Equality Impact Assessment

Post-16 consultation of Education & Training (E&T) for young people with Education, Health and Care Plans (EHCPs)—recommended outcomes

Stage 1 Details of the proposal

Name of service

Employment & Skills

Directorate

Growth and Sustainability - BU4

Name of officer responsible for EIA

Name of senior sponsor

Neil Wilkinson

Description / purpose of proposal

A report is due to go to cabinet 25/01/2023 recommending: 1. A change to commissioning practice of Post-16 E&T for young people with EHCPs. 2. Development of the Post-16 five-day offer for young people with EHCPs.

Full-time Education Post-16 is on average 600 hours per year (equivalent of 16 hours per week over academic year). Most young people with EHCP's receive this amount of education, but some receive up to 1,140 (equivalent of up to 30 hours per week). This isn't based on individual educational needs, but the setting they attend. The proposed change to practice would result in the amount of education a young person with an EHCP receives being based on individual educational needs rather than the setting they attend.

This will likely result in a reduction of the amount of education time some receive. Aligned to the relevant legislation, some young people with EHCPs will require a five-day offer to meet their holistic education, health and care needs and so the final recommendation in the report is intended to address this need and ensure the Local Authority has a fit for purpose five-day offer across education, health and care for those considered as requiring this.

A formal consultation took place between 7 October 2022 and 4 November 2023 that informed the recommendations within the cabinet report.

Date EIA started

23/11/2022

Assessment Review date

Stage 2 - About the proposal

What is being proposed?

A change in practice of commissioning of education for Post-16 E&T of young people with EHCPs.

Development of the Post-16 five-day offer across education, health and care for young people with EHCPs

Why is the proposal required?

Will result in fair and equitable commissioning practice of E&T for all young people with EHCPs

Will ensure effective use of resources

Will strengthen joint commissioning between commissioning partners

Will ensure the development of a holistic and fit for purpose five-day offer Post-16 to meet the holistic education, health and care needs of young people with EHCPs

Strengthens alignment with relevant legislation (notably SEND Code of Practice and High Needs funding regulations)

What will this proposal mean for customers?

Will result in a person-centred approach in meeting individual needs across education, health and care.

May (or may not) result in individuals attending different settings and provision other than their educational setting to receive support with any health and/or care needs. This is dependent on health and/or care commissioning practice and the effective use of commissioning partners resources.

Stage 3 - Preliminary screening process

Use the Preliminary screening questions (found in the guidance) to decide whether a full EIA is required
Yes - EIA required (go to next section)
Stage 4 - Scoping exercise - What do we know?
Data: Generic demographics
What generic data do you know?
There are approximately 500 young people (aged 16-25) with EHCPs in Barnsley accessing E&T.
There are significant variations in the complexities of individuals needs. This results in significant variations in the levels of support needed to meet individualised education, health and care
outcomes for each young person.
Data: Service data / feedback
What equalities knowledge do you already know about the service/location/policy/contract?
All young people with EHCPs aged 16-25 are impacted by the proposals.
The proposals are intended to adapt practices that ensure equality and fairness in the
commissioning of E&T as well as strengthen joint commissioning in meeting holistic education,
health and care needs of those in scope.
Data: Previous / similar EIA's
Has there already been an EIA on all or part of this before, or something related? If so, what were
the main issues and actions it identified?
N/A
Data: Formal consultation
What information has been gathered from formal consultation?
From most stakeholders there was support for the proposals and its alignment with relevant legislation in meeting the individual needs of young people with EHCPs.

From some parents/carers there was some concern the proposed change to practice would result in a reduction of provision for their child. It was felt in turn this could have adverse effects for their child as well as increasing caring commitments on families and their ability to work. The final two recommendations in the proposals were not part of the formal consultation and have been included within the proposals to ensure concerns are allayed, and that a five-day offer Post-16 is accessible for those who are considered to require it, with appropriate contribution across education, health and care to meet individuals relevant education, health and care needs.

Stage 5 - Potential impact on different groups

Considering the evidence above, state the likely impact the proposal will have on people with different protected characteristics

(state if negative impact is substantial and highlight with red text)

Negative (and potentially positive) impacts identified will need to form part of your action plan.

Protected characteristic	Negative '-'	Positive '+'	No impact	Don't know	Details
Sex		X			The proposals directly impact all those with EHCP's aged 16-25, irrespective of sex. As the proposals would result in a person-centred approach and enhanced joint commissioning across education, health and care in meeting holistic needs, those from any sex in scope should result in a positive impact.
Age		X			The proposals directly impact all those with EHCP's aged 16-25, irrespective of age. As the proposals would result in a person-centred approach and enhanced joint commissioning across education, health and care in meeting holistic needs, those from any age in scope should result in a positive impact.
Disabled Learning disability, Physical disability, Sensory Impairment, Deaf People ,invisible illness, Mental Health etc		X			The proposals directly impact all those with EHCP's aged 16-25. As the proposals would result in a person-centred approach and enhanced joint commissioning across education, health and care in meeting holistic needs, those in scope should result in a positive impact. The person-centred approach would also ensure any reasonable adjustments are put in place to address the access and communication needs of all young people with disabilities.
Race		Х			The proposals directly impact all those with EHCP's aged 16-25, irrespective of race. As the proposals would result in a person-centred approach and enhanced joint commissioning across education, health and care in meeting

