

1. Topic of assessment

EIA title:	Children's Health, Wellbeing and Safeguarding Plan, 2013-14
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EIA author:	Victoria Cannizzaro, Strategy and Policy Development Manager Andrew Evans, Strategy and Policy Development Assistant
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2. Approval

	Name	Date approved
Approved by¹		

3. Quality control

Version number	FINAL	EIA completed	12 February 2013
Date saved	12 February 2013	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Directorate Equalities Team		Children, School and Families	

¹ Refer to earlier guidance for details on getting approval for your EIA.

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5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>The Children's Health, Wellbeing and Safeguarding Plan (HWBS Plan) is one of three plans (the other two are Education Achievement Plan and Young People's Employability Plan) which will support the delivery of the Children and Young People's Strategy, 2012-17.</p> <p>The plan is a one year plan which sets out eight priority areas where we believe we can start to make the most difference in 2013/14 to ensuring that children and young people achieve the best health and wellbeing outcomes possible. It will act as a tool to engage partners in agreeing common challenges and longer-term priorities that will also inform future health and wellbeing strategies.</p> <p>After one year, the plan will be replaced by a visionary strategy for children linked to Surrey's joint health and wellbeing strategy which will be published in March 2013. This visionary strategy will be supported by a partnership 30 year health, wellbeing and safeguarding plan.</p>
<p>What proposals are you assessing?</p>	<p>The Children's Health, Wellbeing and Safeguarding Plan sets out the activity that will be undertaken across Surrey County Council that will deliver the identified health, wellbeing and safeguarding priorities between 2013 and 2014. As with all other plans that sit under the Children and Young People's Strategy, this plan will:</p> <ul style="list-style-type: none"> • Address the needs of local children, young people and families • Work towards the positive outcomes at all stages of childhood and adolescence that are outlined in the lifecourse outcomes • Provide value for money • Address the four common priorities of the strategy: prevention, protection, participation and potential • Build and maintain a good foundation of partnership working • Facilitate the co-design of services with children, young people and their parents • Assess the impact of changes on protected equalities groups • Adequately address the changing policy landscape <p>The plan's priorities are to:</p> <ul style="list-style-type: none"> • Support good health and wellbeing in pregnancy and the new born • Protect children through strong multi-agency safeguarding and child protection arrangements • Support parents and carers so they can raise physically, emotionally and mentally healthy children • Improve health and wellbeing outcomes for looked after children and care leavers • Support children to develop positive personal wellbeing, values and aspirations • Improve outcomes for children and young people with complex needs

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	<ul style="list-style-type: none"> • Improve outcomes for young people who need additional support during the transition to adulthood • Ensure local services meet the needs of all vulnerable children and their families. <p>The plan is aligned with existing activities and strategies across the county council which will have their own EIAs.</p> <p>The plan will be monitored by the Children's Services Senior Management Team.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>The plan is intended to benefit a wide range of groups as set out below:</p> <ul style="list-style-type: none"> • Children, young people and families: evidence, primarily from the Joint Strategic Needs Assessment (JSNA) informs the priorities and key activities outlined in the plan. Services will therefore be based on a more detailed, accurate and consistent understanding and evidence base of need, enabling them to become increasingly more co-ordinated, outcomes-focused, and delivered to the needs of children and young people. More widely, through increased partnership working guided by the plan, we will be able to use resources more effectively and efficiently, deliver greater value for money with a greater focus on prevention and early help. • Children and young people who need additional support: the plan will enable Surrey County Council to work with its partners to target services based on a full and accurate understanding of need, ensuring that children and young people have access to services which meet their needs wherever possible. This includes: children living in poverty, children in need, children subject to a child protection plan, children and young people with SEN and/or disabilities and Looked after Children (LAC), including Unaccompanied (or former unaccompanied) Asylum Seeking Children and young carers, those affected by mental health issues (including those with parents who have mental health issues) and those affected by domestic abuse. Many of these may fall under more than one of the protected characteristics. • Commissioners and service deliverers: the plan draws on the JSNA to enable evidence based decisions to be taken from a broad and coherent understanding of need and to enable the county council to act on these evidence based decisions. • Surrey County Council Workforce: there are no direct implications on the workforce arising from this plan. However, staff who are also residents of Surrey may be impacted.

