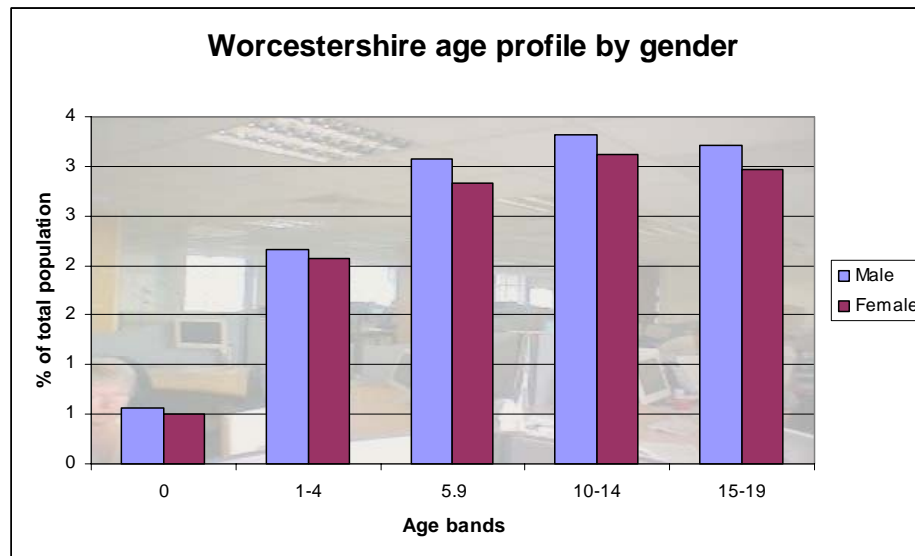


Directorate:	<b>ADULT &amp; COMMUNITY SERVICES</b>	Function:	<b>Access and referral to Children's Social Care Services</b>
Assessment by:	Siobhan Williams Andrew Morley	Related Policies:	<ul style="list-style-type: none"> <li>➤</li> <li>➤ Race Equality Scheme</li> </ul>
Date:	April 2006	Related Procedures:  Related Legislation	<ul style="list-style-type: none"> <li>➤ Access Centre Procedural Manual (2005)</li> <li>➤ Children's Services Handbook</li> <li>➤ Transfer of calls from HUB to Access Centre (2005)</li> <li>➤ Fostering Handbook</li>   <li>➤ Children Act, 1989</li> <li>➤ Adoption Act, 2004</li> <li>➤ Fostering Services Regulation &amp; Minimum Standards</li> <li>➤ Race Relations (Amendment) Act 2000</li> <li>➤ Disability Discrimination Act</li> </ul>
Equality Impact Assessment Working Group	Names <ul style="list-style-type: none"> <li>➤ Siobhan Williams</li> <li>➤ Andrew Morley</li> <li>➤ Sara Castro</li> </ul>	Role on Group	<ul style="list-style-type: none"> <li>➤ N/A</li> </ul>

