

EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)

Early Help Strategy 2019 - 2024

SECTION 1 – INTRODUCTION

One of the outcomes from the [Ofsted Inspection of South Gloucestershire Children's Services in December 2016](#) was the need to understand better the impact of Early Help for families in South Gloucestershire. Reviewing these arrangements is a key aspect of our improvement journey.

Early Help means getting additional, timely and effective support to children, young people, and families who need it. It aims to enable children to flourish and to prevent costly, long term and damaging outcomes. Early Help refers both to help in the critical early years of a child's life (including pre-birth and pregnancy), but also to responding as soon as possible, at any age, when difficulties emerge. This prevents escalation of problems and enables interventions to take place before critical thresholds are crossed and pathways become much more irreversible for young people.

The Early Help Offer in South Gloucestershire is extensive, including work undertaken within a wide range of settings and services under the guidance of the Children, Young People and Families Partnership. The local authority has a both coordination role (for example in supporting the "Single Assessment for early help" (SAFeh) process across the partnership and in signposting available early help services as part of the overall offer) and a delivery role (of more complex early help support (Preventative Services)).

The [Early Help Vision and Strategy 2015-17](#) is a partnership strategy overseen by the Local Safeguarding Children Board and the Children, Young People and Families Partnership. This outlines a number of required outcome measures, the first report against which was completed in May 2016.

An Early Help programme has been set up and objectives are:

- Improve outcomes for children and young people in South Gloucestershire.
- Define and articulate the overall Early Help offer (including models, pathways and interventions) for our service users and communities in a way that all stakeholders understand and partners buy-in to their responsibility for delivery.
- Reduce the level of required statutory intervention across the system through focused early help activities ("push activity/resources upstream within the overall system") by building on existing work, including the learning from the Families in Focus programme.
- Ensure that mental health is owned across the whole system, with recognition of factors which promote/impede positive mental health.
- Refresh the Early Help strategy, including identification of most important priorities for the lifespan of the strategy and definition of the early help performance indicators/measures (including outcomes) as part of a co-production process.

These will be delivered through:

- Strong multi-agency partnership working at community level (“one staff despite many organisations”; “no sloping shoulders”), with VCSE providers working alongside other partners as part of the overall Early Help offer.
- Having clear purpose and responsibilities of each partner within the context of the overall Early Help offer.
- Taking opportunities to realise efficiencies within the Early Help process.
- Communications planning for communities and a training plan for practitioners across all partners regarding the Early Help offer and processes.
- Best use of resources (and skills) across the partnership, using evidence based, whole family approaches to work with children, young people and families that have clear accountabilities for families and partners which allow clear identification of when we have achieved the aims for each case.
- A multi-agency response for vulnerable children and families at the earliest opportunity – pre-diagnosis.
- More effective use of space, resources and time as part of the early childhood offer through increased integrated working and defining a clear universal offer for all with a targeted sub-offer for those who meet set criteria.
- A reduction in duplication of assessments and reviews.
- Supporting the development of an ACEs approach that recognises the signs and impacts of adverse childhood experiences.

SECTION 2 – RESEARCH AND CONSULTATION

The following section sets out a wealth of information regarding issues affecting children, young people, and families. The information is presented here in order to provide a comprehensive overview of key issues and evidence in relation to protected characteristic groups. In turn, this information directly influences and drives the Early Help Strategy in order that appropriate early help services are adequately planned, relevant to the diverse needs of all children, young people, and families and deliver sustainable outcomes which address inequalities and advance equality of opportunity for all.

Research information

0-19 Population

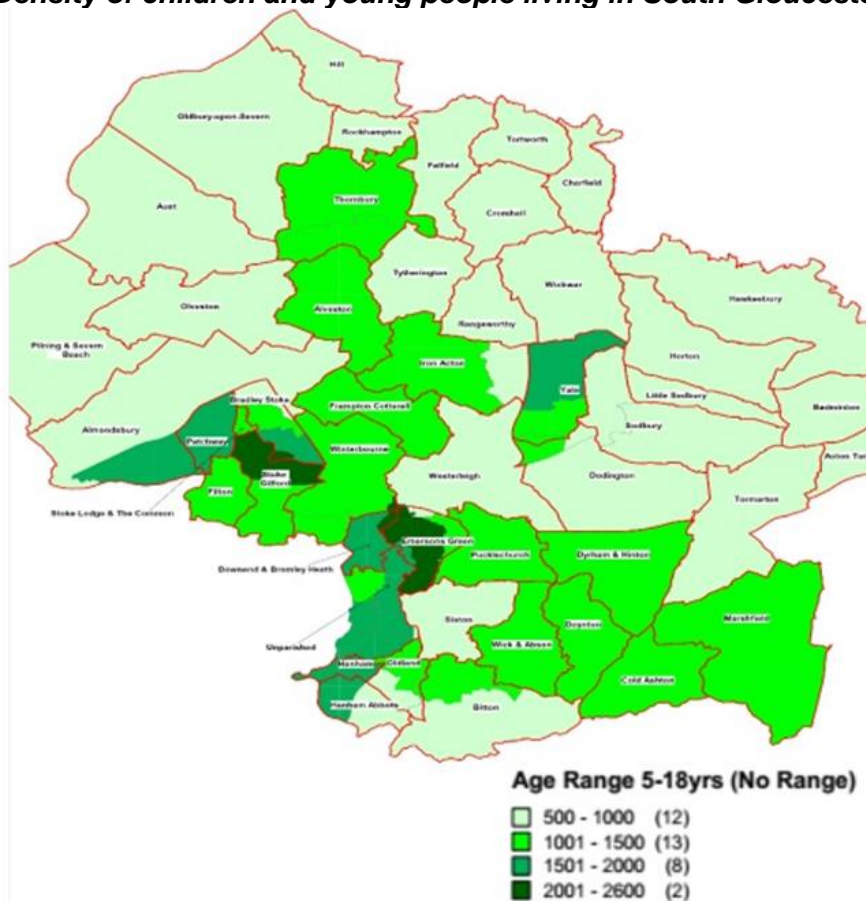
South Gloucestershire has 277,623 residents (2016), a school population of 39,413 (2018), 16,300 0-4 year olds (2017) and has seen a 13% increase in residents since 2001.

Demographics

We have applied South Gloucestershire's statistical data to an average secondary school of 1,050 children and this is what it shows:

- 503 would be girls, 547 would be boys;
- 943 would be white British and 107 would be from minority ethnic backgrounds;
- 53 would be Lesbian, Gay or Bisexual (based on lower 5% estimate);
- 48 would speak English as an additional language;
- 119 would be living in poverty;
- 38 would have been known to children's social care and 3 would be in care with 2 subject to a Child Protection Plan;
- 140 would have a Special Educational Need, 21 would have a Statement or EHC plan, most probably with a primary need on the autistic spectrum.
- 318 would be classified as overweight or obese;
- 8 would have involvement with the Youth Offending Team.
- 595 would leave school with 5 or more A*-C grades at GCSE, and the majority would go on to further education. However, 107 would have struggled to read fluently by the time they were 11.

The following map shows the density and distribution of children and young people living in the area. From this we can see that there are more children and young people living along the M5 corridor in the north and near the M4 towards the south of South Gloucestershire. The more urban areas are densely populated with Emersons Green and Stoke Gifford holding the highest numbers.

