

# Helping to make an impact

**Equality Assessment (EA)**  
**Initial Screening**  
**Targeted Youth Support - Teenage Pregnancy**  
**Re-Design**

## INITIAL SCREENING – STAGE 1 (See Guidance information)

**As a public authority we need to ensure that our strategies, policies, functions and services, current and proposed have given due regard to equality and diversity.**

**Please complete the following questions to determine whether a Full Equality Assessment is required.**

<b>Name of policy, strategy or function:</b> Teenage Pregnancy Funding– Targeted Youth Service - Budget reductions	<b>Ref:</b> CYPF0113TE
--	------------------------

<b>Responsible Officer:</b> John Freeman	<b>Role:</b> Commissioning Manager
<b>Directorate:</b> CYPF	<b>Assessment Date:</b> 10 January 2013

<b>Is this a:</b>	Policy <input type="checkbox"/>	Strategy <input type="checkbox"/>	Function <input type="checkbox"/>	Service <input checked="" type="checkbox"/> <b>X</b>
<b>Is this:</b>	New or Proposed <input type="checkbox"/>	Already exists and is being reviewed <input type="checkbox"/>	Is Changing <input checked="" type="checkbox"/> <b>X</b>	

### 1. What are the main aims, objectives of the policy, strategy, function or service and the intended outcomes and who is likely to benefit from it

A saving of £0.14m against Teenage Pregnancy activity has been proposed for 2013-14. Whilst an element of the savings (approx. £40K) will be made from training and infrastructure expenditure, the bigger saving will be made from the Targeted Youth Support Project (TYSP).

TYSP is currently in its third year of providing an early intervention, preventative programme of support for young people at risk of becoming teenage parents in targeted secondary schools with high levels of teenage pregnancy across Birmingham.

The Targeted Youth Support Project (TYSP) is modelled on the Stoke Teenage Pregnancy Services evidence based model for identifying young people deemed to be at risk of teenage pregnancy.

In order to identify young people at risk, a screening toolkit and guidance was developed. This risk assessment toolkit was designed for professionals to assess the underlying factors that may increase the risk of young people becoming teenage parents or developing sexual health issues. It assists professionals in enabling young people to recognise the risk factors and actions they can take to reduce the risks. The risk assessment mirrors sections of the Common Assessment Framework (CAF) and covers themes such as health, learning, background, family history and substance misuse.

The early identification model allows swift identification of young people at risk of pregnancy, or who are vulnerable and in need of support. The model supports the benefits of joint working between agencies at a local level to make sure that there is appropriate support ready to work with the young person.

The intended outcomes of the service are for young people to:

- Have improved self-esteem and confidence
- Develop and use strategies to stay safe (emotional and sexual health)

- Engage in positive peer and family relationships
- Make positive lifestyle choices

The service aims to improve school attendance and achievement and reduce the number of teenage conceptions.

Initially within TYSP support was provided on a weekly basis to both medium and high risk young people but due to high referrals rates support is now provided on a fortnightly basis to young people assessed as being high risk.

Due to a reduction to the staffing structure, at present there is only one TYSP Worker operating across six of the targeted schools, providing one to one support to twenty nine young people.

As a result of 3 of the 4 members of staff being seconded to the IFST in 2011 the service has been much reduced – working with between 40 and 50 young people per year where previously it worked with over 120+ young people. The proposed saving is being made against the unallocated staffing budget.

## 2. Explain how the main aims of the policy, strategy, function or service will demonstrate due regard to the aims of the General Duty?

1. Eliminate discrimination, harassment and victimisation?  X
2. Advance equality of opportunity?
3. Foster good relations?
4. Promote positive attitudes towards disabled people?
5. Encourage participation of disabled people?
6. Consider more favourable treatment of disabled people?

TYSP works with young people who are at risk of becoming teenage parents, including young men. It does not exclude any young person with regard to the protected characteristics of the Equality Act 2010.

The service aims to improve the life chances of young people, who generally present with a range of complex needs. A review of 29 cases in December 2012 identified that 17 of the young people were already known to at least one or more services at tiers 3 and 4 of need.

	CPP	CIC	IFS	CAMHS	Lifeline	Police	Other
YP 1							
YP 2							
YP 3							
YP 4							
YP 5							
YP 6							
YP 7							
YP 8							
YP 9							
YP 10							X2
YP 11							
YP 12							
YP 13							
YP 14							
YP 15							
YP 16							
YP 17							

. "Other" includes St Basil's, Beyond the Horizon, Amazon and This Way Up.

This reflects the national **Teenage Pregnancy Strategy ; Beyond 2010**

*Local delivery needs to ensure that young people most at risk receive early and effective support. These*

include young people with low educational attainment, dislike of school and poor attendance, in contact with the police, poor emotional and mental health, and those living in and leaving care. Also, **Positive for Youth 2011**: providing specialist early help to young people to address issues and stop them escalating and causing harm; raising young people's aspirations and thereby reducing teenage pregnancy, substance misuse and crime. **Child Poverty Strategy (April 2011)** highlights the importance of achieving further reductions in teenage pregnancy and improved outcomes for young parents as key to tackling immediate and future child poverty.

**3. What does your current data tell you about who your policy, strategy, function or service may affect:**

Service users                      Yes                      No    
 Employees                         Yes                      No    
 Wider community                Yes                      No

**Please provide an explanation for your 'Yes' or 'No' answer**

**Teenage Conceptions**

Number of teenage conceptions per 1,000 population aged 15-17, period April 09-Mar 10	
Shard End	100
Ladywood	95.24
Longbridge	74.32
Kingstanding	72.55
Erdington	67.25
Kings Norton	64.22
Stockland Green	61.73
Birmingham total	40.15 (down from 48.4 2007/08)

Just under half of the teenage conceptions were to women aged 17 at the time of conception. 72% of mothers who conceive under the age of 18 are White. There is a wide variation in teenage conception rates between wards from 12.0 in Hall Green to 100.0 in Shard End. The areas with the highest Teenage Birth Rates are spread across Birmingham.

