

## Equality Impact Assessment (EIA) Form

Please use in conjunction with the [EIA toolkit](#), which has been designed to guide you through completing your EIA form.

<b>Service Area:</b>	Special Educational Needs and Disabilities (SEND)
<b>Name of service/policy/project being assessed:</b>	Joint Review of Therapeutic Support for Children with SEND in Richmond and Kingston and proposed block transfer from the Dedicated Schools Grant to fund improvements
<b>Officer leading on assessment:</b>	Grahame Craig – Senior Management Accountant
<b>Other officers involved:</b>	Louise Dutton – Management Accountant; and Henry Kilpin- Head of Strategy and Programmes and equalities lead

### 1. Briefly describe the service/policy/project:

#### **Joint Review of Therapeutic Support**

A review of speech and language therapy, occupational therapy and physiotherapy has been completed by Achieving for Children, Kingston and Richmond Clinical Commissioning Groups and current service providers. This review follows feedback from a number of comprehensive consultation processes since 2017. Both schools and families have highlighted that a local therapies offer would improve outcomes, strengthen the local education provision and is a key factor in families favouring independent schools over academies and LA maintained schools.

The work undertaken to date has provided greater clarity about existing and emerging therapy needs at a local and national level and clearly indicates that therapies are a significant and valued element of the support package provided to pupils. It is evident that there is an increasing level of need for SEN support and EHCPs and as a direct result there is an emerging need for increased investment to facilitate the provision of therapies support to a larger cohort of pupils. The evaluation of the existing model and provision would indicate that all partners agree that there is scope to improve the quality of therapeutic support and experience of pupils in accessing support. A move away from the current approach to commissioning therapies via a mixture of contractual arrangements and significant spot purchasing should lead to more effective use of funding to improve outcomes for pupils.

The Balanced System model is recommended as the most appropriate for both the boroughs of Richmond and Kingston, based on literature reviews, national case studies and the successful implementation in the Kingston speech and language therapy service. It offers a whole system, outcome based framework that can be used to understand, plan and evaluate services to support children and young people.

If funding is agreed, the proposed new model would be phased in over the next two to three years. The immediate priorities would be:

1. Development of a universal offer through the delivery of a SEND Single Point of Access (SPA) function to provide timely consultation, advice, information and signposting to early help for parents/carers and professionals based on the CAMHS SPA model. The offer to consist of:
  - Universal access to information, advice, signposting.
  - Telephone advice line.
  - On-line information and resources (OT, PT, SLT) on local offer).
  - Training and programmes for families (OT, PT, SLT).
  - Work with targeted providers.
  - Training for the children's workforce.
  - Access to drop-ins.
  
2. Deliver a consistent service offer across the universal, targeted and specialist age range:
  - Pre-school (0 - 4 years old) - this is primarily health but will include some education activity.
  - School age (4+ - 19 years; primary, secondary specialist resource provisions).
  - Schools and FE colleges (Post 16 - 18 years old).

3. Establish clearer pathways for joint commissioning between the CCG and AfC.
4. Establish a change management programme that includes improving systems, processes and planning within therapy services.

### **Proposed block transfer from the Dedicated Schools Grant to fund improvements**

This improvement will require additional investment from the Dedicated Schools Grant (DSG), the CCG health budgets and the Councils' budgets. There is not adequate funding within the high needs block to allow for increased education investment. Schools Forum are asked to consider whether they would be willing to provide additional funding to the high needs block to facilitate the introduction of an improved therapies offer from the financial year 2020/21. This additional funding will be used to create a ring fenced fund to be specifically spent on therapies, The fund would be earmarked specifically to therapies and any underspend carried forward to future years.

The annual funding required from all partners to fully implement the proposed model in a full financial year with no vacant posts would be £3.9m, £1.6m more than the current level of investment. The education element is £1.7m, £0.835m more than the existing level of investment. The proposal is to phase the proposed new model in over two to three years and so the full additional investment would not be required in 2020/21. It is estimated that an additional £500k in education funding would be required next year in Kingston and £420k in Richmond.