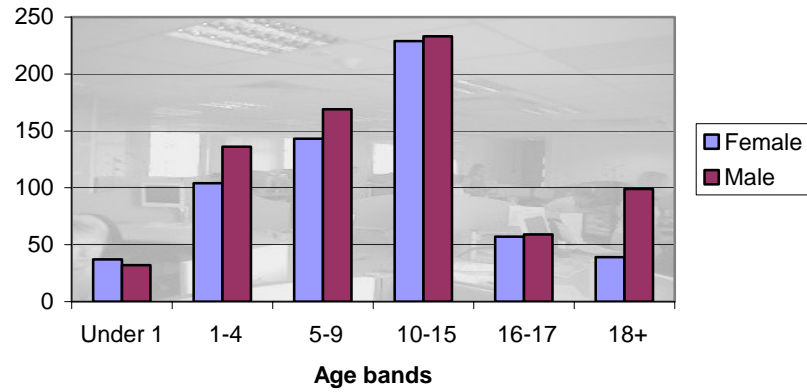
Step and page in Toolkit	Description of Step	Checklist
1	<p><b>Identify all aims of the function</b></p> <ol style="list-style-type: none"> <li>1. To act as a single point of contact in the receipt of referrals, and requests for information or assistance.</li> <li>2. To collect and record relevant information to a high quality.</li> <li>3. To commence initial (contact) assessment where appropriate.</li> <li>4. To pass initial (contact assessment) to appropriate teams.</li> <li>5. To provide a consistent level of high quality service across the whole County.</li> </ol>	<p><b>How will you do that?</b></p> <p>Refer to procedural guidelines (available on request).</p>
2 2.1	<p><u>Age &amp; Gender</u></p> <p>The census mid year population estimate for 2004 shows that there is a higher number of males in the 0 to 19 year old age group with these forming 12.32% of the total population of the county and females forming 11.49%. This can be compared with the number of logs and referrals received for each gender which shows that both referrals and logs in relation to children in the 5-9 age group are lower than might be expected although this apparent anomaly may arise from the policy of entering information concerning more than one child in a family against the record for the oldest child. The other anomaly appears to be a higher proportion of males in the 18 plus age group having incidents logged.</p>	<p><b>What does the evidence show you?</b></p>

2.2

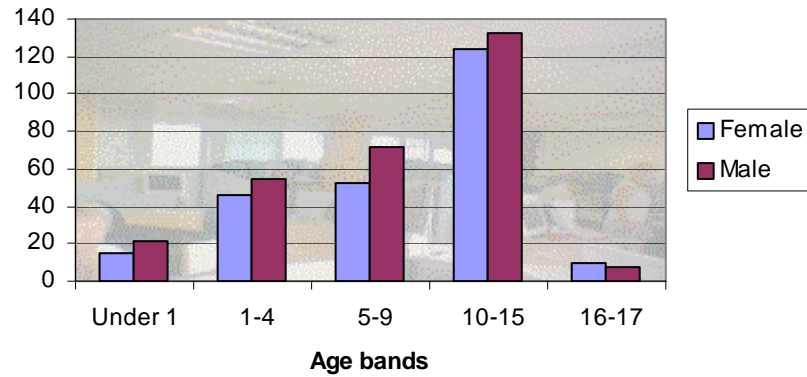


CRE statistics from 1996 indicate that, nationally, there can be a considerable difference in the percentage of women in each ethnic group who are economically active. This can have implications for their opportunity to access services in terms of opportunity within the working week and also access to IT, telephony and transport. An EOC research paper shows that working women spend 4.5 hours per day on direct childcare and other household activities and as such face additional time restrictions when trying to access services

