in the development of the project. It should therefore be noted that this is a dynamic assessment which will be refined as further work is undertaken to develop the detail of new processes across different channels. Impact on equality will be considered throughout the project, and mitigating actions developed where appropriate. It should be noted that this project takes place within the context of the 2020 North Yorkshire Programme's Customer Theme. Representatives of this theme are in the process of developing an understanding at a strategic level of the potential impacts and considerations for equality / accessibility in relation to overarching programme objectives such as digital access. Findings from and implications of this work which may inform other projects will be shared via the Customer Theme.

Section 2. Why is this being proposed? (e.g. to save money, meet increased demand, do things in a better way.)

The Children's Social Care and Prevention Referrals Project has been initiated in order to deliver a number of objectives, namely:

- To complete the centralisation of Prevention Service referral and screening processes into the Customer Contact Centre and to seek health involvement in the customer contact centre to assist with decision making and contributing to the discussions around Vulnerable, Exploited, Missing and Trafficked (VEMT) children¹
- To design and implement a new single referral process for Prevention and Children's Social Care Services through the CCC Screening Team which is clear, consistent, co-ordinated, effective and efficient, and which ensures that the right service is provided to the customer at the first time
- To consider how the referral process will be complemented by digital and face-to-face channels
- To ensure that the new referral process is well understood and appropriately used by partner agencies and individuals
- To ensure that referrals have regard to the vulnerability checklist in order for decision making regarding the service to be completed by professionals
- To act as an enabler for other projects and programmes in the CYPS 2020 Portfolio

By delivering this project, a number of non-cashable benefits will be realised, as follows:

- Removal of complexity for customers and partners by introducing single referral route
- Better management of demand through improved consistency, efficiency and targeting of our operations
- Reduced handling time of Prevention referrals (from initial referral through to

¹ It should be noted that the process for screening of referrals under the PREVENT agenda is currently under consideration at the time of writing, and may follow the same process as screening where there are concerns relating to VEMT children.

allocation of worker and initial contact) and therefore increased responsiveness, through more regular screening through the Customer Contact Centre than currently takes place in locality teams

- Improved gate-keeping and triaging of requests for Council-provided services (both statutory and preventative) to ensure that the right service is delivered first time
- More appropriate use of dwindling resources by reducing avoidable contacts, assessments and activities
- Improved intelligence about who is requesting and accessing our services, in order to better manage performance, review allocation of resources and demonstrate impact
- Greater clarity around roles and responsibilities in the referral process meaning more appropriate and cost-effective use of qualified staff (e.g. social workers), which will free up resources for those who need them most

Section 3. What will change? What will be different for customers and/or staff?

Description of current Set-Up

The Children's Social Care Screening Team within the Customer Contact Centre was introduced in 2014 as a single point of contact for referrals to children's social care from which requests for support are triaged, prioritised and directed to operational teams as appropriate. The conversion rate of referrals to assessments has risen to 95%. A third of the contacts are dealt with via information and advice requests and within this number a significant amount are requests for a service from the Prevention Service. A number of contacts are not made as result of signposting by the Specialist Social Care Advisors who are based within the Customer Contact Centre itself. Prior to this team being established all of the referrals and information and advice tasks were managed within the field work social work teams. Referrals are now screened constantly by the Screening Team in the Customer Contact Centre, meaning that our responsiveness has increased significantly.

The Prevention Service within the Children and Families Division was established in April 2015. Currently the majority of referrals for Prevention are received and screened by each of the 12 area teams, although some referrals are also received by the Customer Contact Centre. Referrals to Prevention are screened on a weekly basis with partners, and workers are allocated as appropriate.

3 main groups have been identified as being impacted by the changes proposed in this project. The impacts are outlined below, with specific impacts relating to those with Protected Characteristics outlined as appropriate in section 5. In addition, an overview of the key risks relating to project impact and equality have been included as an appendix and are being monitored on a regular basis through the project group.

Anticipated impact of the change on referring customers (including professionals)

It is envisaged that these changes will benefit referring customers (professionals

from across organisations, as well as members of the public who refer themselves, their family or friends for services) through the removal of the complexity which currently exists due to the different forms, processes and routes which customers are expected to use at present, depending on the type of service they require². The improved consistency, efficiency and targeting of our operations which will be achieved through centralisation of referral routes will reduce handling time for referrals, therefore improving responsiveness.

It should be noted that because Area Prevention Teams currently handle their own referrals, there will be a change for referring agencies, who may be used to dealing with their own local team. Whilst it is proposed that the referral itself will be made through the new central route, agencies will still be encouraged to engage in informal dialogue with local Prevention Teams to ascertain what support may be available locally (but not necessarily provided directly by NYCC) and what referrals / provision may be most appropriate in the circumstances. In addition, a feedback process for contributing local knowledge to the screening process has been designed into the new processes for the project. In this respect, the benefits of local links and knowledge will be maintained.