Map 1: Density of children and young people living in South Gloucestershire

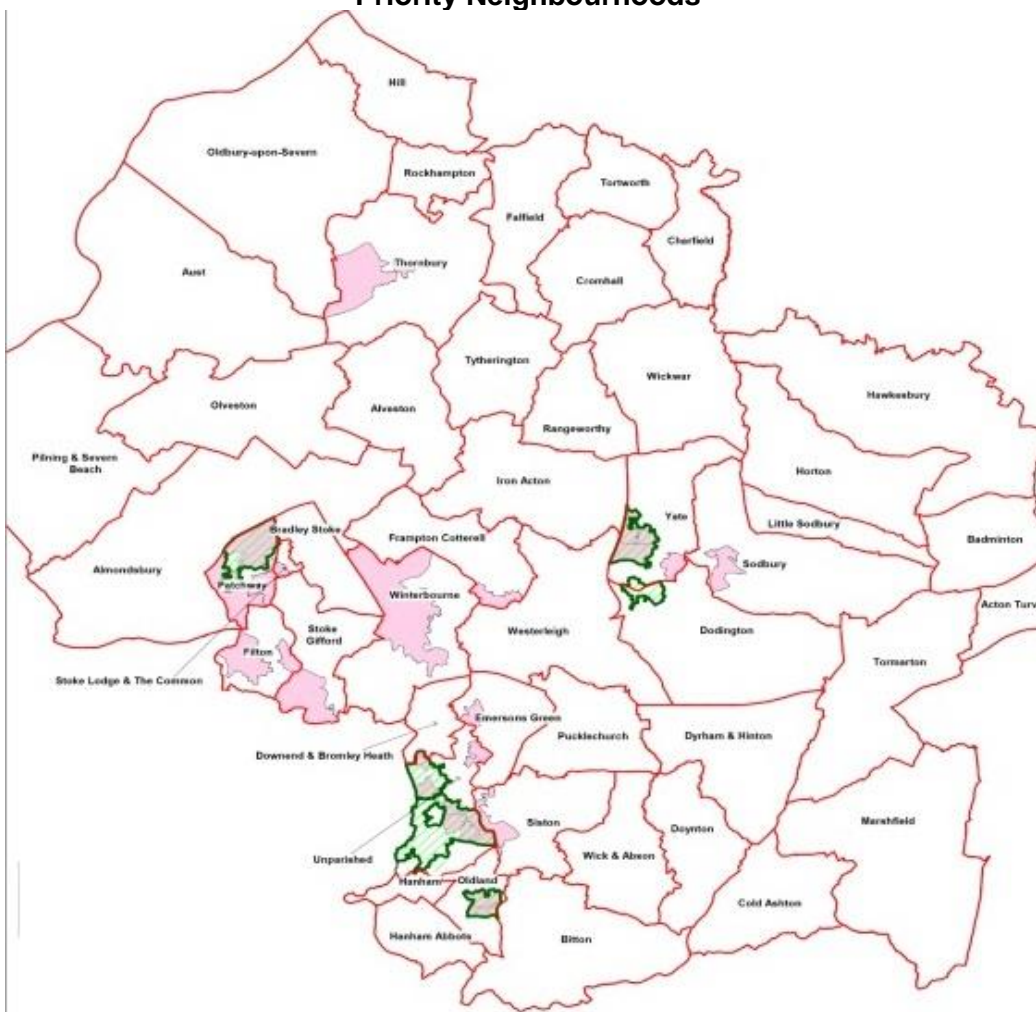
Priority Neighbourhoods

South Gloucestershire is, on the whole, a relatively affluent area but like most places it has pockets of deprivation. South Gloucestershire has 5 areas designated as Priority Neighbourhoods (PNs) which are Patchway, Staple Hill, Kingswood, Cadbury Heath and Yate & Dodington. There is currently some youth provision provided by the council in each of the Priority Neighbourhoods (PNs).

The Priority Neighbourhoods reflect areas where there are combinations of higher than average levels of JobSeekers' Allowance (JSA) claimants, including young claimants aged 18 – 24 years, and those claiming out of work benefits such as Carer's Allowance, Disability Living Allowance and Income Support. They have lower than average levels of educational attainment, higher than average levels of unauthorised absence from school and more young people who are NEET (Not in Education, Employment or Training). PNs have higher than average mortality rates. Crime levels are also reflected, such as rates of violent crime, burglary, theft and criminal damage.

The following map shows the location of PNs and also areas with the highest proportion of children under 16 who are living in low income families.

Priority Neighbourhoods



- Priority Neighbourhoods
- LSOAs with highest proportions of children under 16 years in low income families (26 LSOAs above the national average).

Children's Social Care

Looked After Children

- The number of Looked After Children rose in 2017/18 by 9.5%. At the end of 2017/18 there were 196 Looked After Children in South Gloucestershire.
- 25.5% of Looked after Children were from minority ethnic backgrounds, with children from Black African backgrounds accounting for the highest proportion of those from non-White British groups. The population in South Gloucestershire is 0.8% Black/African/Caribbean/Black British. This shows that these children are significantly proportionately over represented in care when compared to the South Gloucestershire population.
- More males are looked after than females – around 60% of those looked after are male.
- 3% of children newly looked after in 2017/18 had a disability.

Child Protection Plans

- There was an increase in the number of children and young people subject of Child Protection during 2017/18. 238 children and young people were subject of Child Protection during the year 2017/18, an increase of 28% on the previous year and a 37.6% increase since 2015/16.
- 71.43% of those subject of Child Protection were from White British backgrounds, increasing to 91.2% of those becoming subject to a second or subsequent Child Protection Plan.
- 28.5% are from BAME backgrounds (Black, Asian & Minority Ethnic) and this shows a significant over representation as the population data indicates that 8.1% of the population of South Gloucestershire are from BAME backgrounds.
- The number of children and young people becoming subject of a second or subsequent child protection plan, has decreased by 3.4% on the previous year.
- There were slightly more males than females subject of Child Protection Plans.
- The percentage of children and young people who had a disability was 2.1%.

Referrals to Social Care

- During 2017/18, 2,420 children and young people were the subject of a referral to social care, an increase of 0.8% on the previous year, the highest figure since 2011/12.
- The number of referrals increased, as well as the proportion of re-referrals with a rise of 8% when compared to re-referral rates in 2016/17. The number of re-referrals for 2017/18 was the highest in 6 years (2011/12).
- 81% of all referrals were for children and young people from White British backgrounds.
- 19% of referrals are for children from BAME backgrounds meaning that these children are significantly over-represented in referrals to children's Social Care.
- Referrals were split equally between males (49.5%) and females (48.7%).

Children and Young People with Missing Events

- In 2017/18 there were a total of 214 South Gloucestershire children and young people reported as missing. Of these 31 (14.5%) were looked after children.
- There were a total of 520 missing episodes, with 76 (35.5%) young people having more than 1 missing episode in the year.
- 84% of children and young people reported missing were from White British backgrounds which again shows that children from BAME backgrounds are significantly over-represented.

Child Sexual Exploitation

In November 2016 there were 19 children assessed to be at medium or high risk of child sexual exploitation (CSE) in South Gloucestershire, including 7 children being looked after. Recorded CSE crimes in South Gloucestershire increased to 39 in 2017/18, compared with 21 crimes in 2016/17. In a national survey conducted by the NSPCC, 6 out of 10 teenagers said they had been asked for sexual images or videos.

Education and achievement

Educational attainment is the most influential factor that increases the risk of a child in poverty becoming an adult in poverty. Pupils who achieve five A*-C grades at GCSE earn around 10% more than those who do not and are more likely to be employed.

While South Gloucestershire pupils generally do well in the earlier stages of education, performance deteriorates between key stages 2 and 4, the current performance for KS4 (all pupils) places South Gloucestershire in the bottom quartile nationally.

There is also a gap in educational attainment between pupils who receive free school meals (an indicator of low income) and other pupils, which is wider within South Gloucestershire than within other areas of the country. This gap widens as children get older.

In South Gloucestershire 54% of pupils achieve 5 or more GCSE grades A* - C (including English and maths) which is lower than the England average of 57% and places South Gloucestershire in the bottom quartile nationally. At each stage of education, the gap in attainment between poor pupils and other pupils is wider within South Gloucestershire than within the South West and England as a whole.

Children from 'Black' and 'Mixed' backgrounds have significantly lower attainment rates when compared to both overall South Gloucestershire and national data.

Intervening early to improve the proportion of young people engaging with education or training reduces the risk of adult unemployment and low pay.

NEETS (Not in education, employment or training)

The proportion of South Gloucestershire's young people who are NEET is low compared to the South West and England, but there is a higher number of young people in South Gloucestershire, 3.7% (about 340), of 16-18 year olds are not in employment, education or training.

The number of young people age 16 – 18 participating in learning is lower than average, indicating that a greater proportion of pupils are entering the workforce directly after school.

Compared with other young people who live in South Gloucestershire, too high a proportion of care leavers do not engage in education, employment or training for too long a period of time, although the percentage decreased from 43.5% in March 2015 to 32% in December 2016.

Nationally, disabled young people are twice as likely to be NEET as their non-disabled peers.

Child poverty

There are children living in poverty throughout South Gloucestershire. Two-thirds of children living in poverty in South Gloucestershire live outside the priority neighbourhoods.

