

Full equalities impact assessment

Directorate:	Provider Services	Service:	Specialist Services
Piece of work being assessed:	Firth Park Sure Start Children's Centre		
Aims of this piece of work:	To ensure services are accessible and appropriate and identify service improvements, for children 0-4, parents, foster parents, guardians, carers and community resource.		
Name of lead person:	Gwyn Fields	Other partners/stakeholders involved:	Other staff, Sheffield City Council, Heeley City Farm, Cottage Charity etc.
Date of assessment:	3.11.08, finalised June 09		
Who is intended to benefit from this piece of work?	Children and families in the Firth Park area		

Single Equality Scheme strand	Baseline data and research on the population that this piece of work will affect What is available? What does it show? Are there any gaps? Use both quantitative and qualitative research and user data Include consultation with users if available	Is there likely to be a differential impact? If 'yes', is that impact direct or indirect discrimination?																																																																								
Gender	<table border="1" data-bbox="450 488 1084 826"> <thead> <tr> <th></th> <th>Firth Park (Baseline)</th> <th>Firth Park (Sure Start)</th> <th>% of baseline seen</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>5050</td> <td>521</td> <td>10.3%</td> </tr> <tr> <td>Female</td> <td>5141</td> <td>954</td> <td>18.6%</td> </tr> <tr> <td>Unknown Gender</td> <td>0</td> <td>41</td> <td>N/A</td> </tr> <tr> <td>Total Population</td> <td>10191</td> <td>1516</td> <td>14.9%</td> </tr> </tbody> </table> <table border="1" data-bbox="1178 536 1532 707"> <caption>Sure Start Workers</caption> <thead> <tr> <th></th> <th>Firth Park (Sure Start)</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>3</td> </tr> <tr> <td>Female</td> <td>16</td> </tr> </tbody> </table> <p data-bbox="450 866 1659 914">Baseline data taken from the Population Health Register 2007/8. Sure Start data taken from the Sure Start Smart Start database 2007/8. <i>Good proportion of male service users, but need more and better staff gender matching, if appropriately needed.</i></p> <p data-bbox="450 927 1637 975">Firth Park (Baseline) is an amalgamation of data for the Firth Park, Flower and Stubbin/Brushes neighbourhoods. These three neighbourhoods make up the Firth Park Sure Start boundary area.</p>		Firth Park (Baseline)	Firth Park (Sure Start)	% of baseline seen	Male	5050	521	10.3%	Female	5141	954	18.6%	Unknown Gender	0	41	N/A	Total Population	10191	1516	14.9%		Firth Park (Sure Start)	Male	3	Female	16	Potential indirect discrimination in that fewer men than women access the service.																																														
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	White British	White Irish	White Other	White/Black Caribbean	White/Black African	White/Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Black Caribbean	Black African	Other Black	Chinese	Other Ethnic Group	Unknown																																																									
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<p>Race cont.</p>	<p>Baseline data taken from the 2001 Census. Based on total population adults and children. Data not available re families with children under 5.</p> <p>Sure Start data taken from the Sure Start Smart Start database 2007/8, representing families with children under 5. Sure Start only knows the ethnicity of the people they see if that person is registered with them. Because registration is not required to access most services a large number of people are of 'unknown ethnicity'.</p> <p>Sure Start Workers</p> <table border="1" data-bbox="448 510 824 837"> <thead> <tr> <th></th> <th>White British</th> <th>Other Mixed</th> <th>Pakistani</th> <th>Black Caribbean</th> </tr> </thead> <tbody> <tr> <td>Firth Park (Sure Start)</td> <td>14</td> <td>1</td> <td>4</td> <td>1</td> </tr> </tbody> </table> <p>The ethnicity of Sure Start workers based in Firth Park at First Start Children's Centre – October 2008. This data includes students on long term placement.</p> <p>In October 2008 there were two students: Student 1: Pakistani male, term of placement 20th Oct 2008-20th Feb 2009. Student 2: Other Mixed female, term of placement 7th Apr 2008-3rd Oct 2008. Has since worked as volunteer for 22 hours per week.</p> <p>Language data: SCAIS data 2007/8, update of interpreters.</p> <table border="1" data-bbox="448 949 1205 1029"> <tr> <td>Sure Start</td> <td>144</td> <td>Sure Start - Firth Park and Shiregreen, Sharrow Sure Start, Tinsley Sure Start</td> </tr> </table> <p>Current data collection tool does not ask for language of service user, New monitoring tool will ask for this data to ensure comparison data can capture gaps in provision, if any.</p>		White British	Other Mixed	Pakistani	Black Caribbean	Firth Park (Sure Start)	14	1	4	1	Sure Start	144	Sure Start - Firth Park and Shiregreen, Sharrow Sure Start, Tinsley Sure Start	<p>Also need further data to identify what % of the base line have/are children under 5.</p> <p>Potential discrimination as refined data not available and unable to measure performance accurately.</p>
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Firth Park (Sure Start)	14	1	4	1											
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<p>Disability</p>	<table border="1" data-bbox="448 1252 918 1364"> <tr> <td>Firth Park (Baseline)</td> <td>3174</td> </tr> <tr> <td>Firth Park (Sure Start)</td> <td>45</td> </tr> </table> <p>Date available on disability. The 200 Census figure is based on the number of people with a limiting long term illness, health problem or disability that limits daily activity or work.</p> <p>Sure Start data taken from the Sure Start Smart Start database 2007/8.</p> <p>No known staff Disabilities'.</p>	Firth Park (Baseline)	3174	Firth Park (Sure Start)	45	<p>Families who register with Sure Start can choose not to record disability or may not consider that either they or their child are disabled. Potential indirect discrimination as service not aware of people with</p>									
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<p>Sexual orientation</p>	<p>Service is available to all irrespective of sexual orientation; this is not currently formally recorded.</p>		<p>Y - Potential indirect discrimination as we do not routinely address this as a</p>																																																