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6. Sources of information

Engagement carried out
<p>This plan is one of three plans (the two others being the Education and Achievement and Young People's Employability plans), which forms part of the Children and Young People's Strategy. Formal consultation was undertaken on the Children and Young People's Strategy including engagement on the early draft priorities of the health, wellbeing and safeguarding plan. The consultation consisted of practitioner workshops, and an online consultation. Practitioners included social care staff, health, the voluntary and community sector, services for young people, education, early years and the police.</p> <p>The plan is being developed alongside Surrey's draft joint health and wellbeing strategy, with key engagement from the strategy being fed into the development of this plan. This has included workshops, engagement meetings, and an online questionnaire.</p> <p>As part of the engagement process the plan has also been to senior management meetings, the Directorate Senior Management Forum (DSMF) and the Children and Young People's Partnership Board.</p> <p>Using feedback from the engagement carried out, the plan sets out the priorities for improving the health and wellbeing of children, young people, and their families in Surrey.</p>
Data used
<ul style="list-style-type: none">• Surrey Join Strategic Needs Assessment (JSNA) including:<ul style="list-style-type: none">○ JSNA (2011) Breastfeeding chapter○ JSNA (2011) Children with Disabilities chapter○ JSNA (2011) Domestic Abuse chapter○ JSNA (2011) Ethnicity chapter○ JSNA (2011) Family Stability chapter○ JSNA (2011) Immunisation chapter○ JSNA (2011) Maternity chapter○ JSNA (2011) Mental Health chapter○ JSNA (2011) Religion chapter○ JSNA (2011) Sexual Orientation chapter○ JSNA (2011) Special Educational Needs chapter○ JSNA (2011) Parenting chapter○ JSNA (2011) Teenage Pregnancy chapter○ JSNA (2011) Unaccompanied (and former unaccompanied) Asylum Seeking Children chapter○ JSNA (2011) Young Carers chapter• Families in Poverty Needs Assessment 2011• Needs Analysis for Gypsy, Roma and Traveller Children and Young People in Surrey 2011• ONS Census 2011• Surrey County Council Education Performance 2011• Council of Europe (2008) Child and teenage suicide in Europe: A serious public-health issue: Report Document• Reed, B., Rhodes, S., Schofield, P. & Wylie, K. (2009) <i>Gender Variance in the UK:</i>

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Prevalence, Incidence, Growth and Geographic Distribution.

- GIRE.S.Whittle, S., Turner, L. & Al-Alami, M. (2007) *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination.*

7. Impact of the new/amended policy, service or function

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7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ²	Potential positive impacts	Potential negative impacts	Evidence
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 214</p> <p style="text-align: center;">Age</p>	<p>The Children’s Health, Wellbeing and Safeguarding Plan in general is intended to have a positive impact on children and young people in Surrey, including those who fall under the protected characteristics.</p> <p>However, there are some specific age-related issues.</p> <p>An increasing birth rate will ultimately create demand for maternity, childcare and school places with subsequent impacts on the need for childhood immunisation, treatment for typical childhood illnesses and other services, such as mental health specifically targeted at the needs of young people.</p> <p>The plan aims to support good health and wellbeing in pregnancy and the new born, for example,</p>	<p>As the plan brings together activity taking place to improve children’s health and wellbeing, the likelihood of direct negative impact from the plan itself is minimal. However, there is potential for indirect impact and it will be necessary to ensure that all steps are taken to ensure that this is as positive as possible.</p> <p>A key priority in the plan is to ensure that local services meet the needs of vulnerable children and their families. As the plan is based on evidence of need it is important that the evidence, in particular the JSNA, captures accurate and comprehensive evidence of need. The main risk, therefore, is if we do not collect information related to specific groups’ needs fully or effectively, and/or not responding effectively to this information, which will mean that the actions are not targeted at the correct areas.</p>	<p>JSNA Chapter: Immunisation</p> <ul style="list-style-type: none"> The percentage uptake across all childhood immunisations for Surrey continues to be lower than the Strategic Health Authority and national figures. Crucially, for some diseases, including measles, uptake is below immunity levels that prevent the spread of disease (usually between 85-95% of the population immunised). During 2010-11 only 70% of children received the first and second doses of the MMR vaccination by their 5th birthday, compared to 84% across England and 81% for the South East. <p>JSNA Chapter: Mental Health</p> <ul style="list-style-type: none"> A study has suggested that of all people with mental health problems at age 26, 50% had first met psychiatric diagnosis criteria by age 15 and nearly 75% by their late teens. <p>JSNA Chapter: Young Carers</p> <ul style="list-style-type: none"> Our young carers services give some form of support to 1,200 young carers a year. However evidence suggests that this could be as low as just 10% of young carers in the county. The average age of a Surrey young carer is 12. Young carers are more likely to suffer emotional, behavioural and mental health disorders. Health, education and social care services need to be better at identifying and referring families with

