

### **Children and Young People Department**

## Equality Impact Assessment

Parenting Support to Families – Penge and Anerley Children's Centres – Young Parent Group

Prepared by: Nancy Lartey, Head of Centre

Rosemary Norman, Health Visitor

**Debbie Brewer, Community Information/Support** 

Worker

Gwen Edwards, Team Administrator

End Date: October 2008

### STAGE 1 – PLAN EQUALITY IMPACT ASSESSMENT

1a.	Title of the EIA:	
Paren	ting Support to Families - Penge and Anerley Children's Centres	

1b. What category of EIA is this? Please tick one of the following:

Part of planned work	Yes
Developing new policies	
Changing/ updating existing policies	

1c. Timetable for assessment:

Start Date	
Projected end date	October 2008

1d. Who will do the EIA? Please complete the following table:

Name	Job Title	Roles & Responsibilities within EIA Team
Nancy Lartey	Head of Centre	Lead Officer – Supervision of Research
Rosemary Norman	Health Visitor	Lead Professional – Parenting Training
Debbie Brewer	Community Information/ Support worker	Lead Professional – Young Parents Group
Gwen Edwards	Team Administrator	Assistance with Research

1e.	e. Identify any other resources that are needed to support EIA:				

### STAGE 2 – ANALYSE THE POLICY

2a.	<b>Briefly</b>	describe	the aim	of the	policy:
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 To provide equal access to parenting advice and support in an inclusive manner for all parents of children aged 0-5 years old.

### 2b. Set out the policy objectives:

- To provide a service that empowers parents to make informed choices about their pregnancy, labour and caring for their babies.
- To provide a service that increases parents' confidence in their ability to adapt to parenthood.
- To support and value the importance of the parent-child relationship, commencing in the ante-natal period, recognising the effect on the child's mental health.
- To improve parental mental health during pregnancy and in the first year of parenthood, or at least recognise at an early stage that a parent is depressed, offering appropriate early interventions.
- To offer a service that is inclusive, targeted and celebrates cultural diversity.

### 2c. Break down the policy into its key areas:

- Access to parenting advice and support to all families
- Ability of all sectors of the community to contribute to the development of the service (on-going evaluation)
- Reputation of the council (CYP Service) for all is enhanced.

All parents of children aged 0-5 years old.

2e. Identify partner organizations and any other departments involved in delivering the policy:

- Bromley PCT
- Bromley Children's Project
- Connexions
- Voluntary Organisations:-Welcare Home Start Girls Friendly Society (GFS)
- Community Groups:-
- Somali Well Women's Project

2f Identify and list any stakeholders concerned with the delivery of the policy:				
N/A				

### STAGE 3 – ANALYSE THE EQUALITY ISSUES OF THE KEY AREAS OF THE POLICY

Category:	Age	Disability	Gender	Race	Religion/ Belief	Sexual Orientation
Considered in EIA?	Yes	Yes	Yes	Yes	No	No

KEY AREAS:	ALL ASSOCIATED DOCUMENTS: For example: statements, forms, supporting policies ect	EQUALITIES GAP ANALYSIS :
Access to parenting advice and support to all families with children aged 0 – 5 years old	Young Parent Group  The young parents group has been set up to promote the role of being a young parent, providing a support network and service that focuses on the individual needs of young parents and their children.	Young fathers are not attending the group.  Young parents not always comfortable in attending a group type setting
	It is designed to enable parents up to the age of 23 old (25 yrs if there is a need) to be supported throught the stages of being a parent. The focus of the group is to provide guidance and advice to both male and female parents on issues that are exclusiveto young parents. This takes the form of an informal drop-in group running weekly for 2 hours with a creche. The group offers the opportunity to discuss issues and concerns that are relevant to them. This should empower young parents to be actively involved recognising their own needs and how they are able to best meet those needs. The group aims to be parent	Concern over some parents not attending or only attending once due to bullying or knowing other young parents from the local area

focussed, promoting partnership working. This encourages the parents to have a voice and be heard, promoting user involvement and participation. The focus is to promote self-awareness and development, identify strengths and work towards the young parents own goals and targets.

The group aims to have the capacity to bring about positive change in young parents and their childrens lives. This enables young parents who have similar experiences to meet, be involved in the self-directing of the group, develop positive relationships, have their views and opinions heard and identify what works best in supporting and developing the role of being a young parent.