There is no baseline data available on sexual orientation that could be found. Sure Start does not collect this information.

service and staff may have negative views or lack of understanding of LGBT people which remains unchallenged.

Age

	00-00	01-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	Unknown age
Firth Park (Baseline)	187	658	766	849	845	783	670	656	756	756	624	510	433	169 8	0
Firth Park (Sure Start)	60	430	145	52	44	141	175	162	103	43	18	6	5	6	126
% of baseline seen	32.1%	65.3%	18.9%	6.1%	5.2%	18.0%	26.1%	24.7%	13.6%	5.7%	2.9%	1.2%	1.2%	0.4%	N/A

Data shows we are seeing 65.3% of all 0-4's the area. A cluster of adults between 20-34 would indicate we are seeing approximately 25% of all adults in that range. These figures represent our target groups but we cannot rule out potential indirect discrimination without more refined data. This is particularly relevant in respect of young mothers (15-19).

Baseline data taken from the Population Health Register 2007/8.

Sure Start data taken from the Sure Start Smart Start database 2007/8.

Firth Park (Baseline) is an amalgamation of data for the Firth Park, Flower and Stubbin/Brushes neighbourhoods. These three neighbourhoods make up the Firth Park Sure Start boundary area.

Data on Birth rates in Sheffield and immunisation data needed, to compare local age population data.

Age cont.

Live Births In Firth Park: Source: Public Health Births for Live Births, Firth park.

	2003/04 Q4			2004/05			2005/06			2006/07			2007/08			2008/09		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
April				10	9	19	7	8	15	8	1	9	3	9	12	10	12	22
May				5	11	16	9	5	14	12	11	23	4	5	9	7	3	10
June				9	3	12	4	8	12	5	4	9	10	8	18	4	7	11
July				9	6	15	2	4	6	5	7	12	6	9	15	6	11	17
August				4	5	9	4	3	7	3	4	7	6	8	14	16	9	25
September				11	5	16	5	5	10	5	6	11	9	5	14	4	9	13
October				5	7	12	5	6	11	8	7	15	10	9	19	6	8	14
November				10	2	12	6	2	8	8	5	13	10	8	18			
December				13	5	18	8	10	18	9	6	15	7	7	14			
January	5	6	11	4	8	12	10	8	18	7	10	17	13	7	20			
February	4	5	9	0	13	13	6	14	20	5	6	11	7	8	15			
March	8	9	17	9	10	19	7	4	11	14	7	21	6	9	15			
Total	17	20	37	89	84	173	73	77	150	89	74	163	91	92	183	53	59	112

Age cont.

Immunisation on children in Area.