Educational attainment is the most influential factor that increases the risk of a poor child becoming a poor adult.

Children in workless families are three times as likely to be in relative poverty compared to families where at least one parent works. South Gloucestershire has a lower rate of worklessness than the national average. However there is considerable variation in rates across South Gloucestershire. Two-thirds of adults claiming job seekers allowance live outside the priority neighbourhoods.

Nationally, around two-thirds of poor children are in families with at least one adult who is working, suggesting that a combination of low hours and low pay plays a key part in determining poverty. In South Gloucestershire, the proportion of residents employed in occupations which usually require a low level of education is higher than the national and sub-regional averages. This suggests that there may be a higher proportion of South Gloucestershire residents in low paid jobs than other areas.

South Gloucestershire has a lower proportion of parents with no qualifications than the national average. However, there is great variation within South Gloucestershire, with some areas having lower levels of parental qualifications than the national average including some areas outside the priority neighbourhoods.

The Equality and Human Rights Commission has recently reported that: *“Our analysis found that in 2015/16, 29.8% of children were living in households in poverty. This is a higher proportion than that of adults overall (19.8%). The child poverty rate increased by 2.4 percentage points from 2010/11, but most of the change occurred between 2013/14 and 2015/16 (an increase of 2.0 percentage points). While a quarter (25.2%) of children in White British households were living in poverty, this was much more common for children in most ethnic minority households, including: Bangladeshi (57.0%), Black African (55.1%), Pakistani (52.8%) and Other ethnicity (51.1%). Between 2013/14 and 2015/16, the percentage of children living in poverty increased by 7.2 percentage points for children living with people who were separated, divorced, widowed or previously in a civil partnership, groups that are likely to contain lone parents.”*

Substance misuse

Substance abuse or misuse is the continued misuse of any mind-altering substance that severely affects a person’s physical and mental health, social situation and responsibilities. Alcohol dependence is the most common form of substance misuse, but any drug comes into this category, including the misuse of glue and aerosols. The reasons behind why young people might have problems with substance misuse are complex. For some young people who are vulnerable or who might be experiencing painful and difficult family situations, drugs and alcohol can become a way of managing feelings and coping with stress.

The South Gloucestershire online pupil survey found that 26% of secondary pupils and year 12 (age 16-17) reported that they drink sometimes (monthly) or weekly. Of the pupils who drink, the percentage reporting getting drunk regularly (weekly and daily) is 25%. This figure is similar to neighbouring authorities. Alcohol consumption increases with age and is higher in girls than boys. In the same age group, 9% have tried illegal drugs and 22% had been offered illegal drugs. The percentage that reported that they had tried an illegal drug rose from 1.3% in year 8 to 13.3% in year 10 and 16.3% in year 12. Of those using prescription drugs (pharming), opioid pain killers, sleeping pills, and anti-depressants were the most common.

Sexual health

The rate of teenage conceptions in South Gloucestershire are now lower than all other areas in the South West and have fallen consistently over the last decade. But rates of sexually transmitted infections in the general population continue to be highest in young people, peaking in those aged 15-24. Termination of pregnancy rates are also highest in this age group.

Sexually Transmitted Infections

- Overall 1,509 new sexually transmitted infections (STIs) were diagnosed in residents of South Gloucestershire, a rate of 549.4 per 100,000 residents (compared to 750 per 100,000 in England).
- South Gloucestershire has the 205th highest rate (out of 326 local authorities in England) of new STIs (excluding chlamydia diagnoses in 15-24 year olds) with a rate of 516.5 per 100,000 residents (compared to 795 per 100,000 in England).
- 61% of diagnoses of new STIs in South Gloucestershire were in young people aged 15-24 years (compared to 51% in England).
- For cases in men where sexual orientation was known, 19.6% of new STIs in South Gloucestershire were among gay, bisexual and other men who have sex with men (MSM).
- The chlamydia detection rate per 100,000 young people aged 15-24 years in South Gloucestershire was 1,749 (compared to 1,882 per 100,000 in England).
- South Gloucestershire has the 184th highest rate (out of 326 local authorities in England) for gonorrhoea, which is a marker of high levels of risky sexual activity. The rate of gonorrhoea diagnoses per 100,000 in this local authority was 29.1 (compared to 64.9 per 100,000 in England).
- In South Gloucestershire, an estimated 5.7% of women and 7.7% of men presenting with a new STI at a sexual health service during the 5 year period from 2011 to 2016 were re-infected with a new STI within 12 months.

HIV

- Among sexual health service patients from South Gloucestershire who were eligible to be tested for HIV, 62.6% were tested (compared to 67.7% in England).
- There were 18 new HIV diagnoses in individuals aged 15 years and above in South Gloucestershire. The diagnosed HIV prevalence was 1.1 per 1,000 population aged 15-59 years (compared to 2.3 per 1,000 in England).
- In South Gloucestershire, between 2014 and 2016, 50.0% of HIV diagnoses were made at a late stage of infection compared to 40.1% (95% CI 39.0-41.2) in England.

Reproductive Health and Teenage Pregnancy

- The total rate of long-acting reversible contraception (LARC) excluding injections prescribed in primary care, specialist sexual health and non-specialist sexual health services was 55.5 per 1,000 women aged 15-44 years in South Gloucestershire, and 46.4 per 1,000 women in England. The rate prescribed in primary care was 44.1 in South Gloucestershire and 28.8 in England.
- The total abortion rate per 1,000 female population aged 15-44 years in South Gloucestershire was 13.4, while in England the rate was 16.7 per 1,000. Of those women under 25 years who had an abortion in that year, the proportion who had had a previous abortion was 22.1%, while in England the proportion was 26.7%.
- In 2016, the conception rate for under-18s in South Gloucestershire was 11.7 per 1,000 females aged 15-17 years, while in England the rate was 18.8.

Anti-Social Behaviour (ASB)

There has been a significant rise in the number of reports of ASB that required the use of an early intervention (Early Warning Letters and Acceptable Behaviour Contracts (ABCs)) for the period 2016/17 compared to 2015/16. 87 level 1 letters were issued to young people in the period 2015-16 compared to 341 for 2016/17, an increase of 291%. Evidence suggests that the use of level 1 letters can have a significant impact in stopping ASB at the earliest opportunity and demonstrates how the use of prevention and early interventions can achieve low cost, successful outcomes for young people and victims.

The geographical areas experiencing the largest proportion of ASB related incidents have broadly remained the same, with Kingswood; Downend/Rodway/Siston; Patchway; Filton; Staple Hill and Longwell Green/Aspects, Yate all featuring as hotspot locations for ASB.

ASB involving groups of young people is transient and will move from location to location. Parkwall is an example of this where the groups of young people move between Cadbury Heath, Hanham and Longwell Green. Another example where ASB is of a significant issue with large groups of young people is Downend. This is a large and developing geographical area, which includes Emersons Green and Lyde Green.

We know from the review of positive activities in 2016 that young people felt any reduction in the activities being provided would potentially mean more time spent 'out on the streets'. In the same consultation, parents and carers also supported the view that positive activities had a direct impact on reducing anti-social behaviour in local communities.

More ABCs in South Gloucestershire have been issued to monitor behaviour where the problem has originated at a shopping centre, for example the shopping centres in Yate, Emersons Green and St Marys shopping centre in Thornbury. We also know from a 2013 survey of young people in Yate that young people said that they don't feel equal in parts of South Gloucestershire, and an example they gave was not feeling welcome in some 'adult' spaces like shopping centres, especially if they are not spending or consuming.

Youth crime

Young people in contact with the youth justice system have more (and more severe) unmet health and wellbeing needs than other children of their age. This may include high levels of obesity, traumatic injury, substance misuse, and mental and emotional problems.

The total number of young offenders managed by South Gloucestershire Youth Offending Service has decreased considerably since a peak of 582 in 2007/08. In 2014 there were 129 first time entrants to the criminal justice system aged 10-17 in South Gloucestershire and 65 in 2016.

However, a further 95 Community Resolutions were issued by the police in 2016, these are alternative ways of dealing with less serious crimes and can be used for offences such as low level public order, criminal damage, theft, and minor assaults. The proportion of young offenders who re-offend has also decreased.