The key issues to note with regards to the proposed block transfer are:

- Not all schools will be required to contribute to the block transfer. This is determined by the funding formula issued by the Department for Education and the capping mechanism used to effectively reduce the maximum per pupil gains any school can have.
- No schools would lose funding as a result of the block transfer, instead the expected funding increase would be slightly reduced.
- Schools will be contributing to a therapies offer for children and young people aged 0 to 19 despite the school population being aged 5 to 16. However, the new therapeutic support will primarily be aimed at pupils of school age and by investing in services for children aged 0 to 4, the need for EHCPs for pupils once in school may be reduced. Currently schools are required to pay the first £6k costs with any ECHP so it may lead to some level of savings if the number of ECHPs required is reduced as a result of therapies intervention at an earlier age.
- The block transfer would equate to a 0.75% reduction per pupil in Kingston and a 0.48% reduction per pupil in Richmond.

## **2. What sources of information have been used in the preparation of this equality assessment? (e.g national research, JSNA, user feedback)**

<i>Information Source</i>	<i>Description and outline of the information source</i>
Best Practice Guides	Guides setting out best practice therapeutic services nationally.
National reviews and recommendations relating to therapeutic services	Research relating to reviews and recommendations of therapeutic services nationally.
Views of partners and service users	See consultation section below.
Reflections on historical experience and available benchmarking information	Information relating to the current and historical delivery of the therapeutic services in Kingston and Richmond including benchmarking data.
AfC Annual Equalities Report (2018-19)	AfC's annual equalities report for 2018-19 which sets out how the company is meeting the public sector equality duty.
Joint Review of Therapeutic Support for children with SEND in Richmond and Kingston	The findings from the review of therapeutic support for children with SEND in November 2019.
School Census data- January 2019	Data from the January 2019 school census: <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/826252/Schools_Pupils_and_their_Characteristics_2019_Accompanying_Tables.xlsx">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/826252/Schools_Pupils_and_their_Characteristics_2019_Accompanying_Tables.xlsx</a>
Analysis of impact of school block transfer in Kingston- completed by Finance team	Analysis undertaken by the Finance team to better understand the impact of the proposed school block transfer in Kingston. This has informed this EIA.
Analysis of impact of school block transfer in Richmond- completed by Finance team	Analysis undertaken by the Finance team to better understand the impact of the proposed school block transfer in Richmond. This has informed this EIA.

### 3. Analysis of Impact

<i>Protected Group</i>	<i>Impact (mark with an 'X')</i>			<i>Include Data and Analysis</i>
	<i>Positive</i>	<i>Negative</i>	<i>None</i>	

Age	X		<p><b>Data</b></p> <p><i>All school population</i>  Achieving for Children is working with 53,799 children and young people (26,069 in Kingston/ 27,730 in Richmond) across 109 state-funded schools in Kingston (51) and Richmond (58). Of these:</p> <ul style="list-style-type: none"> <li>• There are 14,791 pupils attending primary schools in Kingston, aged 4 to 11 years old, and 17,704 attending primary schools in Richmond.</li> <li>• There are 10,857 pupils attending secondary schools in Kingston, aged 11 to 16, and 9,774 attending schools in Richmond.</li> <li>• There are 639 children and young people (387 in Kingston/ 252 in Richmond) in five special schools ( Kingston- 3/ Richmond- 2) across the two local authorities.</li> <li>• There are also 34 children and young people who have their main registration at the Pupil Referral Unit in Kingston.</li> </ul> <p><i>SEND population</i>  The largest age group amongst the children and young people with SEND in Kingston is those aged 12 to 14 years of age (23.8%). This is followed by those aged nine to 11 (22.6%) and those aged 15 to 17 years old (18.7%). In Richmond, the largest age group is those nine to 11 years old (20.7%). This is followed by those aged 15 to 17 years old (19.9%) and those aged 12 to 14 years old (19.0%).</p> <p><b>Impact</b>  The proposals for the therapies service include the intention to deliver a consistent service offer covering the universal, targeted and specialist age ranges:</p> <ul style="list-style-type: none"> <li>• Pre-School (0 – 4 year old).</li> <li>• School Age (4+ - 19 year olds).</li> <li>• Schools and FE Colleges (Post 16 - 18 year olds).</li> </ul>
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Disability	X		<p><b>Data</b></p> <p>In Kingston, 2.2% of the 0-24 population have SEND (1,294 in Kingston with an EHCP); and in Richmond, the figure is 2.4% (1,485 in Richmond with an EHCP). Nationally, 2.9% of the pupil population have an EHCP.</p> <p>In addition, in Kingston, 2,262 pupils are receiving SEN support. The figure is 2,494 in Richmond (2019 School Census).</p> <p>In terms of primary need, 35.1% of children and young people in Kingston have Autistic Spectrum Disorder (ASD); 21.6% have Speech, Language and Communication Needs (SLCN); and 13.5% have Social, Emotional and Mental Health (SEMH) needs. In Richmond, 29.3% have ASD; 18.8% have SLCN; and 12.7% have SEMH.</p> <p>Data shows that</p> <ul style="list-style-type: none"> <li>● The number of pupils requiring therapeutic support has increased in recent years and the future trajectory would indicate that this increase will continue for the foreseeable future. The number of pupils requiring EHCPs / SEN Support has increased significantly since 2014. Last year there was an 11% increase in EHCPs across each borough. There was also an 11% increase in pupils accessing SEN Support in Kingston schools and a 4% increase in Richmond.</li> <li>● The need for therapeutic support as part of SEND packages is increasing.</li> <li>● Around 12% of the school population in Richmond and Kingston is accessing</li> </ul>

