

Title of the Assessment:	Children and Young People's Plan (2018-21) / Children's Transformation Programme	Date of Assessment:	Summer 2017
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Stage 1 – Aims and Objectives
<p>1.1) What are the objectives of the strategy, policy or service being assessed?</p> <p>To develop an overarching plan for the Council and key partners aimed at improving outcomes for children, young people and families.</p>
<p>1.2) What needs is it designed to meet?</p> <p>The identified current needs of children, young people and their families in Central Bedfordshire.</p>
<p>1.3) What outcomes will be delivered?</p> <p>The three proposed overarching outcomes for children and young people are:</p> <ul style="list-style-type: none"> • Protected and safe • Achieving good learning outcomes and the best life skills • Living happy, healthy lifestyles
<p>1.4) Which other strategies or policies support this?</p> <p>Supporting strategies / policies include:</p> <ul style="list-style-type: none"> • The Council's 5 Year Plan • Partnership Vision for Education • SEND Vision <p>It is also supported by findings from the JSNA and Central Bedfordshire Director of Public Health Report (December 2016) – Aiming for the best for children, young people and families in Central Bedfordshire.</p>
<p>1.5) In which ways does this support Central Bedfordshire's intention to tackle inequalities and deliver services to vulnerable people?</p> <p>The Children and Young People's Plan (CYPP) supports the delivery of Central Bedfordshire's Children's Transformation Programme, an evidence-based programme of change to improve the way services are delivered.</p> <p>This will enable the Council and our partners to respond earlier to the needs of vulnerable families, reduce demand on statutory specialist services and get families back into work – to support social inclusion and reduce inequality, improve longer-term outcomes and raise standards and aspirations for vulnerable groups.</p> <p>The CYPP recognises the need to address the root causes of some of the key vulnerabilities faced by families in our area – parental drug and alcohol misuse, domestic abuse, parental criminality and parental mental ill-health. These risk factors contribute to adverse childhood experiences which can exacerbate the inequalities faced by vulnerable people in later life.</p> <p>It will also focus on increasing emotional health, wellbeing and resilience – we know that children's health and mental health are closely linked to other outcomes, particularly educational attainment. By promoting greater wellbeing in childhood and adolescence, we can offset negative outcomes and inequalities which occur later in children's lives.</p>

The Transformation Programme aims to deliver targeted, local services focused on families' specific needs. A family-centric approach is being taken – 'one family, one worker, one plan' – providing a co-ordinated approach to support. The CYPP emphasises that we will be working with families to achieve sustained, positive outcomes.

1.6) Is it possible that this could damage relations amongst different communities or contribute to inequality by treating some members of the community less favourably such as people from black and minority ethnic communities, disabled people, women, or lesbian, gay, bisexual and transgender communities?

From the evidence reviewed it is not likely that relationships would be damaged – the CYPP aims to reduce inequalities by improving outcomes for vulnerable children and families, which includes those from minority communities. In some cases, additional clarity may required e.g. in terms of the support offered to young carers (referenced in the previous plan).

Stage 2 - Consideration of Relevant Data & Research

Equality checklist issues to be considered

Awareness	Appropriateness	Accessibility	Partnership - working
Take Up levels	Adverse Outcomes	Staff Training Needs	Contracts & monitoring

2) What sources of evidence and key facts will be used to inform the assessment?

See below.

This includes the research and engagement carried out on the draft CYPP.

Each item ticked below must be evidenced

Internal desktop research

<input type="checkbox"/>	Place survey / Customer satisfaction data	X	Demographic Profiles – Census & ONS
X	Local Needs Analysis	X	Service Monitoring / Performance Information
<input type="checkbox"/>	Other local research		

Third party guidance and examples

X	National / Regional Research		Analysis of service outcomes for different groups
<input type="checkbox"/>	Best Practice / Guidance	X	Benchmarking with other organisations
X	Inspection Reports		

Public consultation related activities

<input type="checkbox"/>	Consultation with Service Users	X	Consultation with Community / Voluntary Sector
<input type="checkbox"/>	Consultation with Staff		Customer Feedback / Complaints
X	Data about the physical environment e.g. housing market, employment, education and training provision, transport, spatial planning and public spaces		

Consulting Members, stakeholders and specialists

X	Elected Members	X	Expert views of stakeholders representing diverse groups
X	Specialist staff / service expertise		

Please bear in mind that whilst sections of the community will have common interests and concerns, views and issues vary within groups. E.g. women have differing needs and concerns depending on age, ethnic origin, disability etc

2.1) Existing Data and Consultation Findings:

- Age:

ACEs: Adverse childhood experiences are present in a high proportion of assessments for Children in Need, including domestic violence, mental health issues and substance misuse (see JSNA). Individuals who experience four or more ACEs have increased risk of poorer outcomes as adults (Director of Public Health report). The demand analysis for the Children's Transformation Programme

identified a need to focus on these issues, which drive demand for specialist statutory services.

Entry to care: Children and young people aged 0-1 and 14+ are the key cohorts that drive entry to care in Central Bedfordshire (JSNA). There needs to be a focus on these cohorts, and multi-agency approach to dealing with the issues that affect them.