Youth homelessness

Housing is expensive in South Gloucestershire, a 2009 survey found that the average property value is £222,000, which is around 11 times the average salary. High demand for housing locally (both private and social) and the high cost related to income, means that more people will experience difficulty in finding or holding onto suitable housing that they can afford. Young people, especially those in vulnerable groups such as care leavers, are finding it particularly difficult to find a suitable home. In the last ten years, the number of under-25-year-old home owners has more than halved.

The council has commissioned supported housing services for care leavers and works together with housing agencies to provide a dedicated supported housing scheme for young people. This has had a positive impact on homelessness, particularly for 16 and 17 year olds. In 2016, 214 young people aged 16-25 who were homeless or at risk of being homeless received housing related support to find suitable accommodation. This included 22 young people aged 16 and 17 years. However, not unlike many areas, there is still more demand than can be met by the available young people's housing.

Prevention is a key aspect of the strategy to address youth homelessness. This includes working closely with individual young people and their families, but also ensuring that young people have early access to information and advice.

Young carers

Young Carers are children and young people under 18 who look after someone in their family who has a disability, a long term illness, or is affected by mental ill health or is misusing alcohol or substances. Estimates from the 2011 census show that around 1,750 children and young people are providing unpaid care for siblings, parents or other family members in South Gloucestershire. This can range from babysitting siblings, to being responsible for the complete personal care and welfare of family members.

A Young Carer can become vulnerable when their level of care-giving and responsibility becomes excessive or inappropriate for them and it risks impacting on their emotional or physical well-being or educational achievement and life chances.

Family income and GCSE attainment is significantly lower in this group than non-carers. Young Carers in work at age 20 or 21 are more likely to be in lower skilled occupations. The Online Pupil Survey found that:

- At a secondary level, 41% of young carers reported 'low' or 'very poor' mental wellbeing,
- A significantly higher proportion than the general population are not very good/not at all good' at making/keeping friends,
- 42% reported difficulty sleeping due to worry 'most nights/quite often',
- 39% reported being generally 'unhappy most of the time/quite unhappy' over the past week.

LGBTQ+ (Lesbian, Gay, Bisexual, Transgender & Questioning) young people

In 2005 Government actuaries estimated that one in 16 people are gay or lesbian (six per cent of the population, or about 3.6 million Britons). The 2011 census did not include information on sexual orientation or sexual identity, therefore information about the LGBTQ+ population is limited. The Lesbian, Gay and Bisexual campaigning group Stonewall estimate local populations to be between 5-7% LGB with numbers being higher in urban than rural areas. If this is applied to the population in South Gloucestershire aged 11-18 years, this gives potential numbers of 1224 -1713 young people who identify as LGB. The most recent (2017) online pupil survey included a question on sexuality. Of the 2,034 secondary aged pupils answering that question, 4.2% identified themselves as bisexual, 1.2% as lesbian or gay. 1.9% identified themselves as trans (not the gender they were born in). 8.5% of secondary aged pupils also reported they were quite worried, worried, or extremely worried about their sexual orientation. The most frequent reason cited by pupils in South Gloucestershire for bullying is others' perceptions that you are LGB.

Young people with disabilities or special educational needs

Children and young people with disabilities or SEND are more likely to:

- Have poorer outcomes compared with their peers, including lower educational attainment, poorer health outcomes, and poorer employment opportunities.
- Be at significantly greater risk of physical, sexual and emotional abuse and neglect than non-disabled children.
- Be excluded from school and less likely to do well in education.
- Have contact with the youth offending system,
- Be less likely to be in education, employment or training between the ages of 16-18.

An estimated 3.0 – 5.4% of children nationally have disabilities, so when applied to South Gloucestershire this equates to between 1,607 and 2,893 children under 18 with some level of special educational need or disability. At any one time there are approximately 6,600 children aged between 0-25 years with SEND in South Gloucestershire. 1,700 children have more complex needs and have an EHC plan.

Levels of special educational needs are highest amongst males. The most common type of special educational need is communication and interaction followed by moderate learning difficulty. Over the last 5 years there has been an increase in the number of children with Autistic Spectrum Disorders.

Mental Health - Key issues

- Young people's mental wellbeing declines as they progress through the educational phases.
- There is poorer mental wellbeing among girls.
- Schools in Kingswood have lower levels of mental wellbeing compared to the sample average, though not always at a statistically significant level. This is likely to be related to levels of deprivation.
- Poorer outcomes were found among young carers, children with special educational needs and disabilities or an educational healthcare plan (SEND/EHC), and those identifying as Lesbian, Gay, Bisexual or Transsexual (LGBT).

Young people's mental wellbeing declines as they progress through the educational phases.

At the secondary phase, a significantly higher proportion of children identifying as LGBT (47%), SEND/EHC (35%), FSM (31%) or young carers (39%) reported being generally 'unhappy most of the time/quite unhappy over the past week', compared to the sample average of 22%.

Between 2015 and 2017:

- The proportion of young people who felt 'happy most of the time/quite happy' over the past week declined from 80% at the primary phase, to 57% and 52% at the secondary and FE phases respectively.
- SEND/EHC young people reported a significantly higher proportion who felt they were 'not very good/not at all good' at making/keeping friends, at both the primary and secondary phase.
- The proportion of young people who feel they are 'satisfied/quite satisfied' with life declined from 80% in the primary phase, to 63% and 57% at the secondary and FE phase respectively.
- Please also refer to the Adverse Childhood Experiences section below.

The Equality and Human Rights Commission reports that: *"Across Britain, people from ethnic minorities are generally considered to be at increased risk of poor mental health (EHRC, 2016). Some evidence suggests that mental health conditions go unreported and untreated because people in some ethnic minorities are reluctant to engage with mainstream health services (Mental Health Foundation, 2017)."*

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

- 90% of primary respondents, 72% of secondary respondents and 66% of FE respondents recorded results of average or high mental health. However, as this suggests, by FE over a

third of respondents reported low or very poor mental health, with over 1 in 10 exhibiting very low scores.

- Across all phases, the proportion of girls scoring 'very poor/low' was greater than males; however, this was only significant at the secondary phase (Girls 35%, Boys 18%).
- At a primary level differences in mental wellbeing between vulnerable groups were marginal. However, at a secondary level scores indicating 'low' or 'very poor' mental wellbeing were significantly higher among those identifying as LGBT (58%) or young carers (41%), compared to the whole South Gloucestershire sample (27%). Those reporting SEND/EHC or free schools meals also exhibited a notably higher proportion reporting 'very poor' and 'low' mental wellbeing, though this was just shy of being statistically significant at a 95% level.

Making and keeping friends

- The proportion of young people who feel they are 'good' or 'very good' at making and keeping friends was highest among the primary cohort (81%). This proportion dropped off at the secondary (70%) and FE (64%) phases.
- Gender differences at a primary level were marginal, however at a secondary level the proportion of males (74%) reporting being 'good' or 'very good' at making and keeping friends, was statistically higher than females of the same educational phase (67%).
- SEND/EHC young people reported a significantly higher proportion who felt they were 'not very good/not at all good' at making/keeping friends, at both the primary and secondary phase. Those identifying as LGBT reported a significantly higher proportion at both a secondary and FE level, while young carers were significantly higher in the secondary phase only.

Life Satisfaction

- The proportion of young people who feel they are 'satisfied/quite satisfied' with life declined from 80% in the primary phase, to 63% and 57% at the secondary and FE phase respectively.
- While gender differences at a primary level were marginal, at a secondary level the proportion of females (21%) reporting being 'unsatisfied/quite unsatisfied' with life was significantly higher than males of the same educational phase (14%).
- SEND/EHC young people exhibited a significantly higher proportion who felt 'unsatisfied most of the time/quite unsatisfied' with life, at both a primary and secondary level.
- Those identifying as LGBT or a young carer reported a significantly higher proportion who were 'unsatisfied most of the time/quite unsatisfied' at a secondary level only.

Confidence about their future

- The proportion of young people who felt they were 'extremely confident/confident' about their future declined from 76% at the primary phase, to 53% and 41% at Secondary and FE respectively.
- At both primary and secondary phases, a significantly higher proportion of females reported feeling 'not at all confident/not very confident about their future', than males of the same phase.
- At the primary phase, no vulnerable group exhibited a significantly higher proportion of children who felt 'not at all confident/not very confident' about their future, however those identifying as SEND/EHC (14%) were marginally higher than the sample average (10%).
- At the secondary phase, a significantly higher proportion of children identifying as LGBT (39%) or SEND/EHC (33%) felt 'not at all confident/not very confident' about their future, compared to all secondary participants combined (20%).

