Swindon Borough Council Diversity Impact Assessment
Safeguarding Advisors and Named Nurse for Safeguarding Quality Assurance and Reviewing Service

1 What's it about?

Refer to equality duties

What is the proposal? What outcomes/benefits are you hoping to achieve?

This DIA sets out the principle aims of the QA & Review service and describes the approach for future service provision and its impacts.

The function of the Quality Assurance and Review Service is to provide leadership and management of the quality assurance strategy across the service and to ensure continuous improvement of social work services in particular and early help. There is a strong and clear expectation that all the functions within the service have strategic oversight of quality; these include the safe operation and effective chairing service of children subject to protection plans and those who are in the Local Authority's care; the Local Authority Designated Officer (LADO) service for managing allegations about people who are working with children and young people in an effective and efficient manner and the delivery of safeguarding advice, guidance and training by the safeguarding advisors.

The service, including the posts under review also works with the Local Safeguarding Children Board (LSCB) and other partnerships to influence the development of and secure services that positively impact and safeguard children and young people. Furthermore, the service has a focus on establishing, maintaining and leading effective multi - agency partnerships with other agencies in the statutory and independent sector leading to positive liaisons and the development of new projects and initiatives. It works to ensure the voice of the child, family and frontline is faithfully heard and represented in a way that can effect positive change and service improvements.

The Children, Family and Community Health Service Delivery Plan September 2014 to April 2016 identifies 5 priorities from the Council's plan with 3 being applicable to the roles and responsibilities of the Safeguarding Advisors:

- Together, find new ways to reduce vulnerability and improve health for all
- Work with people and families to help them fulfil their potential
- Make best use of Swindon's resources inside and outside the Council

It outlines the councils imperatives in relation to the financial context as described below:

'Without concerted and real action, over the next 3 years, the total gap between the Council's income and the projected cost of services amounts to £48 million. Funding to the Council will decrease by £13.6 m. We anticipate that this decrease will partially be offset by an additional income of £3.6 m from business rates growth, resulting in an actual decrease of £10m. However, costs will not stand still during this period and without action, we will also be faced with increasing demand for services. These additional costs and higher demand, if unchecked will result in a further cost pressure of £38 million. Taken together this gives amounts to a total gap of £48 million. In order to bridge this gap we must take action across every area of Council spend. Given the overall funding reduction and even with the above interventions, there will still be a need for savings across all areas both in real terms and as a percentage of the overall budget. This will mean action from everyone. This year's business plans need to continue to demonstrate real change. You need to be asking how your service will contribute to stemming the rising demand for adults and children's services? How will your staff contribute through their work and through a changed way of working with

residents? Does every interaction start from the premise of how we can support people to help themselves?'

The Service Delivery Plans goes on to say:

'Key service improvements for the next 2 to 3 years. This will include further developing our organisational culture, management and leadership and enhancing compliance with key policy and practice. The following in particular need further development:

- All services improve response to child sexual exploitation, neglect and permanency
- Finding new ways with partners to address the 'toxic trio' of domestic abuse, mental health and substance abuse in adults, and the negative impact on children.
- Finding efficiency savings wherever possible to compensate for continued service demand pressures
- Ensuring the full range of Inspectoral recommendations has been addressed. (Ofsted & CQC in particular)
- Continue to develop and consolidate integrated service delivery for early help, health and social care ensuring 'step up and step down' support is seamless.

And 'services are reshaped at a lower operating cost and are sustainable within the budget now and in the light of potentially significantly reduced budgets in the future.'

Statutory requirements

There is no statutory requirement to have Safeguarding Advisors, the roles appears to be unique to Swindon with the exception of the Health Advisior post- for which similar posts exist in NHS Trusts.

There are different pieces of legislation and regulation that outline the general duty to safeguard and promote children's welfare that can be applied to some of the tasks with the Safeguarding Advisors roles and the three safeguarding advisors contribute to the general Councils duties/powers.

The purpose of this proposal is to consider if it is viable to trade the Safeguarding Advisor for Early Years and the Safeguarding Advisor for Education for Swindon Traded Services 2016 – 17 with the expectation that education and early years providers would fund the post or posts,

Traded services is not a relevant option for the Safeguarding Advisor Named Nurse although this post is fully funded by the CCG so would remain. However a review of the role would take place to look at a more effective job remit.