The development of a digital solution to complement the referral process through the Customer Contact Centre, as part of phase 2 of the project, is also likely to benefit referring customers, as they will be able to submit referrals at a time which is most convenient for them, and without needing to telephone the Customer Contact Centre, where they may sometimes then have to wait in a queue to get through. It should, however, be noted that the recent Assisted Digital report produced by NYCC's Business Intelligence Team highlighted that 55% of neighbourhoods in the County are digitally excluded compared to the national average of 40%, and that within the County, the number of people who do not use the internet for personal usage varies significantly across districts (24.5% of residents in Scarborough district compared to an average of 10.97% in the other districts). In addition, the assessment of the impact of changes on particular protected groups (see section 5 below) has highlighted that certain groups (such as older people and people with disabilities) may be less likely or able to access the digital systems which will be deployed through this project (further detail provided below). In this respect, ensuring that alternative solutions through complementary channels (telephone, face-to-face etc) remain available is vital to ensuring that barriers are not created for referring customers, which may impact on end-user customers receive the support that they require. It is also key that NYCC ensures that digital inclusion, computer literacy and broadband connectivity remain priority agendas for North Yorkshire, as demonstrated through the County Council's commitment in the Council Plan to

² It should be noted that referrers do not always know what service they require; and that sometimes the outcome of a screened referral is not the provision of the service which was originally requested, once further information is gathered and needs have been assessed. It is likely that professionals referring into services will do so on multiple occasions (for example, the Safeguarding Lead in a school is likely to make multiple referrals) and therefore consistency is an important factor in improving their experience.

broadband connectivity and to enabling self-service and readily accessible information³. It is anticipated that in the first instance the digital referral route will be delivered for professionals (the majority of referring customers) via the Professional Portal (and therefore will not impact on self-referring customers or members of the public), however this will be determined by an options appraisal as part of phase 2 of the project.

It will still be possible for referring customers to make initial contact with the Prevention Service via locality centres (such as Children's Centres), where they will be signposted to a "warm phone", a designated device in the locality, which a member of the public can use to speak to a worker / to make a referral via the normal route. Warm phones are already in place in most of the Children's Centres across the County (and are used by customers and members of the public to access a variety of services such as HMRC by telephone), but should customers present at locations where no warm phone was available and wish to make a referral, locality staff would make alternative arrangements to enable this to take place. Alternatively, members of the public may be referred to an on-site worker as appropriate (for example where a customer is already receiving a service, and/or there are complex circumstances in which additional support is required). This facility will be of particular benefit to any referring customers who do not have access to a telephone line or the internet, and/or have additional needs such as learning difficulties or a hearing impairment.

Anticipated impact of the change on end user customers of Children and Families Services

It is envisaged that the proposed changes through this project will benefit end user customers of Children and Families services through increased consistency of response to referrals, which will ensure that the right level of service is provided first-time round to meet each customer's needs. Because screening is undertaken constantly by the Screening Team, the handling time for Prevention referrals should reduce from the current set-up in which referrals are screened and allocated on a weekly basis. This will mean that end user customers who need support from the Prevention Service should receive it quicker. This project will not affect the level of services delivered to end-user customers, as each will receive the support required in order to meet their needs, as identified through the referral, screening and assessment processes. No changes to eligibility for services are proposed as part of this project.

Anticipated impact of the change on NYCC staff

The proposed changes through this project will have an impact on NYCC staff through the introduction of new processes, and the transfer of certain duties involved

³ For further information, see the County Council's Plan, accessed (10.08.15) via:
http://www.northyorks.gov.uk/media/27528/Council-plan/pdf/Council_Plan_2020.pdf

in the referral and screening process for the Prevention Service from area prevention teams to the Customer Contact Centre and Social Care Screening Team. The proposed approach was widely discussed and communicated with staff through the Prevention Service Divisional Launch events in the summer of 2015, and was also addressed through the Frequently Asked Questions which were produced for the events. As part of the project, baselining work is underway to determine the additional capacity required in the Customer Contact Centre and Social Care Screening Team. Any additional training/briefing needed for staff will be identified and addressed as appropriate. In addition, a cross-section of staff from the Prevention Service, Customer Contact Centre, Social Care Screening Team and Systems Team have participated in facilitated workshops, working together to map current processes and design new processes as part of the project. In this respect, staff have contributed to the design of the solution and had the opportunity to discuss potential impacts from their perspective, as well as mitigating actions.

If a transfer of staff already in post is required, this will be subject to consultation and normal recruitment and selection procedures. A plan to cover staff briefing and training will be prepared to support the change. At this stage, there are no quantifiable cashable benefits associated with this project, although opportunities for efficiency savings may arise as a result of successful delivery of this project. This will be considered as part of the Post-Implementation Review of the project, once new referral processes and routes have been embedded as business as usual. If any proposals are brought forward as part of this process, the impact on equality will be assessed in line with the NYCC approach.

Section 4. What impact will this proposal have on council resources (budgets)?

Cost neutral? Y

Increased cost? N

Reduced cost? N

At this stage, there are no quantifiable cashable benefits associated with this project, although opportunities for efficiency savings may arise as a result of successful delivery of this project. This will be considered as part of the Post-Implementation Review of the project, once new referral processes and routes have been embedded as business as usual. If any proposals are brought forward as part of this process, the impact on equality will be assessed in line with the NYCC approach.

Although the project is cost-neutral, it should be noted that there may be a transfer of resources across sections or departments of NYCC, to reflect the transfer of work

from the Area Prevention Teams to the Contact Centre and Screening Team. This will be subject to consultation where appropriate.

