

EQIA Submission – ID Number

Section A

EQIA Title

Kent and Medway Designated Keyworker Programme

Responsible Officer

Jellina Davies - ST SC

Type of Activity

Service Change

No

Service Redesign

No

Project/Programme

Project/Programme

Commissioning/Procurement

No

Strategy/Policy

No

Details of other Service Activity

No

Accountability and Responsibility

Directorate

Children Young People and Education

Responsible Service

Strategic Commissioning

Responsible Head of Service

Christy Holden - CED SC

Responsible Director

Stuart Collins - CY EHPS (Early Help and Preventative Services)

Aims and Objectives

1.1 In 2019, the NHS committed to implement Dame Christine Lenehan's recommendation, in "These are our children", that by 2023/24 autistic children and young people (CYP) and those with a learning disability or both with the most complex needs will have a designated keyworker.

1.2 The commitment in the NHS Long Term Plan was made in recognition that, despite the best efforts of many committed professionals, the health and care system was not delivering the objectives of the Transforming Care Programme for autistic children and young people and those with a learning disability or both, and for their families. Too many families were not receiving the support they needed at the right time, and too many children and young people were continuing to be admitted to inpatient care when they reached crisis.

1.3 The ethos of 'Keyworking' is ensuring the 'system' takes a personalised and well-co-ordinated approach to supporting children and young people and their families through a time of crisis to:

- ensure that CYP, aged 0-25, and their families get the right support at the right time and that local services are responsive to meeting their needs in a holistic and joined up way,
- prevent CYP being admitted unnecessarily to any form of acute mental health hospital or institutional care,
- when a CYP is unavoidably admitted to an acute mental health hospital, to ensure that their stay is as brief as possible and support plans are developed and in place for discharge into the community.

1.4 Each Integrated Care System was tasked by NHS England to develop a Keyworking Service model that translated the national framework into their local system. The national framework and guidance documents provided important parameters and guidance, but not a single national operating model that could simply be dragged and dropped into Kent and Medway.

1.5 To be effective locally the Designated Keyworking Service required a high degree of flexibility and discretion, to understand the complex range of statutory frameworks underpinning provision for children, young people and families, not only those specific to autistic children and those with learning disabilities or both, and it needed to navigate the specific structures and challenges within the Kent and Medway areas.

In 2018, there were 10,375 Education, Health and Care Plans (EHCPs) in place for Kent children and young people. Of these, 4,119 had the primary need as autism (i.e., 39.7% of all EHCPs issued). Another 1,571 EHCPs were for a primary need of learning disability. By 2020, the number of children and young people with an EHCP has increased by more than 3,000 to 13,499. This means the proportions of those with learning disability or autism have also increased.

In 2018, Medway SEN needs assessment shows that there were 2,126 EHCPs issued; 644 had autism (30.3% of all EHCPs issued) for the same period.

Equality Recommendations:

The Designated Keyworker Programme is targeted towards children and young people, aged 0-25, with a learning disability, autism or both. Whilst this means that there may be negative impacts on age and disabilities, this programme is intended to ensure parity to this group of children and young people in relation to their peers within these groups. Where risks have been identified e.g. children and young people with complex needs but with no autism or learning disability, the programme has made provision by hiring a dedicated practice consultant to provide support and oversight. Due to this mitigating action, the identified negative impact has been significantly reduced.

It is not anticipated that the Designated Keyworker Programme will adversely impact upon the protected characteristics of staff. The agreed KCC policies and procedures will be applied throughout their employment to ensure all staff are treated equitably irrespective of protected characteristics.

Recruitment and selection processes will be based on essential criteria outlined in the job descriptions and not on protected characteristics. Anyone hiring staff will have completed KCC training on Equality and Diversity in recruitment and selection.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

Yes

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?

Yes

Who have you involved, consulted and engaged with?

NHS England

NHS Kent and Medway

Medway Council
 National Designated Keyworker Community of Practice
 Council for Disabled Children
 Parents and Carers
 Children and Young People
 Health Providers
 Social Care Providers
 Education Providers
 ActivMob - Co-Production Partner
 Kent PACT - Parent Carer Forum

Stakeholder engagement:

There has been ongoing engagement with all key stakeholders which will continue until the end of the programme and into its transition to business as usual. A communication and engagement plan has been developed to ensure that information is shared at the right time and in the right format.

Young People, Parents & Carers:

Our Co-Production Partner, ActivMob, worked closely with parents, carers and young people to ensure their voices were captured during the initial service design process.

The parent carer forum, Kent PACT, is a service delivery partner for the Designated Keyworker Programme. They host and manage a Keyworking function, Peer Associates Team, and are pivotal in shaping the delivery of services to end users.

Engagement with other National Designated Keyworking Sites:

As part of the programme mobilisation, we collaborated and engaged with other Keyworking sites nationally to find out about how they organise and develop their service models. The purpose of collaboration and engagement was to learn and share best practice as part of the Kent and Medway model development.

NHS England also organise quarterly Community of Practice sessions at which all Keyworking sites share and present information and experiences, challenges, risks and discoveries.

Has there been a previous Equality Analysis (EQIA) in the last 3 years?