Difficulty sleeping due to worry

- The proportion of children reporting difficulty sleeping due to worry 'most nights/quite often' was 25% in the primary phase. This was significantly higher than the secondary phase (19.6%) though was statistically similar to the further education (23.5%).
- At both primary and secondary phases, a significantly greater proportion of females (27% and 26% respectively) reported difficulty sleeping due to worry than males (23% and 12% respectively).
- At the primary phase, a higher proportion of children self-reporting as SEND/EHC (39%) reported difficulty sleeping due to worry 'most nights/quite often', compared to all primary respondents combined (25%).

- At the secondary phase, a significantly higher proportion of children identifying as LGBT (40%), SEND/EHC (40%) or young carers (42%) reported difficulty sleeping due to worry 'most nights/quite often', compared to all secondary participants combined (20%).

General happiness

- The proportion of young people who felt 'happy most of the time/quite happy' over the past week declined from 80% at the primary phase, to 57% and 52% at the secondary and FE phases respectively.
- At a primary level a marginally larger proportion of females (10%) reported being 'unhappy most of the time/quite unhappy' than males (8%) though this difference was not statistically significant. At a secondary level, a significantly larger proportion of females (28%) report being 'unhappy most of the time/quite unhappy' than males of the same cohort (15%).
- The proportion of children and young people feeling 'unhappy most of the time/quite unhappy' is significantly higher among pupils attending schools in locality 3 (17%), when compared to the sample average (15%).
- At the primary phase, no vulnerable group exhibited a significantly higher proportion of children who are 'unhappy most of the time/quite unhappy', however those identifying as SEND/EHC (12%) were marginally higher than the average (9%).
- At the secondary phase, a significantly higher proportion of children identifying as LGBT (47%), SEND/EHC (35%), FSM (31%) or young carers (39%) reported being generally 'unhappy most of the time/quite unhappy' over the past week, compared to the sample average (22%).

General happiness at school

- The proportion of young people who felt 'happy most of the time/quite happy' AT SCHOOL declined from 75% in the primary phase, to 44% and 45% in secondary and FE phases respectively.
- At the primary level a marginally larger proportion of females reported being 'unhappy most of the time/quite unhappy' at school than males, though this difference was not statistically significant. At a secondary level, a significantly larger proportion of females (34%) report being 'unhappy most of the time/quite unhappy' at school than males of the same cohort (25%).
- The proportion of children and young people feeling 'quite unhappy/unhappy most of the time' at school was significantly higher among pupils attending schools in locality 3 (23%) and significantly lower in pupils attending schools in locality 1 (16%), when compared to the sample average (20%).
- At the secondary phase, a significantly higher proportion of children identifying as LGBT (51%), SEND/EHC (41%) or young carers (53%) reported being generally 'unhappy most of the time/quite unhappy' at school over the past week.

No-one to speak to when unhappy or worried

- The proportion answering 'no-one' when asked 'When you are unhappy or worried about a personal issue, who would you go to for help?' increased from a low of 9% in primary, to 19% and 24% in secondary and FE respectively.
- Across all phases, a higher proportion of males than females reported having no-one to speak to, though this difference was only statistically significant in the primary phase.
- At the secondary phase, a significantly higher proportion of children identifying as LGBT (31%) reported having no-one to speak to, compared to the secondary average (19%). Those reporting as having SEND/EHC or being a young carer were marginally higher than all secondary pupils combined, but just shy of being statistically significant.

Adverse Childhood Experiences

Adverse Childhood Experiences are negative experiences in early life and childhood that can have an impact on health and wellbeing throughout life. Evidence to date has identified the following:

- direct harms: physical, emotional or verbal abuse and physical or emotional neglect
- indirect harms ('household challenges'): domestic violence, parental drug/alcohol misuse, parental criminal behaviour/incarceration, parental mental illness and bereavement (linked to death or separation)

Research has shown a causal relationship between ACEs and poor physical and mental health and socioeconomic outcomes. The impact of those stresses in childhood can lead to a higher risk of, for example, adopting health-harming behaviours (e.g. drug and alcohol misuse and risky sexual behaviours), performing poorly in school and involvement with the criminal justice system. It can also lead to poorer health outcomes throughout the life course, and an early death. Evidence suggests that risk increases with the number of ACEs a person experiences.

In the English National ACE Study (2014) almost half the population (47%) experienced at least one ACE, with 9% of the population with 4 or more. Modelling that for the South Gloucestershire population of 212,900 adults (ONS data 2016) aged 20+ means that 100,063 adults have experienced at least one ACE, with 19,161 adults having 4 or more.

If all the children (under 20 years as of June 2016) in South Gloucestershire reach adulthood with the predicted number of ACEs, that is 30,409 additional people with at least one ACE and 5,823 with 4 or more.

According to a UK study, those with 4 or more ACEs are:

- 2x more likely to be a high-risk drinker and 3x more likely to smoke
- 6x more likely to have caused or had an unintentional teenage pregnancy
- 7x more likely to have been involved in violence in the last 12 months,
- 11x more likely to have been incarcerated or use crack cocaine/heroin
- 2x more likely to have visited a GP or visited A&E in the last 12 months
- 6x more likely to be diagnosed with an STD
- More at risk for disease including: cardiovascular disease, respiratory disease, type 2, diabetes, stroke and cancer
- More likely to report poor health and have a lower sense of wellbeing

50% of homeless people and 64% of those in contact with substance misuse services had 4 or more ACEs.

Those with 6 or more ACEs are:

- 35x more likely to die by suicide
- 46x more likely to be an IV drug user
- Likely to die 20 years earlier than those with no ACEs.

Bullying

The Online Pupil Survey (OPS) in South Gloucestershire took place in 2015 and 2017. The following is a summary of the findings of that survey in respect to bullying.

61% of pupils had not been bullied.

Bullying decreased with age, but perception of school management in this area became worse.

	Year 4	Year 5	Year 6	Year 8	Year 10	Year 12
% Pupils seriously bullied in the last year, quite often and most days	21.9%	19.9%	13.6%	10.6%	7.6%	3.3%
Pupils who think their school deals with bullying extremely well	73.3%	66.6%	64%	34.2%	21.2%	36.2%

Changes between 2015 and 2017 - bullying for primary school children increased, and for secondary and year 12 it decreased.

School stage	2015 - % children bullied	2017 - % children bullied
Primary	13%	18%
Secondary	11%	9%
Year 12	4%	3%

Types of bullying – Physical and isolated/excluded bullying were more prevalent for primary school children. Cyber bullying was more prevalent for secondary young people.

School stage	Physical	Verbal	Cyber	Isolated / excluded
Primary	16%	26%	5%	15%
Secondary	8%	22%	9%	9%

Cyber bullying was more prevalent for girls.

Gender	Year 4	Year 5	Year 6	Year 8	Year 10
Girls	4%	4%	6%	15%	12%
Boys	5%	4%	3%	4%	4%

The reasons for bullying – the following lists the reasons for bullying in order of most frequent to least frequent:

- People think you are LGB
- Your disability
- Your skin colour
- Your accent
- People think you are trans
- Your religion
- Your home language
- You are a traveller.

Bullying by location

Severnvale: Secondary pupils in the Severnvalle locality reported higher than the South Glos average to believe they have been bullied because people think they are LGB or transgender, because they are disabled, or because of their accent. Primary pupils in the Severnvalle locality reported higher than the South Glos average to believe they have been bullied due to their skin colour or home language. They reported higher than the average to believe they have been targeted for reasons related to the other protected characteristics, bar LGB which is slightly lower than average. Since 2015 there has been a noticeable increase in the percentage of Severnvalle locality secondary pupils who feel bullied because of their disability, skin colour, accent, or because they are a traveller.

Yate: Overall, both primary and secondary pupils in the Yate locality reported less than the South Glos average to believe they have been bullied in relation to any of the protected characteristics. Since 2015 there has been a decrease in the percentage of Yate locality secondary pupils who feel targeted in all categories, apart from religion and disability. These categories show a slight increase.

