

Equality Impact and Needs Analysis (EINA) Template

Directorate:	Education and Early Help
Service Area:	Family Support Service
Name of service/ function/ policy/ being assessed:	Parenting Strategy
Officer leading on assessment:	Mac Heath, Head of Family & Targeted Services
Other staff involved:	Lisa Phillips, Lead Parenting Practitioner

PREPARATION FOR THE EQUALITY IMPACT AND NEEDS ANALYSIS

1. Briefly describe the service/ function/ policy:

The Parenting Strategy is a tool to assist in the delivery of a comprehensive range of parenting services that are timely, relevant, accessible and well planned. The parenting provision on offer should be targeted to need, be grounded alongside evidence-based practice and national occupational standards, with measurable outcomes using standard assessment tools. It should recognise and respond to the particular needs of certain groups of parents and delivery should “flow” across levels of universal, targeted and specialist provision.

The intention of the strategy is to promote a “menu” of supportive, empowering and enabling programmes for parents, from a range of deliverers. The ultimate measure of a successful parenting strategy is that parents are able to become more confident and competent in parenting of their children and, as a result, both the children’s and parents’ outcomes are improved.

The following commitments are contained within the strategy:

- We will take into account equality and diversity issues and ensure fair access to delivery and provision;
- We will prioritise early intervention whenever possible and plan to deliver services in community based settings where appropriate;
- We will plan to provide flexible provision appropriate to a wide range of needs, acknowledging the diversity of parents;
- We will provide high quality and clear information about provision that makes it as easy as possible for parents to find out about, and ask for, the right support at the right time;
- We will ensure there is a well trained and informed workforce in order to deliver a professional parenting service; and
- We will make effective use of resources and remain focused on monitoring performance and ensuring better outcomes for children.

To deliver against these commitments, the strategy identifies five key priorities for Richmond

Borough and provides an outline of the actions which need to be taken to achieve these priorities. The five key priorities are:

1. Offer an integrated Parenting Support Service, to include direct provision, commissioned services, one to one, group and multi-disciplinary delivery;
2. Ensure a trained, competent and confident workforce that has capacity to deliver parenting programmes and incorporate family support and early intervention approaches;
3. Ensure Parenting Support Services flows through Universal, Targeted and Specialist strands with a mixed delivery of provision appropriate to need and circumstance;
4. Ensure effective communication and information is in place about provision to improve access to the right parenting support at the right time and improve pathways between and within services; and
5. Ensure a range of programmes and approaches that are evidence based, are monitored to assess outcomes, reviewed and considered termly by Richmond's Parenting Lead Practitioner.

2. Why is the equality impact and needs analysis being undertaken?

This EINA is being completed to ensure the service considers all users needs. The vision for the strategy is to empower and enhance the skills of all parents living within the London Borough of Richmond upon Thames, to enable them to be positive role models for their children, so that their children have every opportunity to fulfil their potential. As such, the strategy strives to ensure it is accessible to all irrespective of gender, age, ethnicity, disability, language and culture. Aside from universal provision identified in the strategy, the following user groups are considered to have specific challenges:

- Lone Parents;
- Families at risk of breakdown;
- Parents with attachment and bonding issues;
- Mothers suffering from post natal depression;
- Families experiencing domestic abuse;
- Families in which young people may be manifesting mental health concerns;
- Hard to reach parents and families (troubled families, including parental mental health and parental substance misuse);
- Parents considered to have a child presenting with symptoms of or a diagnosis of ADD/ ADHD/ ASD/ ODD; and
- Parents of teenagers with challenging behaviours including substance misuse, self-harming, anti-social behaviour and sexual activity.

3. Has this service/ function/ policy undertaken a screening for relevance?

If so, which protected characteristics and parts of the duty were identified as of high or medium relevance and why? Please attach screening for relevance as an appendix to this EINA.

If not, make an assessment of which protected characteristics and parts of the duty are of high or medium relevance and explain why:

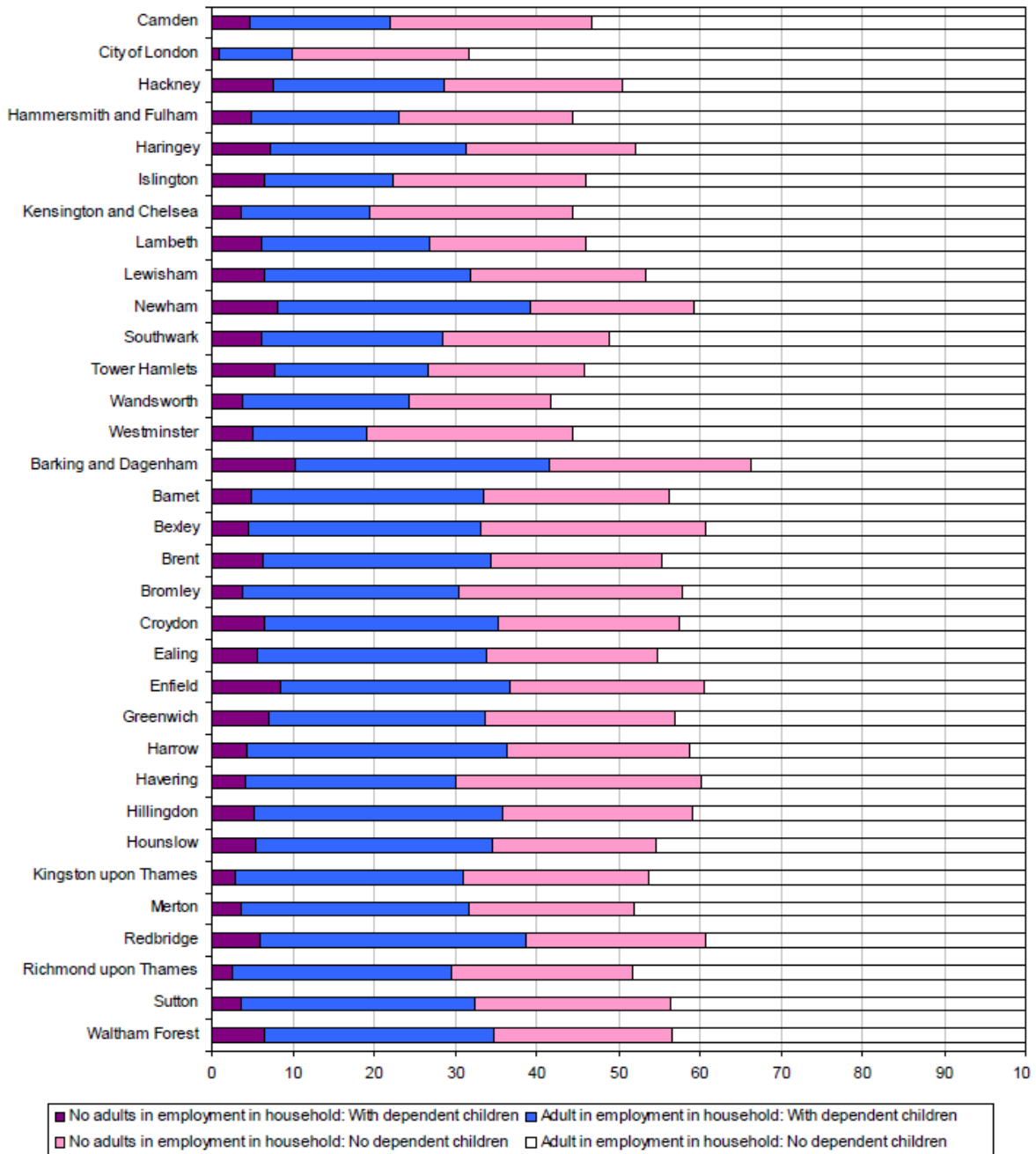
As a new document, the Parenting Strategy has not been subject to a screening for relevance. However, the strategy is considered to be relevant to: age, gender, disability, pregnancy and maternity, race and ethnicity and religion and belief. It is not considered to be

relevant to gender reassignment, marriage and civil partnership and sexual orientation- the reasons for this are set out in section 4.

- 4. What sources of information have been used in the preparation of this equality impact and needs analysis? For example, this could include equalities monitoring information, performance data, consultation feedback or needs assessment. Please provide the details in the table below:**

Comprehensive data on the number of parents with the London Borough of Richmond upon Thames is not currently held, but clear and contemporary data is available in regard to the demography of the borough and the increasing child population in the local areas. For example:

Figure 8: Household employment and dependent children, London boroughs



Source: Census 2011 Key Statistics KS106, Office for National Statistics

- Key Parenting Related Data (2010)

Number of Children in Lone Parent families	6,100
Number of live births	2,992
Teenage Pregnancy (Conception, Under 18's)	48
Total Population	190,920

- Age Profile of Mothers (2010)

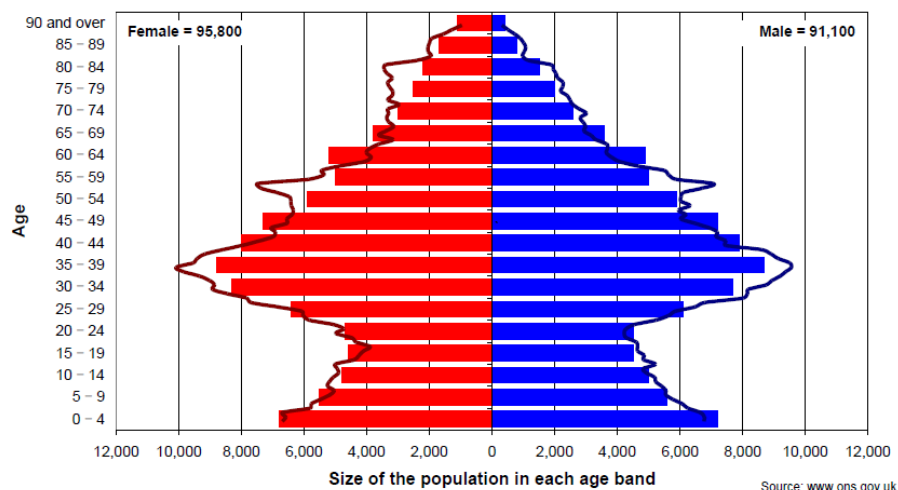
Births- 2010									
Age of mother	Under 18	Under 20	20-24	25-29	30-34	35-39	40-44	40+	45+
% of all births	0.23	1.27	5.88	13.1	38.17	31.89	9.19	9.16	0.5

By Age

The age breakdown of the total usual resident population of Richmond is shown below. 13.5% of the population are older people aged 65 and over and 2.1% are aged 85 and over.