Additional vulnerabilities of younger children: A good education is essential to counter socio-economic disadvantage and to break the intergenerational cycle of poor achievement and poverty, and if a child arrives at school ready to learn they are much more likely to achieve the best outcomes. The early identification (and accurate assessment) of children with special educational needs and/or disabilities is also key to ensuring every child is able to fulfil their potential. In Central Bedfordshire children at the age of 5 are not doing as well as children nationally or as well as those living in similar areas. Although Good Level of Development results improved in 2016, Central Bedfordshire remains in the 3rd Quartile.

Specific needs of adolescents: The rate of hospital admissions for substance misuse among 15-24 year-olds is rising both locally and nationally. 1% of 12-13 year-olds and 11% of 14-15 year-olds reported taking illegal drugs in the last year. There is a high rate of diagnosis of STIs among 15-24 year-olds nationally, but the rate for chlamydia detection in Central Bedfordshire is comparatively low ('good' equals higher; JSNA).

Teenagers often experience inequalities in accessing support services. The Office of the Children's Commissioner has found that the child protection system is less appropriate and accessible for older young people than for younger children; but 16-17 year-olds also have difficulties accessing social services and mental health support, and in transitioning between children's and adults' services. In addition, there is a lack of health provision specifically for young people, especially palliative care (see Office of the Children's Commissioner 2012 above; EHRC: Is Britain Fairer? 2015).

Educational outcomes: In Central Bedfordshire fewer children achieve a good level of development at age 5 than nationally or among statistical neighbours. Just over half of all pupils achieve the expected standard of reading, writing and maths combined at KS2, but only 29% of disadvantaged pupils do so ('disadvantaged' is defined as pupils who have been eligible for Free School Meals within the last 6 years, Looked after Children and those who have been adopted from care).

Although pupils in Central Bedfordshire perform better than the national average (but not as well as the statistical neighbour average) at KS4 Attainment 8, with nearly an average 'C' grade per pupil, there is an attainment gap for disadvantaged pupils of nearly 1.5 grades in Attainment 8 scores and half a grade in Progress 8 (JSNA).

In Central Bedfordshire, 92.8% of 16-17 year-olds were in Education, Employment or Training in 2016/17 (compared to the national and statistical neighbour averages of average is 93.2% and 94.3%). Nationally, long-term EET outcomes for young people appear to be declining, with lower employment rates for young people, a bigger employment gap between the oldest and youngest and reductions in average hourly pay (EHRC: Is Britain Fairer? 2015).

Excess childhood weight: 19.6% of Year R children were overweight or obese in 2015/16, and in Year 6 the figure was 29.4%. This is better than the England averages of 22.1% for Year R and 34.2% for Year 6. Children with excess weight are more likely to become overweight or obese adults and have a higher risk of poor health, disability and premature mortality in adulthood (Director of Public Health report).

- Disability:

Special Educational Needs and / or Disability (SEND) –

Hate crime: 24 hate crimes against disabled people were reported in Bedfordshire in 2015/16 (however, it is not possible to break this data down by locality or age-range). Though the percentage of total hate crime is lower in this area than nationally, across England and Wales it has increased by

44% in the last year (Home Office: Hate crime, England and Wales, 2015 to 2016).

Educational outcomes: Educational inequalities begin early for children with disabilities, with 49% of local authorities reporting insufficient childcare provision for this cohort (Daycare Trust: Childcare Cost Survey 2010).

Central Bedfordshire ranks within the lower or lower-middle quartiles of all local authorities for the attainment of pupils with SEND. At KS2, there is an attainment gap of 48 percentage points between pupils with SEN Support and those with no SEN achieving the expected standard, which widens to 52 ppts for those with Statements/EHCPs. At KS4 there is a gap of 19.1 Attainment 8 points between SEN Support and no SEN, and 37.2 points for those with Statements/EHCPs. In Progress 8 the gap is 0.66 and 1.1 points respectively ([Central Bedfordshire Local Authority Performance](#)).

Pupils with SEN are 8 times more likely to be excluded from school than those without (especially boys, those who receive free school meals and pupils from black backgrounds; Office of the Children's Commissioner: They Never Give up on You 2012). In Central Bedfordshire, 6.88% of pupils in receipt of SEN Support and 6.65% of those with Education, Health and Care Plans (EHCP) were excluded for a fixed term in 2016/17, compared to 1.17% of pupils with no SEN.

Social exclusion: [MENCAP](#) report that nationally, children with SEN experience poorer outcomes with regard to social inclusion – only 10% of pupils with SEN go to mainstream schools; children with SEN are twice as likely to be bullied as other children, and are more than twice as likely to be eligible for free school meals (a measure of material deprivation) than children with no SEN. Overall, fewer disabled young people access EET than their disabled peers (EHRG: Is Britain Fairer? 2015).

Mental Health –

An estimated 3,225 children aged 5-16 and 1,640 16-19 year-olds have a mental health disorder, with the highest prevalence among 11-16 year-olds. Boys in Central Bedfordshire are more likely to have a mental health disorder than girls (Director of Public Health report).