**Logs by Age & Gender Oct 05 to Jan 06**



**Referrals by Age & Gender Oct 05 to Jan 06**



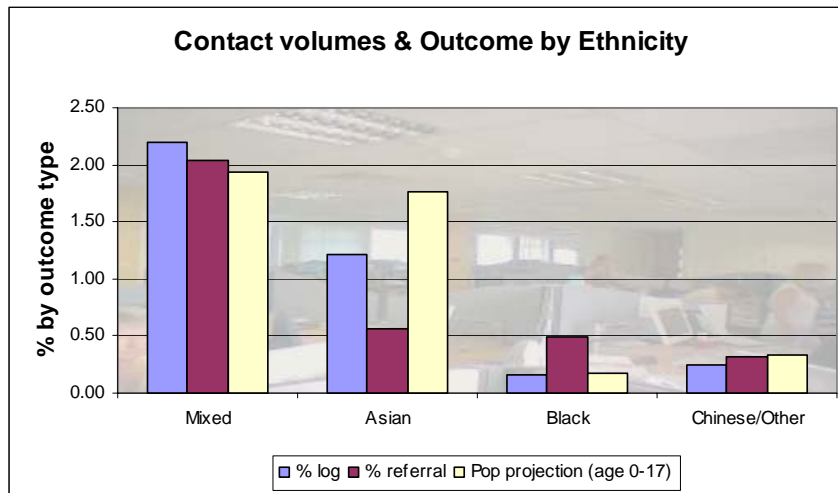
2.3

Disability

People with a long term illness or physical disability comprise 16.7% of the county's population although this group only accounted for 2.87% of the contact with the Access Centre for the period analysed. This seems to be a reasonable level of referral as contact is only made with Children's services if there is a social care issue. There is a fairly even distribution for the disability categories between logs and referrals with the exception of moderate learning disabilities where the logs outnumber referrals by a ratio of 2:1 and ADHD where referral outnumber logs by over 6:1. These discrepancies are likely to stem from the reasons for contact with families more likely to contact Children's Services about a child with ADHD when the situation has become intolerable and intervention is required to prevent family breakdown. Contacts in relation to moderate learning disability often do not meet eligibility criteria or fit well with existing services and as such frequently result in no further action being taken.

Note that the accuracy of this data is affected by the relatively low level of calls in relation to certain groups.

Ethnicity



2.4

2.5

This shows that children from mixed racial groups account for 4.33% of contact with the Access Centre although the group only account for 2.03% of the population. The graph shows that contact in relation to children from Asian backgrounds is more proportional to the population but that two thirds of this contact resulted in no further action.

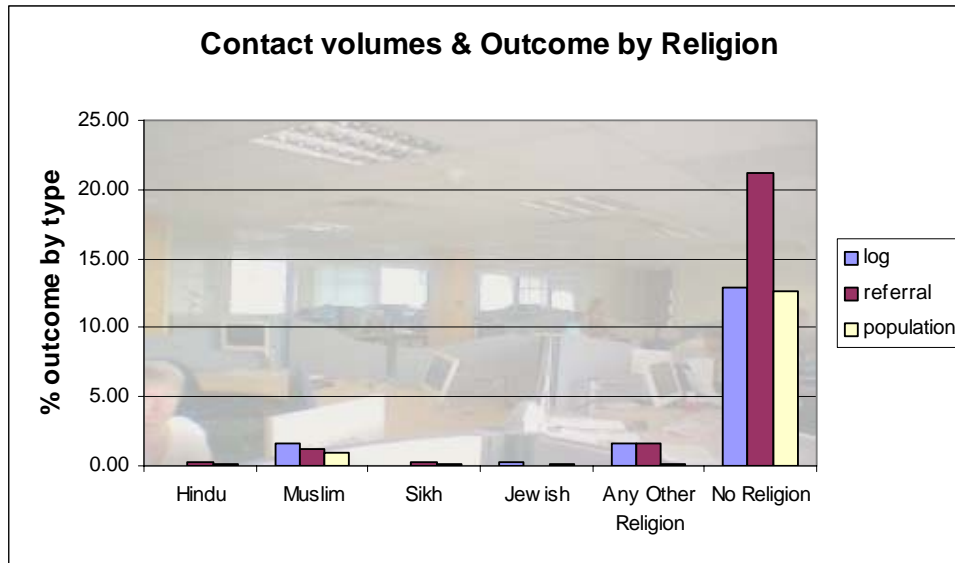
There was a higher proportion of contact in relation to children from black backgrounds to the naturally occurring proportion in the population (a ratio of almost 4:1) of which three quarters resulted in referrals. The proportion of children of Chinese/Other ethnic backgrounds was 1.6 times higher than the population level although the outcomes for this group were evenly distributed between logs and referrals.