Age	2011 Census Estimates	% Population
0-4	14,000	7.5%
5-9	11,100	5.9%
10-14	9,800	5.2%
15-19	9,100	4.9%
20-24	9,100	4.9%
25-29	12,500	6.7%
30-34	16,000	8.6%
35-39	17,400	9.3%
40-44	15,900	8.5%
45-49	14,500	7.8%
50-54	11,800	6.3%
55-59	10,100	5.4%
60-64	10,100	5.4%
65-69	7,400	4.0%
70-74	5,600	3.0%
75-79	4,500	2.4%
80-84	3,700	2.0%
85+	4,000	2.1%
Total	187,000	100%

Richmond borough compared with 2001MYE. Census Day, March 27th 2011



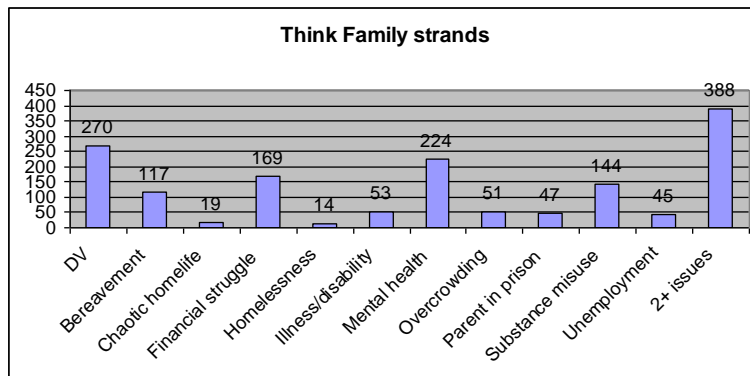
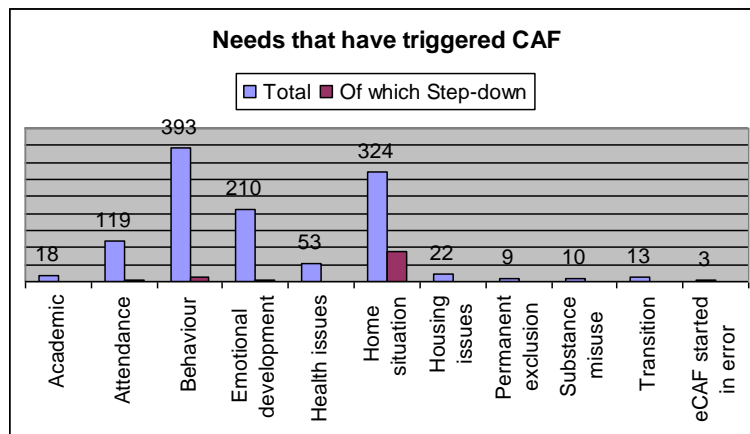
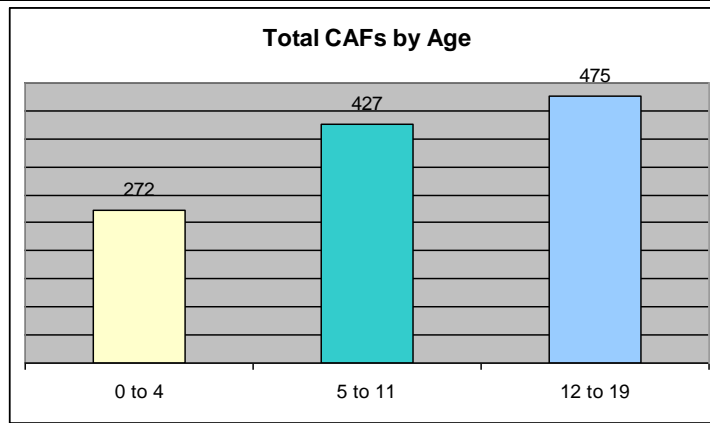
The age pyramid above reflects these changes in the age structure of the population between 2001 and 2011 demonstrating graphically the increase in the proportion of both males and females aged 60 and over and the drop in the proportion of people aged 20-34 and those aged 50-54.

5 year age Bands	Males	Females	Persons	% of the population
0-4	7,100	6,600	13,700	7.2
5-9	6,000	5,700	11,700	6.1
10-14	5,500	5,300	10,800	5.7
15-19	4,600	4,500	9,100	4.8

(Data taken from Richmond census briefing)

Other information sources that have been used in the development of this EINA are in the table below:

Information source	Description and outline of the information source																																																																														
Consultation for strategy 2010	Harvey Gallagher, Consultant, was commissioned to consult with service user groups and multiagency practitioners for the purpose of refreshing the strategy in 2012, much of which is considered to have continued relevance. The data collected via the consultation is all anecdotal. There are references to data sources but the data that is relevant has been superseded by the census. The views of the parents are still relevant although they were taken pre- the Single Point of Access and a new consultation is being carried out in January 2013 by the Targeted Youth Support Team.																																																																														
Integrated working quarterly updates	<p>Borough-wide CAF data: A total of 1174 CAFs have been undertaken in Richmond between April 2008 and September 2012. 108 new CAFs were undertaken during Q3 2012.</p> <p>Yearly CAF figures have continuously increased. The chart below shows an emerging pattern of busier periods before and after school holidays. The deep on the June 2012 graph coincides with the change from the National eCAF system to Richmond Holistix eCAF, when the system was unavailable for nearly three weeks – this also explains the peak during July 2012.</p> <div data-bbox="454 1444 1204 1870" data-label="Figure"> <p style="text-align: center;">Monthly CAF figures April 2008 - September 2012</p> <table border="1"> <caption>Estimated Monthly CAF Figures</caption> <thead> <tr> <th>Month</th> <th>Apr 08-Mar 09</th> <th>Apr 09-Mar 10</th> <th>Apr 10-Mar 11</th> <th>Apr 11-Mar 12</th> <th>Apr 12-Mar 13</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>25</td><td>10</td><td>10</td><td>25</td><td>25</td></tr> <tr><td>May</td><td>10</td><td>15</td><td>15</td><td>30</td><td>40</td></tr> <tr><td>Jun</td><td>5</td><td>15</td><td>35</td><td>40</td><td>20</td></tr> <tr><td>Jul</td><td>15</td><td>15</td><td>35</td><td>25</td><td>55</td></tr> <tr><td>Aug</td><td>5</td><td>5</td><td>25</td><td>25</td><td>25</td></tr> <tr><td>Sep</td><td>5</td><td>5</td><td>25</td><td>25</td><td>25</td></tr> <tr><td>Oct</td><td>5</td><td>15</td><td>15</td><td>30</td><td>15</td></tr> <tr><td>Nov</td><td>20</td><td>15</td><td>40</td><td>30</td><td>15</td></tr> <tr><td>Dec</td><td>15</td><td>15</td><td>35</td><td>30</td><td>15</td></tr> <tr><td>Jan</td><td>15</td><td>15</td><td>40</td><td>35</td><td>15</td></tr> <tr><td>Feb</td><td>15</td><td>15</td><td>40</td><td>35</td><td>15</td></tr> <tr><td>Mar</td><td>15</td><td>25</td><td>30</td><td>60</td><td>25</td></tr> </tbody> </table> </div>	Month	Apr 08-Mar 09	Apr 09-Mar 10	Apr 10-Mar 11	Apr 11-Mar 12	Apr 12-Mar 13	Apr	25	10	10	25	25	May	10	15	15	30	40	Jun	5	15	35	40	20	Jul	15	15	35	25	55	Aug	5	5	25	25	25	Sep	5	5	25	25	25	Oct	5	15	15	30	15	Nov	20	15	40	30	15	Dec	15	15	35	30	15	Jan	15	15	40	35	15	Feb	15	15	40	35	15	Mar	15	25	30	60	25
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Information source details numbers of families where a CAF is being used, issues for initiating, interventions, age and gender breakdown and distance travelled.

ANALYSING IMPACT, NEEDS AND EFFECTS

[It is important that the analysis addresses each part of the duty assessed as relevant to the area being examined \(see further Guidance on RIO\).](#)

5. Key questions to consider:

- a. What does the data tell you about the groups identified as relevant to the area being assessed?

b. What does customer feedback, complaints or discussions with stakeholder groups tell you about the impact of the service/ function/ policy on the protected characteristic groups, where assessed as relevant to area being examined?

Other questions to consider:

- How well are diverse needs met?
- Have any differences in access to services/functions been identified for any group?
- Has the area identified any disadvantages experienced by groups, which need to be addressed?
- Have there been any complaints about a failure to receive an appropriate and fair service?
- Is there any other evidence of differential impact or different outcomes which needs to be addressed?
- Is there any evidence that participation in areas of public life is disproportionately low for any particular relevant protected characteristic group?
- Have the needs of disabled people been identified and addressed where these are different from the needs of non-disabled people?
- Have you identified any need to tackle prejudice or promote understanding between different relevant protected characteristic groups?

Remember that equality analysis is not simply about identifying and removing negative effects of discrimination but it is also an opportunity to identify ways to advance equality of opportunity and to foster good relations.

<i>Protected Group</i>	<i>Findings</i>
Age	<p>As noted, the strategy is universal and aims to empower and enhance the skills of all parents in the borough. The services delivered as part of the strategy will therefore be accessible to all, including parents of all ages.</p> <p>In addition to the universal provision on offer, targeted support will be given to those groups that may require more assistance. For example, in Richmond upon Thames we have low levels of teenage conceptions (rate of conceptions per 1,000 girls aged 15-17 years: 23.1 in 1998 reduced to 17.6 in 2010, a 24 per cent reduction). However, this group is particularly vulnerable as they are more inclined to have low educational attainment, be disengaged from school, be NEET (not in education, employment or training), leaving care or may be living in poverty. Teenage mothers can also often have low levels of self-esteem and lack of direction in life. As such, the borough has a provision for young parents of under 25 years old which is provided by Richmond Youth Partnership- approximately 25 young parents are currently receiving support. Young parents are also encouraged to move into other groups and early years settings to enjoy universal provision and the benefits of mixing with their community.</p>

