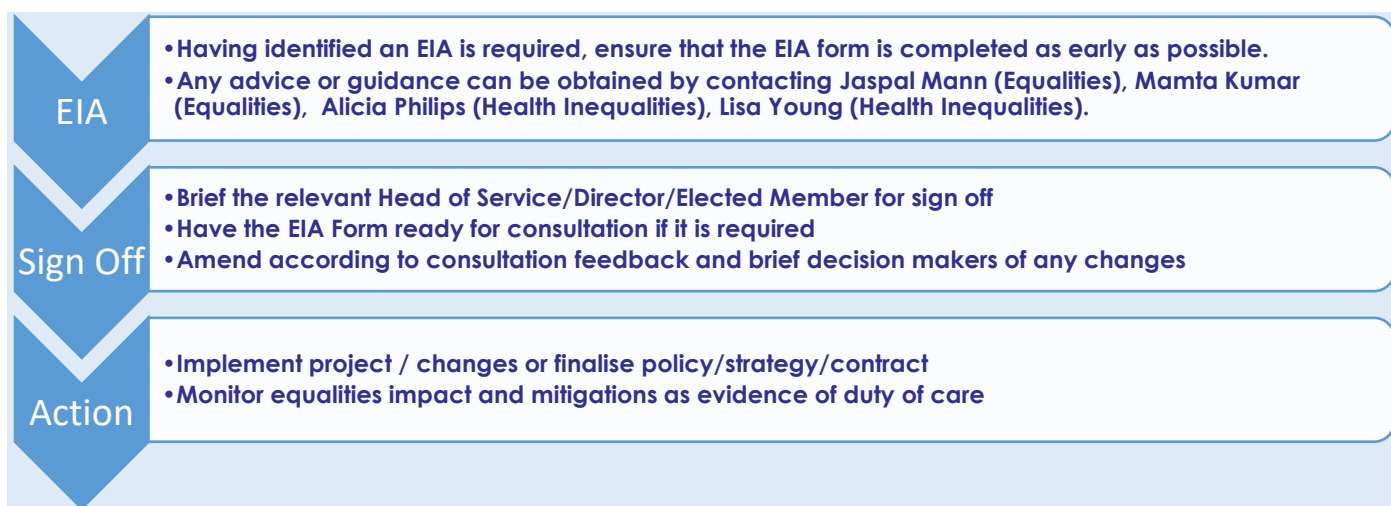


EQUALITY IMPACT ASSESSMENT (EIA)



Title of EIA		Residential Childrens Homes Strategy
EIA Author	Name	Tim Green
	Position	Operational lead for Residential.
	Date of completion	9.6.23
Head of Service	Name	Angela Whitrick
	Position	Strategic Lead for Looked after Children (Corporate Parenting)
Cabinet Member	Name	Cllr Seaman
	Portfolio	Lead Cabinet Member for Children and Young people



PLEASE REFER TO [EIA GUIDANCE](#) FOR ADVICE ON COMPLETING THIS FORM

SECTION 1 – Context & Background

1.1 Please tick one of the following options:

This EIA is being carried out on:

- ☒ New policy / strategy
- ☒ New service
- ☐ Review of policy / strategy
- ☐ Review of service
- ☐ Commissioning



☐ Other project (*please give details*)

1.2 In summary, what is the background to this EIA?

In line with our sufficiency duty, it has been identified that Coventry is in need of additional residential provision for both disabled, looked after children and those looked after children who have been identified as having emotional behavioural difficulties. It is hoped that this will reduce the number of children and young people that are placed out of city due to a lack of available provision within the city. This will mean less disruption to the child/young person in terms of access to Education, health and other services and enable them to be close to family, friends and their local community. There are also significant financial benefits to be made by using internal placements as opposed to external ones.

1.3 Who are the main stakeholders involved? Who will be affected?

These services will benefit disabled looked after children aged 10 to 18, and looked after children who have been identified as having emotional and behavioural, difficulties, aged between 10 and 18. The opening of new homes will also create additional jobs within the city.

1.4 Who will be responsible for implementing the findings of this EIA?

Angela Whitrick - strategic lead for looked after children and Tim Green – operational lead for childrens residential services.

SECTION 2 – Consideration of Impact

Refer to guidance note for more detailed advice on completing this section.

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

- Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
- Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
- Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information



Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

The additional home for looked after children with disabilities will be purpose built and therefore will allow the four residents to experience living in a fully accessible environment. The environment will enable them rather than disable them, giving them maximum independence. Because the home will be accessible, it will give the children living there more opportunities to have similar experiences to their non-disabled peers.