² More information on the definitions of these groups can be found [here](#).

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	<p>supporting parents to have their child immunised. This will have a positive impact on both the parents; and child's health and wellbeing in the early years, in particular activities targeted at vulnerable groups such as those living in poverty, those suffering from mental health issues and teenage parents.</p> <p>The plan also addresses the importance of early intervention in childhood preventing long term disadvantage throughout the lifestages.</p> <p>Early intervention in the early years will mean that the right support is given during the crucial early years of a child's life. Later in a child's life this may mean intervening at key transition points where we know some children may face additional challenges such as entering primary and secondary school, or further education, employment and training.</p>	<p>Should such issues occur they could result in the needs of disadvantaged or vulnerable groups being overlooked and health and wellbeing services not being effectively targeted to meet the diverse needs of the children and young people population. In this case, any protected group could be at risk of being impacted negatively due to their specific needs not being taken into account and met, and their health and wellbeing worsening as a result.</p> <p>In order to mitigate these risks, we will work with the JSNA project group to ensure that specific information on the needs of all equalities groups are explicitly sought, quality assured and analysed with specific focus on how best to meet the needs of vulnerable/disadvantaged groups, and to minimise any potential negative impact. The health, wellbeing and safeguarding plan and implementation plan will be based on this specific information and identify any knowledge gaps.</p> <p>What we must assure against is</p>	<p>young carers, and raising awareness of their rights.</p> <p>JSNA Chapter: Maternity Surrey has a large proportion of women that give birth later in life. Studies suggest there are some health problems that increase with age.</p> <ul style="list-style-type: none"> • Maternal mental health problems during pregnancy and the postnatal period can have far-reaching serious consequences for mothers and babies and their families. • About 40% of teenage mothers suffer from postnatal depression and mothers living in deprived circumstances or who are subject to domestic violence also experience above average rates. • The percentage of Gypsy, Roma and Traveller mothers who experience the death of a child is 18%, compared to 1% in the wider population. • GRT mothers are more likely to have complications during pregnancy. <p>JSNA Chapter: Childhood obesity</p> <ul style="list-style-type: none"> • In 2009/10 obesity prevalence almost doubled between of 4-5 year olds (Reception year) and 10-11 year olds (Year 6), increasing from 6.7% to 13.9%. • Obesity can lead to a range of physical, emotional and mental health issues and childhood obesity has also been linked to levels of deprivation. As the level deprivation rises, so does obesity prevalence <p>Families in Poverty Needs Assessment</p> <ul style="list-style-type: none"> • In 2008 there were approximately 23,090 children and young people aged 0-19 living in poverty in
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	<p>A key transition point for all young people and particularly those with additional needs is the transition to adulthood. The plan puts a particular focus on this age group, in particular those vulnerable young people, such as those with complex needs, looked after children or young carers, who may need additional support during this time.</p>	<p>any negative impact through poor understanding or stereotyping of age-based need, and ensuring that sufficient and accurate information is gathered and used to ensure a full and accurate understanding of those needs.</p>	<p>Surrey or 9.9% of the 0-19 population. 0-10's make up 64% (14,790) of the children living in poverty in the county.</p> <p>JSNA Chapter: Alcohol</p> <ul style="list-style-type: none"> National data revealed that 18-24 year olds were more likely than any other age group to binge drink, and those that do are more likely to commit criminal or disorderly behaviour as a result of their drinking compared with other regular drinkers of the same age group (24). Similar trends in binge drinking, anti-social behaviour and young people are likely in Surrey, especially in areas with a significant night time economy. <p>JSNA Chapter: Teenage Pregnancy</p> <ul style="list-style-type: none"> There are links between high teenage conception rates and areas of deprivation and poverty. Babies born to teenage mothers have worse health outcomes than those of older mothers. They are at risk of premature birth, death in their first year and accidental harm.
<p>Disability</p>	<p>Health inequalities are generally greater for children and young people with disabilities. A key focus of this plan is therefore to develop an integrated complex needs service across health, social care and education which will result in a more co-ordinated package of care for children and young people. This will have a</p>	<p>We will need to ensure that the plan continues to use evidence to ensure that the health and wellbeing of those with lower level needs are still being met.</p>	<p>JSNA Chapter: Children with disabilities</p> <ul style="list-style-type: none"> There are approximately 8,500 children and young people aged 0-19 that may have a long-term illness, disability or a medical condition affecting their day-to-day activities. In June 2012 there were 781 open cases across the Children with Disabilities Teams. Children with disabilities are more likely to have Special Educational Needs (SEN). <p>JSNA Chapter: Special Education Needs (Draft)</p> <ul style="list-style-type: none"> In January 2011 Surrey County Council recorded and administered 5345 statements of SEN. This