	<p>Provision is also available for parents of children and young people of specific ages- for example, provision for parents of teenagers with challenging behaviours through the Speakeasy programme.</p>																																																																					
Disability	<p>As noted, the strategy is universal and aims to empower and enhance the skills of all parents in the borough. The services delivered as part of the strategy will therefore be accessible to all, including parents with a disability, or parents with children with a disability.</p> <p>In addition to the universal provision on offer, targeted support will be given to those groups that may require more assistance. For example, specific provision is available for parents with children with ASD/ ADHD to give them support through the Family Links ADHD and teen programmes.</p> <p>As we can see from data taken from the short break care needs assessment (extracts below) this particular cohort has higher numbers:</p> <p>Age of children The children who are registered as having a statement of SEN are mostly in the 11-15 year old age range 420 (51%), this is replicated on the disability register where the 10-15 year old age range is most prominent 183 (34%) Most males registered as having a statement of SEN are aged 11-15 years old 306 (37% of total number of children), as are females 114 (14%). Most males on the disability register are aged 10-15 years old 118 (22% of total number of children) as are most females 65 (12%).</p> <p>We asked all parents in the users survey the age of their child. From the information gathered the highest number of children (both males- it is noted that sometimes a physical disability is not recorded as it is not the main presenting need however we recognise that such difficulties are present for many children alongside other issues and females) fell into the 11 to 13 year age range 60 (28%), followed by 8 to 10 years old 59 (27%), and 14 to 16 years 44 (20%).</p> <p>Special Educational Needs by Quindrat</p> <table border="1"> <thead> <tr> <th rowspan="2">January 2011</th> <th rowspan="2">Roll inc. Nursery</th> <th colspan="2">SEN pupils with Statements</th> <th colspan="4">SEN pupils without Statements</th> <th rowspan="2">All SEN pupils</th> </tr> <tr> <th>Number</th> <th>% of roll</th> <th>School Action</th> <th>School Action+</th> <th>Total</th> <th>% of roll</th> </tr> </thead> <tbody> <tr> <td>Kew / Mortlake / Barnes / East Sheen</td> <td>3,109</td> <td>48</td> <td>2%</td> <td>244</td> <td>99</td> <td>343</td> <td>11%</td> <td>13%</td> </tr> <tr> <td>Ham / Richmond</td> <td>3,889</td> <td>109</td> <td>3%</td> <td>401</td> <td>179</td> <td>580</td> <td>15%</td> <td>18%</td> </tr> <tr> <td>Heathfield / Whitton / West Twickenham</td> <td>4,930</td> <td>122</td> <td>3%</td> <td>417</td> <td>207</td> <td>624</td> <td>13%</td> <td>15%</td> </tr> <tr> <td>St Margaret's / Twickenham / Teddington</td> <td>5,838</td> <td>167</td> <td>3%</td> <td>497</td> <td>204</td> <td>701</td> <td>12%</td> <td>15%</td> </tr> <tr> <td>Hampton / Hampton Hill</td> <td>3,129</td> <td>78</td> <td>3%</td> <td>269</td> <td>93</td> <td>362</td> <td>12%</td> <td>14%</td> </tr> <tr> <td>Total</td> <td>20,895</td> <td>524</td> <td>3%</td> <td>1828</td> <td>782</td> <td>2610</td> <td>13%</td> <td>15%</td> </tr> </tbody> </table> <p>The table above shows the numbers of pupils attending Richmond</p>	January 2011	Roll inc. Nursery	SEN pupils with Statements		SEN pupils without Statements				All SEN pupils	Number	% of roll	School Action	School Action+	Total	% of roll	Kew / Mortlake / Barnes / East Sheen	3,109	48	2%	244	99	343	11%	13%	Ham / Richmond	3,889	109	3%	401	179	580	15%	18%	Heathfield / Whitton / West Twickenham	4,930	122	3%	417	207	624	13%	15%	St Margaret's / Twickenham / Teddington	5,838	167	3%	497	204	701	12%	15%	Hampton / Hampton Hill	3,129	78	3%	269	93	362	12%	14%	Total	20,895	524	3%	1828	782	2610	13%	15%
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maintained schools who have SEN needs broken down into the five areas of the borough, which are known as “quindrants”. This figure also includes children who are not residents of Richmond Borough

Table 8: Main presenting need description³³

Need description	
MLD	Mild learning disability
ASD	Autistic spectrum disorder
SpLD	Specific learning difficulties
SLD	Severe learning difficulties
BESD	Behavioural, Emotional and social difficulties
Pd	Permanent disability
VI	Visual Impairment
HI	Hearing Impairment
SLCN	Speech, language and communication needs
PMLD	Profound and multiple learning difficulties
SpCL	Specific Communication and Language difficulties
MSI	Multi-sensory impairment
OTH	Other disability

Table 9: Statements of Special Educational Need by main presenting need

(Females) MPN	0-4 yrs	5-10 yrs	11-15 yrs	16+ yrs	Totals
ASD		6	12	3	21
BESD		4	15	1	20
HI	1	3	3	1	8
MLD	2	26	24	4	56
OTH		6	5		11
PD		14	6	2	22
PMLD		3	1		4
SLCN		13	14	2	29
SLD	1	3	6	1	11
SpCL		2			2
SpLD	1	10	22	1	34
VI		2	4		6
MSI			1		1
blanks			1		1
Totals	5	92	114	15	226

³³

SEN data, Richmond Council

Table 10: Statements of Special Educational Need by main presenting need

(Males) MPN	0-4 yrs	5-10 yrs	11-15 yrs	16+ yrs	Totals
ASD	5	47	57	18	127
BESD		28	59	11	98
HI	1	2	4	2	9
MLD	2	36	47	8	93
OTH		6	6	1	13
PD	2	13	10	1	26
PMLD	1	6	3	1	11
SLCN	2	22	41	6	71
SLD	1	10	7	4	22
SpCL	1	9	3		13
SpLD		26	64	6	96
VI	1	6	5		12
MSI					0
blanks					0
Totals	16	211	306	58	591

Parents were consulted on their preferences for short break care needs and the findings are as follows