Establishing a home for disabled children in a community environment will allow the children to become part of that community and will allow the community to have positive interactions with disabled children and young people which will enable them to make a positive contribution. This will help to dispel any myths or prejudices about disabled people.

The two homes for looked after children who have been identified as having emotional, behavioural difficulties, will provide four children, in each home, the opportunity to live as a 'family' within a community location as their non- looked after peers do. This can again give them the opportunity to make a positive contribution to their community and help to integrate them with their peers.

Children who are looked after by their very nature are disadvantaged. Being able to stay within the city they and their family come from eliminates a further disadvantage. Being placed out of Coventry city, would mean living in potentially an unfamiliar environment away from important family members and friends. Evidence tells us that being placed at distance from family, can cause not only emotional distress for both the child and their family but can also become a barrier to family time.

The Government's Children's Social Care Market Study report, 22/3/22 says;

First, and most importantly, it is clear that the placements market, particularly in England and Wales, is failing to provide sufficient supply of the right type so that looked-after children can consistently access placements that properly meet their needs, when and where they require them. This means that some children are being placed in settings that are not appropriate for their own circumstances, for instance where they are:

- far from where they would call 'home' without a clear child protection reason for this, thereby separated from positive friend and family networks: 37% of children in England in residential placements are placed at least 20 miles from their home base*

The Independent Review of Children's Social Care, May 2022, quoted care experienced young people as follows;

"It is scary going to new places and moving away. Its new schools and new faces so kids often run away to something familiar."

"I think people assume that children are getting their basic needs, it's enough. Like you know they've got food and shelter... OK, they're better off than where they used to be, and you as a child you do have that mindset you're like, oh, I'm better than where I used to be, so it's OK, but those basic needs aren't necessarily enough."

All three of the proposed new homes will help to address these issues.

The majority of looked after children have additional needs which require interventions from support services such as education, health and social care. This can be particularly prevalent amongst disabled children who often need a large amount of additional support services. Moving children out of city can often mean that there is a hiatus in them receiving crucial support whilst new services are found.

A significant number of looked after children have autism spectrum disorder and nearly all have attachment issues. Both of these conditions mean that any change in those caring for them will have a significant impact on those looked after children. Having continuity of care and support is of the upmost importance and this would be possible if children are placed within the city.

Coventry is a very ethnically and culturally diverse city which has well established community groups, places of worship and services which meet ethnic and cultural needs within the city. Placing children with ethnic and cultural needs in placements which are not as well served as Coventry with provisions that address these needs, put them at a disadvantage.

In addition, for those children that remain in our care until they transition to adulthood, will have established support networks and meaningful relationships with carers who live close by, providing them with 'Staying Close' opportunities.

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

- Positive impact (P),
- Negative impact (N)
- Both positive and negative impacts (PN)
- No impact (NI)
- Insufficient data (ID)

**Any impact on the Council workforce should be included under question 2.6 – not below*

Protected Characteristic	Impact type P, N, PN, NI	Nature of impact and any mitigations required
Age 0-18	P	Looked after children aged 10 –18, who have been identified as having emotional, behavioural difficulties, will be able to live in Coventry near to their families, friends and communities and received continuity of care and services.

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Age 19-64	P	Through the work of the Staying Close Project, care leavers will receive continuity of care and support from the same carers who looked after them until the age of 18. This supports a better transition into adult services. Additional jobs will be created within the city, recruiting carers that reflect the diversity of the children we care for and in the communities they live in.
Age 65+	NI	
Disability	P	Looked after disabled children will have the opportunity to reside in coventry close to family, friends, communities and support services. This ensures a continuity of care and support.
Gender reassignment	P	Those who wish to go through, or are going through gender reassignment, will be fully supported to do so. Remaining in Coventry city may reduce any disruption to services that can support with gender reassignment.
Marriage and Civil Partnership	NI	
Pregnancy and maternity	NI	
Race (Including: colour, nationality, citizenship ethnic or national origins)	P	Children from ethnically, racially and culturally diverse backgrounds will be able to stay connected to their families, friends and communities and will be able to continue to access places of worship, groups and support services.
Religion and belief	P	Children are supported to practice the religion of their choice if they wish to do so. Carers support children to explore belief systems and understand the advantages and disadvantages to these.
Sex	P	Homes are of mixed gender and children will be supported in relation to gender identity.
Sexual orientation	P	Carers support children to explore their sexual orientation if they wish to do so and they are supported in whatever choices they make in this respect.