Nearly half of all drop-ins to the School Nursing Service in 2015/16 related to emotional wellbeing or anxiety (Director of Public Health report).

By the time they reach school age, 1 in 20 children have developed a mental health problem. The risk is higher for children with SEND – children with learning disabilities are six times more likely to have mental health problems than other children (CHIMAT 2011). Poor mental health during childhood and adolescence can have a number of consequences, including greater risk of physical health issues, disruption to education and school absence, poorer educational attainment, poorer employment prospects and increased risk of smoking, drug and alcohol use (Director of Public Health report).

- Carers:

Safeguarding young carers: Between May and December 2016 CBC received 145 referrals for support for young carers – an increasing number of those were due to parental mental health issues (JSNA). A young carer becomes vulnerable when the level of caregiving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking his or her own emotional or physical well-being or educational achievement and life chances. There may be other factors, in addition to their caring role, linked to the parents' illness or disability that may lead to safeguarding issues (The Princess Royal Trust for Carers & The Children's Society: Safeguarding 2010).

Health: Nationally, the 2011 Census found that young carers providing 50+ hours of care a week were up to five times more likely to report their general health as 'Not good'. A survey of 350 young carers found 48% said being a young carer made them feel stressed and 44% said it made them feel tired. Another survey of 61 young carers in school found that 38% had mental health problems. Young carers face extra barriers that prevent them from accessing support for their mental health; gaps in

support for their mental health that particularly relate to them as young carers and gaps in support that also affect other children and young people (Carers Trust: Invisible and in distress: prioritising the mental health of England's young carers 2016).

- Gender:

Domestic abuse: This is an issue that predominantly affects women (7.7% of all women compared to 4.4% of all men aged 16-59; ONS Domestic abuse in England and Wales: year ending March 2016) and can contribute to adverse childhood experiences. Between November 2015 and October 2016 there were 3,370 domestic abuse incidents in Central Bedfordshire, 48% of which had a child resident at the scene (JSNA). Nationally, more girls than boys report experiencing sexual violence, including at school and in intimate partner relationships (End Violence against Women & YouGov: Sexual Harassment in UK Schools Poll 2010; Barter et al.: Partner Exploitation and Violence in Teenage Intimate Relationships 2009).

Intimate partner abuse among adolescents: Nationally, 16-19 year olds were most likely to say they had experienced domestic abuse, with 11.9% of women and 6.9% of men in this age band reporting they were victims in 2015/16 (ONS: Domestic abuse in England and Wales, year ending March 2016). 31% of older male pupils and 36% of older females in Central Bedfordshire reported that they had experienced negative behaviours in a relationship with a boy- or girl-friend – the gender difference in this area is larger than in the reference sample (SHEU Survey 2015/16).

Educational outcomes: Boys in Central Bedfordshire have lower educational attainment than girls, which mirrors the picture nationally and among statistical neighbours. At age 5, 76% of girls achieve a good level of development compared to 62% of boys. This attainment gap narrows by KS2, when 56% of girls and 46% of boys achieve the expected standard in reading, writing and maths combined. In KS4 Attainment 8, the average score of girls is 51.6 compared to 46.9 for boys, and in Progress 8 girls score an average of 0.07 points compared to -0.21 for boys ([Central Bedfordshire Local Authority Performance](#)).

Nationally, however, boys perform equally or better to girls in Maths and STEM subjects. This can lead to highly gendered post-16 subject choices, which can constrain young women's social mobility (Social Mobility Commission: State of the Nation 2016).

Boys in Central Bedfordshire are more than twice as likely to be excluded from school as girls (2.74% and 1.12% of pupils respectively). This is better than the England rate (though worse than statistical neighbours; [Central Bedfordshire Local Authority Performance](#)).

Mental health: The 2015/16 SHEU Survey collected information on the mental and emotional wellbeing of 4416 pupils from Year 4 to Year 12 and above in Central Bedfordshire. More girls than boys in this sample reported low self-esteem across all age bands, and for young people in Year 8 and above, more girls than boys said that they were 'not at all happy' with their lives. While a higher percentage of boys in Year 4 reported low resilience, in all age bands above Year 6 girls had lower resilience than boys – this was particularly prevalent among Year 10 students (41%). And though girls were more likely than boys to talk to someone about their problems, they were also more likely to cut or hurt themselves as a result. Gender differences also emerged in the responses of Year 10 students to the issue of healthy weight (SHEU Survey 2015/16).

Perinatal health: It is estimated that 300-500 women in Central Bedfordshire are affected by mild to moderate depression during the perinatal period each year (JSNA; Director of Public Health report). Perinatal mental illness can influence babies' health at birth as well as children's health, emotional, behavioural and learning outcomes. Up to 20% of women develop a mental health issue during this time, with 1 in 10 experiencing their first episode of mental illness. Maternal depression is also the strongest predictor of paternal depression, which is estimated to affect 4% of men during the first year after birth (Director of Public Health report).

