

# **Equality Impact Assessment (EIA)**

Teenage Pregnancy Strategy Action Plan 2008-2011

# Equality impact, needs and requirements assessments Derby City Council

*The Race Relations Amendment Act 2000, the Disability Discrimination Act 1995 and the new Disability Discrimination Act 2005 says that we **must** make sure that all our policies, practices, services and functions are fair and that none of them create barriers for particular racial groups of people or disabled people. This means that we have to scrutinise what we do, how we do it and the decisions we make so that we do not create any barriers for people in equality groups. This legal duty is soon to be extended to cover gender too.*

We will be tackling equality on **race, disability, gender, age, sexuality and religion** when we do equality impact, needs and requirements assessments.

Equality impact, needs and requirements assessments provide a structured way of looking at and examining the effects or impact of a proposed or existing policy, practice, service or function on equality groups.

## **Practical steps**

Step 1 – deciding what to assess

Step 2 – putting an assessment team together

Step 3 – defining the policy, procedure, service or function you are assessing and identifying the equality issues

Step 4 – collecting information and data and consulting on how the policy, procedure, service or function impacts on communities

Step 5 – analysing the information you have and setting objectives and targets

Step 6– monitoring and reviewing and including the objectives and targets into performance management

## Equality impact, needs and requirements assessment form

Please use this form to record your findings, proposed actions, equality objectives and targets. Use the guidance notes to help you do the assessment or contact the Equality Standard Project Manager if you need some advice

### About the policy, practice, service or function you are assessing

Name of policy, practice, service or function: Teenage Pregnancy Strategy Action Plan 2008-11

Assessment team leader name:

Department responsible: Children and Young People's Department

Service Area:

Other members of assessment team:

Name	Position	Area of expertise	Comments
Hazel Simpson	Programme Manager Family Action Children's Fund	Chairs Equality Impact Assessment Group	
Jane O'Brien	Sexual Health Improvement and Development Manager for Primary Care Trust	Sexual health commissioning experience and clinical governance	
Sheila McFarlane	Commissioner for Teenage Pregnancy	Teenage pregnancy	
Ellie Fletcher	Participation Officer Family Action	Participation of children and young people	
Nazish Ali	Administrative Assistant Family Action	A young person	

Toni Montinaro	Manager, Derbyshire Friend	Lesbian Gay Bisexual Transgender and equalities	
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Question	Response/ findings
<p>What are the main aims and objectives or purpose of the policy, practice, service or function that you are assessing?</p>	<p>Derby Teenage Pregnancy Partnership is responsible for delivering the jointly shared targets below. These are part of Derby's 35 priority Local Area Agreement indicators</p> <p><b>Local Area Agreement Indicator Number 112</b> To reduce Under 18 Conception rates by 55% by 2010 (latest progress 27.1/1000 females 15- 17years 2006 Office for National Statistics)</p> <p><b>Local Area Agreement Indicator Number 117</b> To enable 60% of teenage mothers into education employment and training by 2010 (latest progress 37% Sept 2008 Derbyshire Connexions)</p> <p>The strategy also contributes to</p> <p><b>Local Area Agreement Indicator Number 113</b> Prevalence of Chlamydia in 15-24 year olds Department for Children, Schools and Families / Department of Health Target 2008/09 17%. Quarter 3 target 13.40%, actual Quarter 3 is 8.85%.</p>