### Targeted outreach to service delivery

The group is facilitated by 2 members of staff and has the benefit of a connextions advisor every week. An effective outreach service has not yet been possible due to other work committments for both members of staff. A stronger link between the Health Visiting team and the group facilitators is needed so as to provide an effective outreach/befriending support service for young parents. This would enable the parent to feel more comfortable coming to a group setting and would also be a good way to find out if there could be issues in the group with other parents. There has been a trial of home visits with the Health Visitors and at present because of it being early into the trial we do not have any data to show if this will be effective as a way to encourage more parents to access the service.

# Ability of all sectors of the community including parents children aged 0 – 5 years old to contribute to the development of the service

There is good advertising for the group which includes Health Visiting teams in the area,, doctors surgeries, local libraries and information in the bi-monthly bulletin.

There could be a better targeted approach given more resources. Links with the local midwives, social services and local community groups is not as strong as it could be and this could possibly be an effective way of knowing who the parents are and targeting them with information through the post or at ante-natal appointments at an early stage. Joint working is essential to give a more robust service in the area

### The reputation of the council (CYP service) for all is enhanced

Access to services for teenage parents is part of the Children's Centre s core offer and we are effective in showing that we have a very successful record in supporting these parents Information packs for pregnant teenagers and young parents would be beneficial to promote services in Penge and Anerley.

Category:	Age	Disability	Gender	Race	Religion/ Belief	Sexual Orientation
Considered in EIA?	Yes	Yes	Yes	Yes	No	No

KEY AREAS:	QUANTITATIVE DATA:	<b>EQUALITIES GAP ANALYSIS:</b>
	For example: monitoring information,	
	census data, performance indicators, Borough benchmark data, customer surveys	
Attendance data	45 different parents attended the group over an 2 year period between September 2006 and Sept 2008  7 of those parents only attended once  17 of those parents attended less than 3 sessions	We are aware that the data collected suggests that just over half of the parents attending attended less than 3 sessions in total. This is a large drop out rate and suggests that we need to do some more work on gathering evidence as to why this is happening and finding a solution. At present we make follow up phone calls and send out further invitations to the group. This has not helped to encourage them back. As this is a hard to reach group it is important to develop a positive relationship with the parent and outreach joint visits with a health visitor could be a good way to develop the relationship so that they feel more comfortable in coming to and staying at the group.
Age	57.77% of parents attending are teenage parents 42.23% of parents were between the ages of	
	20 – 26 years	
Race	66.66% of parents attending are White/British 33.33% of parents were of other origins <b>Breakdown data</b> White/black Caribbean 6.66% White/black African 6.66% Any other mixed background 2.22% Any other Asian background 6.66% African 4.44% Caribbean 4.44% Preferred not to say 2.22%	There is a large Somali community in the Penge area – however this is a cultural group that has not been represented at the group. However, the Somali community do have a very active Centre and there has been some outreach work undertaken there and perhaps could be extended as needs the Somali community dictate.
Number of children	80% of parents have 1 child 20% of parents have 2 children	The Children's Centre is currently planning future outreach visits to this community group with the intention that this will help enhance relationships and encourage them to use services
Gilliulell	2070 of parents have 2 children	

Disability	6.66% of parents had divulged a disability	We need to be more aware of the fact that some of the young parents could have a learning disability. Disability is asked about on registration forms but we do not ask specifically about learning disabilities
Gender	97.78% female attendees 2.22% Male attendee	Although fathers are welcome by staff we need to be aware that the mothers in the group do not want fathers attending. This is due to issues around domestic violence and the women feeling that they need a space to be able to talk about things. A large proportion of parents in the group are single and therefore the father is not part of the family unit. If fathers are to be given the same opportunities as mothers then a separate group may be considered. Changes could be made to make services at the children's centre more inclusive not just for young fathers but all fathers in the local community. There is recognition that there is a need for a fathers group
Sexual orientation	No data available. It is unlikely that the service offered represents a barrier to participation on the ground of sexual orientation. However without supporting data under representation is hard to assess	This question is not asked on any of the registration forms currently used at Children's Centres and this might be a consideration when designing registration forms in the future
Religious belief	No data available. It is unlikely that the service offered represents a barrier to participation on the ground of religious belief. However without supporting data under representation is hard to assess	This question is not asked on any of the registration forms currently used at Children's Centres and this might be a consideration when designing registration forms in the future