Women's physical health during pregnancy can also have long-term impacts on the wellbeing of their

children. Health inequalities locally have been identified against a number of key maternal health outcomes, including smoking in pregnancy, maternal obesity and teenage pregnancy (Director of Public Health report).

- Trans Gender / Gender Reassignment:

Prevalence: It is difficult to assess how many young people in Central Bedfordshire identify as other than their birth gender, as figures rely on disclosure from service users. Anecdotal reporting suggests that among a small sample, a high proportion have expressed concerns about their gender identity or sexuality which could indicate that this is an area of emerging need.

Health: Gender dysphoria is thought to affect 1% of the population. Hiding or suppressing feelings of gender dysphoria can lead to negative mental health outcomes such as depression, self-harm and suicidal thoughts (NHS Choices: 2016).

The number of children and young people referred to the NHS for gender identity issues has increased by more than 930% in recent years, from 94 referrals in 2008/9 to 969 in 2015/16, and increasingly younger children are being referred to the Gender Identity Development Service ([Tavistock & Portman NHS Foundation Trust: 2016](#)).

Hate crime: There is a low rate of hate crime against transgender people in Bedfordshire (9 incidents in 2015/16, though the percentage of total hate crimes is slightly higher than the national rate). Nationally, reported incidents have increased by 41% in the last year (Home Office: Hate crime, England and Wales, 2015 to 2016). 38% of trans people surveyed for the Trans Mental Health Study in 2012 had experienced physical intimidation and threats and 81% have experienced silent harassment (e.g. being stared at/whispered about) ([Stonewall](#)).

Education: There is a gap in information about the experiences of transgender pupils in Central Bedfordshire schools and England more widely. However, figures from a recent study in Scotland show that 76.9% of transgender respondents had experienced homophobic, biphobic or transphobic bullying in school (69.2% in college and 37.5% in university); more than 88% of those who had experienced transphobic bullying believed that it had negatively impacted on their education; and 42.3% of those who had experienced transphobic bullying had left education as a direct result of their experience (LGBT Youth Scotland: Life in Scotland for LGBT Young People: Education Report 2012).

- Race:

Diversity: Central Bedfordshire is a less diverse area than the rest of England, with 89.7% of residents identifying as 'White British' compared to the England rate of 79.8% (ONS: 2011 Census). 6% of school pupils speak English as a second or other language. However, 65% of younger pupils and 63% of older pupils/students thought that people of different backgrounds were valued in their schools (SHEU Survey 2015/16).

Gypsy and Traveller communities: The number of caravans was estimated to be between 267-336 in Central Bedfordshire in 2011, with additional families thought to be settled in houses. The majority of this population are Romany Gypsies (Ormiston: The Support Needs of Gypsies and Travellers in Central Bedfordshire 2012). Gypsies and Travellers face a range of safeguarding inequalities underpinned by a lack of safe, suitable accommodation, including psychological impact, high unemployment and poverty rates, substance misuse, high suicide rates, criminalisation at a young age, political disenfranchisement and a lack of culturally appropriate support services (EHRC: Inequalities Experienced by Gypsy and Traveller Families – A Review 2009).

Prejudice facing young people: Recent national surveys of young people have found that some are facing social exclusion on the basis of their ethnicity – including racist comments or comments about their culture, race-related prejudice and racist bullying (BYC Youth Select Committee: Young people and the issues of racism and religious discrimination 2016).

Hate crime: Bedfordshire Police recorded 763 'racist incidents' in 2015/16 – an increase of 4% from 2014/15. These incidents included 513 racially-motivated hate crimes in 2015/16; 88.4% of the total number of hate crimes reported in the area. This is higher than the national rate of 79% (Home Office: Hate crime, England and Wales, 2015 to 2016).

Educational outcomes: There is a mixed picture of attainment for BAME pupils in Central Bedfordshire, with those from certain ethnic groups tending to perform higher than those from white backgrounds. At age 5, pupils from black backgrounds do best (71% achieving a good level of development, compared with 69% of white pupils), with those from Chinese backgrounds doing less well (58%). At KS2, a higher percentage of pupils from dual heritage backgrounds achieve the expected standard than any other ethnic group (58%, compared with 51% of white pupils), with the lowest percentage of black children achieving this standard (44%). Pupils from Chinese backgrounds perform the best at KS4 (with an average Attainment 8 score of 60.4 and Progress 8 score of 0.74), with those from black backgrounds achieving the lowest average score at Attainment 8 (48) and those from white backgrounds at Progress 8 (-0.08) ([Central Bedfordshire Local Authority Performance](#)).

3.68% of pupils from mixed backgrounds and 2.67% of black pupils received fixed-term exclusions in 2015/16, compared to 2.13% from white backgrounds and 2.04% of Asian pupils. Although Central Bedfordshire performs better than the national average for white and black pupils, it ranks in the lower middle quartile for those of mixed race and in the lower quartile for Asian pupils ([Central Bedfordshire Local Authority Performance](#)).