<p>Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person, team, department, or body – and include any outside organisations who deliver under procurement arrangements</p>	<p>The strategy is delivered through a multi agency partnership and led by a strategic Teenage Pregnancy Commissioning Board chaired by Dr Andrew Wakeman Joint Director of Public Health NHS Derby City / Derby City Council. The Teenage Pregnancy Board is accountable to the Children and Young People's Executive through the Children and Young People Joint Commissioning Board.</p> <p>A commissioner for teenage pregnancy and part time administrator support the work of the partnership.</p> <p>Youth Service, Social Care, Primary Care Trust, Contraception and Sexual Health Services, English Churches, School nursing, Connexions, Personal Health and Social Education advisory team, Derbyshire Friend, The Space, pharmacies, General Practitioners, Walk in Centre, schools, Young Addaction, Family Nurse Partnership, Midwives, Health visitors, Children's Centres, Education Welfare, Housing Options, Oasis, Community Safety Partnership and voluntary and community sector</p>
<p>Who is affected by the policy, practice, service or function, or by how it is delivered? Such as, who are the external and internal customers, groups, or communities?</p>	<p>Children and young people (male and female) of all ages and their children, parents, carers and families and communities.</p> <p>The workforce that works with children and young people and their families</p> <p>Commissioners of services</p> <p>Media</p>

<p>What outcomes do we want to achieve, why and for whom? For example, what do you want to be providing, how well, what changes or improvements, and what should the benefits be for customers, groups or communities?</p>	<p>To achieve targets above</p> <p>That the outcomes of Action Plan are met. The 3 key themes are</p> <ol style="list-style-type: none"> <li>1) Enabling young people <ul style="list-style-type: none"> <li>• to have advice and support about sexual health and other services</li> <li>• access to education or training for teenage parents/ to be</li> <li>• Involving young people in the Teenage Pregnancy Strategy</li> </ul> </li> <li>2) Workforce development <ul style="list-style-type: none"> <li>• training on sexual health</li> </ul> </li> <li>3) Partnership development for sustainability <ul style="list-style-type: none"> <li>• commissioning plan - for greatest impact, commission services which meet several strategic objectives</li> <li>• teenage pregnancy integral to other plans</li> <li>• communication and data sharing</li> <li>• expenditure</li> </ul> </li> </ol> <p>The plan demonstrates links to the wider determinants of teenage pregnancy eg improving self-esteem and emotional well-being, raising aspirations, improving attendance and achievement</p> <p>Equality and accessibility of services is fair for everyone</p> <p>Derby and Derbyshire Safeguarding Procedures underpin the work of the strategy.</p>
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What existing or previous inspections of the policy, practice, service or function are there? For example, Best Value Inspections, policy reviews, research into the effects of a policy or practice.

What did they tell you?

**Recommendations from Derby City Council Children and Young People Overview and Scrutiny Commission are based on the 3 conclusions below March 2008**

To support an integrated model of Relationship and Sex Education at all key stages and the development of school based sexual health services. Also coordinated support for teenage parents based on the following conclusions:

**Conclusion A** The twin protections against teenage pregnancies are:

Raised aspirations and good Personal Health and Social Education, including Relationship and Sex Education when these are combined with accessible and responsive young people-friendly sexual health services.

**Conclusion B.** Education that promotes knowledge and self-confidence about relationships, emotions, bullying and sexual health can enhance resilience as these strands mutually reinforce each other.

**Conclusion C.** The positive work undertaken with young males is an important strand in reducing pregnancies and should be developed both in schools and other settings

**Joint Area Review February 2008**

Strengths

- The good range of initiatives to reduce teenage pregnancy and promote sexual health.
- Good interagency and service user collaboration in this area.

- Highlighted good practice but identified a gap in analysis or evidence of impact.

#### Areas for development

- The rates of teenage pregnancy (in some areas of the city) which remain above the statistical neighbour and England averages.
- Limited formal evaluation and measurement of impact and outcome of projects.

#### **Services that need to be in place to maximise impact are:**

- Selection of a senior champion
- Engagement of delivery partners
- Prioritisation of relationship and sex education
- Effective sexual health advice service that is young people centred
- Focus on targeted interventions
- Provision of young people focussed contraception and sexual health services
- Targeted work with at risk groups of young people especially children in care
- Targeted work with children with disabilities
- Targeted work with boys and young men, and girls and young women
- Training on Relationship and Sex Education for partner organisations
- Well resourced youth service

**Source 'Teenage pregnancy next steps'. Guidance for Local Authorities and Primary Care Trusts on effective**

**delivery of local strategies Department of Children, Schools and Families/Teenage Pregnancy Unit 2006**

'Teenage parents next steps' also aims to improve outcomes in three broad areas:

- Child health outcomes, as children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birth weight
- Poor emotional health and well-being experienced by teenage mothers
- Teenage parents' poor economic well-being

Also to improve coordination of support for teenage parents through lead professional role.