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	<p>positive impact on children and young people by minimising duplication, and ensuring that children with complex needs have one single plan covering all their needs.</p>		<p>equates to 3.8% of the total number of pupils in Surrey and approximately 2% of the 0 to 19 population.</p> <ul style="list-style-type: none"> • The proportion of pupils with statements of SEN in Surrey maintained schools was considerably higher than in England and the south east in 2009 and 2010. Furthermore, children and young people with statements of special educational needs have more complex needs than before. • The educational attainment gap between those with Special Educational Needs (SEN) and those without has remained high and pupils with some degree of Special Educational Needs (SEN) are three to four times more likely to become persistently absent from school than those pupils with no SEN. <p>Persistent absenteeism (PA)³</p> <ul style="list-style-type: none"> • Pupils with some degree of Special Educational Needs (SEN) are three to four times more likely to become PA than those pupils with no SEN. Around one-third of pupils from a Traveller background are also classed as PA, a rate more than ten times as high as that seen amongst non-Traveller pupils.
<p>Gender reassignment</p>	<p>There is very little local data on gender reassignment amongst young people in Surrey. This may be more relevant for young people transitioning to adulthood and amongst the adult population. However, data</p>	<p>To help mitigate any potential negative impacts we will seek to review our current recording systems in relation to gender reassignment and consider how gender reassignment could be considered in the JSNA.</p>	<p>Council of Europe</p> <ul style="list-style-type: none"> • Transgender people (adults and young people) have reported that they have experienced transphobic bullying, harassment and discrimination in public places, schools, in the workplace and within their families. It is recognised that these experiences can have a negative impact on mental health and that there is a higher