Table 17: Short Break preferences (activities and time)

Service	Term-time	Holidays	Weekends
Overnight breaks which include siblings	12%	36%	28%
Activities with a small group of peers and friends	35%	58%	46%
Specialist residential provision	8%	16%	11%
Support in the child's home, e.g. a sitting service or support with bedtime routines	21%	18%	16%
Specialist daycare	8%	13%	7%
Group holidays away	10%	43%	26%
Overnights in school	12%	6%	5%
Befriending or buddying one-to-one in the community	28%	36%	29%
Specialist play and leisure opportunities	32%	38%	30%
Support to take part in non-specialist play and leisure opportunities	29%	35%	32%

Gender
(Sex)

As noted, the strategy is universal and aims to empower and enhance the skills of all parents in the borough. The services delivered as part of the strategy will therefore be accessible to both mothers and fathers.

However, it has been acknowledged that more support may be required to engage fathers and as such, services have recently been commissioned which include provision from the Fatherhood Institute which will specifically support fathers through the birth experience, parenting and how to stay in contact with their children and services throughout their children's upbringing.

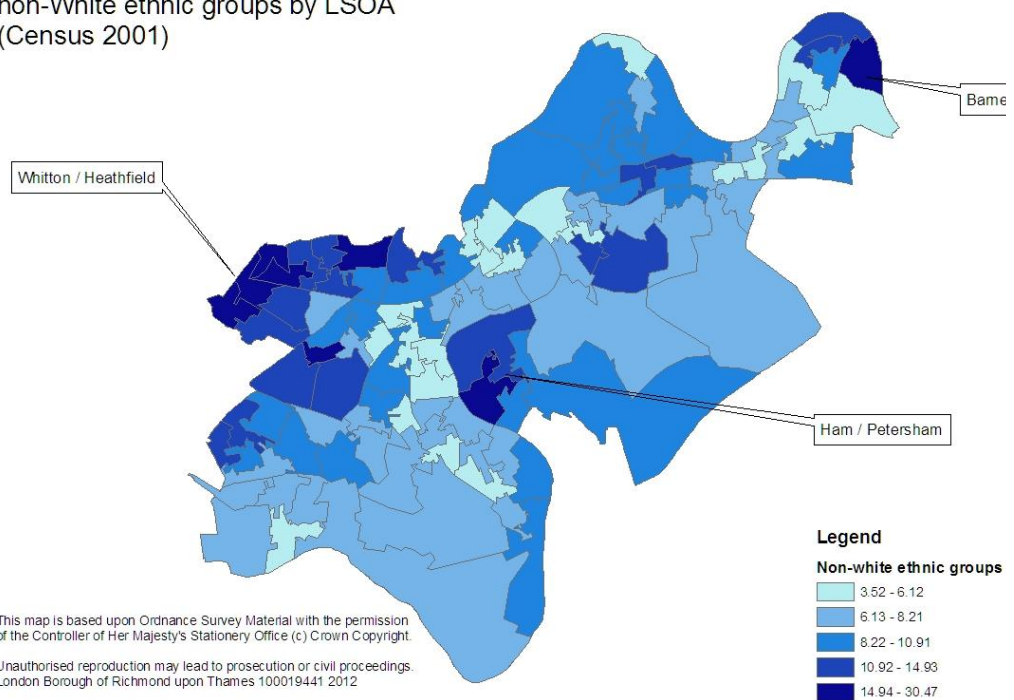
Specific provision is also provided for mothers suffering from post natal depression through the Mellow Parents Bear Hugs and Mellow Bumps Bear