**National Support Team for Sexual Health visit to Derby and Derbyshire Primary Care Trusts April 2007**

- Although positive progress, further work required to meet 48 hour access requirements to Genito-Urinary Medicine service
- Review young people's sexual health outreach services
- Continue to develop targeted support in teenage pregnancy hotspot areas
- Continue working towards developing extended sexual health services with schools

**Other information to inform the strategy**

Equality Impact and Risk Assessment carried out on Boys and Young Men's Sexual Health service July 2009 – summary of findings included below.

	Equality Impact and Risk Assessment of Relationship and Sex Education Scheme of work for Key stages 3,4 and post 16 years due December 2008.
<b>Identifying potential equality issues and factors</b>	

<p>What do you already know about the equality impact or need? For example, from research, feedback, consultation or any performance monitoring</p>	<p>Nationally Derby has a higher than average under 18 years conception rate target to meet of 55% compared to 50% for England. This reflects a higher level of need and the increased proportion of poverty and deprivation indicators in Derby. National and local information about other equality issues at ward level is limited.</p> <p>Seven wards in the city that are in the top 20% nationally of wards with the highest number of teenage conceptions.</p> <p>Under 18 conception rates in Sinfin ward are more than double the Derby rate.</p> <p>Work undertaken in 2000 identified a gap in the use of mainstream sexual health services for boys and young men and a need for specialist provision. This was set up in 2000 and the service reviewed in 2008. Analysis of Contraception and Sexual Health Service at The SPACE. Average of 9.3% male attendance in 2007/08. This reinforced the need for a specialist service. See Boys and Young Men Equality Impact and Risk Assessment July 2008.</p> <p>Specialist provision for Lesbian Gay Bisexual and Transgender young people established in 2000 identified need by youth workers, other practitioners and young people. Boys and Young Men Equality Impact and Risk Assessment July 2008.</p> <p>Some equality monitoring data is collected by contraception service and boys and young men's service. A mapping</p>
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exercise is required to clarify what is collected.

Local evidence (August 2008) of children in care shows that a higher than average proportion of children in care and care leavers are teenage parents.

**Mystery shop by young people from Voices in Action of pharmacies issuing emergency contraception  
September 2008**

**Key points**

- Be specific about timescales, side effects and other methods of coping
- Respond to emergency contraction as an emergency
- Try and get a balance between a place being private and confidential without it appearing seedy or shameful

**Priority wards for Derby in order of need starting with the greatest.**

<b>Ward</b>	<b>Status of rate</b>
Sinfin*	Static
Alvaston	Static
Normanton	Rising
Derwent	Falling
Arboretum	Rising
Mackworth	Falling
Boulton	Static

*Based on Under 18 conception ward rates 2003-5 Office for National Statistics 2008. In Derby 7 out of 17 wards are among the highest 20% in England and cause the greatest concern.*

	<p>Young people most at risk of teenage pregnancy also include those:</p> <ul style="list-style-type: none"> <li>• with low educational attainment or disengaged from school</li> <li>• Children in Care (Looked after Children)</li> <li>• involved in substance /alcohol misuse</li> <li>• young offenders</li> <li>• with learning difficulties</li> <li>• from black and minority ethnic groups</li> <li>• teenage parents (second unplanned pregnancy)</li> <li>• with poor mental health</li> </ul>
<p>Is there any evidence of higher or lower take up under the policy or practice, or of the service or function for any particular groups? For example, who uses the service, who doesn't and why not?</p>	<p>Recent analysis of SPACEMAN registrations shows that white and dual heritage young people are accessing the service in line with the percentage of the total population of Derby. Uptake of Spaceman by black young people is higher than the population (7.6% v 1.5% [Spaceman v total population of black young men). However asian young people are under-represented (3.9%v12% [Spaceman v total population of asian young men). See Boys and Young Men Equality Impact and Risk Assessment July 2008</p> <p>Currently there is limited evidence of data collection in the areas of disability, mental health, faith, sexual orientation</p>
<p>Have there been any important demographic changes or trends locally? For example is the population changing, and if so, how and what might that mean for the service or function?</p>	<p>New and emerging communities - baseline unknown</p> <p>Potential impact on accessibility, demand and resources for services</p>

