

## Equality Impact Assessment - Service Review / Evaluation

For more information about the equality impact assessment process in commissioning, please see: [EIA Overview and Navigation](#).

Service Review Equality Analysis	
<b>What service is being reviewed?</b>	Looked After Children – Attachment Service
<b>What is the purpose for the service review? (If this is described in another document please add cross reference link)</b>	Initial Pilot of a LAC Attachment Service – the service has been reviewed and the proposal is to commission the service ongoing
<b>Date of review:</b>	October 2018
<b>Health Needs</b>	<p>What data sources do you have about the population, disaggregated by protected characteristic?</p> <p>Hull City Council currently has circa. 750 children who are Looked After – not all of these children will have Attachment Disorder but unfortunately a significant number will do.</p> <p>Of the 758 LAC</p> <p>406 males</p> <p>352 females</p> <p>13% with a disability = 96 children</p> <p>White 90%</p> <p>Mixed 4%</p> <p>Asian or Asian British 2%</p> <p>Black or Black British 1%</p>

	<p>Other ethnic group 3%</p> <p>National supporting information</p> <p>‘Disorganised attachment behaviour’ DAB is seen at high rates when a child is maltreated by their parent or carer. In ‘high-risk’ (that is, abusive) populations its prevalence has been noted in studies to lie between 48% to over 80%, depending on the measurement used (but many researchers believe the more accurate figure is around 80%, because DAB so closely reflects the ‘fear without solution’ that abused 30 children experience).</p>	
<p>Do you have any information about people who share protected characteristics that is relevant and applicable to this service review?</p>	<p><b>Race</b></p>	<p>White 90%</p> <p>Mixed 4%</p> <p>Asian or Asian British 2%</p> <p>Black or Black British 1%</p> <p>Other ethnic group 3%</p>
	<p><b>Disability</b></p>	<p>The service will provide equitable access to both young boys and girls regardless of disability There are currently:</p> <p>758 LAC</p> <p>406 males</p>

	<p>352 females</p> <p>13% with a disability = 96 children</p>
<b>Gender / Sex</b>	<p>The service will provide equitable access to both young boys and girls and will be sensitive to any cultural or religious beliefs.</p> <p>There are currently</p> <p>406 males and 352 females</p>
<b>Gender identity (gender reassignment)</b>	<p>The service will provide equitable access to both young boys and girls and will respond to any specific gender identity issues which arise in partnership with the specialist gender identity team</p>
<b>Sexual orientation</b>	<p>The service will provide equitable access to both young boys and girls and will respond to any specific sexual orientation issues in an inclusive way.</p>
<b>Religion or belief</b>	<p>The service will provide equitable access to both young boys and girls and will be sensitive to any cultural or religious beliefs.</p>
<b>Age</b>	<p>Children under the age of 18 – predominantly under the age of 5</p>
<b>Pregnancy and maternity</b>	<p>Not Applicable</p>

	<b>Marriage or civil partnership</b>	Not Applicable
	<b>Socio-economic disadvantage</b>	Responsive to the individual, with consideration of age, disability, ethnicity, gender, religion, sexual orientation and socio-economic status
<b>Current service review</b>	How does the current service promote equality? (Are there examples of good practice or have you identified any gaps?)	<p>The service is:</p> <ul style="list-style-type: none"> <li>• equitable</li> <li>• provides care to children who are at risk or have been neglected</li> <li>• responsive to the individual, with consideration of age, disability, ethnicity, gender, religion, sexual orientation and socio-economic status</li> <li>• will align to the wider Hull City CAMHS service so that as part of assessment children can access wider CAMHS support services as needed.</li> </ul>
<b>Outcomes and demand</b>	How does the current service evidence improved health outcomes for different groups of people? (e.g. by age, gender disability, ethnicity, sexual orientation, religion or belief, pregnancy & maternity)	<p>This service will support health and wellbeing overall in children and young people.</p> <p>From birth, we develop a close bond with our main caregivers (usually our parents). This attachment helps us to learn and develop in a trusting environment, even at such a young age; we know our parents will be there for us.</p> <p>For some children, however, this bond is not formed. There are a multitude of reasons for this, but typically there is a situation where the caregiver is unable to provide the care and attention required to form a close attachment.</p> <p>The child may have been <u>abused</u>, neglected or separated from their parents for other reasons. Whatever the cause, the effect of not forming this bond can lead to attachment difficulties and at its worst, a condition called reactive</p>

attachment disorder.

Who might develop attachment difficulties?

Attachment disorder typically develops by the age of five. Those at high risk of developing difficulties include:

- children who have suffered abuse
- children who have been neglected
- children in the care system
- children who have been separated from caregivers

These are examples and generally, any situation where caregiver and child are unable to form a bond can lead to attachment difficulties.

What can you tell about the demand for the service by different groups? Is there an over or under-representation of particular groups, relative to the population?

Circa 750 Looked After Children in the City of Hull

The highest in the region

**Benchmark**

How does the service compare to other comparable services with respect to evidencing improved outcomes across different groups?

Hull has the highest number of LAC in the region

	numbers		rates per 10,000	
	2017	2018	2017	2018
<b>Yorkshire and The Humber</b>	<b>7,720</b>	<b>8,190</b>	<b>67</b>	<b>71</b>

Barnsley	291	310	58	62
Bradford	926	986	66	70
Calderdale	316	297	69	64
Doncaster	514	569	78	86
East Riding of Yorkshire	287	312	46	50
Kingston Upon Hull, City of	694	753	124	133
Kirklees	699	674	71	68
Leeds	1,252	1,271	76	76
North East Lincolnshire	297	354	87	103
North Lincolnshire	226	227	64	64
North Yorkshire	424	437	36	37
Rotherham	485	619	86	109
Sheffield	585	628	50	54
Wakefield	520	562	74	78
York	205	195	56	53
<b>England</b>	<b>72,590</b>	<b>75,420</b>	<b>62</b>	<b>64</b>

At present the existing service model does not adequately meet the level of demand.

**Communication and Engagement**

How are you going to engage with different groups and communities and show that their feedback informs your service review?

- Hull CCG
- Hull City Council – Children’s Directorate
- Hull City Council – Social Workers in Children care
- Humber Teaching NHS FT

Is information provided to your target market appropriate and accessible?	Hull City Council Humber Teaching NHS FT Hull CCG
<b>Options appraisal</b> Does your options appraisal clearly show any differential impact on protected characteristics groups for each option?	All patient groups are included in this EQIA
Is further engagement needed?	EQIA will be reviewed as part of future engagement, so that any additional issues / insight can be included in the evaluation of the service

Follow up actions		
Action required	By whom?	By when?
<b>Signoff</b>		

<b>Signed off by:</b>  <b>Name &amp; Role</b>	Mike Napier, Associate Director of Corporate Affairs <hr/>	<b>Date:</b>	18.12.18 <hr/>
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