

Equality, Diversity, Cohesion and Integration Screening



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being or has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate: Children & Families	Service area: Commissioning and Market Management
Lead person: Catherine Henderson	Contact number: 3785430

1. Title:

Is this a:

Strategy / Policy

 Service / Function

 Other

If other, please specify

2. Please provide a brief description of what you are screening

Procurement of new contract for a city-wide young carer’s support service. This is a joint procurement between Children and Families, Adults and Health and Leeds Clinical Commissioning Group.

The current contract expires on 31st March 2019 and a further contract has been awarded until 1st December 2019 to allow for development of a new Leeds Young Carer Strategy, which will inform this procurement.

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies and policies, service and functions affect service users, employees or the wider community – city wide or more local. These will also have a greater or lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?		X
Have there been or likely to be any public concerns about the policy or proposal?		X
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		X
Could the proposal affect our workforce or employment practices?		X
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations 	X	

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

- **How have you considered equality, diversity, cohesion and integration?** (think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

Young carers are a vulnerable group whose caring responsibilities are likely to have a detrimental impact on their wellbeing and life chances. This puts them at a disadvantage to their peers.

Procuring a new contract for a young carer support service, informed by a new Young Carer's Strategy will help ensure young carers are supported to have equal life chances to their peers; are able to flourish and thrive; are protected from inappropriate caring roles; and are able to attend, achieve and aspire.

A wide range of stakeholders have been and will continue to be engaged with the development of the strategy and this tender exercise. This includes representatives from:

- Young Carers and families
- Children & Family Services
- Adults & Health
- NHS Leeds Clinical Commissioning Group
- Third sector providers
- Schools/clusters

Consultation has included a stakeholder event held in September 2018 and wider public consultation undertaken on the draft strategy between November 2018 and January 2019.

There has been regular consultation with the Children & Family Services Commissioning Board, Children & Families Leadership team and the Executive Member for Children & Families.

We have produced a needs analysis for young carers in Leeds, which includes demographic data, relevant legislation and policy drivers, service performance data and national research. All of this analysis has helped inform the draft strategy.

- **Key findings**

(think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

In Leeds, there were an estimated 6,000 carers under the age of 25 at the time of 2011 Census (2.4% of total 0-25 Leeds population), with 1,388 under the age of 16. However, research indicates there is an under-estimation/identification of young carers nationally. Research undertaken by the BBC and Nottingham University in 2018, where *925 children across England from two year groups - 11 to 12-year-olds and 14 to 15-year-olds* were surveyed, found that *“more than a fifth (22%) of the children who completed a questionnaire provided some care for a family member with an illness or disability” and “of those children, 32% were classed as doing a high level of caring, with nearly a tenth (9%) carrying out the highest amount of care.”*ⁱ

Young carers in Leeds care for family members with a number of different needs. The most prevalent need of the person cared for is Mental/Physical Illness, closely followed by Physical Illness and then Mental Illness. Alcohol and substance misuse accounts for a small number of cases, however, this significantly increases when a dual diagnosis consisting of alcohol / substance misuse together is taken into account. This supports the need for a whole family approach to care and support planning.

The demographic makeup of the young carers who accessed the service in 2017/18 was diverse and spanned the full age range from 5-17. The number of males and females supported was fairly even; 103 males and 98 females.

We know that young carers underachieve at school and are more likely to be NEET (Not in Education, Employment or Training). The Carers Trust states that, "research has shown that being a young carer can affect a child's school attendance, educational achievement, mental and physical health and future life chances. 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. On average young carers miss or cut short 48 school days a year. A quarter of young carers said they were bullied at school because of their caring role."ⁱⁱ

We identify a young carer as any young person who provides care and support to a family member. Currently, Willow young carer's service receives a significant number of referrals for young carers aged 10 or under. We believe the age of the young person should determine what support is offered and by which service (including transitional support). We want to ensure that these children are identified early and given support through school and the early help offer.

Young carers in Leeds have told us that support in schools is crucial to their wellbeing. In particular, they cited the following, which is likely to impact on their attendance, aspiration and achievement:

- Bullying;
- Schools not allowing phones to call home;
- Loss of focus through tiredness,
- Worry or stress;
- Attendance and lateness records impacting on UCAS applications and job references; and
- Lack of flexibility about uniforms and assignment deadlines

We know there is significant under-identification of young carers and that this is a particular issue with BAME communities.

It is important to remember that difficulties in identification are not only due to ineffective processes across the relevant agencies. The Barnardo's 2006 report referred to hidden carers and a culture of secrecy being adopted by families and young carers themselves. This is not always deliberate. The census figures rely on self-identification and many families do not recognise what these young people are doing within the family as 'caring'. However, sometimes the secrecy is deliberate. There are numerous reasons for this secrecy either from the families of the young people themselves but primarily it seems to stem from a fear of the consequences from the authorities if it is declared. Over 90% of our young carer practitioners surveyed said that they believed there were young people who did not want to be identified. When responding about the reasons for this, words such as stigma, shame, fear, embarrassment and lack of understanding were cited repeatedly.