<p>Is there an indication that any of the policies or practices involved with the service or function creates particular problems or difficulties for any groups of customers or communities?</p>	<p>This is a period of transition to adulthood for young people and there are particular sensitivities and challenges for practitioners supporting young people under 16 who are sexually active as legal age for having sex is 16 years. These include assessing competency, consent, emotional development and sexuality.</p> <p>Safeguarding, values and attitudes, data collection</p> <p>Workforce development of practitioners working with young people under 18 years who are sexually active</p> <p>Training needs analysis commissioned as part of the strategy – funding through Primary Care Trust contraception funding.</p> <p>Equalities training from Derbyshire Friend or alternative provider</p> <p>Services available specifically to young male parents are limited at present. The ages of fathers of babies born to teenage mothers varies. Some are over 18 years.</p>
<p>What information or data exists? For example, statistics, customer feedback, complaints, research, monitoring – who keeps it and can you get hold of it?</p>	<p>This is a multi agency strategy and data exists but is held in different organisations, for example Derby City Council, Primary Care Trust, Connexions. It is not always easily accessible or well coordinated but it can be sourced. It is not known what agencies uniformly record about the 6 equality areas.</p> <p>Refer back to previous section about monitoring of disabilities and so on.</p>

<p>Does any equality or diversity objectives already exist? If so, what are they and what is current performance like against them?</p>	<p>Links to Children and Young People's plan integrated with equality outcomes</p> <p>Individual agencies will be subject to their own equality impact assessments</p> <p>Develop an action in current teenage pregnancy action plan to ensure consistency of monitoring contraception services around equalities agenda.</p>
<p>Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?</p>	<p>Teenage conception rates have gone down but it is hard to assess impact on specific groups since we don't have enough evidence as referred to in data collection above.</p> <p>The most notable reduction at ward level is in Derwent ward where there has been, amongst other factors, significant additional investment in both teenage pregnancy support and wider regeneration initiatives through New Deal for Communities.</p> <p>Evidence from the mystery shopping of pharmacies by Voices in Action shows that access varies ranging from excellent to can to be improved. The Primary Care Trust intend to feed lessons learnt back to pharmacies involved.</p>

## Collecting the information and data about how the policy, practice, service or function, impacts on communities

Please record your information and data in this table and think about:

what information or data you will need  
 using both quantitative and qualitative data  
 making sure that where possible there is information that allows all perspectives to be considered  
 identifying any gaps in the information/ data and what it can tell you

<b>Data or information</b>	<b>When and how was it collected?</b>	<b>Where is it from?</b>	<b>What does it tell you? You need to consider all six equality strands where you can</b>	<b>Gaps in information</b>
Customer feedback and complaints	Pass around partners mentioned in early section and Toni Montinaro and meet again to look at gaps			
Consultation and community involvement	Various consultation			
Performance information including Best Value	On-going, attendance monitoring information	Service providers see below		

	Under 18 conception rates by Local Authority and Ward	Office for National Statistics	Geographical inequalities Gathering data below ward level creates challenges with small numbers and the risk of identifying individuals	
Take up and usage data	Monitoring of services by some of the equality strands for example age ethnicity, gender	Contraception service providers for example Contraception and Sexual Health, Local Authority, third sector	Challenges for staff discussing issues around sexuality asking young people as young as 12 seeking advice but are not sexually active	Mapping and analysis existing equality monitoring
Comparative information or data where no local information (see below)	There is some national evidence on under 18 conception rates by ethnicity and children in care.	Department for Children Schools and Families	Comparison on ethnicity and age with population data from census	