2007/8 Immunisation Rates (all child vaccinations) by GP Surgery

GP Practice Name	Number Immunised	Number Eligible	Cover Rate
Firth Park Surgery	1091	1785	61.1
Bluebell Medical Centre	595	810	73.5
Barnsley Road Surgery	465	630	73.8
Elm Lane Surgery	558	750	74.4
Sheffield Total	57911	83175	69.6

Q1 2008/9 Immunisation Rates (all child vaccinations) by GP Surgery

Practice Name	Number Immunised	Number Eligible	Cover Rate
Barnsley Road Surgery	35	75	46.7
Firth Park Surgery	136	270	50.4
Bluebell Medical Centre	205	270	75.9
Elm Lane Surgery	181	225	80.4
Sheffield Total	15068	20850	72.3

Q2 2008/9 Immunisation Rates (all child vaccinations) by GP Surgery

Practice Name	Number Immunised	Number Eligible	Cover Rate
Firth Park Surgery	282	465	60.6
Bluebell Medical Centre	122	195	62.6
Elm Lane Surgery	170	240	70.8
Barnsley Road Surgery	122	150	81.3
Sheffield Total	16276	22725	71.6

Religion/belief		Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other	No religion	Not stated
	Firth Park (Baseline)	7690	0	16	0	1109	13	12	1806	1157
	Firth Park (Sure Start)	109	0	5	0	138	0	5	62	1197
	% of baseline seen	1.4%	N/A	31.3%	N/A	12.4%	0.0%	41.7%	3.4%	103.5%

Baseline data taken from the 2001 Census..

Sure Start data taken from the Sure Start Smart Start database 2007/8.

The service aims to offer unbiased, culturally and religiously appropriate service and is available to all clients in Firth Park, Sheffield. Religion is not currently recorded on the access documentation. New monitoring tool will reflect this.

The Registration form asks for religion –we need to ensure we ask the question and record it.

There is potential indirect discrimination as we do not always record religious belief and staff may be unaware of related needs.

Equalities Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
Gender	<p>Fewer men than women access the service</p> <p>Fewer Men than women are employed at First Start, explain if need to recruit more men, or rationale in gender patterns working with Children are proportionate.</p>	<ul style="list-style-type: none"> • Dedicated staff time to engage fathers • Identify creative outreach methodology. • Review services to ensure they are inclusive of fathers • Identify if there is a need to recruit Male staff? Identify skills match and male staff to work alongside senior female staff. • Consider to advertise service to attract more male service users/referral into service. • Monitor & measure need to gender match male service users. • Ensure staff are aware of importance of data and 	<p>Monitor through the MORE (Monitoring our Reach and Evaluation) Group to identify increased uptake in services by fathers and male carers.</p> <p>Advertised service to attract more male service users/referral into service.</p>	To review by October 2009 and then ongoing.	Gwyn Fields

		<p>ensure proactive work to find missing 233 gender identities.</p> <ul style="list-style-type: none"> • Work with Midwives, Jessop's Maternity hospital and other sources to establish data needed. • Ensure staff are proactive and work with new mothers in the area. • Work with Community organisations in the area to find and work with isolated and vulnerable new mothers in the area. 			
Race	<p>Refined data not available and unable to measure service performance accurately in terms of inclusion.</p> <p>Ensure BME parents are more representative at First Start.</p>	<p>Work with Local Authority and Health Informatics to source more accurate data.</p> <p>Data needs to be collected manually if not available on current systems.</p> <p>Data to be inputted on database.</p> <p>^ Ensure data is collected &</p>	<p>MORE Group will interrogate any new data to identify any gaps in service in relation to different groups</p> <p>* Analyse data and address any issues raised.</p> <p>Anticipate under representation of settled and new BME communities as service users, establish</p>	6 months Dec 2009.	Graham Haywood

	<p>Source Interpretation data and establish level of uptake, need and forecast uptake over next 12 months.</p>	<p>recorded of language & dialect of service users to enable communication to be interpreted/translated as appropriate.</p> <p>Data on interpreter & languages to be sourced from SCAIS/LL (past 12 months).</p> <p>^ IT system needs to alert staff as to if an interpreter needs to be booked, and of language, dialect and gender required.</p>	<p>BME community consultation to make service more culturally and religiously sensitive.</p> <p>Identify staff training as in cultural and religious sensitivity, as and where appropriate in role.</p> <p>Identify recruitment of BME staff, with appropriate skills and cultural & religious intelligence, if under represented.</p> <p>Ensure appropriate publicly is designed, translated and interpreted (where appropriate) and distributed to BME communities citywide using a community development model of approach.</p> <p>^ First page of service user(s) computer records show language & dialect of service user(s) is known and if interpreter/translation required.</p> <p>* Establish requirements</p>		<p>Gwyn Fields</p>
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			from appropriate communities/service user(s) (2-way consultation).		
RACE	<p>Ensure BME parents are representative at First Start</p> <p>Need up to date 2007 data from Sheffield City Council in Firth Park area. To compare data of current population with uptake of 0-4year old in the Area.</p>	<p>Analyse current data to establish gaps and need to attract more diverse communities to use the services and advertise (appropriately) about services offered and how to access.</p> <p>Work with E&D Lead for support & Guidance.</p>	<p>Ensure new EIA action plan reflects needs and work to be undertaken to effectively engage all eligible community from all equality strands, including diverse mix of community.</p> <p>E&D Lead has approved work ongoing and work to be implemented.</p>	8 months February 2010	<p>Gwyn Fields</p> <p>Sajida Bashir</p>
Disability	<p>Service does not routinely collect data of people with disabilities in the area</p> <p>Staff may not be aware of impact of disability on service user.</p> <p>Identify mental health needs in service area of work, including post & prenatal depression.</p> <p>^ Ensure data is collected & recorded of format/type of</p>	<ul style="list-style-type: none"> • Possible use of mail shot through Sheffield Information Link. • Identify robust information on range of training which supports dignity and respect. • Identify staff training needs • Review Sure Start registration form • Amendment to assessment and referral documentation to cover this. • Ensure new monitoring 	<p>^ Data is manual collected, entered onto computer systems & analysed for EIA purposes.</p> <p>* Analyse data and address any issues raised.</p> <p>*Plan adjustments as a result of data.</p> <p>Anticipate and under representation of Service user(s) who have a Learning Disability, mental health needs or other</p>	Ongoing To be reviewed in September 09.	<p>Gwyn Fields</p> <p>Sophie Aslam</p>