³ JSNA Draft Chapter (2012) Education – Behaviour and Attendance

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	<p>amongst the adult population is also scarce due to sensitivities around requesting information and declaration.</p> <p>There is therefore little direct information and research about specific health and wellbeing needs of this protected characteristic in Surrey.</p>		<p>incidence of suicides amongst lesbian, gay, bisexual and transgender young people than the wider youth population.</p> <p>Whittle et al, 2007</p> <ul style="list-style-type: none"> • Access to medical treatment and safe accommodation are also key issues for these children and young people.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 218</p> <p>Pregnancy and maternity</p>	<p>The plan may impact on pregnant women as we try to engage them on the importance of early intervention and diet for children, however, this impact will be positive. The plan seeks to address the needs of women from different cultural backgrounds such as Gypsy, Roma and Traveller communities.</p> <p>The plan also seeks to address the needs of older mothers as Surrey has a high percentage of mothers over the age of 35. Complications can arise from births to women later in life.</p>	<p>To avoid any negative impacts on any particular groups who fall within this characteristic it will be important to ensure that the plan is continued to be based on robust evidence of need.</p>	<p>Maternity health and support (JSNA Chapters: Maternity, Breastfeeding and Immunisation)</p> <ul style="list-style-type: none"> • In 2009 there were 13,800 live births to mothers living in Surrey, an increase of 90 from 2008. • Despite a high proportion of women initiating breastfeeding in Surrey, six to eight week prevalence data suggests just 56% of women are still breastfeeding at six to eight weeks. • In Surrey around 40% of mothers aged under 20 initiate breastfeeding • Surrey's crude infant mortality rates for deaths under 7 days, 28 days and one year are 1.6, 2.1 and 3.2 deaths per 1000 live births (from 2007 to 2009). • The percentage of Gypsy, Roma and Traveller mothers who experience the death of a child is 18%, compared to 1% in the wider population. • Surrey's stillbirth rate in 2009 was 4.2 per 1000 total births. • The proportion of babies born in Surrey below 2500g (low birth weight and/or premature) is 6.3% (2009).

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	<p>At the other end of the spectrum the plan will also address the needs of teenage mothers through integrated parenting support for new parents including teenage parents who we know often suffer worse health outcomes than older mothers. They are also more likely to be not to be in education, employment or training (NEET) and live in poverty.</p>		<ul style="list-style-type: none"> • The proportion of mothers who smoke during their pregnancies is 8.78%. The proportion of mothers aged under 19 years who are smokers at the time of delivery was 40% (Quarter 4 in 2009/10) • It is expected that between 900 and 2000 mothers will experience perinatal mental health problems of varying severity. • In Surrey the percentage of births where maternal age is 35 years or over is 30%. • A few studies on the outcomes in pregnancy of healthy, older mothers suggest some health problems that increase with age. • Healthy Start uptake is poor in Surrey. Only 25 out of a potential 5733 children's vitamins were claimed (2008/09) and three out of a potential 498 women's vitamins were claimed (2008/09). <p>JSNA Chapter: Teenage Pregnancy</p> <ul style="list-style-type: none"> • There are links between high teenage conception rates and areas of deprivation and poverty. Babies born to teenage mothers have worse health outcomes than those of older mothers. They are at risk of premature birth, death in their first year and accidental harm.
<p>Race</p>	<p>Different ethnic groups in Surrey experience different health outcomes. As such the plan will ensure that local services meet the needs of different groups, particularly vulnerable groups.</p> <p>This may mean that the impact of the plan may vary</p>	<p>To mitigate any negative impact, through the JSNA we will complete any analysis of health and wellbeing outcomes for children and young people by race.</p>	<p>JSNA Chapter: Mental Health</p> <ul style="list-style-type: none"> • Independent research suggests that a higher proportion of people from BME communities in the UK experience mental health problems compared to White British people. <p>JSNA Chapter: Ethnicity</p> <ul style="list-style-type: none"> • White British make up 83% of the resident population in Surrey. Other White is the second largest ethnic group with the largest ethnic minority group in Surrey being Indian, at 2.3% of the

