

EQUALITY IMPACT ASSESSMENT



Which directorate(s) are responsible for this EIA?	["Children and Families"]
Division	Strategy, Commissioning and Transformation
Service area	Commissioning
Budget Saving	Yes

What is the responsible officer's email address?	Debdatta Dobe
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Please describe the impact to the age characteristic

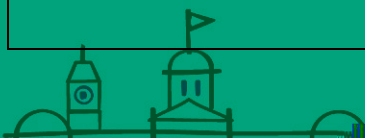
Service users:

While all age groups are impacted by the proposal as Early Help is a preventative service aimed at supporting families and providing the right help at the right time, through a range of universal, universal+ and targeted interventions, the greatest impact is on school aged children ages 6-17 and their family/parental unit, mostly aged 30-47 (including those who may be young parents as well as those who may be young parents with disabilities).

Analysis of Early Help Assessment data (2021-2023) indicates that the highest uptake of Early Help services offered in Birmingham between 2021-2023 was amongst those aged 6-11 (25.1%), followed by those aged 12-17 (23.6%), 0-5 (12.7%) and 36-41 (9.3%). This corresponds to Birmingham being the youngest city, with only 13% of the population aged above 65. As Early Help services are oriented to families, young families, children and young people, uptake in those broad age categories are highest.

Approximately 10% of children aged 0-25 access Early Help. The number of older children and young people are likely to increase over the next 5 to 10 years as the large number of 0-9 year olds grow older and more children fall within the 6-17 year cohort (amongst whom uptake of the service is highest).

There are a large number Gypsy, Traveller and Roma children in Birmingham (1,084 children registered in 2022 school year, with several more presumably out of school). As children from these communities typically leave school earlier, community-based support services are critical to bridge the gaps evidenced in this cohort across their life course (JSNA, 2022).



	<p>There are number of children living in absolute low-income families in Birmingham (100549 in 2021/22), Birmingham City Observatory, 2022. The locality-based support model offered by Early Help supports these children, due to multiple barriers in accessing city wide programmes.</p> <p>Local level data evidencing take up by age is not available. This makes it difficult to prioritise support to those neighbourhoods and localities most adversely impacted on the basis of this protected characteristic. However, across all age groups, access by locality (in descending order) is as follows: (1) Northfield (15.5%); (2) Yardley (13%); (3) Ladywood (11.5%); (4) Hall Green (11.1%); and (5) Hodge Hill (10.6%).</p> <p>all these affected groups will no longer receive the range of Early Help services outlined above.</p> <p>External Workforce of contracted providers:</p> <p>Workforce data for BCT & voluntary sector staff is not currently available.</p> <p>Impact on workforce is not known at present as a redesigned approach to early help is currently being piloted. # of staff is currently being monitored for workforce retention.</p> <p>Workforce data and impact will be considered during the 3 month review when the service redesign is fully known and any impact on staffing is clear.</p>
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<p>How will you mitigate against any negative impact to the age characteristic?</p>	<p>It is not possible to mitigate the impact of these savings for all children and families accessing Early Help in Birmingham. Prioritisation for the most vulnerable children and families will enable us to target support to those families most in need. Other options considered include: (a) signposting families to the Family Hubs programme (most of our families accessing Early Help will be eligible for FH services however it is important to note that the two services have different outcomes). In selecting FH locations, officers have taken Early Help data and uptake into consideration; (b) redirecting users to the re-designed early help offer that</p> <p>" # u</p> <p>of this is known, may restore some of the services for children and families in Birmingham; (c) enabling current providers to close down services safely, through a managed transition period made possible through repurposed public health grant funding; (d) joining up the offer with adult social care to manage transition and overlap in service provision and (e) monitoring the long term impact of the proposed saving with the help of our improvement partner.</p> <p>" # u</p> <p>any opportunities to affected Voluntary Sector workforce that may be available within the service redesign once details of this have been finalised.</p>
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<p>Does this proposal impact those people with a disability as per the Equality Act 2010?</p>	<p>Yes</p>



Please describe the impact to the disability characteristic

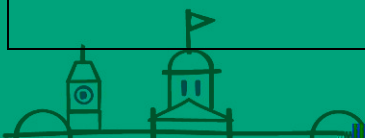
Service Users:

The data collected around disability on the Early Help Assessment across 2021-2023 is limited, with most individual disabilities listed as unknown and only 0.3% identified as yes which is likely to be significantly underreported given the volume of individuals accessing Early Help. Of those known the highest percentage of individuals documented relate to SEND.