Section 5. Will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Give any evidence you have.
Age		X	X	<p><u>Impact on Referring Customers</u></p> <p>No information is collated within the EHM system about the age of referring customers, and this is not a consideration in the receipt or screening of referrals, as standard processes have been designed to ensure a consistent approach for each referral. It is estimated that less than 20% of referrals to Prevention⁴ and approximately 10% of referrals to Children’s Social Care are made members of the public (families, neighbours, friends, self-referrals etc). Within this type of referring customer, there may be a differentiated impact of the proposed changes, because according to NYCC’s Assisted Digital baselining work, 49% of people aged 65+ are offline, compared to just 9% of 15-64 year olds⁵. National data from the ONS suggests that on average 12.6% of the population aged 16+ have never used the internet, compared to 29.3% of 65-74 year olds and 62.8% of 75+ year olds⁶. The continuing availability of complementary access channels through face-to-face and telephone is an important measure to mitigate the impact of new online referral routes being introduced.</p>
		X		<p><u>Impact on End User Customers</u></p> <p>Services which end user customers access through</p>

⁴ Because the Prevention Service was only established in April 2015, historic data is not available, and consistent use of the system across newly created teams is still being embedded. Analysis of available data from the EHM System for the period 1st April – 12th June 2015 shows that of the 708 referrals recorded, just 90 (13%) were from the public (self, relative, carer, neighbour) rather than agencies (412, 58%). A further 206 (29%) had no recorded/known referral source. Based on known referral sources only, the split would be 82% referrals from agencies/professionals compared to 18% from the public.

⁵ This work also found that propensity to use the internet is more closely linked with age than deprivation. This is also suggested by Age UK’s Digital Inclusion Evidence Review (2013) which identifies age as the factor that most strongly explains the likelihood of an individual aged 55+ using the internet or not, followed by income (report accessed online on 28.08.15 via: <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Digital%20Inclusion%20Evidence%20Review%202013.pdf?dtrk=true>)

⁶ Office for National Statistics Internet Access Quarterly Update, Q1 2014, accessed online (28.08.15) via: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-336652>

				<p>Prevention and Children’s Social Care are provided to support the whole family according to need, but with a focus on improving outcomes for children aged under 18⁷. As there are no changes to eligibility of service proposed through this project, there is deemed to be no change in the impact on end-user customers of particular age groups in terms of the nature of the services they receive. However it is anticipated that they, along with all end-user customers, will benefit from the anticipated reduction in handling time for referrals and therefore the increase in timeliness of response where services are provided. This will be monitored through performance reporting.</p>
	X			<p><u>Impact on Staff</u> All staff affected by the change will be briefed and trained accordingly, and in a consistent manner but being attentive to any individual learning needs, in order to support them to understand the new process and their specific roles and responsibilities within it. Any transfer of staff from one team to another as a result of this change will be planned and delivered in accordance with NYCC’s duties under the Equality Act and HR policies to ensure that staff are not disadvantaged because of their age. The proposals in this project will not introduce any change in terms of the current age profile as no redundancies are envisaged.</p>
Disability		X	X	<p><u>Impact on Referring Customers</u> No information is collated within the EHM system about whether referring customers have a disability, and this is not a consideration in the receipt or screening of referrals, as standard processes have been designed to ensure a consistent approach for each referral. It is estimated that less than 20% of referrals to Prevention⁸ and approximately 10% of referrals to Children’s Social Care are made members of the public (families, neighbours, friends, self-referrals etc). Within this type of referring customer, there may be a differentiated impact of the proposed changes: As part of the Assisted Digital Project, North Yorkshire residents were asked about internet usage, and of those who don’t use the internet, 4% cited</p>

⁷ Referral data for the Prevention Service from the period April – July 2015 shows that 1181 out of the 1235 requests for service (95.6%) related to children and young people under the age of 18. Nevertheless, as stated above, the Prevention Service works to support the whole family according to need.

⁸ Because the Prevention Service was only established in April 2015, historic data is not available, and consistent use of the system across newly created teams is still being embedded. Analysis of available data from the EHM System for the period 1st April – 12th June 2015 shows that of the 708 referrals recorded, just 90 (13%) were from the public (self, relative, carer, neighbour) rather than agencies (412, 58%). A further 206 (29%) had no recorded/known referral source. Based on known referral sources only, the split would be 82% referrals from agencies/professionals compared to 18% from the public.

				<p>“my disability stops me” as the reason why. The Office for National Statistics estimated in 2014 that 30.3% of individuals aged 16+ who self-assessed as having a disability in line with the Equality Act definition of disability had never used the internet compared to just 7.5% of those aged 16+ who declared they did not have a disability (in accordance with this definition) or chose not to declare⁹. The continuing availability of complementary access channels through face-to-face and telephone is an important measure to mitigate the impact of new online referral routes being introduced.</p>
		X		<p><u>Impact on End User Customers</u> Services which end user customers access through Prevention and Children’s Social Care are provided to support the whole family according to need, and include provision of support for those with disabilities, according to need. The service and project team is not aware of any contra-indicators existing to suggest an adverse impact on equality in terms of service provision, As there are no changes to eligibility of service proposed through this project, there is deemed to be no change in the impact on end-user customers with disabilities in terms of the nature of the services they receive. However it is anticipated that they, along with all end-user customers, will benefit from the anticipated reduction in handling time for referrals and therefore the increase in timeliness of response where services are provided. This will be monitored through performance reporting.</p>
		X		<p><u>Impact on Staff</u> All staff affected by the change will be briefed and trained accordingly, and in a consistent manner but being attentive to any individual learning needs and with appropriate provision made for accessible formats where appropriate, in order to support them to understand the new process and their specific roles and responsibilities within it. Any transfer of staff from one team to another as a result of this change will be planned and delivered in accordance with NYCC’s duties under the Equality Act and HR policies. As an organisation, NYCC must continue to meet the requirements of the Equality Act 2010, which obligates us to make reasonable adjustments to accommodate disabled individuals as employees or service users. The proposals in this project will not introduce any change in terms of the current age profile as no redundancies are envisaged.</p>
Sex (Gender)		X	X	<p><u>Impact on Referring Customers</u> No information is collated within the EHM system about the gender of referring customers, and this is not a consideration in the receipt or screening of referrals, as</p>