One practitioner said ‘Fear of being removed from family – not enough is done to promote positive images and case studies of positive parental role models as disabled parents’. Another told us that the fear often came from young people themselves who ‘are concerned that their peers will see them differently’. The parent or sibling’s illness could often also be the cause ‘Hidden harm cases such as substance misuse there is a strong element of secrecy due to criminality. In terms of mental health, there is a strong embarrassment factor due to lack of understanding and bullying’. As mentioned later, cultural expectations are also a significant factor. Young carers are more than one and a half more times as likely to be from Black, Asian or minority ethnic communities and twice as likely to not speak English as a first language.ⁱⁱⁱ

Practitioners from the Barnardo’s service in Newcastle commented how they have had no referrals from a particular ethnic minority group and were pro-actively seeking ways to engage with this community to ensure its members were aware of the support available to them.^{iv}

The challenge for services is to follow the growth and meet the needs of this expanding population, including the hidden young carers that at present are not in official figures

- **Actions**

(think about how you will promote positive impact and remove/ reduce negative impact)

Key elements of the proposed delivery model are:

- To strengthen the working relationships between children and adults services through the ongoing development of Early Help Hubs;
- The continued joint investment in a commissioned service to support young carers and develop structures within the system to facilitate the whole family approach; and
- Placing schools at the heart of our support mechanisms, including supporting early identification of young carers through a main contact in each school and ensuring there is support for schools to complete Early Help Assessments/Plans.

The strategy will inform the commissioning of a new young carer’s support service contract, ensuring this investment of £305,725 per annum (£161,473 from Children & Families, £104,252 from Adults & Health and £40k from NHS Leeds CCG Partnership) delivers positive outcomes of young carers. Continued investment in this provision is vital to improve the wellbeing of young carers in Leeds and the benefits of this for the city cannot be under-estimated.

We will be successful when all Leeds young carers are supported to have equal life chances to their peers; are protected from inappropriate caring roles; and are able to attend, achieve and aspire.

Progress will be monitored through the following performance indicators:

- An increase in the number of young carers who report they are happy and feel they have voice and influence.
- An increase in the number of young carers being supported through the Early Help

approach.

- A reduction in young carers becoming children in need (or looked after)
- A reduction in the number of young carers who are persistently absent from school.
- An improvement in the Progress 8 score for young carers at the end of Key Stage 4.
- A reduction in young carers who are NEET.
- A reduction in young carers requiring Social, Emotional and Mental Health support

These measures will contribute to the following outcomes:

- Young carers are not providing inappropriate levels of care.
- Young carers attend, achieve and aspire by having the same access as their peers to:
 - education and career choices
 - leisure and community activities/opportunities
 - advice and support
 - information
 - Youth and Play services.
- Support for young carers is embedded within the Early Help approach.
- Young carers are supported through key transition stages.
- Young adult carers (18–25) are supported into education, employment and training.
- The voice of young carers influences local policy and service design.

We will need to ensure that within these indicators, we monitor ethnic background and include a requirement in the service specification of the newly commissioned service to target harder to reach communities. It is likely that additional strategies will be needed by all concerned including schools and practitioners to understand and address cultural differences.

5. If you are *not* already considering the impact on equality, diversity, cohesion and integration you *will need to carry out an impact assessment*.

Date to scope and plan your impact assessment:	
Date to complete your impact assessment	
Lead person for your impact assessment (Include name and job title)	
6. Governance, ownership and approval	
Please state here who has approved the actions and outcomes of the screening	
Name	Job title
Julie Longworth	Chief Officer Social Work
Date screening completed:	27/02/2019

7. Publishing

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions** or a **Significant Operational Decision**.

A copy of this equality screening should be attached as an appendix to the decision making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality screenings that are not to be published should be sent to equalityteam@leeds.gov.uk for record.

Complete the appropriate section below with the date the report and attached screening was sent:

For Executive Board or Full Council – sent to Governance Services	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate	Date sent:
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent:

ⁱ Claire Kendall. 2018. *Being a Young Carer*. [ONLINE] Available at: https://www.bbc.co.uk/news/resources/idt-sh/Being_a_young_carer. [Accessed 26 September 2018].

ⁱⁱ Carers Trust. 2018. *Carers Trust response to new BBC young carer survey data*. [ONLINE] Available at: <https://carers.org/news-item/carers-trust-response-new-bbc-young-carer-survey-data>. [Accessed 26 September 2018].

ⁱⁱⁱ The Childrens Society; Longitudinal Study of Young People (2013).

^{iv} Still Hidden, Still Ignored, Who cares for young carers? E James (2017).