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	<p>depending on people's needs and ethnic group, for example targeted interventions for GRT mothers, but should always be for improving positive outcomes for all rather negatively impacting on any one group.</p>		<p>population.</p> <p>SCC Education Performance 2011</p> <ul style="list-style-type: none"> • The percentage of statements of SEN has increased amongst mixed and Asian ethnic groups in the past three years. • In 2011 those who performed better than the Surrey average in achieving KS2 % L4+ in both English & Maths and KS4 % 5+ A*-C including English & Maths GCSE include: Chinese, Mixed White/Asian and Indian children and young people. • Those performing below the Surrey average include Mixed White/Black Caribbean and Pakistani. • In 2011, GRT children and young people performed around 60% below the Surrey average for both achieving KS2 % L4+ in both English & Maths and KS4 % 5+ A*-C including English & Maths GCSE. <p>Families in Poverty Needs Assessment</p> <ul style="list-style-type: none"> • All ethnic minority groups in the UK have a higher proportions of poverty compared to the majority white population. <p>Needs Analysis for Gypsy, Roma and Traveller Children and Young People in Surrey 2011</p> <ul style="list-style-type: none"> • 59% of children in the Surrey GRT community have special needs compared with 19% in the whole population. • Many members of the GRT population are reluctant to reveal their ethnic identity and this, together with the travelling lifestyle of some communities, makes it difficult to determine the exact size of Surrey's GRT population.
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			<p>JSNA Chapter: Maternity</p> <ul style="list-style-type: none"> • The percentage of Gypsy, Roma and Traveller mothers who experience the death of a child is 18%, compared to 1% in the wider population. • GRT mothers are more likely to have complications during pregnancy. <p>JSNA Chapter: Unaccompanied (or former unaccompanied) Asylum Seeking Children</p> <ul style="list-style-type: none"> • Most UASC and former UASC under Surrey County Council care are from Afghanistan, Iraq, Iran, Eritrea and Vietnam. With the exception of those from Vietnam, Surrey has limited local communities to draw on to support these children.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 221</p> <p>Religion and belief</p>	<p>The plan, in particular the evidence it is based on, will need to take into account the needs of all religious groups and consider whether specific information needs to be collected on the health and wellbeing needs affecting children of specific religions and beliefs in different ways.</p> <p>Services need to be sensitive and responsive to the cultural and religious needs of different communities, their attitudes and reactions to, for example, disease, type of treatment, or access to GPs.</p>		<p>Needs Analysis for Gypsy, Roma and Traveller Children and Young People in Surrey 2011</p> <ul style="list-style-type: none"> • Cultural beliefs around immunisations and vaccinations make the GRT community at increased risk of illness. There is insufficient accommodation to meet local need with some sites being overcrowded and in poor condition. • Services can be 'hard to reach' for GRT families, for reasons including expectations around literacy; issues of trust and discrimination; and the isolated location of many GRT sites. • There are high levels of domestic abuse within GRT communities, indicating the likelihood of safeguarding concerns for children and young people. • Children and young people in GRT communities are often expected to assume caring responsibilities for siblings or relatives.

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	For example, we do know that cultural beliefs around immunisations and vaccinations increase the risk of illness in the GRT community.		
<p>Page 222</p> <p>Sex</p>	At a very basic level many of the health needs of young men and young women are different because of their different physiological make-up and life experiences. What this plan must seek to ensure is that gender is not a cause for differential outcomes. It is therefore important to ensure that sufficient information is collected and analysed, and that actions are taken to ensure that both genders are treated fairly in meeting their needs.	In general, children's issues tend to engage women more as women tend to remain the main caregivers for children at home. To mitigate any negative impacts of this on fathers, the plan aims to adopt a whole family approach which includes fathers.	<p>ONS Surrey: There are 132,900 girls aged 0-19 in Surrey and there are 139,900 boys aged 0-19 in Surrey.</p> <p>SCC Education Performance 2011: In 2011 the difference in educational attainment between boys and girls ranges from 18 percentage points at the EYFS to 6.4% at GCSE.</p> <p>JSNA Chapter: SEN: Boys are nearly three times more likely than girls to have statements in Surrey.</p> <p>JSNA Chapter: Unaccompanied (or former unaccompanied) Asylum Seeking Children: There were 177 males and 19 females under the care of the Surrey Children's Service, as of March 2011.</p> <p>JSNA Chapter: Teenage Pregnancy</p> <ul style="list-style-type: none"> • (2011) 28% of the clients of Catch 22, who are all over 18, and care leavers, are either pregnant or a parent. • In 2009/10 there were nine live births to looked after girls aged 15-17.
<p>Sexual orientation</p>	It is likely that lesbian, gay, bisexual and/or questioning (LGBQ) young people in Surrey may on occasion have different needs from		<p>JSNA Chapter: Sexual Orientation: Using mid-2009 population estimates, there are an estimated 5,700 young people aged 11-16 that are lesbian, gay, bisexual, transgender or questioning (LGBTQ). Identity-related stigma contributes to in</p>