⁹ Office for National Statistics Internet Access Quarterly Update, Q1 2014, accessed online (28.08.15) via: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-336652>

				standard processes have been designed to ensure a consistent approach for each referral. National data on internet access (2014) ¹⁰ suggests that there is greater propensity for internet usage amongst males (89.3% have used the internet) than females (85.3% have used the internet). The availability of a number of different access channels, including telephone, face-to-face and internet enable impact of the change to be mitigated amongst referring customers from the public who may not have access to the internet.
		X		<u>Impact on End User Customers</u> Services which end user customers access through Prevention and Children's Social Care are provided to support the whole family according to need, and are not targeted at particular gender groups. According to the 2011 census, the population in North Yorkshire was 49.2% male and 50.8% female ¹¹ . In terms of Prevention Requests for Service in the period April – July 2015, 56% were in respect of males, 43% related to females and <1% related to unborn children or were in respect of people of indeterminate/not recorded gender. As there are no changes to eligibility of service proposed through this project, there is deemed to be no change in the impact on end-user customers of specific genders in terms of the nature of the services they receive. However it is anticipated that they, along with all end-user customers, will benefit from the anticipated reduction in handling time for referrals and therefore the increase in timeliness of response where services are provided. This will be monitored through performance reporting.
		X		<u>Impact on Staff</u> All staff affected by the change will be briefed and trained accordingly, and in a consistent manner but being attentive to any individual learning needs, in order to support them to understand the new process and their specific roles and responsibilities within it. Any transfer of staff from one team to another as a result of this change will be planned and delivered in accordance with NYCC's duties under the Equality Act and HR policies to ensure that staff are not disadvantaged because of their gender. The proposals in this project will not introduce any change in terms of the current gender profile as no redundancies are envisaged.
Race		X	X	<u>Impact on Referring Customers</u> No information is collated within the EHM system about the ethnicity of referring customers, and this is not a consideration in the receipt or screening of referrals, as standard processes have been designed to ensure a

¹⁰ Office for National Statistics Internet Access Quarterly Update, Q1 2014, accessed online (28.08.15) via: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-336652>

¹¹ Accessed online (28.08.15) via: <https://www.nomisweb.co.uk/census/2011/qs104ew>