#### Language

There is no language information available for over 47% of contact, although this is almost totally limited to logs. It is likely that this arises through professional or third party contact where the referring agent is not able to provide this information. Where this contact is followed up, if a referral is to be made, this information is identified through further contact with other involved people either at referral or assessment stage. Where language data is available, 98.05% of contact with the Access Centre related to Children whose first language is English. The 2001 census did not include any questions on language so the contact figures cannot be compared with a county average. However, during the period monitored only 4 incoming calls made use of language line services (out of 25 contacts in relation to children speaking languages other than English). However, as professional referrals account for 61% of the referrals in the period under review and translation services would not be required to process contacts made in this manner, even if the child being referred did not speak English as their first language. This means that translation services were used on half of the public calls in relation to children who speak another language. This may mean that callers either had to ask a friend to make the call on their behalf, or that they conducted the call in a English when this is a language they did not feel confident to use.

2.6

Religion



This information must be used carefully as it has been based on a small sample as 77.6% of the contacts received in the period studied had a religious status of “unknown” in Clix. As with the data in relation to languages this ‘unknown’ status relates almost exclusively to third party logs.

2.7

The information appears to show that (where the religion is known) the Access Centre receives a proportionate number of referrals from each of the minority religious groups and that Christians are under-represented as they comprise 59% of the total contact volume despite comprising 79% of the population.

2.8

In respect of enquiries about fostering or adopting children, 87% of enquiries are of White ethnicity, 1% mixed ethnicity and 2% Asian background. Only one enquiry was received from a person of Afro Caribbean background. 318 (76%) of enquiries were from male/female couples, whilst 89 were from single females, with only 11 from single males. 4 enquiries were from female/female couples with none from male/male couples.

The number of enquiries from BME families to adopt or foster is lower than the average population percentage

Cross Cutting Issues

Analysis of recent ODPM research on Contact Centres and E-Government supports the Access Centre/Hub model as improving quality of access but doesn't identify any specific equalities issues.

Analysis of qualitative feedback from the Hub, complaints and compliments does not identify any trends and broadly supports the distribution of age, gender and ethnicity of the contact population.

Consultation work undertaken on behalf of the Hub identifies the telephone as the preferred method of contacting the Council with 48% of people using this communication channel followed by 20% who prefer to write and 17% that prefer face to face contact. Email and internet access account for 14% of contact although 26% of the sample group had accessed information about Council services at some time. The consultation also shows that only 28% of the sample group had heard of the Worcestershire Hub and that not all of these knew where the nearest Hub was.

The Council's citizens' panel considered the issue of access to information (through libraries) in November 2004 and found that 33% of people living in urban parts of the county visited the library at least once a month. This research also showed that the extending evening opening hours and weekend hours were two of the three options most likely to increase use of the service.

## SUMMARY OF POSITIVE AND NEUTRAL IMPACT

<b>3. Equality Group</b>	<b>Positive or neutral impact</b>
<p><b>3.1 Disabled People</b></p> <p><b>3.2 Religion</b></p> <p><b>3.3 BME &amp; minority languages</b></p> <p><b>3.4 Gender</b></p>	<p>The enhanced telephone access to Social Care services provides many people with limited mobility the option of accessing a wide range of support and advice without leaving their home. Using a single point of contact also reduces any confusion over where access can be made and access is further supported by the availability of minicom and other technology for those with a hearing impairment. Procedures and staff training in the Access Centre ensure that appropriate advice and assistance is provided and provides links to other organisations who may also be of assistance. Access through the Worcestershire Hub Customer Centres provides a local point of contact for those who prefer to seek assistance on a face-to-face basis. The effect of the new contact arrangements has been positive although further proposals to improve the quality of service are detailed in sections 4 and 5.</p> <p>The current arrangements do not reduce the level of service previously offered to people with different religions but does not significantly improve access. The effect of the new contact arrangements has been neutral – proposals to improve the quality of service are detailed in sections 4 and 5.</p> <p>The current arrangements do not reduce the level of service previously offered to people with different religions and address some inequalities through the use of translation services. The effect of the new contact arrangements has been positive although further proposals to improve the quality of service are detailed in sections 4 and 5.</p> <p>The extension of access to the service addresses some access issues faced by working mothers and therefore has a positive impact. Analysis of male access to the service shows a neutral impact for an under-represented group and proposals to improve the quality of service are detailed in sections 4 and 5.</p>

Working draft only !!!!!!!