	<p>communication appropriate to service user(s) to enable effective 2-way communication (induction loop, Braille, audio tape/cd/dvd or large print, font, makaton/rebus).</p> <p>Ensure are all services are provided in physically accessible venues (for staff and service user(s)s) wheelchair users, use of crutches, etc.</p> <p>Consider all disabilities and mental health in access needs external and internal building requirements.</p> <p>Are carer needs and Learning disability advocates needs identified?</p>	<p>tool is implemented & staff are aware</p> <ul style="list-style-type: none"> • Ensure data is collected & recorded onto database. • Data needs to be collected manually if not available on current computer systems. • Analyse results. • Consult and source advice from Estates Service and E&D lead as to ensure accessibility of each service building (to staff and service users). 	<p>needs.</p> <p>Ensure appropriate publicly is designed, translated and interpreted (where appropriate) and distributed to appropriate communities citywide using a community development model of approach.</p> <p>First page of service user(s) computer records show language & type of format required to communicate effectively with service user(s) (Braille, Signer, Makaton, rebus, advocate etc) and if interpreter/translation required.</p> <p>Identify staff training in disability & mental Health sensitivity, as and where appropriate in role.</p> <p>* Building access needs are identified and actioned where immediate need is required and identified in the next EIA update.</p>		
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			* Establish requirements from appropriate communities/service user(s)s (2-way consultation).		
Sexual Orientation	<p>Staff may have negative views or lack of understanding of LGBT orientation and issues of discrimination.</p> <p>Not currently recorded at access point to the service. Need to collect & record data electronically.</p>	<ul style="list-style-type: none"> • Ensure staff attend/access Equality and Diversity training • Raise as discussion point in Team meetings • ^ Amendment to assessment and access documentation to cover this. • Ensure new monitoring tool is implemented & staff are aware • ^ Ensure data is collected & recorded onto computer systems. • Data needs to be collected manually if not available on computer. • Analyse results and act on findings. 	<ul style="list-style-type: none"> • Staff and volunteer training data base will identify uptake. • Measure gaps in uptake and ensure all staff attend relevant training. • Raise as agenda item • Analyse data and address any issues raised. • Plan adjustments as a result of data. • Anticipate staff training in sensitivity to different sexualities, as and where appropriate in role. • Establish requirements from 	Ongoing To review October 09	Gwyn Fields

			appropriate communities/service user(s) (2-way consultation).		
Age	<p>Data not sufficiently robust to ensure we are reaching target groups.</p> <p>Ensure new data sources are sought to establish comparison data of Births and young children in Firth park, Sheffield and Young parents in the area.</p>	<p>Work with Local Authority and Health Informatics to source more accurate data.</p> <p>Establish if service publicity needs to be marketed to include a higher uptake of the cross section of the population.</p>	<p>MORE Group will interrogate any new data to identify any gaps in service in relation to target groups</p> <p>* Analyse data and address any issues raised.</p> <p>*Plan adjustments as a result of results.</p> <p>* Establish requirements from appropriate communities/service user(s)s (2-way consultation).</p>	6 months December 2009	Graham Haywood
Religion/Belief	<p>Staff may be unaware of needs related to different religion/beliefs or no religion.</p> <p>Ensure data is collected & recorded of religion/belief and if practising of service user(s) to enable the service to be religiously sensitive, (if appropriate) dietary requirements to be catered</p>	<ul style="list-style-type: none"> • Ensure staff attend/access Equality and Diversity training • Raise as discussion point in Team meetings <p>Ensure new monitoring tool is implemented & staff are aware.</p> <p>Further work is undertaken to</p>	<ul style="list-style-type: none"> • Staff and volunteer training data base will identify uptake. • Raise as agenda item <p>Address according to findings to ensure service is appropriate for different cultures and religions and</p>	Ongoing, review Sept 2009	Gwyn Fields