Of the 75 cases positively identified as having a disability the highest % is in 6-11 year olds (50.7%). The majority of those identified as having a disability were male (66.7%).

In the absence of robust disability data available through Early Help Assessments, we have considered other data sources available city-wide to consider the impact of the proposal on those with disabilities including Census (2021), City Observatory and School Census data. From these data sources there is a high percentage of children in Birmingham with SEND (37275 children and young people with either an Education, Health and Care plans or receiving SEN support in school). Just over 40% of this cohort are aged 11+, which is also the age group accessing Early Help provision in highest numbers. Overall, according to Census 2021 data, 9.6% of people in Birmingham (including adults) reported living with a disability that severely limits day to day activity, and 10.4% reported living with a disability that partially limits day to day activity.

The structuring of early help provision in Birmingham ensured availability of localised, specialist support through a diverse range of voluntary sector providers, some of whom had specialism in disability-focused support, advocacy and advice, through a whole-family lens. The removal of this support will mean this type of support will cease and people with disabilities accessing Early Help services will no longer be able to do so.



	<p>External Workforce of contracted providers:</p> <p>Workforce data for BCT & voluntary sector staff is not currently available.</p> <p>Impact on workforce is not known at present as a redesigned approach to early help is currently being proposed through the Children's Trust. Workforce retention will be a key consideration.</p> <p>Workforce data and impact will be considered during the 3 month review when the service redesign is fully known and any impact on staffing is clear.</p>
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How will you mitigate against any negative impact to the disability characteristic?

It is not possible to fully mitigate the impact of this proposal on children and adults with disabilities, However, there is commitment to maintain a re-designed early help



Please describe the impact to the Sex characteristic

Service users:

All genders are impacted by the proposal as Early Help is a preventative service aimed at supporting families and providing the right help at the right time, through a range of universal, universal+ and targeted interventions. However, analysis of referral trends, available on the Early Help data system indicates that there is a disproportionately higher number of females likely to be referred or self-referring for support (77.4%). This broadly corresponds to primary care-giving responsibilities in the most part being discharged by women or those AFAB- with the family unit being the focus of Early Help support.

At point of access too, there is a greater proportion of women (57.3%) accessing the service as compared to men (41.2%). 0.5% of those accessing support identified as non-binary, 0.1% identified as transgender and gender identity was unknown in 0.8% of cases. Again this trend is unsurprising given the support offered through earl88 301.72







What legal marital or registered civil partnership status will be impacted by this proposal?

["Single", "Never married and never registered a civil partnership", "Married: Same sex", "Married: Opposite sex", "In a registered civil partnership: Opposite sex", "In a registered civil partnership: Same sex", "Separated, but still married", "Separated, but still in a registered civil partnership", "Divorced", "Formerly in a civil partnership now legally dissolved", "Widowed", "Surviving partner from civil partnership"]

Please describe the impact to



How will you mitigate against any negative impact to the marriage and civil partnership characteristic?

While this impact is unlikely to be significant, it is not possible to mitigate fully- we will strengthen other family-based support, where possible, to minimise impact by association/consequence on those who are married/in civil partnership.

There is no known impact on staff of impacted service providers.

Does this proposal impact people covered by the Equality Act 2010 under the protected characteristic of pregnancy and maternity?