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	<p>other young people. For example, they may experience significant problems related to both their mental and physical health as a result of bullying, social exclusion or domestic abuse.</p> <p>Care therefore must be taken to ensure that sufficient information is collected and used to inform equitable services so that sexuality does not remain a cause for worse access or inappropriate services. For example, ensuring that sexuality is addressed as a key issue in PHSE classes.</p>		<p>increased risk of:</p> <ul style="list-style-type: none"> • Bullying and social exclusion – 34% of LGBTQ young people are estimated to have experienced homophobia whilst in school. • Domestic abuse – a third of LGBTQ young people are estimated to have experienced bullying at home by a parent. <p>Council of Europe: There is a higher incidence of suicides amongst lesbian, gay, bisexual and transgender young people than the wider youth population.</p> <p>Young homeless gay people can have specific emotional and psychological needs relating to the difficulties they have faced coming to terms with their sexuality in unsupportive environments.</p>
<p>Marriage and civil partnerships</p>	<p>There is no negative impact on those who are married or in a civil partnership as a result of this plan. However, the plan recognises that family structures are changing and will support children and their families regardless of these structures.</p> <p>The plan will also support parents who may need additional support, for</p>		<p>JSNA Chapter: Family Stability:</p> <ul style="list-style-type: none"> • Based on the 2001 Census, in Surrey there are 88, 481 married couples with dependent children • Based on the 2001 Census, in Surrey there are 11, 083 cohabiting couples with dependent children • Based on the 2001 Census, in Surrey there are 17, 339 lone parent households with dependent children • Based on the 2001 Census, in Surrey there are 8092 'other' households with dependent children • Evidence suggests that children in two parent households are more likely to have better health and educational outcomes compared to children in

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	<p>example lone parents or teenage parents which might mean that there could be a potential differential impact on those families who live in 'traditional family structures.'</p>		<p>single parent households where, due to a combination of environmental factors, poverty and familial instability, raising children as a single parent can be difficult.</p> <ul style="list-style-type: none"> • Research indicates that children are more likely to become healthy and productive adults when their family life is stable. However, for some families this stability is threatened potentially leading to poorer outcomes for children and young people. • Children from more deprived backgrounds, whether from traditional family backgrounds or not, generally do less well across a number of measures, such as health and educational attainment. Single parents are at a greater risk of multiple disadvantages and are at least twice as likely to live in poverty compared to couple parents. • However, the strongest driver of low subjective wellbeing is where children experience less caring and nurturing relationships with their family or carer. The structure of the family itself has only a small effect on a child's wellbeing. The most vital factor is stability throughout all aspects of a child's life, including their family life. The impact of family life on children's wellbeing is therefore complex and concentrating on family structures alone may not fully address the issues impacting on wellbeing. • Children are more likely to become healthy and productive adults when their family life is stable.⁴ It is important that parents and carers who are facing a range of problems or who are experiencing change, for example separating
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⁴ JSNA Chapter (2012) Family Stability and JSNA Chapter (2012) Parenting

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			parents, lone parents, military families, young parents and kinship carers are supported
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7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	There are no potential impacts highlighted, either positive or negative, for staff with protected characteristics .		
Disability			
Gender reassignment			
Pregnancy and maternity			
Race			
Religion and belief			
Sex			
Sexual orientation			
Marriage and civil partnerships			

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8. Amendments to the proposals

Change	Reason for change
A key action in the plan is to ensure that commissioned services respond effectively to the needs of children and young people and their families with protected characteristics.	The plan will aimed to ensure local services meet the needs of children, young people and their families. Through the EIA we have made it more explicit that this will include those with protected characteristics.