			<p>consistent approach for each referral. National data on internet access (2014)¹² suggests that the propensity to use the internet does vary across different ethnic groups, as follows:</p> <table border="1"> <thead> <tr> <th>Ethnic Group</th> <th>ONS estimated % of non-internet users (Q1, 2014)</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>12.8</td> </tr> <tr> <td>Mixed/multiple ethnic background</td> <td>3.8</td> </tr> <tr> <td>Indian</td> <td>12.3</td> </tr> <tr> <td>Pakistani</td> <td>17.3</td> </tr> <tr> <td>Bangladeshi</td> <td>11.6</td> </tr> <tr> <td>Chinese</td> <td>6.5</td> </tr> <tr> <td>Other Asian background</td> <td>7.8</td> </tr> <tr> <td>Black/African/Caribbean/Black British</td> <td>9.5</td> </tr> <tr> <td>Other ethnic group</td> <td>9.0</td> </tr> </tbody> </table> <p>The availability of a number of different access channels, including telephone, face-to-face and internet enable impact of the change to be mitigated amongst referring customers from the public who may not have access to online referral channels.</p>	Ethnic Group	ONS estimated % of non-internet users (Q1, 2014)	White	12.8	Mixed/multiple ethnic background	3.8	Indian	12.3	Pakistani	17.3	Bangladeshi	11.6	Chinese	6.5	Other Asian background	7.8	Black/African/Caribbean/Black British	9.5	Other ethnic group	9.0				
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	X		<p><u>Impact on End User Customers</u></p> <p>Services which end user customers access through Prevention and Children’s Social Care are provided to support the whole family according to need, and are not targeted at particular racial groups. The ethnic profile of those referred to the Prevention Service in April – July 2015 (as recorded in the EHM System) is as follows:</p> <table border="1"> <thead> <tr> <th>ethnic group</th> <th># referrals</th> </tr> </thead> <tbody> <tr> <td>(not recorded)</td> <td>491</td> </tr> <tr> <td>A1 - White - British</td> <td>663</td> </tr> <tr> <td>A3 - Any other White Background</td> <td>11</td> </tr> <tr> <td>A5 - Gypsy/Roma - CSC</td> <td>1</td> </tr> <tr> <td>B1 - Mixed - White and Black Caribbean</td> <td>7</td> </tr> <tr> <td>B2 - Mixed - White and Black African</td> <td>4</td> </tr> <tr> <td>B3 - Mixed - White and Asian</td> <td>7</td> </tr> <tr> <td>B4 - Mixed - Any Other Mixed Background</td> <td>8</td> </tr> <tr> <td>C1 - Asian/Asian British - Indian</td> <td>1</td> </tr> <tr> <td>C2 - Asian/Asian British - Pakistani</td> <td>1</td> </tr> <tr> <td>C4 - Asian/Asian British - Any other Asian Background</td> <td>2</td> </tr> </tbody> </table>	ethnic group	# referrals	(not recorded)	491	A1 - White - British	663	A3 - Any other White Background	11	A5 - Gypsy/Roma - CSC	1	B1 - Mixed - White and Black Caribbean	7	B2 - Mixed - White and Black African	4	B3 - Mixed - White and Asian	7	B4 - Mixed - Any Other Mixed Background	8	C1 - Asian/Asian British - Indian	1	C2 - Asian/Asian British - Pakistani	1	C4 - Asian/Asian British - Any other Asian Background	2
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E4 - Not Known - CSC	4													
Grand Total	1235													
	X			<p>Due to the large number of cases for which ethnicity is not recorded, it is not possible to determine from the data whether the service user profile is broadly in line with County population profiles as a whole. However, as there are no changes to eligibility of service proposed through this project, there is deemed to be no change in the impact on end-user customers of specific ethnicity in terms of the nature of the services they receive. However it is anticipated that they, along with all end-user customers, will benefit from the anticipated reduction in handling time for referrals and therefore the increase in timeliness of response where services are provided. This will be monitored through performance reporting.</p> <p><u>Impact on Staff</u> All staff affected by the change will be briefed and trained accordingly, and in a consistent manner but being attentive to any individual learning needs, in order to support them to understand the new process and their specific roles and responsibilities within it. Any transfer of staff from one team to another as a result of this change will be planned and delivered in accordance with NYCC's duties under the Equality Act and HR policies to ensure that staff are not disadvantaged because of their ethnicity. The proposals in this project will not introduce any change in terms of the current ethnic profile as no redundancies are envisaged. As an organisation, NYCC must comply with relevant legislation and all services need to be culturally sensitive and appropriate and respect the values, beliefs, culture and tradition of the individuals we work with. Staff should also directly tackle any evidence of racist attitudes, bullying or discrimination amongst colleagues and service users.</p>										
Gender reassignment		X		<p><u>Impact on Referring Customers</u> No information is collated within the EHM system about the gender of referring customers including circumstances of gender reassignment, and this is not a consideration in the receipt or screening of referrals, as standard processes have been designed to ensure a consistent approach for each referral. No data is available on whether there is greater propensity amongst the general public for internet usage in one particular gender reassignment group, but the availability of a number of different access channels, including telephone, face-to-face and internet enable impact of the change to be mitigated amongst referring customers from the public.</p>										

		X		<p><u>Impact on End User Customers</u></p> <p>Services which end user customers access through Prevention and Children’s Social Care are provided to support the whole family according to need, and are not targeted at particular gender groups (including those who have undergone gender reassignment). As there are no changes to eligibility of service proposed through this project, there is deemed to be no change in the impact on end-user customers of specific genders / gender reassignment in terms of the nature of the services they receive. However it is anticipated that they, along with all end-user customers, will benefit from the anticipated reduction in handling time for referrals and therefore the increase in timeliness of response where services are provided. This will be monitored through performance reporting.</p>
	X			<p><u>Impact on Staff</u></p> <p>All staff affected by the change will be briefed and trained accordingly, and in a consistent manner but being attentive to any individual learning needs, in order to support them to understand the new process and their specific roles and responsibilities within it. Any transfer of staff from one team to another as a result of this change will be planned and delivered in accordance with NYCC’s duties under the Equality Act and HR policies which are equality compliant. As an organisation, NYCC must comply with the conditions of the Gender Recognition Act and there is the statutory requirement to protect the confidentiality of someone who has changed, or is in the process of changing their gender.</p>
Sexual orientation		X		<p><u>Impact on Referring Customers</u></p> <p>No information is collated within the EHM system about the sexual orientation of referring customers, and this is not a consideration in the receipt or screening of referrals, as standard processes have been designed to ensure a consistent approach for each referral. No data is available on whether there is greater propensity amongst the general public for internet usage in groups with particular sexual orientation(s), but the availability of a number of different access channels, including telephone, face-to-face and internet enable impact of the change to be mitigated amongst referring customers from the public.</p>
		X		<p><u>Impact on End User Customers</u></p> <p>Services which end user customers access through Prevention and Children’s Social Care are provided to support the whole family according to need, and are not targeted at people of particular sexual orientation. As there are no changes to eligibility of service proposed through this project, there is deemed to be no change in the impact on end-user customers of specific sexual orientation in terms of the nature of the services they receive. However it is anticipated that they, along with all end-user</p>