HEALTH INEQUALITIES

2.3	Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.
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<p>Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity</p> <p>A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities</p> <p>Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.</p> <p>If you need assistance in completing this section please contact: Alicia Philips or Lisa Young in Public Health for more information. More details and worked examples can be found at https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx</p>		
Question	Issues to consider	
2.3a What HIs exist in relation to your work / plan / strategy	<ul style="list-style-type: none"> Explore existing data sources on the distribution of health across different population groups (<i>examples of where to find data to be included in support materials</i>) Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation 	
	<p>Response:</p> <p>Many looked after children have suffered poverty, neglect, physical abuse, emotional abuse, sexual abuse, domestic violence and substance misuse. Nearly all looked after children have attachment issues. Due to these issues, looked after children often have developmental delay, ADHD, ASD, ODD, poor mental and emotional wellbeing, low self-esteem and can be prone to self-harm. Many looked after children self-medicate through the use of alcohol and drugs and a large number of them smoke and vape.</p> <p>Children who live in poverty can suffer malnutrition and poor dental hygiene. Those who suffer neglect can miss crucial childhood immunisations, malnutrition, poor dental hygiene, poor personal hygiene, recurrent headlice, recurrent infections, missed developmental and physical health checks. Children who suffer physical abuse can have unhealed or badly healed bone fractures and breaks, and psychological problems such as PTSD. Children who suffer sexual abuse can suffer enuresis and encopresis as well as psychological issues. Children who have suffered emotional abuse and have witnessed domestic violence and parental substance misuse will often have psychological issues and behavioural problems. All exposure</p>	

	<p>to toxic stress in babies and children causes brain development to be affected negatively.</p> <p>Disabled looked after children can experience all of the above in addition to underlying medical and neurological developmental conditions.</p>
<p>2.3b How might your work affect HI (positively or negatively).</p> <p>How might your work address the needs of different groups that share protected characteristics</p>	<p>Consider and answer below:</p> <ul style="list-style-type: none"> • Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income • Consider what the unintended consequences of your work might be
	<p>Response:</p> <p>a. Potential outcomes including impact based on socio-economic status or geographical deprivation</p> <p>The children our provisions are intended for will most likely come from areas of deprivation within the city and poor socio-economic households, as we know from research that the numbers of looked after children is disproportionately high from deprived areas and poor backgrounds and that these factors do contribute towards family breakdowns. Equally, the numbers of disabled children from these areas and backgrounds are also disproportionately high. Our proposed services will impact these children and their families positively. They will be able to live safely in near proximity to their families, friends and communities. This will enable continuity of services, regular family time, no disruption to education, CAMHS, health, voluntary and short breaks interventions. Being placed locally may also allow for additional interventions, such as, family therapy, to take place. It would also support the work of the reunification team, Lif long Links team and the Staying Close project.</p>

- b. Potential outcomes impact on specific socially excluded or vulnerable groups e.g. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.

Looked after children are a very vulnerable group. They are often at a significant disadvantage to their peers in all areas of life. Due to their life experiences, they can often present very challenging and anti-social behaviours. Part of the work we do with them is to help them to recognise and explore their behaviour and to understand the negative impact it has on others. We aim to give them strategies that they can use to modify their behaviour, making it less challenging and anti-social, thus making them less marginalised and more accepted.

We can also offer care leavers support from the Staying Close project. There will be a staying close project worker in each of the homes, who will ensure that when our children transition into independent living and adult services, that they have the right support and enough support.

2.4 Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above?

A thorough needs assessment of each child is completed on admission to a home. Areas of need are separated into consultation needs, enjoyment and achievement needs, positive relationships needs, safety needs, education needs and health needs. We use Signs of Safety as our analysis and ensure that any goals and next steps are actioned in a timely manner. these assessments are live documents that are reviewed as a minimum each month and reflect the current needs of the child.

We work closely with health services including, GP's, Paediatricians, LAC nurses, and CAMHS, and additional specialist services such as the smoking cessation team and Positive Choices.