Yes



Please describe the impact to the pregnancy and maternity characteristic



External Workforce of contracted providers:



Please describe the impact to the ethnicity and race characteristic

All ethnic groups would be impacted due to the diversity of those accessing the service. Early Help access data broken down by ethnicity evidence highest uptake amongst (a) White British (30.7%); (b) Asian/Asian British- Pakistani (15.8%); (c) Black/Black British-African (6.6%). A high percentage of ethnicity data was not declared or not known.

While uptake by ethnicity fluctuates month to month, the highest uptake remains consistent amongst White British, Asian/Asian British and Black/Black British ethnic identities. Locality level data on ethnicity is available through data dashboards generated via the Family connect form. Sampling of this data indicate high proportion of white ethnicity reported in Erdington, Hodge Hill, Yardley, Edgbaston, Selly Oak and Northfield. Uptake amongst Asian/Asian British ethnicity was highest in Ladywood, Hodge Hill, Yardley and Hall Green. Uptake amongst Black British ethnicity was highest noted in Perry Barr, Ladywood and Edgbaston (March 2023).

There are a large number Gypsy, Traveller and Roma children in Birmingham (1,084 children registered in 2022 school year, with several more presumably out of school). As children from these communities typically leave school earlier, community-based support services are critical to bridge the gaps evidenced in this cohort across their life course (JSNA, 2022).

Research by the Early Intervention Foundation high 688.56 r



	<p>public services continue to escalate, according to research undertaken by Ubele.</p> <p>PHE review on the Impact of Covid-19 on BAME M 7 @ k Relations, the Health Foundation and plethora of other credible sources, highlight the disparate health and social care outcomes attained by black and minoritised communities- they are most likely to live in the 10% most deprived areas in England, exacerbating their poorer health outcomes. The update to the Marmot review published in 2020 further underlined how poorer health outcomes are more pronounced for BME populations.</p> <p>The impact of this proposal on minoritised and racialised groups will be disproportionately high, especially population and the diversity data obtained through Early Help data dashboards- our voluntary sector providers had the cultural competence and awareness that will be hard to replace. Many staff had lived experience of the issues families presented with and were from the local area, having knowledge of local contexts and issues. The cessation of these services will mean that service users of all ethnicities will no longer be able to access these services with biggest impact experienced by those ethnicities amongst whom uptake was highest (See above).</p> <p>External Workforce of contracted providers:</p> <p>Staff data for this protected characteristic is currently not available for staff of the impacted service providers.</p>
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<p>How will you mitigate against any negative impact to the ethnicity and race characteristic?</p>	<p>While Early Help is a non-statutory provision, in considering of opportunity for minoritised communities within the context of a redesigned early help offer available through</p> <p>Retention of staff with lived experience and cultural competence where possible will need to be prioritised.</p> <p>This element of the EIA will be revisited and revised when the redesign is completed.</p>
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<p>Does this proposal impact people's religion or beliefs as per the Equality Act 2010?</p>	
<p>Does this proposal impact people's religion or beliefs as per the Equality Act 2010?</p>	<p>Yes</p>
<p>What religions could be impacted by this proposal?</p>	<p>["No religion", "Christian", "Buddhist", "Hindu", "Jewish", "Muslim", "Sikh"]</p>



Please describe the impact to the sexual orientation characteristic

As there was no option to select no known impact/neutral, we have selected yes and provided further context below:

There is no available Early Help data on sexual orientation. According to census 2021 data, 87.57% of people aged 16 and over identified as heterosexual in Birmingham. 1.35% identified as gay or lesbian; 1.27% identified as bisexual, 0.04% identified as queer and 9.42% did not answer. While sexual orientation can exacerbate vulnerabilities, in the context of the proposal and the service impacted, there is no known impact on this protected characteristic as the service currently does not offer targeted support based on sexual orientation. If further research into the points at which vulnerabilities arise for persons on basis of sexual orientation identifies need for targeted support through early help provision, this can be revisited through service redesign.

There is no specific known impact on this protected characteristic on account of this proposal on either service users or staff of impacted services (external workforce of contracted providers).

How will you mitigate against