			customers, will benefit from the anticipated reduction in handling time for referrals and therefore the increase in timeliness of response where services are provided. This will be monitored through performance reporting.
	X		<u>Impact on Staff</u> All staff affected by the change will be briefed and trained accordingly, and in a consistent manner but being attentive to any individual learning needs, in order to support them to understand the new process and their specific roles and responsibilities within it. Any transfer of staff from one team to another as a result of this change will be planned and delivered in accordance with NYCC's duties under the Equality Act and HR policies which are equality compliant. As an organisation, NYCC should promote an understanding of diversity and respect for others and work sensitively around issues of sexuality and identity.
Religion or belief		X	<u>Impact on Referring Customers</u> No information is collated within the EHM system about the religion of belief of referring customers, and this is not a consideration in the receipt or screening of referrals, as standard processes have been designed to ensure a consistent approach for each referral. No data is available on whether there is greater propensity amongst the general public for internet usage in one particular religious group, but the availability of a number of different access channels, including telephone, face-to-face and internet enable impact of the change to be mitigated amongst referring customers from the public.
		X	<u>Impact on End User Customers</u> Services which end user customers access through Prevention and Children's Social Care are provided to support the whole family according to need, and are not targeted at people of particular religion or belief. No information is collected in the EHM system about the religious beliefs of Prevention Service customers. As there are no changes to eligibility of service proposed through this project, there is deemed to be no change in the impact on end-user customers of specific religions or beliefs in terms of the nature of the services they receive. However it is anticipated that they, along with all end-user customers, will benefit from the anticipated reduction in handling time for referrals and therefore the increase in timeliness of response where services are provided. This will be monitored through performance reporting.
	X		<u>Impact on Staff</u> All staff affected by the change will be briefed and trained accordingly, and in a consistent manner but being attentive to any individual learning needs, in order to support them to understand the new process and their specific roles and responsibilities within it. Any transfer of staff from one team to another as a result of this change

				will be planned and delivered in accordance with NYCC's duties under the Equality Act and HR policies which are equality compliant. As an organisation, NYCC should continue to make efforts to accommodate the needs of individuals in terms of religion or belief.
Pregnancy or maternity		X		<u>Impact on Referring Customers</u> No information is collated within the EHM system about whether referring customers are pregnant or have recently given birth, except when it is a self-referral with pregnancy / recent birth stated as the reason for referral, and this is not a consideration in the receipt or screening of referrals, as standard processes have been designed to ensure a consistent approach for each referral. No data is available on whether there is greater propensity for internet usage amongst the population of those who are pregnant or have recently given birth, but the availability of a number of different access channels, including telephone, face-to-face and internet enable impact of the change to be mitigated amongst referring customers from the public.
		X		<u>Impact on End User Customers</u> Services which end user customers access through Prevention and Children's Social Care are provided to support the whole family according to need, and are not targeted at people who are pregnant or have recently given birth (although these particular circumstances will be taken into account in the provision of support as appropriate to need). As there are no changes to eligibility of service proposed through this project, there is deemed to be no change in the impact on end-user customers who are pregnant or have recently given birth in terms of the nature of the services they receive. However it is anticipated that they, along with all end-user customers, will benefit from the anticipated reduction in handling time for referrals and therefore the increase in timeliness of response where services are provided. This will be monitored through performance reporting.
	X			<u>Impact on Staff</u> All staff affected by the change will be briefed and trained accordingly, and in a consistent manner but being attentive to any individual learning needs, in order to support them to understand the new process and their specific roles and responsibilities within it. Any transfer of staff from one team to another as a result of this change will be planned and delivered in accordance with NYCC's duties under the Equality Act and HR policies which are equality compliant. As an organisation, NYCC must comply with relevant legislation and it is unlawful for employers or service providers to discriminate against women who are pregnant or have recently given birth.
Marriage or		X		<u>Impact on Referring Customers</u>

civil partnership				No information is collated within the EHM system about the marital status of referring customers, and this is not a consideration in the receipt or screening of referrals, as standard processes have been designed to ensure a consistent approach for each referral. No data is available on whether there is greater propensity amongst the general public for internet usage in one particular group by marital status, but the availability of a number of different access channels, including telephone, face-to-face and internet enable impact of the change to be mitigated amongst referring customers from the public.
		X		<u>Impact on End User Customers</u> Services which end user customers access through Prevention and Children’s Social Care are provided to support the whole family according to need, and are not targeted at those with a particular marital status. As there are no changes to eligibility of service proposed through this project, there is deemed to be no change in impact on end-user customers of specific marital status in terms of the nature of the services they receive. However it is anticipated that they, along with all end-user customers, will benefit from the anticipated reduction in handling time for referrals and therefore the increase in timeliness of response where services are provided. This will be monitored through performance reporting.
	X			<u>Impact on Staff</u> All staff affected by the change will be briefed and trained accordingly, and in a consistent manner but being attentive to any individual learning needs, in order to support them to understand the new process and their specific roles and responsibilities within it. Any transfer of staff from one team to another as a result of this change will be planned and delivered in accordance with NYCC’s duties under the Equality Act and HR policies which are equality compliant. It is unlawful for employers or service providers to discriminate against individuals with regard to marriage or civil partnership. Employers must also treat civil partners in the same way as married people in a wide range of matters, including employment and vocational training. Any benefits given to married employees must also be offered to civil partners, including flexible working, statutory paternity pay, paternity and adoption leave, health insurance and survivor pensions.
Section 6. Would this proposal affect people for the following reasons?	No impact	Make things better	Make things worse	Why will it have this effect? Give any evidence you have.
Live in a rural area		X	X	<u>Impact on Referring Customers:</u> Information is collated within the EHM system about the address/postcode area of referring customers, but this is not a consideration in the receipt or screening of referrals, as standard processes