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
The main risk for all protected characteristics is if we do not collect information related to specific groups' needs fully or effectively, and/or not respond effectively to this information, which will mean that the actions are not targeted at the correct areas. Should such issues occur they could result in the needs of disadvantaged or vulnerable groups being overlooked and health and wellbeing services not being effectively targeted to meet the diverse needs of children and young people. In this case, any protected group could be at risk of being impacted negatively due to their specific needs not being taken into account and met, and their health and wellbeing worsening as a result.	We will work with the JSNA project group to ensure that specific information on the needs of all equalities groups are explicitly sought, quality assured and analysed with specific focus on how best to meet the needs of vulnerable/disadvantaged groups, and to minimise any potential negative impact. The health, wellbeing and safeguarding plan and implementation plan will be based on this specific information and identify any knowledge gaps.	Ongoing	Strategy and Policy Development Team
With regards to gender reassignment, there is little direct information and research about the specific health and	To help mitigate any potential negative impacts we will seek to review our current recording systems in relation to gender reassignment and consider how	March 2013	Strategy and Policy Development Team and JSNA project

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wellbeing needs of young people living in Surrey who fall within this protected characteristic.	gender reassignment could be considered in the JSNA.		group
Different ethnic groups in Surrey experience different health outcomes. This may mean that the impact of the plan may vary depending on people's needs and ethnic group.	To mitigate any negative impacts, as part of the JSNA refresh process we will complete an analysis of health and wellbeing outcomes for children and young people by race through the JSNA.	March 2013	Strategy and Policy Development Team and JSNA project group
Potential unknown impacts on religion and belief.	Through evidence from the JSNA the plan will take into account the needs of religious groups and consider whether specific information needs to be collected on the health and wellbeing needs affecting children of specific religions and beliefs.	March 2013	Strategy and Policy Development Team and JSNA project group

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
None identified	N/A

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	<p>Engagement: The plan is one of three plans, which form part of the Children and Young People's Strategy. Formal consultation was undertaken on the Children and Young People's Strategy including engagement on the early draft priorities of the health, wellbeing and safeguarding plan. The consultation consisted of practitioner workshops, and an online consultation. Practitioners included social care staff, health, the voluntary and community sector, services for young people, education, early years and the police.</p> <p>The Children's Health, Wellbeing and Safeguarding Plan is being developed alongside Surrey's draft health and wellbeing strategy, with key engagement from the Strategy being fed into the development of this plan. This has included workshops, engagement meetings, and an online questionnaire.</p>
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	<p>As part of the engagement process the plan has also been to the Directorate Senior Management Forum (DSMF) and the Children and Young People's Partnership Board.</p> <p>Information: The majority of the information underpinning the equality analysis has come from the JSNA, however additional information has been provided by children, schools and families performance teams.</p>
<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<p>The Health, Wellbeing and Safeguarding Plan in general is intended to have a positive impact on children and young people in Surrey, including those who fall under the protected characteristics.</p> <p>In particular the plan seeks to improve health and wellbeing outcomes by adopting a preventative approach.</p> <p>The main risk for all protected characteristics is if we do not collect information related to specific groups' needs fully or effectively, and/or not respond effectively to this information, which will mean that the actions are not targeted at the correct areas.</p>
<p>Changes you have made to the proposal as a result of the EIA</p>	<p>A key action has been added to the plan to ensure that commissioned services respond effectively to the needs of children and young people and their families with protected characteristics.</p>
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<p>We will work with the JSNA project group to ensure that specific information on the needs of all equalities groups are explicitly sought, quality assured and analysed with specific focus on how best to meet the needs of vulnerable/disadvantaged groups, and to minimise any potential negative impact. The health, wellbeing and safeguarding plan and implementation plan will be based on this specific information and identify any knowledge gaps.</p>
<p>Potential negative impacts that cannot be mitigated</p>	<p>None identified</p>