There were 228 Romany Gypsy and Irish Traveller children registered in Central Bedfordshire schools in 2012; 11% with a statement of SEN (Ormiston: The Support Needs of Gypsies and Travellers in central Bedfordshire 2012). Gypsy and Traveller children traditionally perform poorly at school, due to racism, stereotyping and negative attitudes, as well as gaps in their formal education. A lack of qualifications, low levels of literacy and lack of integration into the non-Traveller world act as barriers to young people from this community accessing the workplace (CBC: All Age Skills Strategy 2011). However, Traveller parents also face inequalities in accessing educational support for their children, particularly where their own literacy skills are weak (Ormiston 2012 above).

Health: A range of health inequalities are experienced by minority ethnic children and families in Central Bedfordshire, including smoking in pregnancy among Eastern European mothers; diabetes among black and Asian ethnic groups; obesity in children from Asian backgrounds; and risk of non-immunisation and mental health issues among ethnic minority groups (JSNA).

Unaccompanied Asylum-seeking Children: The number of Unaccompanied Asylum-Seeking Children (UASC) as a proportion of the care population is increasing, from 12.7% in Nov 2015 to 19.1% in Nov 2016 (JSNA). Nationally, the numbers and proportion of those who come into care aged 16 and over is increasing (from 12% in 2012 to 18% in 2016), and the increasing number of UASC is a key driver in this figure (DfE: Children looked after in England (including adoption) year ending 31 March 2016).

- Religion or Belief:

Diversity: Religious minorities make up 2.6% of the population of Central Bedfordshire. This is lower than the national rate of 3.7%. The largest proportion were Muslim (0.8%), Hindu (0.7%), Buddhist, Sikh and Other (0.3% each) and Jewish (0.2%) (ONS: 2011 Census).

Hate crime: Hate crimes motivated by religion made up 4.7% of the total in Bedfordshire during 2015/16. This is below the rate for England and Wales of 7%, which has seen numbers increase by 34% since 2014/15 (Home Office: Hate crime, England and Wales, 2015 to 2016).

Educational outcomes: A report for the National Equality Panel in 2009 noted key inequalities in the attainment level of religious groups. Hindu females had the highest attainment at KS2, with Muslim males and females the lowest. Hindu males and females scored the highest at KS3, and Muslims the lowest; and at KS4, Hindu males and females had the highest attainment scores and Muslim males the lowest (Burgess, S., Greaves, E. & Wilson, D.: An Investigation of Educational Outcomes by

Ethnicity and Religion 2009).

- Sexual Orientation:

Prevalence: 1.2% of people in the Eastern Region identified as gay, lesbian or bisexual in 2015 – the national average is 1.7%. Men are more likely to report being gay or bisexual than women, with 16-24 year-olds the most prevalent age group (ONS: Sexual identity, UK: 2015).

Hate crime: Sexual orientation is the second-biggest motivation for hate crime in Bedfordshire, accounting for just over 7% of the total in 2015/16 (36 cases). This is well below the England and Wales rate of 11.5%, although the number of crimes reported nationally has increased by 29% in the last year (Home Office: Hate crime, England and Wales, 2015 to 2016).

Mental health: In Central Bedfordshire, 4% of Year 8 students, 6% of Year 10 students and 4% of students in Year 12+ who completed a SHEU Survey said they worried 'quite a lot' or 'a lot' about being gay, lesbian or bisexual. 42% of students who worried about their sexuality said they had nowhere or no-one to go to about this, and analysis of results indicates that children who describe themselves as LGBT had lower self-esteem, got less sleep and experienced higher levels of bullying than other respondents (SHEU Survey 2015/16).

Social exclusion: [Stonewall](#) report that 99% of gay young people hear inappropriate phrases and 96% of gay pupils hear homophobic language. Almost a third of lesbian, gay and bi pupils are ignored or isolated by other people. 55% of lesbian, gay and bi pupils have experienced direct bullying. 41% have attempted or thought about taking their own life directly because of bullying and the same number say that they deliberately self-harm directly because of bullying (The School Report 2012 & The RaRE Research Report 2015).

Homophobic bullying can have a long-term impact on young people's outcomes. More than half of those who told the 'Life in Scotland' survey that they had experienced homophobic and biphobic bullying believed that it had negatively impacted on their education. 14.3% all LGBT young people had left education as a result of their direct experience of homophobic or biphobic bullying. 32.5% of those who had experienced homophobic or biphobic bullying in education felt that discrimination had negatively affected their employment opportunities (LGBT Youth Scotland: Life in Scotland for LGBT Young People: Education Report 2012).

Safeguarding LGBT young people: Good practice has been identified in Central Bedfordshire in safeguarding this cohort of young people from sexual exploitation, particularly the presence of CASH outreach workers at social events in bars and clubs. However, the recent Joint Targeted Area Inspection also found that the current risk assessment tool used by social care does not include specific potential risks in relation to young boys and men, and LGBT young people (Ofsted, CQC, HMI Constabulary & HMI Probation: Joint targeted area inspection of the multi-agency response to abuse and neglect in Central Bedfordshire 2016).