Kingswood: For both primary and secondary pupils in the Kingswood locality, the responses are roughly in line with the South Glos average, with the notable exception being 'skin colour' as a reason for the bullying being higher than average in secondary pupils. Since 2015 there has been a noticeable increase in the percentage of Kingswood locality secondary pupils who feel bullied because of their skin colour and home language, and increases in those feeling targeted because of their disability, accent and people thinking they're LGB. There is a slight decrease in pupils feeling targeted due to their religion or because they are a traveller.

Reasons for these variations across locality areas could be explained in part by things such as overall pupil or area demographics (e.g. Yate locality being less diverse in terms of pupil ethnicity therefore less pupils affected by racist bullying).

Physical health (Healthy weight, nutrition and physical activity)

In children aged 2-15 years in England, 68% of boys and 76% of girls do not meet the Chief Medical Officers' recommendations for physical activity. By the age of 11, more than 1 in 4 of children in South Gloucestershire weigh more than is healthy for them. Local analysis of child obesity data by deprivation quintile shows that for both reception and Year 6 children there is a clear socio-economic gradient where prevalence of obesity is higher amongst our more deprived communities. Compared to 2016/17 there have been small but not significant increases in the prevalence of reception overweight (0.1%) and very overweight (0.1%).

Year group	Under weight	Healthy weight	Over weight	Very Overweight	Severely obese
Reception	1.10%	80.60%	11.20%	7.20%	1.60%
Year 6	1.30%	67.50%	14.00%	17.20%	3.50%

South Gloucestershire in comparison to the South West (15 authorities):

Reception

- Highest prevalence of underweight in the South West
- Highest prevalence of healthy weight in the South West
- Lowest overweight and fourth lowest very overweight prevalence in the South West
- Seventh lowest severely obese prevalence (equal to or above 99.6th centile)
- Lowest prevalence of reception excess weight (18.4%)

Year 6

- Equal second highest prevalence of underweight in the South West
- Tenth lowest prevalence of healthy weight in the South West
- Eleventh highest prevalence of overweight in the South West
- Tenth highest prevalence of very overweight in the South West.
- Tenth highest prevalence of excess weight in the South West

The 2015 online pupil survey found that 66% of pupils across all age groups had at least 4 hours of physical activity (including play) each week. The proportion of girls engaged in physical activity each week was lower than for boys overall: 60% of girls compared to 72% of boys do 4 or more hours of physical activity a week. In South Gloucestershire the public health outcomes framework found that only 54.9% of young people aged 15 met the recommended 5-a-day (fruit and vegetables). In the Online Pupil Survey 2014, when children and young people were asked "Is there anything that you feel you need to know more about?" the following top three responses were given:

- cooking skills – 45% of all ages
- getting fit – 25% of all ages
- healthy eating – 20% all ages

Consultation

Consultation was conducted from 16th January 2019 until 20th March 2019. The purpose of this consultation was to seek views and gather opinions from individuals, groups and organisations on the draft version of South Gloucestershire's Early Help Strategy for Children, Young People and Families (2019-2024)

The consultation process was supported by a dedicated consultation webpage which hosted all consultation documents, an online survey and a paper survey to download. The online consultation system sent out a notification to registered users informing them of the consultation and providing links to this information:

<https://consultations.southglos.gov.uk/consult.ti/EarlyHelp/consultationHome>

As part of the consultation we also welcomed comments made online and by letter, email, fax and over the phone and these contact methods were promoted on consultation literature.

Consultation information was sent to Town and Parish Councils, South Gloucestershire councillors and local voluntary and community organisations. Notifications were also sent to a range of other stakeholders and interested parties. All libraries and One-Stop Shops were also notified of the consultation details and asked to cascade the information to any interested parties.

Consultation events:

Two consultation events were held with residents, service providers and members of the Partnership. These were held at the following venues:

- Thursday 28th February , 14:00 - 15:30 at Ridgewood Centre in **Yate**:
- Tuesday 5th March, 09:30 - 11:00 at the Park Centre in **Kingswood**:

Survey:

The survey was open from 16th January 2019 until 20th March 2019.

There was a total of 95 responses to the consultation. 30 of these were online and 65 were paper copies. A total of 6 emails were received in response to the consultation. There were no telephone calls received. The survey results are contained within the Consultation Output Report which should be read in conjunction with this EqIAA.

Equalities related comments received via consultation

The following comments relating to equalities were received via the consultation:

Age	<ul style="list-style-type: none"> - It feels like we don't work with many 16/17 year olds not in education, employment or training (NEET) - No provision for young people for "positive" activities. No assistance for NEET young people - this has been stopped by LA teams such as FYPS over last two years - Ensuring all YP especially post 16 get a service when required and not having to meet strict thresholds and be turned away and pushed elsewhere. Young people rarely ask for support - it should be taken seriously - Ensure all adolescents get a service / advice not told 'you don't meet a criteria' - There is no clarity on NEET / at risk of NEET support for YP locally - already a vulnerable group due to being NEET - I agree that we need to be doing more to provide support to young people. Adolescents need to have the opportunity to be able to engage in positive activities. We need to have team workers who are working with young people to support them. We need to make sure that young people get more support and provision. Young people are missing out - Would like to see clearer understanding of offer. Currently feel children centres staff's role is divided into two different aspects. Need for session workers to be able to give all children 0-5 groups to attend and benefit from. Currently groups in on centre are very baby focused and do not offer. Anything for 2+. By having session workers this would give greater opportunities for development for older children. It would be beneficial for outreach workers to be in a wider 0-11 team alongside other professionals such as health visitors. Within 0-11 I would like to see early years 0-5 and 5+ workers to draw on all workers skills - Do not agree that a separate Early Help offer should be written for this different age ranges. I think there should be one Early Help offer which covered all ages 0-18 or even 0-25 and this is the way we work - what we offer to all families. This will reduce differences and avoid further transition. I think the Early Help offer could then be broken down into 3 different age ranges which are "blurred" - 0-5 early years, 5-11 childhood, 11-18 adolescent.
Accessibility – general	<ul style="list-style-type: none"> - Need accessible information for people to see who / what FYPS are and how to access the service. One place where lists of all community services can be seen - Needs to be easily accessible to all - Need to simplify the language used. needs to be accessible and clear to all
Accessibility of services	<ul style="list-style-type: none"> - Access to community based services needs to be look at. Families often with financial or mental health issues have quite a distance to travel to get to services which is a massive barrier - Consideration needs to be given to how families from poor backgrounds / limited mobility can access this offer. At the moment families in rural / cut off locations are expected to travel what to them are long distances to access services. This isn't always realistic.
Disability	<ul style="list-style-type: none"> - NEET / SEN young people, at risk of NEET all have differing mental health needs at different times of their life - YP with mental health issues need early support as well as those with SEN but not EHCP level - No clarity on NEET and mental health issues in young people - There needs to be much consideration in relation to mental health services on offer to children, young people and their families. There also needs to be flexibility between the 0-11 and adolescent offer

Nationality	- How do we capture information on refugee and travelling communities
General	<ul style="list-style-type: none"> - Culture / language barriers and the effects this has on workers impact / time - Things like the effects of poverty, culture disability should be addressed - Does this ensure that equalities are taken into account

In addition, it is important to mention that two Council staff events were held in March 2019 to provide a collective response to the consultation. When looking at the Priorities set out in the draft Strategy, the following Force Field Analysis was developed:

Theme: Priority One – Early Understanding of the diverse needs of children, young people and families.			
Driving Force →	Score	Score	← Restraining Force
Early help assessments & SAF improvement	4	5	Poor communication across services, issues with referrals/people knowing what we offer as EH.
Early help team in ART	5	5	Not knowing what capacity of families mean.
OFSTED	5	5	How do you ID problems 'before' they occur
ACE's Team – need to get in early		5	Different systems not sharing info – e.g. attendance, police info.
More training on diversity.	5	5	Communication between universal and targeted services e.g. youth centres.
Early identification of need prior to escalation of concern.	5	5	Late referrals/ID of need e.g. schools in Y11.
Use of 'equalities' and demographic information to plan early help services.	4	3	ID of 'diverse' needs hampered by schools not recognising different needs? Resources, funding, time – for services to ID and refer.
Staff understanding what their role is with families and are clear about this to families and other services.	5	3	Very broad priority.
		5	IT systems diff hard to find info.
		5	Team stretched due to nature of work.
		4	Family's coming back into the system after previous FYPS involvement.
		4	Awareness of other agencies.
		4	Thresholds changing.
		5	Access of services and buildings.
		5	Lack of preventative and universal services.
		5	Lack of relationship with schools.
		3	Thresholds of FYPS early help too high. Threshold matrix not used. This information no longer accessible at practitioner level
		5	How are services 'sold' to families, currently feels that 'fyps will fix' things.
Driving Force →	71	119	← Restraining Force

The consultation also specifically asked respondents to identify any further issues which should be considered. The following table displays the information received:

Theme	Number of comments
Don't know/ not applicable	11
Mental health issues in young people	2
Everyone should be considered	2
NEET	1
Culture/language barriers	1
Travellers	1
Gangs	1

SECTION 3 - IDENTIFICATION & ANALYSIS OF EQUALITIES ISSUES AND IMPACTS

The key issues relating to Protected Characteristic groups which emerge from the research and consultation data shown in Section 2 of this EqIAA are shown in the tables below.