Staffing levels: Dependent of what educational / early years provisions are willing to fund would direct how many hours the posts could be established for.

Charges for services: As outlined above, the posts themselves would be funded rather than duties within the job roles.

Who's it for?

The primary customers are the early years providers, schools, colleges and health professionals.
The change to these roles will mean that early years providers and education settings will buy in the resource or choose to develop the role within their own services.

A review of the Named Nurse with the CCG would enable this role brief to be enhanced.

How will this proposal meet the equality duties?

This proposal should not have a direct impact on the children, families and carers within Swindon. This proposal should strengthen the multiagency working and networking that is required with robust safeguarding between children's services, health, early years settings and education.

The integrated service, inter agency and community based approach will develop relationships and networks across professionals and communities.

There is no negative diversity impact on the staff involved in these roles.

What are the barriers to meeting this potential?

The key barrier to meeting this potential is the possible increasing service demand within the current children's social care teams and existing health professionals and that will reduce the time and space needed for individuals to learn and develop and the availability of suitable resources to lead and deliver the change alongside the business as usual responsibilities.

This proposal may lead to a possible change in culture for education, health and early years professionals in that they will need to develop their own direct links with children's social care and health.

2 Who's using it? Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

There was evidence from professionals who contributed to the review that the 3 individuals who are in the Safeguarding Advisor roles are all held in high regard; are considered to be very good at responding, seen by various partners as 'invaluable' and are seen as experts in their own right. However, this appears to be based on individual relationships and personalities rather than on the roles themselves.

Despite some anecdotal evidence of positive outcomes on an individual case basis, it has not been possible to evidence what 'added value' is provided by having the Safeguarding Advisors roles in relation to performance or impact. The Safeguarding Advisors contribute to the council meeting legislative and regulatory requirements; however there is no evidence to support the premise that their contributions are directly responsible for improving outcomes and performance when compared to national benchmarks.

Indeed, there is evidence that on occasion having the Safeguarding Advisors involved is restricting other professionals taking responsibility for addressing issues and developing professional relationships. Sometimes this appears to lead to an unhelpful reliance on the Safeguarding Advisors.

The Safeguarding Advisor for Early Years and the Safeguarding Advisor for Education roles are being funded by Children, Families and Community Health services to support partner agencies with no financial or support contributions from the providers who use them. In the current climate of very limited funding it is imperative that we review these non-statutory posts to ensure financial resource and alignment of key roles required within the council. There is not a requirement to have Safeguarding Advisors for Education or Early Years and these roles are not consistently found across local authorities nationally.

The Safeguarding Advisor Named Nurse is funded by the CCG and the role has some elements that are required to be met. However, it would be beneficial for there to be reconsideration of how certain elements

could be met in a more cost effective and impactful way.

How can you involve your customers in developing the proposal?

As part of the Safeguarding review of these posts we sought feedback from the customer and a number of themes emerged:

- Safeguarding Advisors as 'information conduits'

There was clear evidence of partners using the Safeguarding Advisors to find out information rather than going directly to Family Contact Point; the hospital; setting or school. This was based on the fact that they were accessible; within easy reach and responsive in their contact and because they were known and well regarded.

- Safeguarding Advisors as 'escalation facilitators'

With all three roles there was a clear use by providers of using the role to raise concerns they had regarding the practice of Children's Social Care; in particular to clarify whether a referral reached threshold; and for feedback in relation to actions following a referral.

The evidence from professionals contributing to the review suggests that providers are using all 3 Safeguarding Advisors to facilitate and escalate concerns rather than engaging directly with Family Contact Point, Assessment and Child Protection, health colleagues and the hospital to build up networks and strong multi agency relationships. There is evidence to suggest that early years, education and health professionals need to take greater responsibility for addressing issues, concerns and develop strong and meaningful professional relationships rather than using the Advisors as 'mediators'.

- Safeguarding Advisors as 'operational issues managers'

With the Named Nurse there was a clear view by at least three professionals who contributed to the review that the management of supervision of Health Visitors was an issue and could be better managed if it was wholly within the line management structures as has been the case with School Nurses.

The Safeguarding Advisor for Education was quoted as having stepped in to address some operational issues and challenges within a school to tackle some of the safeguarding challenges that had raised. This may have been helpful for the child involved but however, it was the responsibility of other involved professionals to have addressed the difficulties.