	Hugs programmes.																												
Gender reassignment	<p>Gender reassignment is not considered to be relevant to the parenting strategy. This is for a number of reasons:</p> <ul style="list-style-type: none"> • Although research has shown that this group are growing, because of their vulnerability they are less likely to identify themselves for fear of harm (www.gires.org.uk). Accurate figures on the number of parents who are undergoing or have undergone gender reassignment in the borough is therefore not known; • The median age for gender reassignment is 42 years old, making it more likely for them to have no children, or pre surgery children or future step children or IVF; and • Although there is evidence on the importance of maternal attachment (John Bowlby, Attachment, separation and loss, Penguin:1980) there is also research on positive secondary attachment to care givers (transgender parent) and therefore having a gender reassignment itself would not affect the ability to parent. However it is acknowledged that there may be issues relating to mental health and self esteem as inferred by Gires around the difficulty in reaching their decision with family and friends. 																												
*Marriage and civil partnership (*only in relation to first part of the duty: eliminate discrimination and harassment)	<p>Marriage and civil partnership are not considered to be relevant to the parenting strategy because there is little evidence to show that heterosexual parenting needs differ from the parenting needs of gay or lesbian parents. As such, the universal provision that is available to all parents is sufficient to meet the needs of those parents that are either married or that are in a civil partnership.</p> <p>Furthermore, many parents are reluctant to identify themselves as married or in a civil partnership and therefore information is not available that distinguishes between those who are married and those who are in a civil partnership in the borough. Instead, these parents are grouped together and parenting programmes are provided on this basis.</p>																												
Pregnancy and maternity	As noted, the strategy is universal and aims to empower and enhance the skills of all parents in the borough. The services delivered as part of the strategy will therefore be accessible to parents during pregnancy, maternity and pre adoption.																												
Race/ethnicity	<p>As noted, the strategy is universal and aims to empower and enhance the skills of all parents in the borough. The services delivered as part of the strategy will therefore be accessible to parents of all ethnicities. This is important because the 2011 census borough level results reveal that the London Borough of Richmond upon Thames has an ethnically diverse population.</p> <table border="1"> <thead> <tr> <th>Ethnic Group</th> <th>ENGLAND</th> <th>LONDON</th> <th>Richmond upon Thames</th> </tr> </thead> <tbody> <tr> <td>All categories: Ethnic group (number)</td> <td>53,012,456</td> <td>8,173,941</td> <td>186,990</td> </tr> <tr> <td>White: English/Welsh/Scottish/Northern Irish/British</td> <td>79.8</td> <td>44.9</td> <td>71.4</td> </tr> <tr> <td>White: Irish</td> <td>1.0</td> <td>2.2</td> <td>2.5</td> </tr> <tr> <td>White: Gypsy or Irish Traveller</td> <td>0.1</td> <td>0.1</td> <td>0.1</td> </tr> <tr> <td>White: Other White</td> <td>4.6</td> <td>12.6</td> <td>11.9</td> </tr> <tr> <td>White</td> <td>85.5</td> <td>59.8</td> <td>85.9</td> </tr> </tbody> </table>	Ethnic Group	ENGLAND	LONDON	Richmond upon Thames	All categories: Ethnic group (number)	53,012,456	8,173,941	186,990	White: English/Welsh/Scottish/Northern Irish/British	79.8	44.9	71.4	White: Irish	1.0	2.2	2.5	White: Gypsy or Irish Traveller	0.1	0.1	0.1	White: Other White	4.6	12.6	11.9	White	85.5	59.8	85.9
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Mixed/multiple ethnic group: White and Black Caribbean	0.8	1.5	0.7
Mixed/multiple ethnic group: White and Black African	0.3	0.8	0.4
Mixed/multiple ethnic group: White and Asian	0.6	1.2	1.5
Mixed/multiple ethnic group: Other Mixed	0.5	1.5	1.0
Mixed	2.2	5.0	3.6
Asian/Asian British: Indian	2.6	6.6	2.8
Asian/Asian British: Pakistani	2.1	2.7	0.6
Asian/Asian British: Bangladeshi	0.8	2.7	0.5
Asian/Asian British: Chinese	0.7	1.5	0.9
Asian/Asian British: Other Asian	1.5	4.9	2.5
Asian	7.7	18.4	7.3
Black/African/Caribbean/Black British: African	1.8	7.0	0.9
Black/African/Caribbean/Black British: Caribbean	1.1	4.2	0.4
Black/African/Caribbean/Black British: Other Black	0.5	2.1	0.2
Black	3.4	13.3	1.5
Other ethnic group: Arab	0.4	1.3	0.6
Other ethnic group: Any other ethnic group	0.6	2.1	1.0
Other	1.0	3.4	1.6
Total BME Groups	20.0	55.0	28.5

Geographical analysis of the 2001 census (2011 census data not available at this level yet) shows there are areas of the borough with higher proportions of black and minority ethnic populations. The highest proportions identified on map 1 show large concentrations of BME residents in areas of Whitton / Heathfield, Ham / Petersham and also Barnes.

Proportion of resident population from non-White ethnic groups by LSOA (Census 2001)



As such, in addition to the universal provision on offer, targeted support will

	<p>be given to those groups that may require more assistance. For example, translations are available for English as an Additional Language for parenting programmes, interpreters can be used where necessary to engage with parents who do not speak English, and multiagency stakeholder groups meet to provide more specific work for the travelling community with a view to supporting parenting and education.</p>
<p>Religion and belief including non-belief</p>	<p>The strategy is universal and aims to empower and enhance the skills of all parents in the borough- regardless of religion or belief.</p> <p>The 2011 census shows that in the borough 55.3% of people are Christian, 28.4% have no religion, 8.5% did not state their religion, 3.3% are Muslim and 1.6% are Hindu. Generally therefore, the need for parenting programmes specific to certain religions or beliefs is low. However, where required, provisions will be adapted to meet the needs of parents from different religions or beliefs. For example, there is an Islamic values course available to staff to enable them to be empathic to the needs of a parent from an Islamic background.</p>
<p>Sexual orientation</p>	<p>The complexity of the analysis around sexual orientation and the lack of reliable data means it is difficult to support a need for specific provision for parents of different sexual orientation. Research indicates there are no significant differences between parents who are heterosexual and those who are gay and lesbian.</p> <p>The strategy is universal and aims to empower and enhance the skills of all parents in the borough- regardless of sexual orientation.</p> <p>Where there specific demand for expertise in providing family support for parents who are struggling with their own or their child's sexuality appropriate support will be commissioned.</p>

6. Have you identified any data gaps in relation to the relevant protected characteristics and relevant parts of the duty? If so, how will these data gaps be addressed?