DIGITAL INCLUSION

- 2.5** The Covid-19 pandemic accelerated the uptake of digital services nationally, whereby people who are digitally enabled have better financial opportunities, can access new information and are better connected to others (Lloyds Consumer Digital Index, 2021). However, for those who are digitally excluded, the digital divide has grown during the last two years, and without intervention people will be left behind with poorer outcomes across employment, health and wellbeing, education and service access. Some people are more likely to be excluded including: older people, people from lower income households, unemployed people, people living in social housing, disabled people, school leavers before 16 with fewer educational qualifications, those living in rural areas, homeless people, or people who's first language is not English ([NHS Digital.](#))

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<p>Some of the barriers to digital inclusion can include lack of:</p> <ul style="list-style-type: none"> • Access to a device and/or data • Digital skills • Motivation to get online • Trust of online safety <p>Digital exclusion is not a fixed entity and may look different to different people at different times.</p> <p>Example 1. Person A, has access to a smartphone and monthly data and can access social media apps, however lacks the digital skills and confidence, and appropriate device to create a CV, apply for jobs and attend remote interviews, and/or access educational and skills resources.</p> <p>Example 2. Person B, is digitally confident and has their own laptop, however due a lower household income and other financial priorities, they cannot afford their monthly broadband subscription and can no longer get online to access the services they need to.</p> <p>Example 3. Person C has very little digital experience and has heard negative stories on the news regarding online scams. Despite having the financial resource, they see no benefit of being online and look for alternatives whenever possible. A new council service requires mandatory online registration, therefore they do not access it.</p> <p>It is important that we all consider how we can reduce digital inequalities across our services, and this may look very different depending on the nature of our work.</p> <p>Please answer the questions below to help identify if the area of work will have any impact on digital inequalities, positive or negative.</p> <p>If you need assistance in completing this section please contact: Laura Waller (<i>Digital Services & Inclusion Lead, CCC</i>). More details and worked examples can be found at https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx</p>		
Question	Issues to consider	
2.5 What digital inequalities exist in relation to your work / plan / strategy?	<ul style="list-style-type: none"> • Does your work assume service users have digital access and skills? • Do outcomes vary across groups, for example digitally excluded people benefit the least compared to those who have digital skills and access? • Consider what the unintended consequences of your work might be. 	
		<p>Response:</p> <p>There is no assumption made about children's access to digital skills and devices. Where appropriate children are given a phone and a monthly top up allowance. We will tutor them in IT skills if needed and we will also complete online safety</p>

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	work with them. All the homes have Wi-Fi access and we will ensure that all children have access to a laptop.
2.5b How will you mitigate against digital inequalities?	<ul style="list-style-type: none"> If any digital inequalities are identified, how can you reduce these? For e.g., if a new service requires online registration you may work with partner organisations to improve digital skills and ensure equitable processes are available if someone is unable to access online.
	<p>Response:</p> <p>N/A</p>

2.6 How will you monitor and evaluate the effect of this work?

Our work is extensively scrutinised and monitored in the following ways;
 Regulation 44 visits once a month by an independent person who produces a Regulation 44 report which is then sent to Ofsted.
 Ofsted inspections, at least once a year that are unannounced. We are inspected and judged against the SCIFF and the Children's Homes Quality Standards.
 Internal QA by Children's commissioning
 Internal QA by Managers – Monthly
 Oversight of practice and performance by the Operational Lead for Residential, Strategic Lead for looked after children (corporate parenting) who is also the Responsible Individual to the childrens homes.
 Via Corporate Parenting Board and as appropriate Scrutiny Board 2.

2.7 Will there be any potential impacts on Council staff from protected groups?

Although, the home for disabled children may be fully accessible, the other two homes may not be suitable for wheelchair users.

Additional posts/jobs will be created, reflecting a key priorities of the Council in relation to:

1. Increasing the economic prosperity of the city and region
2. Improving outcomes and tackling inequalities within our communities

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

Headcount:

Sex:

Age:

Female	
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Male	
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Disability:

Disabled	
Not Disabled	
Prefer not to state	
Unknown	

Ethnicity:

White	
Black, Asian, Minority Ethnic	
Prefer not to state	
Unknown	

Sexual Orientation:

Heterosexual	
LGBT+	
Prefer not to state	
Unknown	

16-24	
25-34	
35-44	
45-54	
55-64	
65+	

Religion:

Any other	
Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
No religion	
Sikh	
Prefer not to state	
Unknown	

3.0 Completion Statement

As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:

No impact has been identified for one or more protected groups ☐

Positive impact has been identified for one or more protected groups ☒

Negative impact has been identified for one or more protected groups ☐

Both positive and negative impact has been identified for one or more protected groups ☐

4.0 Approval

Signed: Head of Service:	Date: 8 June 2023
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Name of Director: John Gregg	Date sent to Director: 12 June 2023
Name of Lead Elected Member: Cllr Seaman.	Date sent to Councillor: 12 June 2023

Email completed EIA to equality@coventry.gov.uk