Children's Social Care
<ul style="list-style-type: none"> • Children from Minority ethnic backgrounds are significantly over-represented in the population of Looked After Children in South Gloucestershire, with children from Black/African/Caribbean/Black British accounting for the highest proportion. • Children from BAME backgrounds are significantly over-represented in the population of those subject of Child Protection Plans. • More Males than Females are subject of Child Protection Plans. • Children from BAME backgrounds are significantly over-represented in referrals to children's Social Care. • Children from BAME backgrounds are significantly over-represented in the 'reported as missing' data. • Recorded CSE crimes in South Gloucestershire nearly doubled between 2016/17 and 2017/18. • Young people with disabilities are at significantly greater risk of physical, sexual and emotional abuse and neglect than non-disabled children.

Education
<ul style="list-style-type: none"> • Performance deteriorates between key stages 2 and 4, KS4 data places South Gloucestershire in the bottom quartile nationally. • Pupils who receive free school meals have lower educational attainment than other pupils, and this gap widens as children get older. • In particular, children from 'Black' and 'Mixed' backgrounds have significantly lower attainment rates when compared to both overall South Gloucestershire and national data. • Young people with disabilities are more likely to have lower educational attainment than their non-disabled peers. • Young people with disabilities are more likely to be excluded from school than their non-disabled peers. • Ensuring all YP especially post 16 get a service when required and not having to meet strict thresholds and be turned away and pushed elsewhere. Young people rarely ask for support - it should be taken seriously • Ensure all adolescents get a service / advice not told 'you don't meet a criteria' • Adolescents need to have the opportunity to be able to engage in positive activities. We need to have team workers who are working with young people to support them. We need to make sure that young people get more support and provision. Young people are missing out • Would like to see clearer understanding of offer. Currently feel children centres staff's role is divided into two different aspects. Need for session workers to able to give all children 0-5 groups to attend and benefit from. Currently groups in on centre are very baby focused and do not offer. Anything for 2+. By having session workers this would give greater opportunities for development for older children. It would be beneficial for outreach workers to be in a wider 0-11 team alongside other professionals such as health visitors. Within 0-11 I would like to see early years 0-5 and 5+ workers to draw on all workers skills • Do not agree that a separate Early Help offer should be written for this different age ranges. I think there should be one Early Help offer which covered all ages 0-18 or even 0-25 and this is the way we work - what we offer to all families. This will reduce differences and avoid further transition. I think the Early Help offer could then be broken down into 3 different age ranges which are "blurred" - 0-5 early years, 5-11 childhood, 11-18 adolescent. • There was some concern around transition points for young people and recognising that

everyone hits certain milestones at different times

- The strategy needs key transition points and a question was raised about 17/18 year olds who need support and how they fit into the strategy
- Concerns around the cut of points being 0-11 years old. How will the handover process work and the transition process?
- Development ages are very different and children and young people reach adolescence at different stages
- Is there a potential barrier having children of different ages across both offers?

NEET (Not in education, employment or training)

- A high number of 16-18 year olds in South Gloucestershire are NEET.
- Nationally, disabled young people are twice as likely to be NEET as their non-disabled peers.
- It feels like we don't work with many 16/17 year olds not in education, employment or training (NEET)
- NO provision for young people for "positive" activities. No assistance for NEET young people - this has been stopped by LA teams such as FYPS over last two years
- There is no clarity on NEET / at risk of NEET support for YP locally - already a vulnerable group due to being NEET
- NEET / SEN young people, at risk of NEET all have differing mental health needs at different times of their life

Child poverty

- Two-thirds of children living in poverty in South Gloucestershire live outside the priority neighbourhoods.
- In South Gloucestershire, the proportion of residents employed in occupations which usually require a low level of education is higher than the national and sub-regional averages.
- Children living in households in poverty is much more common for children in most ethnic minority households.
- Between 2013/14 and 2015/16, the percentage of children living in poverty increased by 7.2 percentage points for children living with people who were separated, divorced, widowed or previously in a civil partnership, groups that are likely to contain lone parents.
- Things like the effects of poverty, culture disability should be addressed

Substance Misuse

- Alcohol consumption is higher in girls than boys.
- The percentage of secondary and year 12 pupils who reported that they had tried an illegal drug rose from 1.3% in year 8 to 13.3% in year 10 and 16.3% in year 12.

Sexual health
<ul style="list-style-type: none"> • Rates of sexually transmitted infections are highest in young people, peaking in those aged 15-24. Termination of pregnancy rates are highest in those aged 15-24. • Diagnoses of new STIs in South Gloucestershire for young people aged 15-24 years is significantly higher than the national average. • 19.6% of new STIs in South Gloucestershire were among gay, bisexual and other men who have sex with men (MSM).

Anti-Social Behaviour (ASB) and Youth Crime
<ul style="list-style-type: none"> • Young people, parents and carers support the view that positive activities have a direct impact on reducing anti-social behaviour in local communities. • Young people say that they don't feel equal in parts of South Gloucestershire. • Young people in contact with the youth justice system have more (and more severe) unmet health and wellbeing needs than other children of their age. This may include high levels of obesity, traumatic injury, substance misuse, and mental and emotional problems.

Youth homelessness
<ul style="list-style-type: none"> • In the last ten years, the number of under-25-year-old home owners has more than halved. • There is more demand than can be met by the available young people's housing.

Young carers
<ul style="list-style-type: none"> • Family income and GCSE attainment is significantly lower for young carers than non carers. • Young Carers in work at age 20 or 21 are more likely to be in lower skilled occupations. • young carers are more likely than average to report 'low' or 'very poor' mental wellbeing, that they are not very good/not at all good' at making/keeping friends, difficulty sleeping due to worry 'most nights/quite often', that they are generally 'unhappy most of the time/quite unhappy' over the past week.

Mental Health
<ul style="list-style-type: none"> • Young people's mental wellbeing declines as they progress through the educational phases. • There is poorer mental wellbeing among girls. • Young carers, children with special educational needs and disabilities or an educational healthcare plan (SEND/EHCP), and those identifying as Lesbian, Gay, Bisexual or Transsexual (LGBT) have poorer mental health. • Adverse Childhood Experiences have a significant negative impact on a wide range of outcomes. • Across Britain, people from ethnic minorities are generally considered to be at increased risk of poor mental health. • YP with mental health issues need early support as well as those with SEN but not EHCP level • No clarity on NEET and mental health issues in young people • There needs to be much consideration in relation to mental health services on offer to children, young people and their families. There also needs to be flexibility between the 0-11 and adolescent offer • Really important that mental health needs are defined in priority 4 as this is a key stumbling block in getting help early enough

Mental wellbeing measure	LGBT young people	SEND EHC young people	Young carers
Have 'poor' or 'very poor' mental wellbeing	Twice as likely	52%	52%
Reporting difficulty making and keeping friends	Three times as likely	Twice as likely	Twice as likely
Reporting lower level of life satisfaction.	Twice as likely	Twice as likely	70% unhappy about school
Likely to express low levels of confidence about their future	96%	65%	
Reporting being so worried about something they cannot sleep at night 'quite often / most nights'	Twice as likely	Twice as likely	Twice as likely
Reporting generally feeling generally unhappy 'quite often' or most of the time		60%	77%
Responding 'no-one' when asked who they would go to for help with a personal issue	63%	32%	37%

Bullying
Reasons for bullying in order of most frequent to least frequent are: <ul style="list-style-type: none"> • People think you are LGB • Your disability • Your skin colour • Your accent • People think you are trans • Your religion • Your home language • You are a traveller.