Category:	Age	Disability	Gender	Race	Religion/ Belief	Sexual Orientation
Considered in EIA?	Yes	Yes	Yes	Yes	No	No

KEY AREAS:	QUALITATIVE DATA:	EQUALITIES GAP ANALYSIS :
	For example: customer opinion surveys, staff forums, focus groups, "Getting it Right"	
	feedback	
	<u>Evaluations</u>	
	Young parent opinion survey suggests that	
	<ul> <li>A high proportion of the parents find out about the group through their friends. These are the parents who tend to continue coming to the group for a longer number of weeks</li> <li>If parents were referred by a</li> </ul>	This evidence suggests that the group could become clicky and may be a barrier to new parents coming and staying in the group.  It is therefore important to develop the outreach/befriending support service so that new members don't feel alienated coming into the group. Additionally, follow up home visits would be a better option than the current telephone calls, but we do not have the resources available for this at present.
	professional it is followed up by a phone call from one of the facilitators and parents have stated that this helped them feel more comfortable about coming along	
	<ul> <li>The survey suggests that parents felt really nervous about coming along to the group for the first time and stated the following reasons</li> <li>Might be like school,</li> <li>Anxious about meeting new people,</li> <li>Not knowing anyone</li> <li>Feeling self conscious</li> <li>Thinking that it was run by social workers who wanted to know your business</li> <li>Worried they might know someone they don't like</li> </ul>	The targeted outreach would allow some of these fears to be addressed on a one to one basis. There have been two incidents of parents not coming for a second time because of someone they knew from school and fears about bullying. Once again this could be addressed in the home environment.  Previous attempts to address this problem through follow up phone calls with suggestions of other groups they could attend have not been successful.
	It is suggested from the survey that the parents were made to feel welcome in the group by other parents	It would be helpful to know if this is a problem for GFS Platform Penge and how they tackle the problem.  It could help to have a buddy system in place for new parents. Asking a regular member of the group to take

 The group is based around arts and craft and the survey suggests that most of the girls like this. A minority of the group do not like the craft activities responsibility to befriend them on their first visit could help to alleviate the low attendance trend. A volunteer befriending service may also help with attendance figures

We need to cater for all the parents that attend the group and therefore need to consider other activities in the group for those parents that do not like the art and craft. We need to be flexible and consider how to meet all their needs

### **Connexions**

We have developed very strong links with Connexions. The Connexions advisor visits the group weekly to give advice and support to parents about training. This has had a positive impact on the parent's views on returning to learning especially for those that have had poor experiences in the past. The advisor has also been invaluable in giving advice and support with issues regarding housing, benefits and budgeting. 8 of the regular attendees have attending training and 2 have returned to work.

### STAGE 4 – SET OUT THE ACTION PLAN AND TARGETS

the equality action plan must be integrated into the performance centre improvement & efficiency plans/ service plans.

KEY AREA	EQUALITY CATEGORY	PROPOSED ACTION/ TARGETS	KEY MILE STONES/ TIMESCALE	WHO IS RESPONSIBLE?	RESOURCES & TRAINING REQUIRED?
Involving fathers	Gender	To work more closely with the health Improvement Unit		Nancy Lartey	Male member of staff and possibly Saturday sessions
Raising group numbers amongst all sections of the community	Race	To develop an effective outreach service for young parents	Develop effective outreach by accompanying health visitors on home visits  Use midwife clinics to actively promote group	Debbie Brewer	Extra group may be needed if promotion of the service is successful due to large numbers of children in the creche
		Develop a pack aimed at pregnant teenagers and young parents giving all the information on support services	Work with health improvement unit Continue attending monthly teenage pregnancy partnership board to link with professionals in the area		
Better recording of information	Disability	Change registration forms to include learning disability	immediately	Debbie Brewer	None

### **STAGE 5 – Feedback From Stakeholders On Draft Action Plan**

Stakeholder	Date consulted	Feedback	Impact on Action Plan
Departmental			
Equality Group			

STAGE	6 – 3	Submit	Draft	Action	Plan	I O L	)MI

Date submitted:	
Feedback:	
Changes made: (If required)	

### STAGE 7 – Integrate Agreed Actions & Targets Into I&E Plans

Date complete:	

### **STAGE 8 – Produce And Publish EIA Report**

Date published:	