Health: A report by Bedfordshire CCG in 2013 found a need to reduce health inequalities experienced by LGBT children and young people, particularly with regard to how they were treated in acute healthcare settings (BCCG: The future of children's services in Bedfordshire – Key findings 2013). LGBT young people elsewhere in the country experience specific gaps in healthcare provision – health professionals assuming they were straight, not catering to their needs, and not understanding the specific issues affecting them (LGBT Youth Scotland: Life in Scotland for LGBT Young People – Health Report 2013).

- Other: e.g. Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion

Poverty: 9.3% of the population of Central Bedfordshire experience income deprivation related to low income (England: 14.5%). However, there are 8 wards where 34%-40% of children live in income-deprived households: Houghton Hall 580, Dunstable Northfields 595, Dunstable Manshead 594,

Houghton Hall/Tithe Farm 618, Leighton Buzzard North (609 and 605) and Tithe Farm 619 (JSNA).

Poverty has been shown to disproportionately affect children from ethnic minority backgrounds (AA Motoring Trust: AA Foundation for Road Safety Research where Term Ethnic Minority is not Defined 2003).

Approximately 8.2% of CBC children are known to be eligible for free school meals (England: 14.3%). The rate varies widely across the area (JSNA).

70% of disadvantaged children do not achieve the expected standard in reading, writing and mathematics at age 11. The attainment gap for disadvantaged children at KS4 is 13.4 points for Attainment 8 and half a grade worse than non-disadvantaged children for Progress 8 (JSNA).

Pupils eligible for free school meals in Central Bedfordshire are more than three times as likely to be excluded from school as those who are not (5.95% and 1.59% of pupils respectively). ([Central Bedfordshire Local Authority Performance](#)).

The 'social class gradient' in children's academic attainment is established early in their lives. National research shows that parents who are not well-educated spend less time engaging in educational activities with their young children, and as a result, less than half of the poorest children are ready for school compared with 2/3 of their peers. Poorer young people are also more likely to drop out of post-16 education and less likely to go to university (especially Russell Group institutions).

Looked After Children: Since 2014, the number of children and young people coming into care (excluding UASC) has reduced; but Looked after Children are still at risk of adverse outcomes, including being less likely than their peers to do well at school, and being 4 times more likely than their peers to have a mental health difficulty (Director of Public Health report).

LAC children and young people (as well as young offenders and children with disabilities) can experience further social exclusion as a result of out of area placements, compounded by reductions in public transport (EHRC: Is Britain Fairer? 2015).

Youth Offending: Youth offending is at a low level but there has been an increase in youth remand and custody rates in recent years, in spite of reductions in first time entry to the justice system and reoffending rates (JSNA).

Boys are roughly more than ten times more likely to be sentenced to custody than girls (Prison Reform Trust: A Profile of Children in Custody 2010). Black and minority ethnic young people are also disproportionately represented in the youth justice system, and report higher incidences of restraint and stop and search (EHRC: Stop and Think 2010).

Children and young people in the justice system are more likely to experience mental health problems than their peers (Department for Health 2014). Children who offend have health, education and social care needs which, if not met at an early age, can lead to a lifetime of declining health and worsening offending behaviour (Prison Reform Trust/Young Minds).

CSE: In 2015/16, 21 children and young people were referred to the Child Sexual Exploitation Panel. 21 disruptions were carried out by Police and 5 abduction notices issued (JSNA).

The recent JTAI found areas of good practice in the response of local partners to CSE, but also some gaps in services for young people:

"...the sound strategic planning and priorities evident in Central Bedfordshire are not yet resulting in consistently improved operational decision making or outcomes. This is partly due to widespread organisational changes at the most senior levels in police and health services locally, and in the rehabilitation of offenders nationally, which have slowed implementation of some of the planned changes. As a result, many initiatives seen by inspectors are either recent or in development. The

improvements set out in strategies and plans are not always translated into changes to practice on the ground to tackle child sexual exploitation. Therefore, although there are examples of innovative practice in all agencies, there is too much variability in the responses that children at risk of exploitation receive from police and health services, Youth Offending Services (YOS) and the Community Rehabilitation Company (CRC). At times there is an overreliance on the local authority, which is working effectively to take action” (Ofsted, CQC, HMI Constabulary & HMI Probation: Joint targeted area inspection of the multi-agency response to abuse and neglect in Central Bedfordshire 2016).

The recent Ofsted single inspection also identified good practice, particularly around the Council’s role in partnership working and the response of the authority and the LSCB to risks associated with CSE. The report also identified areas of need around the use of intelligence from risk assessments and screening tools and recording of missing episodes.

Additional vulnerabilities to CSE have been identified with regard to boys and young men, LGBTQ young people, young people from BAME and faith groups and children with disabilities (Barnardo’s: ‘It’s Not on the Radar’ 2016). Children who have been sexually exploited are more likely to be affected by teenage parenthood, failing exams or dropping out of school, mental health problems, alcohol and drug addiction and criminal activity (CHIMAT 2011).

2.2) To what extent are vulnerable groups experiencing poorer outcomes compared to the population or workforce as a whole?