	<p>for, dignity and respect is shown to service user(s)s, appointment times do not interfere with religious obligations (days & times).</p> <p>Need to ensure staff ask and record religion/belief and other data monitoring requirements.</p> <p>Ensure staff are aware of religious festivals (link on intranet) and obligations', training is provided where necessary.</p> <p>Consult & consider if you need to provide a prayer space/reflection room for staff or service user(s)s.</p>	<p>establish need within Different faiths and how this affects staff and the service to enable us to be more responsive and match need.</p> <p>Services are not eurocentric and adapt to the needs and requirements of the service users.</p> <p>Staff are trained to be more aware of different faiths and beliefs and are able to meet the needs of diverse service user(s)s.</p> <p>Staff are aware of the necessity to book interpreters, how to work with interpreters and how interpreters can guide staff on cultural and religious norms for service users.</p>	<p>accessible and taken up by a cross section of the population.</p> <p>* Analyse data and address any issues raised.</p> <p>*Plan adjustments as a result of findings to ensure service respects religious requirements.</p> <p>Identify staff training in cultural and religious sensitivity, as and where appropriate in role.</p> <p>Establish requirements from appropriate communities/service user(s)s (2-way consultation)</p> <p>* Seek E&D advice on different faiths.</p> <p>Work to ensure service and staff operating a holistic service.</p> <p>Establish requirements from appropriate communities/service</p>		
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			user(s) (2-way consultation).		
ALL	<p>Link with other Health Services to establish if children in the Area under age 4 have all undergone mandatory immunisation. Data charts show gaps.</p> <p>Work to discuss issues with Primary Care/ Health to encourage take-up as part of wider health offer.</p>	<p>Work with GP Surgeries and other health professionals to reduce health inequalities. May need data of strands of children missed from immunisation.</p> <p>Work with E&D Lead for support and guidance on ensuring process is implemented with all GP Surgeries in the Area.</p>	<p>Work with GP's to demonstrate incremental change in numbers of children being immunised to reduce health inequalities.</p> <p>Ongoing work to ensure gaps are reduced in future.</p>	April 2010	<p>Gwyn Fields</p> <p>Graham Haywood</p> <p>Sajida Bashir</p> <p>GP Surgeries.</p> <p>Health Visitors Lead(s)</p>
ALL	Identify Training needs for staff to understand complex diversity needs more easily.	<p>Language issues, working with interpreters, Race and cultural sensitivity, sexuality issues etc.</p> <p>Ensure staff are aware of religious festivals (link on intranet) and obligations', training is provided where necessary.</p>	<p>Training identified and developed with Education & training teams.</p> <p>Training delivered to all staff in team.</p>	May 2010	<p>Gwyn Fields</p> <p>Sajida Bashir</p> <p>Alison Hales</p>
ALL	All staff appraisals are measured against KSF Equality and Diversity. To ensure full awareness and implementation of Equality	Ensure all staff appraisals are measured against KSF Equality and Diversity. Ensure KSF level to be increased, if level is basic. (Seek guidance from	All staff E&D KSF's are reviewed and revised accordingly.	June 2010	Gwyn Fields

	and Diversity in role and service is fully addressed.	Training lead, Human Resources Lead and Diversity Lead)			
All strands	<p>The current registration form asks for information on all strands apart from sexual orientation within equality data monitoring.</p> <p>Referrals for Family Support services will be on a CAF.</p>	<p>Update access/registration form to include sexual orientation.</p> <p>Implement the new data monitoring tool.</p> <p>Training to be designed and delivered to ensure staff systematically collect data requested on registration form</p>	<p>Complete data to be collected for next round of EIA.</p> <p>Quarterly feedback on data will include all 6 strands of E&D.</p>	March 2010	<p>Gwyn Fields</p> <p>Sajida Bashir</p> <p>CAF Managers</p>

BME – Black and Minority Ethnic.
 E&D – Equality & Diversity.
 EIA – Equality Impact Assessment.

* Planned follow up EIA in 12-18 months from publishing, to update with data needs.

^ Anticipate new Monitoring tool to be launched to staff and service users, (by commissioning servicers) with staff training and an IT system that compliments the new data entry and supports the analysis of data.