## ADVERSE IMPACT ASSESSMENT

4. Equality Group	Adverse Impact & Evidence	Remedial Action Taken to Date	Potential Solutions	Actions Planned
<p><b>4.1 Older People</b></p>	<p>Older people do sometimes make referrals on behalf of younger relatives or are concerned about a child in the family or in their neighbourhood. Some older people may find a telephone contact disorientating or unacceptable in some way.</p> <p>Some older people may have difficulty accessing social care services through the Hub Customer Centres</p>	<p>Both Hub and Access Centre staff have received extensive communications training. We have sought to minimise this risk by avoiding automation, recorded voices and through the use of a 'warm handover' with the Hub (see appendix).</p> <p>Procedure in place for Hub staff to contact Access Centre.</p>	<p>Ensure quality of contact is monitored on an ongoing basis. Results should inform training plans and process revisions.</p> <p>Additional training for Hub staff Ability to make appointment to met Social Worker at Hub</p>	<p>Implement quality monitoring programme.</p> <p>Add 'analysis of results' as a standing item to the agenda of quarterly Access Centre/ Hub liaison meeting.</p> <p>Develop appropriate training Explore resource booking options arising from Framework<i>i</i></p>
<p><b>4.2 Disabled People</b></p>	<p>Some difficulty for hearing impaired people who don't have access to email or minicom or interpreter.</p>	<p>We have good minicom and email availability and we can get a BSC interpreter to Hub for an appointment.</p>	<p>Bring in texting as an additional option. Discuss other options with Deaf Direct.</p>	<p>Approach Hub about possibility of joint procurement of an SMS texting solution (involve Deaf Direct in project)</p>

Cont'd

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<b>Cont'd Equality Group</b>	<b>Adverse Impact &amp; Evidence</b>	<b>Remedial Action Taken to Date</b>	<b>Potential Solutions</b>	<b>Actions Planned</b>
<b>4.2 Disabled People</b>	<p>Some people with a Mental Health or Learning Disability may find the information about the access/contact/Hubs difficult to understand.</p> <p>Access to service at Hubs may present travel/mobility problems for disabled people</p>	<p>Existing publicity material has been distributed to numerous locations (including specific day services) and the contents were consulted upon with a working group representing the broad range of services provided.</p> <p>All Hub premises have been designed with disability access as a key consideration – The Access Centre provides a telephone/ email option for those who find travel difficult</p>	<p>Contact ser groups and provide advice.</p> <p>Raise awareness in the Hub and introduce monitoring and remedial action.</p> <p>Increased awareness, training. Procedures have to be devised for the Hub. Also improve publication to key locations.</p> <p>No further action required</p>	<p>Identify appropriate user groups and meet to discuss information provision</p> <p>Feedback on this issue to the Customer Service Group(attended by Hub Managers) to raise awareness at Customer Service Centres</p> <p>Develop a training schedule for Access Centre and Hub staff</p> <p>N/A</p>
<b>4.3 Disabled/BME People</b>	<p>Disabled/BME people may be concerned that they might receive less sensitive response at the Hubs.</p>	<p>Customer Service, communication and equality training is part of the basic initial training for all Hub and Access Centre staff.</p>	<p>Raise awareness at Hub, more training and revise procedures.</p>	<p>Hub to be approached concerning implementation of monitoring process (none currently in place)</p>
<b>4.4 Religion</b>	<p>Staff may be unaware of religious issues which affect service options</p>	<p>Advice sought from Equalities Team as necessary</p>	<p>Improve general level of understanding and knowledge.</p>	<p>Commission appropriate training for AC/Hub staff</p>