- Safeguarding advisors as 'training providers'

The 3 SAs provided training at no cost as follows:-

Safeguarding Advisor for Early Years and Safeguarding Advisor for Education provide 2 training events on 'The role of the designated lead in education' for schools and Early Years settings.

Safeguarding Advisor Named Nurse provided 30 hours per year although it has not been possible to evidence this in the last 12 months. Anecdotally, it is understood that Safeguarding Advisor Named Nurse provides some ad hoc input to existing training, professional development and inductions.

However, similar training is also available from the LSCB, from within professional networks and resources which already exist.

- Safeguarding Advisors being used as 'pre-cursors for LADO and CP referrals

There was evidence in the review that the Safeguarding Advisor for Early years and the Safeguarding Advisor for Education were used to facilitate the information regarding allegations and engaging settings when the LADO role was shared between a number of IRO's. Since there has been a single role responsible for the LADO this use of the Advisors has greatly reduced.

Who is missing? Do you need to fill any gaps in your data? (pause DIA if necessary)

This is an area that we are aware of and acknowledge that this is an area of work we need to develop and

we will be considering over the next 6 months how best we can better capture this data regarding usage of the service.

3 Impact Refer to dimensions of equality and equality groups
Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2:

a) Does the proposal create an adverse impact which may affect some groups or individuals? Is it clear what this is? How can this be mitigated or justified?

At this point we do not believe there is a direct impact for staff on the basis of any protective equality characteristics.

There is also no direct impact of service users however we will look to monitor this closely.

What can be done to change this impact?
Not applicable

b) Does the proposal create benefit for a particular group? Is it clear what this is? Can you maximise the benefits for other groups?

There is no specific positive impact identified.

Does further consultation need to be done? How will assumptions made in this assessment be tested
A current consultation is on-going with staff and partners who may possibly will be impacted upon.

4 So what? Link to business planning process

What changes have you made in the course of this DIA?

There has been no direct impact on equality issues in this assessment to date. However it has highlighted the need to better understand the access to the service by the diversity of our community.

When will this be reviewed?

After 6 months, in line with current proposal.

How will success be measured?

At the review point we will have the means to understand the equality implications for the service.

For the record	
Name of person leading this DIA – Fiona Francis	Date completed 25.01.16
Names of people involved in consideration of impact- Nick Stephenson	
Name of manager signing DIA – Karen Reeve	Date signed

Diversity Impact Assessment – an inclusive business planning tool

1. What's it about? refer to equality duties

- What is the proposal? What outcomes/benefits are you hoping to achieve
- Who's it for?
- How will this proposal meet the equality duties?
- What are the barriers to meeting this potential?

2. Who's using it? consider all equality groups

- What data/evidence do you have about who is or could be affected? (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?
- How can you involve your customers in developing the proposal?
- Who is missing? Do you need to fill any gaps in your data?

3. Impact consider dimensions and equality groups

Using information in parts 1 & 2:

a) Does the proposal create an adverse impact which may affect some groups or individuals? How can this be mitigated or justified?
> What can be done to change this impact?

b) Does the proposal create benefit for particular groups or individuals. Is it clear what this is? Can you maximise the benefits for other groups?

- Does further consultation need to be done? How will assumptions made in this assessment be tested?

4. So what?

- What changes have made in the course of this DIA?
- What will you do now and what will be included in future planning?
- When will this be reviewed?
- How will success be measured?

Considerations

Our equality duties

1. Eliminate discrimination, harassment and victimisation
2. Advance equality of opportunity
3. Foster good relations

Equality groups

For the following equality groups: age, disability, sex, transgender, marriage/civil partnership, maternity/ pregnancy, race, religion/belief and sexual orientation.

Extended by SBC policy to include: financial economic status, homelessness, political view.

Dimensions of equality

How will the proposal affect Human Rights and life chances of different groups? Consider how the proposal affects

1. Longevity.
2. Physical security.
3. Health.
4. Education.
5. Standard of living.
6. Productive and valued activities.
7. Individual, family and social life.
8. Participation, influence and voice.
9. Identity, expression and self-respect.
10. Legal security.

For up to date information and advice contact **equality@swindon.gov.uk** or check **swindon.gov.uk/dia**

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Swindon Borough Council