				<p>have been designed to ensure a consistent approach for each referral. As part of the Assisted Digital Project, North Yorkshire residents were asked about internet usage and of those who don't use the internet, 3% cited "there's no broadband where I live" as the reason why. According to the research baseline, 12.8% of the County's population live further than 5 miles from an online centre. In this respect, some referring customers who are members of the public may not be able to access online referral channels due to rurality, however the availability of a number of different access channels, including telephone and face-to-face enable impact of the change to be mitigated amongst referring customers from the public.</p>
		X		<p><u>Impact on End User Customers</u> Services which end user customers access through Prevention and Children's Social Care are provided across the County according to need, and are not restricted to people living in areas classified as rural or urban. An analysis of Lower Super Output Areas (LSOAs) where customers were referred for the Prevention Service in the period April – July 2015 has shown that the average percentage of LSOAs covered in each area is 81%, with the lowest coverage in Whitby and the Moors (63%), Ripon and Rural Harrogate (63%) and Richmondshire (65%) and the highest coverage of 100% of LSOAs in Scarborough Central, Scarborough North and Selby South. As there are no changes to eligibility of service proposed through this project, there is deemed to be no change in the impact on end-user customers living in particular areas of the County in terms of the nature of the services they receive. However it is anticipated that they, along with all end-user customers, will benefit from the anticipated reduction in handling time for referrals and therefore the increase in timeliness of response where services are provided. This will be monitored through performance reporting.</p>
		X		<p><u>Impact on Staff</u> All staff affected by the change will be briefed and trained accordingly, and in a consistent manner but being attentive to any individual learning needs, in order to support them to understand the new process and their specific roles and responsibilities within it. Any transfer of staff from one team to another as a result of this change will be planned and delivered in accordance with NYCC's duties under the Equality Act and HR policies.</p>
Have a low income		X	X	<p><u>Impact on Referring Customers</u> No information is collated about the financial status of referring customers and this is not a consideration in the receipt or screening of referrals, as standard processes have been designed to ensure a consistent approach for each referral. As part of the Assisted Digital Project, North Yorkshire residents were asked about internet usage and</p>

			of those who don't use the internet, 13% cited "can't afford it" as the reason why. National data from the Office of National Statistics (2014) estimates that 100% of people have access to the internet in the monthly pay band £900+, with internet usage decreasing with lower pay, being at its lowest amongst those with a pay band of <£200, 4.9% of whom have never used the internet (according to estimations) ¹³ . In this respect, some referring customers who are members of the public may not be able to access online referral channels due to low income, however the availability of a number of different access channels, including telephone and face-to-face and enable impact of the change to be mitigated amongst referring customers from the public.
	X		<u>Impact on End User Customers</u> Services which end user customers access through Prevention and Children's Social Care are provided according to need, and are not based on household income. As there are no changes to eligibility of service proposed through this project, there is deemed to be no change in the impact on end-user customers with low incomes in terms of the nature of the services they receive. However it is anticipated that they, along with all end-user customers, will benefit from the anticipated reduction in handling time for referrals and therefore the increase in timeliness of response where services are provided. This will be monitored through performance reporting.
	X		<u>Impact on Staff</u> All staff affected by the change will be briefed and trained accordingly, and in a consistent manner but being attentive to any individual learning needs, in order to support them to understand the new process and their specific roles and responsibilities within it. Any transfer of staff from one team to another as a result of this change will be planned and delivered in accordance with NYCC's duties under the Equality Act and HR policies.

Section 7. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men?) State where this is likely to happen and explain what you think the effect will be and why giving any evidence you have.

Impacts on individual characteristics which are known or anticipated at this stage of the project have been outlined above.

North Yorkshire's Assisted Digital research baseline suggests that people with

¹³ Office for National Statistics Internet Access Quarterly Update, Q1 2014, accessed online (28.08.15) via: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-336652>

disabilities, older people, people living in rural areas and those on lower incomes may be less likely to access the internet, due to barriers associated with these characteristics (see above for detailed information). It is possible, therefore, that people exhibiting a combination of these characteristics may be at greater risk of digital exclusion, and may therefore be more likely as referring customers to be impacted through this project by not being able to access online referral channels. However, other channels will also be made available, including telephone and face-to-face, in order to enable referrals to be made and screened so that the right services are provided to children, young people and families from North Yorkshire who are in need of support. This will be monitored through performance management and reporting.

Services which end user customers access through Prevention and Children's Social Care are provided according to need, including where customers exhibit multiple characteristics. As there are no changes to eligibility of service proposed through this project, there is deemed to be no impact on end-user customers with multiple characteristics in terms of the nature of the services they receive.

All staff affected by the change will be briefed and trained accordingly, and in a consistent manner but being attentive to any individual learning needs, in order to support them to understand the new process and their specific roles and responsibilities within it. This will be consistent regardless of whether employees exhibit one or more protected characteristic(s), but with appropriate provision made for accessible formats where appropriate. Any transfer of staff from one team to another as a result of this change will be planned and delivered in accordance with NYCC's duties under the Equality Act and HR policies which are equality compliant.

Section 8. Only complete this section if the proposal will make things worse for some people. Remember that we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us.

Can we change our proposal to reduce or remove these adverse impacts?

The overall aim of this project is to make things better and improve outcomes for children, young people and families in North Yorkshire by streamlining referral processes, improving timeliness of response, removing complexity and improving consistency of screening and allocation. A cross section of staff have already been involved in the design of the new referral route and processes, in order to ensure opportunities for those with operational knowledge to put forward alternative suggestions for achieving the objectives of the review and to further mitigate any impacts identified. Work is also planned with customers during the Definition stage to feed their views into the development of proposals, including impacts they envisage and suggestions for how these may be mitigated or avoided through other solutions.