<p>Local information re Boys and Young Men services Team</p>	<p>Registration data Ongoing</p>	<p>Boys and Young Men Team, Contraception and Sexual Health service</p>	<p>Good uptake from surrounding communities for local SPACEMAN sessions</p> <p>Confirmation of successful promotion of services</p> <p>Only 9% of young men use Contraception and Sexual Health services. These are more likely to 16 years plus. Low take up of Boys and Young Men services in 16-19 age group</p>	<p>Analysis of equality of Contraception and Sexual Health services for girls and young women required</p>
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Census, national or regional statistics	<p>Evidence from Children and Young People's Plan.</p> <p>52,277 Children and Young People under 18 (23.6% total population) 6011 young people aged 18-19 years</p> <p>12.6 % population black and minority ethnic communities 60 languages spoken in the city</p>	Various local data sources		
Access audits or assessments such as Disability Discrimination Act assessments	All buildings used are Disability Discrimination Act compliant	Primary Care Trust, Local Authority, third sector		
Workforce profile	Consultation with children and young people about the children and young people's workforce is going to happen Easter half term			

Where service delivered under procurement arrangements – workforce profile for deliverers	Not applicable			
Monitoring and scrutiny outcomes	February 2008	Derby Children and Young People's Overview and Scrutiny Commission review of reducing teenage pregnancy	Strive towards an integrated model of Relationship and Sex Education at all key stages and the development of school based sexual health services. Also coordinated support for teenage parents	

## Analysing the information and data and setting equality objectives and targets

Please give your detailed findings in this table

Service or function	Policy or practice	Findings	Which groups are affected and how	Whose needs are not being met and how?
Take up of SPACEMAN (Boys and Young Men) sessions and Contraception and Sexual Health service including outreach services for example Angels	Practice	<b>Target group - all young people</b> Not enough information about sexuality, disability, faith for young people using services	All young people with need to use services	Not known
	Practice	<b>Target group - Boys and Young Men</b> Under-representation in numbers of Asian young people accessing services	Asian young people under using service	Not known

	Practice	<b>Target group - Boys and Young Men</b> Low take up of services in 16-19 age group  Limited evidence	16-19 year olds	Question about reasons for low up-take in key target group
	Practice	Boys and Young Men Older group accessing Contraception and Sexual Health service of the SPACE	15-20 year olds more likely to be in relationships	Possible service gap for young adults 20 and older

## Objectives - process, impact or outcome based

Please give your proposed objectives/ targets in this table

<b>Objective/Target: 1</b>	Review equality monitoring data collected
Specific	Consultation with partners and young people
Measurable	Partnership meeting to agree common approach
Achievable	Probably
Relevant	Yes
Timed	March 2009

<b>Objective/Target: 2</b>	Agree a future equality monitoring framework that is appropriate, sensitive and inclusive
Specific	Based on outcome of target 1
Measurable	Based on outcome of target 1
Achievable	Probably
Relevant	Yes
Timed	2009

<b>Objective/Target: 3</b>	Identify training needs of workforce around equality monitoring. Include in joint sexual health/ teenage pregnancy training needs
Specific	Based on outcome of target 2
Measurable	Based on outcome of target 2
Achievable	Probably
Relevant	Yes
Timed	2009

## Monitoring and reviewing - incorporating into performance management

Please summarise your objectives and targets in this table with your proposed monitoring and reporting arrangements

Objective	Planned action	Target performance			Responsible lead officer	Reporting cycle, for example, quarterly
		2008/9/	2009/10	2010/11		
Review equality monitoring data collected	Children and Young People's Partnership discussion	√			Teenage Pregnancy Board	
Agree with service providers that monitoring is sensitive and responsive	Review findings from mapping and identify gaps. Build into commissioning service specification		√		Teenage Pregnancy Board	
Identify training needs of workforce around equality monitoring	Include in joint sexual health/teenage pregnancy training needs	√			Sheila McFarlane Sukhi Mahil	