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<b>Cont'd Equality Group</b>	<b>Adverse Impact &amp; Evidence</b>	<b>Remedial Action Taken to Date</b>	<b>Potential Solutions</b>	<b>Actions Planned</b>
<p><b>4.5 BME People</b></p>	<p>Under representation of BME contacts/referrals.</p>	<p>We use Language Line, which enables very fast access to a translation service.</p>	<p>Produce information in other languages, explaining language line options and distribute to key locations.</p> <p>Promote greater use of internet for providing information in minority languages</p>	<p>Revised publicity material to be produced in liaison with Equalities Group.</p> <p>Engage with representative groups on ongoing basis to improve communications.</p> <p>Use ethnicity data on service use to prioritise provision of information in appropriate languages</p>
<p><b>4.6 Gender</b></p>	<p>Possible adverse impact on women who would prefer later or weekend opening times.</p>	<p>The current service represents an extension of operating hours on the previous model with the Telephone contact now available between 8.30 am and 6.00pm Mon – Fri. Limited access is available in selected Hubs on weekends.</p>	<p>Consider extending the hours of service</p>	<p>Target this issue in forthcoming Customer Satisfaction Consultation and review demand level identified by telephone traffic.</p>

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<b>4.7 Foster Carers &amp; Adopters</b>	Under-representation of BME enquiries	New recruitment information and publicity is accessible in translation and different formats and media and promotes recruitment of diverse range of families	Consider active promotion amongst BME groups in County	Review publicity material and campaign in 12 months against effectiveness in recruiting diverse range of carers
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5.	<b>Formal Consultation</b>		
	The analysis, findings and action plan will be consulted on with a range of representative groups (listed below) through July/August 2006. Feedback from this consultation will be included in the final version of the document and will inform the target initially suggested in section 5.		
	<b>Equality group</b> Hearing Impaired Learning Disability Race Women Older People Cross cutting Mental Health Service Users Carers' groups-children with disabilities	<b>Organisations to be consulted</b> <ul style="list-style-type: none"> <li>➤ Deaf Direct</li> <li>➤ Mental Health User Group</li> <li>➤ Race Forums</li> <li>➤ Women's Organisation</li> <li>➤ Older People Forums</li> <li>➤ Carers support groups</li> <li>➤ Worcester Mental Health Link</li> <li>➤ Joint engagement group-children and young people</li> <li>➤ Parent partnership</li> </ul>	Use of focus groups recommended to allow for greater exploration of issues and discussion of potential solutions
6	<b>Decision and Recommendation</b>	Certain measures have been taken to ensure that there is a good level of equality of access to this service and other supplementary actions have already been planned. Issues identified by this assessment are listed in sections 3 & 4 alongside recommended actions.  An implementation action plan will be produced after the findings and recommendations have been consulted on and finalised.	Decision to be 'signed off' by Head of Service.

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		<p>Equality objectives and targets identified in this action plan will subsequently be developed and included in the Access Centre team plan. Initial targets identified include :</p> <ul style="list-style-type: none"><li>• Provision of culture/religious awareness training to staff in each Customer Centre and all Access Centre staff by the end of 2006/7.</li><li>• Revised publicity campaign to be launched by Summer 2006</li><li>• Undertake additional research on extension of opening hours by September 2006</li><li>• Increase number of referrals taken in languages other than English by 50% in 2006/7</li><li>• Implement quality monitoring process for contacts and set baseline for future monitoring and targeting of gender, race, age, disability and religious groups.</li></ul> <p>These will be monitored through an annual review of contact statistics, user feedback and the quality monitoring process and reported on by the Assessing Officers.</p>	
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<b>7</b>	<b>Publication of assessment results and monitoring arrangements</b>	The finalised assessment will be published on the Council's Equalities web site and monitoring arrangements will be identified after consultation when targets are set. Results will also be published on the Council's Equalities web page, with a link from the service page.	The Access Centre Manager will add EIA targets to the Team Plan and be responsible for monitoring.
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Signed (Completing Officer)...Andrew Morley/Siobhan Williams

Dated...01/07/06

Signed (Lead Officer) Anne Binney

Dated...30<sup>th</sup> August 2006