<i>Gaps in data</i>	<i>Action to deal with this</i>
<p>Religion and beliefs</p>	<p>Parenting is universally available in Richmond; group leaders are subject to borough diversity training and within their parenting training are supported to be aware of cultural and ethnic diversities. The characteristics of the groups and their cohorts will be monitored by the Family Support Service management team and adjustments made if necessary.</p>

SUMMARY OF THE KEY FINDINGS

7. Set out the key findings from the equality impact needs analysis of the service/ function/ policy. Key questions to consider when completing this section:

- *Are there findings of unlawful discrimination?*
- *Can you address any identified adverse impact?*

- *Can you mitigate any negative impact?*
- *Please provide rationale if you are unable to address any adverse impact.*
- *Have you identified any ways of advancing equality in this area? For example, meeting diverse needs?*
- *Is there a need for any actions to promote understanding between different protected groups?*

Through the provision of universal services in a range of formats and via a trained, competent and confident workforce, the aim of the Parenting Support Service is to empower and enhance the skills of all parents living within the London Borough of Richmond upon Thames, regardless of their background. Where necessary, targeted work will take place with specific groups, such as young parents, parents of children with a disability, expectant parents, and parents from different ethnic or religious backgrounds to ensure they are engaged and fully able to access services.

Work will also be ongoing to identify other specific groups who may require targeted or additional support to ensure they are able to access the parenting services on offer.

CONSULTATION ON THE KEY FINDINGS

8. What consultation have you undertaken with stakeholders or critical friends about the key findings? What feedback did you receive as part of the consultation?

The refreshed strategy has been widely consulted on and this includes input from all multiagency services such as local authority statutory and non statutory services, health and the voluntary sector. The consultation process was initiated using email to Service Heads and stakeholders, two consultation meetings, a Safeguarding Committee and cascaded to frontline workers. End users and providers were also consulted previously by consultant Harvey Gallagher in 2010. Below are extracts from his consultation:

“Parents are the best source of information about their children and their own support needs. To inform this strategy, a number of consultation exercises were completed with parents from different communities and interest groups who access both universal and targeted services. We also consulted with parenting support partners and providers. This is what parents said:

- **On advice given to parents**

Advice given in the early years was valued and parents of pre-school children felt able to access support. A range of practitioners were mentioned as being available to offer help at this time. However, parents felt significantly less supported as children grew older. Parents of teenagers, in particular where their children were experiencing behaviour difficulties, often found it difficult to have their concerns taken seriously.

- **On having problems that fall below thresholds**

A number of parents felt that they could not get help until their situation became very difficult. Services, it seemed to some parents, only became available when (high) thresholds for child protection or mental health were reached. Some parents felt that they had been warning of difficulties for some time, but that nobody had listened until things got worse.

- **On finding out about support**

Parents who find they need additional support are often in crisis and therefore exhausted, vulnerable and anxious. This means they do not always have the confidence, time and

energy to look for help especially if they do not know it exists. Many parents did not know where to look for help when they needed it and word-of-mouth was the most common way to find out about a service. Some parents also reported being passed from one service to another when they did not contact the most appropriate service first time.

- **On attending a parenting programme**

It was common for parents to have significant misgivings about the prospect of attending a parenting programme. However, parents who had attended a programme spoke very highly of them on the whole and reported that they had helped them to feel more positive about being a parent. This included those parents who were subject to Parenting Orders.

- **On gaps in services**

A lack of knowledge about what does exist made it more difficult for parents to identify gaps. A theme was being in touch with one service, for example, adult mental health, but not getting support with other parts of their lives, i.e. being a parent. The time taken to access support was also mentioned.

- **Advice to other parents who are struggling**

Despite having been reluctant to ask for help themselves, most parents felt strongly that they would recommend other parents to ask for help much sooner.”

Parent focus groups are currently meeting December 2012/ January 2013 to consult on the CYPP 2013-17.

ACTION PLANNING

9. What issues have you identified that require actions? What are these actions, who will be responsible for them and when will they be completed?

Issue identified	Planned action	Lead officer	Completion Date
Ongoing participation with parents from a range of backgrounds	<ul style="list-style-type: none"> • Parent’s forums looking at the issues raised by parents and their needs • Consultation on policies affecting parents such as the CYPP and Parenting Strategy • Parent involvement in the recruitment process for ECCS staff • Business case development to create a post around parental participation, mentoring and end users with a view to recruiting an ex user of the service. 	Samantha King/Lisa Phillips	Ongoing
Equality and Diversity	<ul style="list-style-type: none"> • Add to agenda item 	Mac Heath	December 12

needs to be established in recruitment process	in stakeholder meeting to review <ul style="list-style-type: none"> • Train and support parents to be part of the recruitment process for ECCS staff 		
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MONITORING AND REVIEW

10. How will the actions in the action plan be monitored and reviewed? For example, any equality actions identified should be added to business, service or team plans and performance managed.

Following consultation there will be a stakeholder group that will monitor the strategy implementation to ensure the service has equitable access within Richmond borough. Standardised tools will be used to collate service user profile and journey travelled to build on service delivery and identify gaps. This is likely to form part of the Troubled Families initiative on the Participation and Engagement strategic developments.

It will also be strategically monitored by Robert Henderson (Joint Director of Early Help).

PUBLISHING THE COMPLETED ANALYSIS

11. When completed, the equality impact and needs analysis should be approved by a member of DMT and published on the Council’s website. Please provide details below:

Approved by	ECCS EWG
Date of approval	23 April 2013
Date of publication	April/ May 2013

DECISION-MAKING PROCESS

12. Has a copy of this EINA or summary of key findings been provided to key decision-makers to help inform decision making, for example as an appendix to a Cabinet or Committee report?

- If so please provide the details including the name of the report, the audience i.e. Cabinet/ Committee, the date it went, and the report author.
- Please also outline the outcome from the report and details of any follow up action or monitoring of actions or decision taken:

N/A.