			<p>support through SEN Support or an EHCP</p> <ul style="list-style-type: none"> <li>● A higher percentage of the children accessing SEN Support are in the early years and KS1-2 (65%-RBK/71%-LBR). For EHCPs this is more evenly spread across the age ranges.</li> <li>● The boroughs' school place plans look to increase the number of local places in specialist resource provisions and special schools to ensure that where appropriate pupils can be educated locally. This will require increased capacity to deliver therapeutic support locally rather than via the independent or out of borough sector.</li> </ul> <p><b>Impact</b> The proposed new model will see a greater investment in the service which would mean more children and young people are able to access therapeutic support when required.</p>
Gender (Sex)	x		<p><b>Data</b></p> <p><i>All school population</i> In all state-funded schools that Achieving for Children work with there is a slight male gender bias, with 51.1% males to 48.9% female. However the gender bias is much more pronounced in special schools where 68.6% of pupils registered are male and in the Pupils Referral Units where 60.3% of pupils registered are male.</p> <p><i>SEND population</i> 71.6% of children and young people with SEND in Kingston are male and 28.4% are female. In Richmond, 71.8% are male and 28.2% are female.</p> <p><b>Impact</b> Given the greater proportion of males with SEND, the proposals are more likely to impact upon males. However, the proposed improvements will provide benefits to any child or young person accessing the therapies service regardless of gender.</p>

				The proposed block transfer from the DSG would impact on the whole school population equally- both males and females.
Gender reassignment			x	<p><b>Data</b> Data relating to gender reassignment is not routinely collected by AfC.</p> <p><b>Impact</b> The proposals are considered to be of low relevance for gender reassignment</p>
Marriage and civil partnership			x	<p><b>Data</b> Data relating to marriage and civil partnership is not collected by AfC in relation to children and young people.</p> <p><b>Impact</b> The proposals are considered to be of low relevance for marriage and civil partnership</p>
Pregnancy and maternity			x	<p><b>Data</b> Data relating to pregnancy and maternity is not routinely collected by AfC in relation to children and young people.</p> <p><b>Impact</b> The proposals are considered to be of low relevance for pregnancy and maternity.</p>
Race/ethnicity	x			<p><b>Data</b></p> <p><i>All school population</i> In Kingston, 43.8% of pupils are White British with 54.3% of pupils coming from Black and Minority Ethnic groups. In Richmond schools, 56.1% of pupils are white British with 41.4% from Black or Minority Ethnic groups.</p> <p>A wide variety of languages are spoken by pupils in the schools we work with. In Kingston, 33.0% of pupils are recorded as having English as an additional language; and in</p>