- In Central Bedfordshire, pupils who are not disadvantaged are twice as likely to meet the expected standard in reading, writing and maths combined at KS2 than those who are disadvantaged. At KS4 disadvantaged pupils score an average of one and half grades lower than non-disadvantaged children in Attainment 8, and half a grade in Progress 8.
- CBC pupils with no SEN are more than 5 times more likely meet the expected standard at KS2 than those who receive SEN Support and more than 8 times more likely than those with a Statement/EHCP. At KS4 the average Attainment 8 score for pupils with no SEN is one-and-a-half times higher than for those with SEN Support and more than three times higher than the score of pupils with a Statement/EHCP. The attainment gap for Progress 8 is 0.66 points and 1.1 points respectively.
- Nationally, children with SEND are twice as likely to be bullied, twice as likely to be eligible for free school meals, six times more likely to have a mental health issue and eight times more likely to be excluded from school than other children.
- Evidence from national statistics indicated that women are nearly twice as likely to be reported victims of domestic abuse than men.
- Looked after Children in England are 4 times more likely to have a mental health difficulty than those who are not in care.

2.3) Are there areas where more information may be needed?

The Plan references the need to protect vulnerable children and young people. This includes young carers but further clarity is required as to how the Plan could assist in improving outcomes for young carers

2.4) Are there any gaps in data or consultation findings?

At a local level, gaps exist in both prevalence data and qualitative information around issues of gender and sexuality. While generic issues can be extrapolated from national research, it would be useful to have a more accurate picture of children and young people’s experiences and the inequalities they face.

2.5) What action will be taken to obtain this information?

The 2017/18 SHEU Survey will build on our understanding of the issues faced by LGBT pupils with

questions on how much they worry about their gender/sexuality and where they go to for help with this. This data will need to be reviewed.

2.6) To what extent do current procedures and working practices address the above issues and help to promote equality of opportunity?

The CYPP is underpinned by the Children’s Transformation Programme, which aims to reduce inequalities by improving outcomes for vulnerable children, young people and families. This will involve an ambitious change programme of working practices – looking at the skill set of our staff, interventions that we use to support parental behaviour change and deeper integration of adult focused services; as well as re-thinking how services can be targeted and delivered with a more local focus to reflect the specific needs that are presented in each area of the Council.

A key element of this process is a move towards a locality-based service delivery model, working with families’ strengths in a ‘one family, one worker, one plan’ approach. This model will target the specific needs of each locality within Central Bedfordshire and integrate social care, wider early help, health and voluntary/community services to provide holistic support to vulnerable families. In particular, the Dunstable locality pilot will focus on the issue of domestic abuse, which predominantly affects women but also contributes to adverse childhood experiences which can lead to poorer outcomes for children and young people in later life.

School ‘clusters’ – based on geographical location of schools -will facilitate effective collaboration on educational outcomes, which will improve learning outcomes for children and young people.

Stage 3 – Assessing Positive & Negative Impacts

Equality checklist issues to be considered			
Awareness	Appropriateness	Accessibility	Partnership - working
Take Up levels	Adverse Outcomes	Staff Training Needs	Contracts & monitoring

Analysis of Impacts	Impact?	Summary of impacts and reasons for this
3.1) Age	Y	<p>The CYPP provides a strategic framework to tackle adverse childhood experiences by focusing on the root causes (especially domestic abuse, parental substance misuse, mental ill-health and criminality). We will provide targeted early help to support the most vulnerable families, working with them using a restorative practice model to effect lasting change. Alongside the development of an Adolescent Hub to support the unique challenges faced by adolescents, this preventative model will in turn reduce the drivers for entry to care, particularly among the vulnerable 0-1 and 14+ age cohorts.</p> <p>A focus on the first 1,000 days of a child’s life will support good parenting and enable parents to ensure that their children arrive at school ready to learn. This will also help reduce the ‘social class gradient’ of wealth inequality in relation to school-readiness.</p> <p>Effective collaboration through school clusters will improve learning outcomes for children and young people. The Plan takes as one of its priorities the need to reduce the attainment gap for disadvantaged pupils, but more widely will also support the improvement of KS2 and KS4 attainment for all pupils.</p>

3.2) Disability	Y	<p>Children with SEND are some of the most vulnerable in society. The Plan has a specific focus on this cohort, aiming to make a positive impact by identifying children’s and young people’s needs early and supporting them into adulthood.</p> <p>Effective collaboration through school clusters will improve learning outcomes for children and young people. The Plan takes as one of its priorities the need to reduce the attainment gap for disadvantaged pupils, but further clarity is required about the impact on children and young people with SEND.</p> <p>One of our key ‘obsessions’ under the new Plan is to improve the emotional health, wellbeing and resilience of children, young people and families. This will reduce the negative impact of mental illness in Central Bedfordshire.</p>
3.3) Carers	P	<p>The CYPP references the need to protect vulnerable children and young people (which includes young carers). Young carers may be positively affected through the priority to identify needs early for all children and young people, and to improve emotional wellbeing generally.</p>
3.4) Gender	Y	<p>A key area of focus in the CYPP is to reduce the number of children exposed to domestic abuse incidents – it aims to do this through its focus on targeted early help and adverse childhood experiences.</p> <p>By improving learning outcomes for children and young people, we will be able to narrow the attainment gap between boys and girls.</p> <p>The Plan also includes a focus on perinatal health and the first 1,000 days of a child’s life. By supporting pregnant women, mothers and fathers, we should be able to improve health outcomes for parents and ensure children have a better start in life. By enabling children to arrive at school ready to learn, we will further improve educational outcomes for children and young people.</p> <p>Our ‘obsession’ to improve emotional wellbeing will also impact positively on perinatal mental health, and help to tackle the mental health inequalities between girls and boys identified by the SHEU Survey.</p>