**Number of Births to Teenage Mothers per 1,000 population aged 15 to 17 between January 2011 and December 2011**

27 – 56 births:

Oscott, Kingstanding, Tyburn, Shard End, Ladywood, Harborne, Quinton, Longbridge.

17.3-26 births:

Edgbaston, Bartley Green, Weoley, Brandwood, Billesley, South Yardley, Soho, Hodge Hill

11.7 – 17.2 births

Kings Norton, Acocks Green, Sheldon, Bordesley Green, Lozells and East Handsworth, Stockland Green, Sutton Trinity

**School Aged Teenage Parents.**

Support is provided by 2 Reintegration Officers who cover the whole of the city. 90 school age pregnancy referrals were received in 2011/12, 21 of the YP were 21 not in school – newly arrived, home educated, private school, neighbouring LA Schools. The referrals were from schools evenly spread over North, South and East Birmingham.

TYSP works with young people at the stage before they would become part of the statistical groups mentioned above, with the intention of reducing numbers in these groups. Whilst an argument could be made for increasing investment in TYSP the proposed reduction does not affect the current model which

has been operating at existing staffing levels since July 2011.

The service re-design is not intended to impact on the current client group. There will be no impact on the volume or quality of service delivery- it is unlikely that the posts would have been freed for advert. The proposed saving of £97K is being made against the unallocated staffing budget.

The existing TYSP worker will be assimilated into the Integrated Family Support function.

**4. Are there any aspects of the policy, strategy, function or service, including how it is delivered, or accessed, that could contribute to inequality?** (including direct or indirect discrimination to service users or employees)

Yes

No  X

**Please provide an explanation for your 'Yes' or 'No' answer**

If the proposed alignment with Integrated Family Support goes ahead a clear process for managing high and medium risk referrals will have to be implemented to avoid inequality across the city. The relationship with schools will be reviewed to avoid young people not being referred following implementation of the new model. The current TYS worker networks effectively with partner agencies to support the client group, including specialist teenage pregnancy services, to share best practice and identify emerging issues and trends so that preventative work can be delivered to minimise risk. Partner agencies include the Brook, BRASH, St Basils, IFST, Hawthorn House, CAMHS, Teenage Pregnancy PCT leads and their teams, New Attitudes, Lifeline, Targeted School's Health Drop in's, Targeted Family Support, Housing, Aquarius, Amazon and Women's Aid.

**5. Will the policy, strategy, function or service, have an adverse (negative) impact upon the lives of people, including employees and service users?**

Yes

No  X

**Please provide an explanation for your 'Yes' or 'No' answer**

The proposal is to redesign and integrate the service into the new IFST / CC integrated model whilst retaining specialist expertise within a Teenage Pregnancy champion and the ancillary support services of accommodation and public health.

The benefit is to be realised by providing an integrated holistic service to young people without reducing the expertise within the agency. Whilst direct capacity to reduce access to generic service and to health services will improve through the integrated service re-design.

The proposal broadens the access to services by integrating this support service into the wider service – it also addresses the current service gap caused by the secondment of staff away from the service. There is no reduction in the support service but potential delivery through IFST is enabled.

**6. Is an Equality Assessment required?**

If your answer to question 2 has identified potential adverse impact and you have answered 'yes' to any of the following questions 3, 4, or 5, then you should carry out a Full Equality Assessment.

Does the Policy, Strategy, Function or Service require a Full Equality Assessment? Yes  No

If a Full Equality Assessment is required, before proceeding you should discuss the scope of the assessment with service managers in your service area as well as the Directorate Contact Officer.

If a Full Equality Assessment is **Not** required, please sign the declaration and complete the Summary statement below, then forward a copy of the Initial Screening to your Directorate Contact Officer

If a Full Equality Assessment **Is** required, you will need to sign the declaration and complete the Summary statement below, detailing why the Policy, Strategy, Function or Service is moving to a Full Equality Assessment. Then continue with your Assessment

## DECLARATION

**A Full Equality Assessment not required, the Initial Screening has demonstrated that the Policy, Strategy, Function or Service is robust; there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.**

Chairperson: Chris Glynn

Sign-off Date: 10.1.13

Summary statement: The proposal extends the expertise, accessibility and the potential service providers within the constraints of the other demands on the integrated service. There is no reduction on expertise or the current targeted service. Opportunities to expand services through co-commissioning schools will be explored.

**Quality check: The screening document has been checked using the agreed audit arrangements in the Directorate:**

<p>Name: (Officer/Group carrying out the Quality Check) Veronika Quintyne</p> <p>Directorate:CYPF Directorate</p> <p>Contact number:0121 4643073</p>	<p>Date undertaken: 20.2.2013</p>	<p>Screening review statement:</p> <p>No adverse potential impact on service users or staff has been identified from this equality analysis initial screening, inclusive of the retention of a specialised service integrated into the wider Integrated Support Services .On this basis I concur no full impact assessment is required.</p>
--	---------------------------------------	---

**Equality Assessment Task Group Members**

<u>Name</u>	<u>Role on Task Group</u> (e.g. service user, manager or service specialist)	<u>Contact Number</u>
1. Chairperson	Manager	
2. John Freeman	Commissioning Manager	
3. Cathryn Greenway	Commissioner	