			<p>Richmond, 23.9% of pupils have English as an additional language. In Kingston, 3.8% of pupils speak Tamil, 2.8% speak Urdu, 2.6% speak Arabic and 2.3% speak Korean as a first language. In Richmond, 2.3% of pupils speak Polish, 1.5% Spanish, 1.2% Arabic and 1.0% speak Russian as a first language.</p> <p><i>SEND population</i> In Kingston, 33.4% of children and young people with SEND are White, 16.7% are BAME, and the ethnicity of 49.9% is not known. The largest BAME group is Asian (6.8%). In Richmond, 57.2% of children and young people with SEND are White, 16.0% are BAME, and the ethnicity of 26.8% is not known. The largest BAME group is Mixed (6.6%).</p> <p>Although it is difficult to draw conclusions from the data as the ethnicity of a significant percentage of children and young people with SEND is not known, it can be assumed that those from a BAME background are over-represented amongst the cohort, as is the case nationally.</p> <p><b>Impact</b> The proposals are likely to have a positive impact for all children and young people, regardless of race/ ethnicity. The data suggests that children and young people from a BAME background may be over-represented amongst the SEND cohort. The proposals may therefore directly benefit BAME children and young people.</p> <p>The proposed block transfer from the DSG would impact on the whole school population equally- from all different ethnic backgrounds.</p>
<p>Religion and belief including non-belief</p>		<p>x</p>	<p><b>Data</b> Data relating to religion and belief is not routinely collected by AfC.</p> <p><b>Impact</b> The proposals are considered to be of low relevance for religion and belief.</p>

<b>Sexual orientation</b>			x	<p><b>Data</b> Data relating to sexual orientation is not routinely collected by AfC in relation to children and young people.</p> <p><b>Impact</b> The proposals are considered to be of low relevance for sexual orientation.</p>
<b>Other i.e. carer, or those on a low income</b>			x	N/A.

### What consultation have you undertaken in the development of this policy/ project or with stakeholders or critical friends?

#### *Outline the consultation method and what feedback has been received*

The summarised feedback from pupils, families and partners is:

#### **Pupils and families**

- Pupils do not like missing lessons to go to therapy sessions as it makes them feel different to others.
- Pupils want the same therapist over a period of time so they can develop trust and tell their story once.
- Lack of understanding of impact of therapies.
- Not enough therapy provision and therapies need to be high quality.
- Concern and lack of understanding around eligibility criteria.
- Frustration about the time it takes to get equipment.
- Families choose out of borough/independent provision because of lack of 1:1 therapy offer.

#### **Therapy Professionals, Partners and Schools**

- Schools have told us that more provision for those without EHCPs is needed, and many spot purchase therapy or buy in therapy provision to try to fill the gap.
- Directing resources in the most effective way is difficult because both Kingston and Richmond services operate an open referral system.
- More therapy provision and resourcing required in the local education system:
  - SALT - Assessment, support, and provision for independent schools, Free Schools and Academies, post 16 in FE Colleges and YOS

- o OT in mainstream provision.
- o Physio – more provision to meet expanded special schools.
- Accessing appropriate equipment is often difficult and can take too long.
- SEND Tribunal systems driving service provision for SALT and OT.
- Schools have concerns that there may be gaps in service provision.

**General reflections on the current model of delivery would indicate that:**

- Individual organisations who commission and deliver therapeutic support are committed to delivering the best support possible within their individual financial envelopes.
- The commissioning of therapy support is very disparate with a high level of spot purchasing by partner organisations.
- Individual pupils and their families value consistency in terms of staff delivering support.
- Recruitment of professionals is challenging nationally which is driving up the cost of therapies due to higher prices and agency fees.
- The local system lacks a central coordination point in terms of ensuring that we have a sound understanding of cost and scale of delivery across our boroughs. This has resulted in a system that reacts to resource individual pupil needs without enough advanced resource planning at a system level.
- At times the accessibility of therapy services has been an area of concern for partners and families and this has not been helped by the lack of a single triage point.
- The system lacks a single joined up strategy that encompasses the ambitions of all partners for children and young people and this plan should be clearly aligned to the needs of pupils.
- Increased capacity is needed to facilitate increasing levels of need.

The feedback has contributed to the review and influenced the final proposals.

**Summary of findings**

The analysis above has demonstrated that the proposed new therapies model is likely to lead to a positive impact across the protected characteristics groups. It would ensure more children and young people can access the therapeutic support they need, at an earlier stage, that better meets their specific needs.