3.5) Transgender	P	<p>There is no direct impact envisioned for transgender young people, but they may derive indirect positive benefit from the CYPP's focus on emotional wellbeing for all children and young people as well as our priority to protect all children and young people who are vulnerable.</p>
3.6) Race	Y	<p>By improving learning outcomes for children and young people, we will be able to narrow the attainment gap between pupils of different ethnic backgrounds.</p> <p>At the heart of the Plan is listening to the voice of children, young people and families. Young people from Central Bedfordshire are already influencing change against racial prejudice with their 'Don't Hate Educate' campaign, voted for by over 95,000 young people across the UK. This programme challenges negative attitudes and stereotypes around race and religion and works with communities to tackle ignorance.</p>
3.7) Religion / Belief	N	
3.8) Sexual Orientation	P	<p>There is no direct impact envisioned for lesbian, gay and bisexual young people, but they may derive indirect positive benefit from the Plan's focus on emotional wellbeing for all children and young people as well as our priority to protect all children and young people who are vulnerable – particularly in relation to specific issues around CSE.</p>
3.9) Other <i>e.g. Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion</i>	Y	<p>Effective collaboration through school clusters will improve learning outcomes for children and young people. The Plan takes as one of its priorities the need to reduce the attainment gap for disadvantaged pupils, helping to break the cycle of poverty by enabling young people to access better education,</p>

		<p>employment and training opportunities long-term.</p> <p>The development of a new strategic plan will consider the number of UASCs coming into care, their holistic needs and services provided.</p> <p>The development of the Adolescent Hub and a high-intensity support model for young people on the edge of care or in the criminal justice system will help to tackle youth offending and promote safeguarding around the particular needs of adolescents, e.g. CSE.</p>

Stage 4 – Conclusions, Recommendations and Action Planning

4.1) What are the main conclusions from the assessment?

That the Draft Plan and Children’s Transformation Programme is focussing on the identified current issues for children and young people – including vulnerable groups.

4.2) What are the priority recommendations and actions?

Further clarity is required on how the plan could assist in improving outcomes for young carers, and the educational outcomes of children with SEND.

There is a gap in the information in prevalence data and qualitative information around issues of gender and sexuality.

4.3) What changes will be made to address any adverse impacts that have been identified?

Whilst that above areas in 4.2 require further investigation, no adverse impacts have been identified.

4.4) Are there any budgetary implications?

The Transformation Programme will support Children’s Services to meet the required financial efficiencies outlined in the Council’s Medium Term Financial Plan.

4.5) Actions to be Taken:

Action	Date	Priority
Review data on young people’s experiences of gender and sexuality issues from 2017/18 SHEU survey when published – update EIA and have due regard for this information when progressing the Plan.	Ongoing	High
To consider young carers in the action planning associated with the CYPP.	Ongoing	High
To ensure that performance frameworks developed and monitored consider the need to improve educational outcomes for children with SEND	Ongoing	High

Stage 5 - Quality Assurance & Scrutiny:

Checking that all the relevant issues have been identified

5.1) What methods have been used to gain feedback on the main issues raised in the assessment?

Step 1:

X	The Corporate Policy Advisor (Equality & Diversity) for comment & decision re further scrutiny
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Step 2:

	The Equalities Working Group	X	The Equalities Forum
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Other:
5.2) Were any additional actions / amendments identified? No
Step 3: 5.1) Has a member of the senior management team been notified of the outcome of the assessment? Children's Leadership Board (chaired by Director of Children's Services)

Stage 6 – Monitoring Future Impact
6.1) How will implementation of the actions be monitored? By the Children's Leadership Board – partner board overseeing the plan (chaired by the Director of Children's Services)
6.2) What sort of data will be collected and how often will it be analysed? Consideration is currently being given to the measures and targets supporting the Plan, the production of performance framework(s) and the most appropriate Boards to monitor them. The Children's Leadership Board will oversee this – with a set of key measures (once agreed reported to the Board. Potentially on a quarterly basis.
6.3) How often will the policy be reviewed? Annual reports will be produced to monitor progress.
6.4) Who will be responsible for this? Children's Leadership Board
6.5) Have the actions been incorporated in the service / business plan or team targets? Key service / team related actions will be progressed and monitored through the appropriate transformation workstreams and by the Children's Services Transformation Programme Board

The results of all equality impact assessments will be made accessible to the public.