No

Do you have evidence that can help you understand the potential impact of your activity?

Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients

Service users/clients

Staff

No

Residents/Communities/Citizens

No

Are there any positive impacts for all or any of the protected groups as a result of the activity that you

are doing?

Yes

Details of Positive Impacts

Age:

The programme has already had positive impacts on children and young people up to the age of 25. Since its inception in March 2021, 19 out of 21 children and young people who were detained under the Mental Health Act have been successfully discharged into the community after long hospital stays. Kent and Medway had been set a target to have a maximum of 6 children and young people in mental health facilities by 2024. We have already exceeded that target.

In Kent and Medway, the greatest proportion of children and young people in acute mental health hospitals are aged from 11 to 25 years which is in line with the regional and national data. The focus is on early support for children, young people and their families, and on prevention by identifying needs earlier to reduce escalating crises that will potentially result in admissions.

The impact for this age range is set to be positive with children and young people being supported when needs begin to escalate, and where required, provision of intensive support by the Keyworking team to complement universal services which are currently over-subscribed. This means that the needs of children and young people are responded to and supported at the right time and in the right place.

Disability:

The Designated Keyworker Programme will have a positive impact on children and young people with autism and/or learning disabilities. There is a focus on gaining parity between neurotypical and neurodiverse children and young people in terms of quality of life and mortality.

It also supports inclusion and ensuring the needs of children and young people can be met within their local communities where possible, including local schools.

The Keyworking function supports care in the community by ensuring that, where children and young people need to be cared for in hospital, their stay will be for the shortest possible time and that support plans are in place before they are discharged into the community.

The programme also ensures that children and young people receive inclusive education and reasonable adjustments are made to enable access to education.

Carer's responsibilities:

Parents and carers spend a lot of time navigating support for their autistic and/or learning-disabled children/young people, mostly without success, when they should be caring for them. This results in parents and carers becoming frustrated, burned out and some end up experiencing mental health issues themselves. This then further compounds the crises that families face.

The Keyworking function seeks to support the whole family by giving them a voice, advocating for them when they are unable to do so, providing emotional support, bridging and working across support systems, improving communication with system stakeholders, achieving change and unblocking the system. Most of all, placing the child/young person's complex support needs at centre of all activity.

There has already been positive impact on parents and carers as families have been able to remain (or come again) together; getting support has become less stressful; and, parents/carers have been able to get the information and advice they need in a timely way.

Negative impacts and Mitigating Actions
19. Negative Impacts and Mitigating actions for Age
Are there negative impacts for age?
Yes
Details of negative impacts for Age
Only children and young people aged 0-25 are supported by the programme
Mitigating Actions for Age
The eligibility criteria is unlikely to change due to the Programme design. Ongoing screening will continue to minimise the impact.
Responsible Officer for Mitigating Actions – Age
Stuart Collins
20. Negative impacts and Mitigating actions for Disability
Are there negative impacts for Disability?
Yes
Details of Negative Impacts for Disability
Autism can only be diagnosed following formal assessment for which there is currently a long waiting list. There is a risk that some children and young people will reach crisis whilst waiting for assessment.
Mitigating actions for Disability
The team start supporting children and young people (and their families) who display signs and symptoms of autism and/or learning disabilities (e.g., foetal alcohol syndrome) whether they have a formal diagnosis or not.
Responsible Officer for Disability
Stuart Collins
21. Negative Impacts and Mitigating actions for Sex
Are there negative impacts for Sex
No
Details of negative impacts for Sex
Not Applicable
Mitigating actions for Sex
Not Applicable
Responsible Officer for Sex
Not Applicable
22. Negative Impacts and Mitigating actions for Gender identity/transgender
Are there negative impacts for Gender identity/transgender
No
Negative impacts for Gender identity/transgender
Not Applicable
Mitigating actions for Gender identity/transgender
Not Applicable
Responsible Officer for mitigating actions for Gender identity/transgender
Not Applicable
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No

Negative impacts for Race
Not Applicable
Mitigating actions for Race
Not Applicable
Responsible Officer for mitigating actions for Race
Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No
Negative impacts for Religion and belief
Not Applicable
Mitigating actions for Religion and belief
Not Applicable
Responsible Officer for mitigating actions for Religion and Belief
Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No
Negative impacts for Sexual Orientation
Not Applicable
Mitigating actions for Sexual Orientation
Not Applicable
Responsible Officer for mitigating actions for Sexual Orientation
Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No
Negative impacts for Pregnancy and Maternity
Not Applicable
Mitigating actions for Pregnancy and Maternity
Not Applicable
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No
Negative impacts for Marriage and Civil Partnerships
Not Applicable
Mitigating actions for Marriage and Civil Partnerships
Not Applicable
Responsible Officer for Marriage and Civil Partnerships
Not Applicable
28. Negative impacts and Mitigating actions for Carer's responsibilities
Are there negative impacts for Carer's responsibilities
No
Negative impacts for Carer's responsibilities
Not Applicable
Mitigating actions for Carer's responsibilities
Not Applicable
Responsible Officer for Carer's responsibilities

Not Applicable