Can we achieve our aim in another way which will not make things worse for people?

See above

If we need to achieve our aim and can't remove or reduce the adverse impacts get advice from legal services. Summarise the advice here. Make sure the advice is passed on to decision makers if the proposal proceeds.

Section 9. If the proposal is implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)

The impact on staff will be monitored through regular supervision, prior, during and after the changes. Supervision will also be a channel for assessing the impact on customers, through discussion of specific cases as appropriate. A full post-implementation review of the project will also be carried out after one year, to determine the impact of the changes, and an interim review will take place 6 months after implementation.

The impacts on customers will be monitored through customer insight data, feedback from professionals and the activities of Participation Workers, who have a specific role to engage with users of CYPS services to seek their feedback about the services provided as well as their ideas for improvement. In addition, feedback and learning from complaints and compliments will be monitored, and the results of customer engagement surveys conducted through the SNAP tool will provide a valuable source of feedback through which impact can be monitored. This can also be compared with historic data from Viewpoint.

Section 10. List any actions you need to take which have been identified in this EIA

Action	Lead	By when	Progress
Seek input from CYPS Equalities Peer Review Group	Project Manager	Sept 2015	Complete
Ensure "warm phones" are available in Prevention Team locations, or that alternative process is established to allow public access to a phone line for making referrals	Prevention Teams	Go-live date	Factored into project plan
Engage with customer voice through Customer Journey Mapping to ensure that new referral routes are fit-for-purpose from customer perspective.	Project Group	Dec 2015	Customer Journey Mapping factored into project plan

Continue to involve Local Safeguarding Children Board representatives in the development of the project	Vicky Metheringham, Haydn ReesJones and Project Group	April 2016	initial briefing to LSCB, LSCB working group commissioned to look at referral form and guidance
Establish clear customer insight collation / performance reporting as part of the new process in order to ensure that impacts can be monitored	Project Group	April 2016	
Conduct post-implementation review after 6 months	Vicky Metheringham, Julie Firth, Sarah Foley	Summer 2016	factored into project plan
Conduct post-implementation review after 12 months	Vicky Metheringham, Julie Firth, Sarah Foley	Jan 2017	factored into project plan

Appendix: Key project risks relating to project impact and equality

An extract of the project risk log is presented below, to outline the key risks relating to project impact and equality. The risk log is regularly reviewed and updated regularly as part of the project group and highlight reports.

		Pre -Mitigation			Mitigation	Post-Mitigation		
Type	Description & Consequences	L	I	Score	Mitigation(s) with action by dates	L	I	Score
processes	If current practices are not fully understood during project definition, the opportunity to improve and modernise referral process will not be maximised	M	M	4	a) Request Business Change resource to undertake Customer Journey Mapping (Oct 2015) and BPR (July 2015) workshops (PM, 30.06.15) b) Undertake baselining of different referral routes for Prevention to provide snapshot of likely additional volumes to be received through the Customer Contact Centre, and to inform Business Change work (J Markwart and B Merrygold, end July 2015)	L	L	1
communication	If referring agencies and the public are not aware of the new referral route or do not adapt to the change, this could result in operational teams continuing to receive referrals they are not	M	M	4	a) Develop communications plan and adopt proactive approach at early stage (Project Group, initial plan by mid-Aug 2015); b) monitor teams to ensure old referral routes are not being used, and that referrals are being re-routed (Prevention Managers) c) if required, Locality telephone numbers could	L	L	1

	resourced to deal with, or customers not receiving the services they need				be re-routed via the Contact Centre (Contact Centre and Telephony Team, if required)			
resources	If potential demand, referral and call volumes likely to result from the re-routing of Prevention referrals into the CCC are not fully understood, this may lead to stretched resources, increased customer waiting times and poor customer experience. The initial proposed implementation date for re-routing Prevention referrals via CCC (September 2015) is peak period for demand in the Customer Contact Centre, and although additional staffing requirements may be identified as part of the definition work, recruitment and training may not be complete for September go-live date. [see also #2 above]	M	M	4	a) identify staff training and resource requirements through Business Change workshops (Project Team, end July 2015) b) capture launch and expected waiting times in communications plan (Project Group; initial plan by mid-Aug 2015) c) Additional staff member already recruited to deal with Prevention referrals, to commence Summer 2015 (Prevention Service and CCC, end July 2015) d) analyse referral volumes and demand as part of project definition work, to feed into required resources (Prevention Service; end July 2015) e) delay transfer of referrals to Jan 2016 to better align with available resources [see also #2 above]	L	L	1
equalities	Our assessment of equality impact for the project has suggested that there is a risk that people with certain protected characteristics (including older people and people with disabilities) may be less likely or less able to access digital referral routes which will be designed through this project.	M	M	4	a) conduct equality impact assessment for the project (PS and PM, end Sept 2015); b) consider equalities as part of Customer Journey Mapping (Project Group, Oct 2015); c) ensure that complementary referral channels (telephone, face-to-face etc) remain available through process re-design (Project Team; phase 1 Sept 2015, Phase 2 Nov 2015) d) continue as a Council to focus on priority areas of digital inclusion, computer literacy and broadband connectivity, as referenced in the Council Plan (NYCC, ongoing)	M	L	2