		holistic poods, those from any roce in scane
		holistic needs, those from any race in scope
		should result in a positive impact. The person-
		centred approach would also ensure any
		reasonable adjustments are put in place to
		address the access and communication needs of
		all young people with from BME backgrounds.
Religion &	X	The proposals directly impact all those with
Belief		EHCP's aged 16-25, irrespective of religion &
		belief. As the proposals would result in a person-
		centred approach and enhanced joint
		commissioning across education, health and care
		in meeting holistic needs, those from any religion
		& belief in scope should result in a positive
		impact.
Sexual	X	The proposals directly impact all those with
orientation		EHCP's aged 16-25, irrespective of sexual
		orientation. As the proposals would result in a
		person-centred approach and enhanced joint
		commissioning across education, health and care
		in meeting holistic needs, those from any sexual
		orientation in scope should result in a positive
		impact.
Gender	X	The proposals directly impact all those with
Reassignment		EHCP's aged 16-25, irrespective of gender
, reasong, miles		reassignment. As the proposals would result in a
		person-centred approach and enhanced joint
		commissioning across education, health and care
		in meeting holistic needs, those in scope should
		result in a positive impact.
Marriage /	X	The proposals directly impact all those with
civil		EHCP's aged 16-25, irrespective of marriage/civil
		partnership. As the proposals would result in a
partnership		person-centred approach and enhanced joint
		commissioning across education, health and care
		in meeting holistic needs, those married or in
		civil partnership in scope should result in a
		positive impact.
Pregnancy /	X	The proposals directly impact all those with
	^	EHCP's aged 16-25, irrespective of whether
maternity		pregnant or on maternity. As the proposals
		1 1 1 1
		would result in a person-centred approach and enhanced joint commissioning across education,
		health and care in meeting holistic needs, those
		in scope should result in a positive impact.

Other groups you may want to consider						
Negative Positive No Don't Details know						
Ex services		X			The proposals directly impact all those with EHCP's aged 16-25, irrespective of whether ex services or not. As the proposals would	

Lower socio- economic	X	result in a person-centred approach and enhanced joint commissioning across education, health and care in meeting holistic needs, those who are ex services in scope should result in a positive impact. The proposals directly impact all those with EHCP's aged 16-25, irrespective of socio economic status. As the proposals would result in a person-centred approach and enhanced joint commissioning across education, health and care in meeting
		holistic needs, those from any socio economic group in scope should result in a positive impact.
Other	X	The proposals directly impact all those with EHCP's aged 16-25, irrespective of any other characteristic. As the proposals would result in a person-centred approach and enhanced joint commissioning across education, health and care in meeting holistic needs, those in scope should result in a positive impact.

Stage 6 - BMBC Minimum access standards

If the proposal relates to the de access standards self-assessme		e, please refer to the Customer minimum
If not, move to Stage 7.	Not yet live	
Please use the action	Not yet "	e taken to ensure the new
service complie		casonable adjustments for disabled people.
☐ The proposal will meet the r☐ The proposal will not meet t		dards. tandards. –provide rationale below.

Stage 7 – Action plan

To improve your knowledge about the equality impact . . .

Actions could include: community engagement with affected groups, analysis of performance data, service equality monitoring, stakeholder focus group etc.

Action we will take:	Lead Officer	Completion date
Analysis of equality data for those impacted by the proposals	Neil Wilkinson	23/11/2023

Equality data correlation with progression against outcomes for those impacted by the proposals	Neil Wilkinson	15/09/2025 (as the proposal would not come into effect until September 2024)

To improve or mitigate the equality impact . . .

Actions could include: altering the policy to protect affected group, limiting scope of proposed change, reviewing actual impact in future, phasing-in changes over period of time, monitor service provider performance indicators, etc.

Action we will take:	Lead Officer	Completion date
Proposals recommend a delay until September 2024 (instead of 2023) to ensure equality in implementation (based on feedback received during consultation period)	Neil Wilkinson	15/11/2022
Review of impact (part of plan, do, assess, review)	Neil Wilkinson	15/09/2025

To meet the minimum access standards . . . (if relevant)

Actions could include: running focus group with disability forum, amend tender specification, amend business plan to request extra 'accessibility' funding, produce separate MAS action plan, etc.

Act	ion we will take Not yet	live	Completion date
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Stage 8 – Assessment findings

Please summarise how different protected groups are likely to be affected

Summary of equality impact

The proposed changes will impact some young people with EHCPs (and therefore have a SEND), by resulting in practice that is centred around

individual need rather than setting attended.

The proposals intend to enhance the effectiveness of joint commissioning across education, health and care partners that should result in improving outcomes and needs holistically.

Summary of next steps

Signature (officer responsible for EIA) Date

** EIA now complete **

Stage 9 — Assessment Review

(This is the post implementation review of the EIA based on date in Stage 1 if applicable)

What information did you obtain and what does that tell us about equality of outcomes for

different groups?