The evaluation of the existing therapies model and the challenging financial context that all partners are faced with would indicate that our boroughs can achieve improved outcomes for pupils if all partners move towards a more joined up approach to the delivery of therapies. The CCG

and Councils are proposing that this starts with the elements that are directly funded by budgets that they control. Over time there is an ambition that that this centrally coordinated service becomes the primary source of therapeutic support for both boroughs. It is important to note that there is currently a range of providers who are commissioned to deliver therapeutic support and this is likely to continue although the ambition is to consolidate down to less providers. A comprehensive exercise will need to be undertaken to determine the right delivery partners in terms of quality, capacity and cost. There will need to be a phased approach to achieving this objective as it will take time to recruit a fully resourced service that has the capacity and capability to meet the needs of our boroughs' pupils, without the need for significant spot purchasing from elsewhere. In addition it will take time to build confidence in the proposed new service model amongst families and partners who commission therapeutic support.

The prevalence of spot purchasing in the existing system means that a move towards a more consistent model should provide greater economies of scale and facilitate a more managed approach to resource planning that is able to flex to the diverse range and ever changing needs of our pupil populations. A common approach across Kingston and Richmond boroughs should also provide greater opportunity to achieve economies of scale in commissioning arrangements and enable a workforce that can meet a more diverse range of needs with less duplication. In the current financial environment it is crucial that all partners ensure that money is being spent in a way that provides maximum long term benefit for pupils in a fair and consistent way.

There is a clear commitment from both boroughs, outlined in the SEND Transformation/Futures Plans, to invest in local school places to ensure that as many pupils as possible (and where appropriate) are able to be educated locally. Significant investment is planned over the coming years to increase the number of places in special school settings and specialist resource provisions to ensure that schools in both boroughs have the capacity and specialism to educate pupils locally. There has been consistent feedback from families that would indicate that a consistent and quality local therapies offer is a key driver in family preference for one school over another. There is a clear argument for increased local therapeutic capacity to match the increased number of local school places. Over time it is likely that this strategy will reduce reliance on the often more expensive independent sector which should enable funding to be re-routed back into the local education system.

There are a number of common themes that are prevalent in both the data driven needs analysis and the feedback from stakeholders. The new model seeks to address these and prioritise improvement of the following concerns:

- Ability to meet increasing levels of need both in terms of numbers of pupils requiring therapeutic support and type of therapeutic support.
- Improve clarity and understanding about how to access therapies and who is eligible. Getting this right should improve waiting times and lead to a smoother experience for pupils, families, schools and providers.

- Need for a more stable and skilled network of professionals who are confident in delivering therapeutic support and advice. This applies to both specialist therapists as well as other professionals who support pupils and their families.
- A more coordinated approach for each borough that brings partners together to improve accountability, reduce silo working and create clear strategic direction that adapts to changing population needs and facilitates a culture of continued improvement.

The review of research and evidence provides a compelling case for Kingston and Richmond to implement early identification and intervention strategies through delivery of a therapy service model that encompasses a universal, targeted and specialist approach. There is also a need for increased investment which responds to the growing population, complexity of need, increase in new resource provisions and commitment to intervening earlier with appropriate support and input.

The EIA has also acknowledged that the block transfer from the DSG that would be required to fund the improvements to the service would lead to an overall negative impact on the whole school population. However, given the small potential reduction in per pupil funding (0.75% in Kingston and 0.48% in Richmond) it is not expected to be a significant impact.

### **ACTION PLANNING**

**What consultation have you undertaken with stakeholders or critical friends about the key findings? Include any identified data gaps.**

<i>Issue identified</i>	<i>Planned action</i>	<i>Lead officer</i>	<i>Completion Date</i>
No issues identified.			

### **PUBLISHING THE COMPLETED ANALYSIS**

**Completed Date:**

November 2019

**Lead Officer:**

Grahame Craig – Senior Management Accountant

**Signed off by (Director level):**

Lucy Kourpas, Director of Finance and Resources

Please send your completed EIA to [henry.kilpin@achievingforchildren.org.uk](mailto:henry.kilpin@achievingforchildren.org.uk) or [edwina.gregory@achievingforchildren.org.uk](mailto:edwina.gregory@achievingforchildren.org.uk) for publication.