Physical health (Healthy weight, nutrition and physical activity)
<ul style="list-style-type: none"> • By the age of 11, more than 1 in 4 of children in South Gloucestershire weigh more than is healthy for them. • The prevalence of obesity is higher amongst more deprived communities. • South Gloucestershire has the highest prevalence of children in Reception year being underweight in the South West and the equal second highest prevalence of underweight in the South West in Year 6. • The proportion of girls engaged in physical activity each week is lower than for boys overall. • Only 54.9% of young people aged 15 in South Gloucestershire meet the recommended 5-a-day (fruit and vegetables). Key issues that children and young people cite as wanting to know more about are cooking skills, getting fit and healthy eating.

Accessibility
<ul style="list-style-type: none"> • Need accessible information for people to see who / what FYPS are and how to access the service. One place where lists of all community services can be seen • Needs to be easily accessible to all • Need to simplify the language used. Needs to be accessible and clear to all we ensuring that we take equalities / diversity into account? • Some neighbourhoods have few accessible buildings – will information and support be available through other means in relation to the community networks • Translation services need to be readily available when the need arises to support non English speaking service users • Needs to be written in Plain English • Access to community based services needs to be look at. Families often with financial or mental health issues have quite a distance to travel to get to services which is a massive barrier • Consideration needs to be given to how families from poor backgrounds / limited mobility can access this offer. At the moment families in rural / cut off locations are expected to travel what to them are long distances to access services. This isn't always realistic. How are

Addressing the identified equalities Issues

Section 2 of this EqIAA raises a wide number and range of equalities issues and the tables in Section 3 (above) summarise the key issues emerging from the research information and the consultation activity conducted. It is critical that these identified issues are addressed robustly through actions taken 'on the ground', and that a clear mechanism exists for monitoring success in tackling these inequalities which this EqIAA clearly sets out.

The Early Help Strategy is clear from the outset that understanding and addressing inequalities is a core part of the strategy itself. Indeed, the core principles set out state that we will:

Enable support at the right time, in the right place, in the right way.

This means taking full account of the issues faced by the groups identified within this EqIAA in order that support is relevant, appropriate and has maximum effect – in other words, that support is at the right time, in the right place and in the right way for all, taking full account of the diverse needs and situations of young people, their families and carers, which in turn enables support to have maximum positive impact.

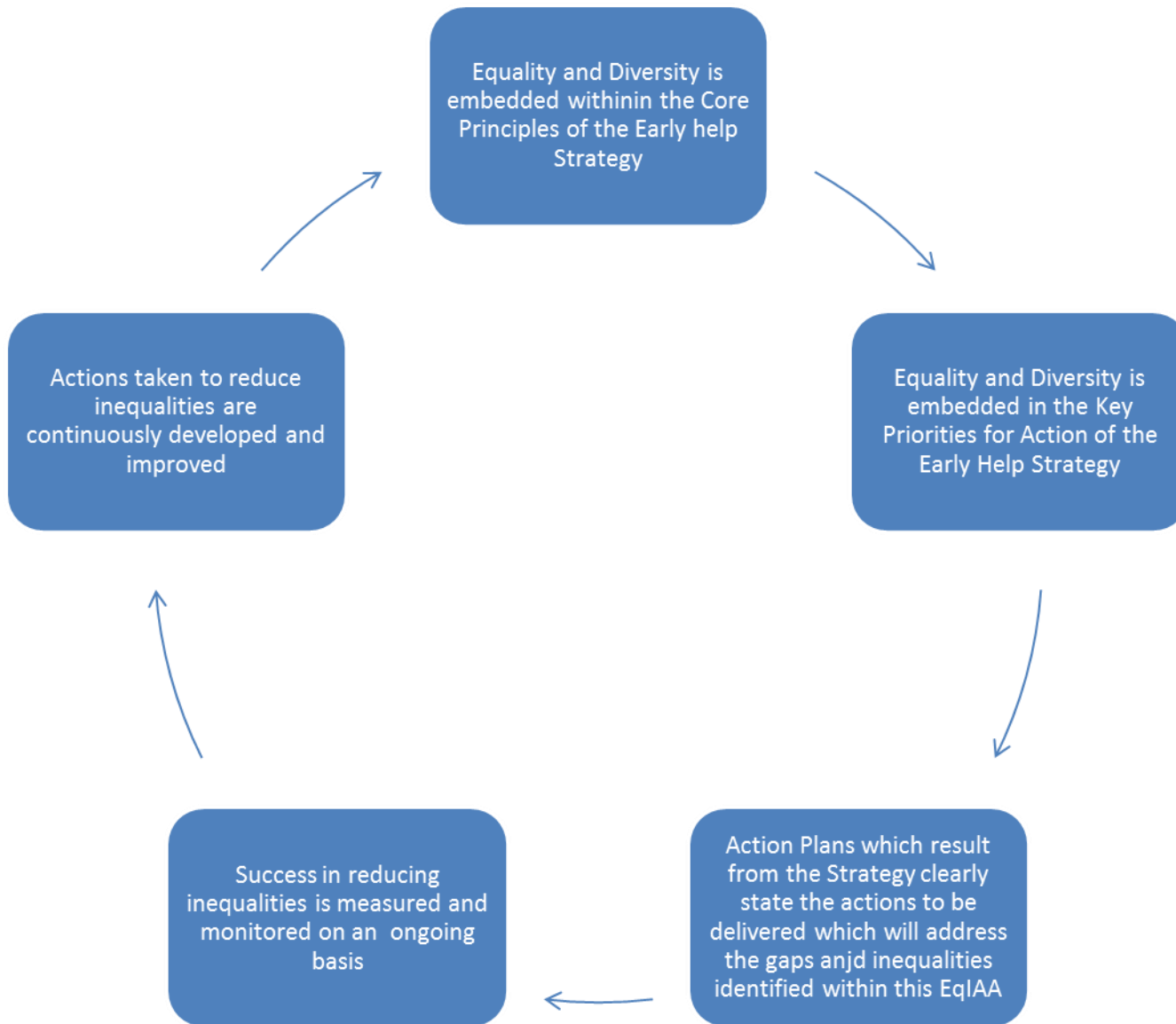
Following the core principles, the priorities for action state that the strategy will be implemented through priorities which include:

Early understanding of the diverse needs of children, young people and families. This entails, **Understanding how protected characteristics may impact likelihood of need.**

It is important that the Strategy sets out these principles and priorities, as from the very outset and from the highest level, the importance of understanding and working with diverse needs (as clearly evidenced in this EqIAA) is identified as critical to the success of the Strategy.

It is now vital that the accompanying Implementation Plan for delivery takes account of the issues raised within this EqIAA and that success in addressing the inequalities identified is monitored and measured, lessons are learnt and actions taken to reduce inequalities are continuously developed and improved. This considered approach is displayed in the following diagram:

Approach for integrating equalities within the Early Help Strategy and delivering improvement



SECTION 4 - EqIAA OUTCOME

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.	<input type="checkbox"/>	
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	<input checked="" type="checkbox"/>	<p>The Early Help Strategy is clear from the outset that understanding and addressing inequalities is a core part of the strategy itself and this is set out within the core principles.</p> <p>The Early Help Strategy Implementation Plan contains actions which seek to address the equalities issues arising as a result of this EqIAA.</p> <p>Progress against these actions will be monitored by the Outcomes Monitoring/Strategy Evaluation Group on an ongoing basis. Equalities training will be made available for this group.</p>
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	<input type="checkbox"/>	
Outcome 4: Stop and rethink.	<input type="checkbox"/>	

SECTION 5 - ACTIONS TO BE TAKEN AS A RESULT OF THIS EqIAA

The Early Help Strategy Implementation Plan contains actions which seek to address the equalities issues arising as a result of this EqIAA. Progress against these actions will be monitored by the Outcomes Monitoring/Strategy Evaluation Group on an ongoing basis and equalities training to enable this will be made available for this group.

SECTION 6 - EVIDENCE INFORMING THIS EqIAA

Sources of information:

- Positive Activities for Young People Needs Assessment September 2017
- Online Pupil Survey 2017
- Safeguarding Children Board Annual Report 2017/18
- ONS population estimates data
- English National ACE Study (2014)
- Consultation Feedback April 2019