

## EQIA Submission – ID Number

### Section A

**EQIA Title**

Proposed transfer of the Strengthening Independence Service for 18-25 year old disabled adults to ASCH from CYPE

**Responsible Officer**

Brett Appleton - DCED SRP & Yasmin Thornton – DCED SRP

**Approved by (Note: approval of this EqIA must be completed within the EqIA App)**

Alyson Wagget - AH EK & Sharon Howard - CY LDCYP

### Type of Activity

**Service Change**

No

**Service Redesign**

No

**Project/Programme**

No

**Commissioning/Procurement**

No

**Strategy/Policy**

YES

**Details of other Service Activity**

No

### Accountability and Responsibility

**Directorate**

Children Young People and Education

**Responsible Service**

CYPE

**Responsible Head of Service**

Sharon Howard - CY LDCYP

**Responsible Director**

Kevin Kasaven - CY SCS

### Aims and Objectives

The aim of this proposal is movement of the statutory social care functions currently delivered by the Strengthening Independence Service (SIS) from the Children, Young People and Education Directorate to the Adult Social Care and Health Directorate. This affects the 925 individual service users currently receiving a social care package of support from CYPE who are aged between 18-25 years of age. This includes a wholesale transfer of the relevant workforce which is made up of circa. 70 FTE between the two Directorates.

The statutory duties of the Director of Adult Social Services (DASS) at KCC include the accountability for assessing local needs and delivering the full range of adult social services. These services support individuals under the provisions of local authority social services act 1970.

Care Quality Commission (CQC) 2023 framework assesses local authority assurance against statutory duties. Director of Adult Social Care (DASS) is accountable for all adults receiving Care Act 2014 support and provision under the Inspection Framework. The latest CQC Inspection of KCC took place in October 2024. We are currently awaiting the outcome.

The objective of this transfer of workforce and service delivery is to ensure that the Corporate Director with statutory responsibility for all adults in Kent who are eligible for social care support are within their direct management oversight. This includes both the quality and parity of service and for the costs.

## 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?**

Affected staff have been engaged.

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

Yes

**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**

Yes

**Staff**

Staff/Volunteers

**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**

The Service will receive oversight from the Director of Adult Social Care (DASS) who will be able to exercise their statutory duties in a way which they cannot do at this time. This will ensure that over time, the services will be more closely aligned to the adult provision and governance within ASCH. This will ensure that all 18-25 disabled adults receive equity of opportunity and access to the right services at the right time.

The increased oversight from the Director of Adult Social Care will provide opportunities to robustly plan and commission services, including co-production, to meet the needs of all young adults in need of support in Kent, including those services that prevent, reduce and delay need.

ASCH will be in a strong position to implement strategies and the practice framework for all disabled adults which supports ASCH strategy – Making A Difference Every Day. This will include a consistent approach to adult safeguarding throughout the authority and a consistent audit and quality assurance process.

The current 18-25 SIS team will be able to access more services commissioned by ASCH e.g. Kent Enablement Service (KES) providing a greater range of support that will become available to all adults aged 18-25.

As of 21/01/2025 there are currently 925 Young People accessing support from the 18-25 SIS.

## Negative impacts and Mitigating Actions

### 19.Negative Impacts and Mitigating actions for Age

#### Are there negative impacts for age?

No

#### Details of negative impacts for Age

The proposal under consideration is one to change line management responsibility only.

Of the 925 individual service users currently receiving their Care Act services from CYPE, the spread of their age between 18-25 is evenly distributed. No one age group would be more negatively impacted than any other. It is recognised that the service has 0.5% more 24-year-olds than the next highest % age group, but this is not significant under this proposal.

11.9% are 18 years old

11.1% are 19 years old

13.4% are 20 years old

12.9% are 21 years old

11.6% are 22 years old

13.2% are 23 years old

13.9% are 24 years old

12.0% are 25 years old

It is recognised that there is potential for minor service disruption for all age groups whilst ex-CYPE staff settle into ASCH and familiarise themselves with new processes. This may include a change from the CYPE audit and assurance framework to the ASCH assurance pathway. However, this is anticipated to be minimal as there will be no changes to the support that the young adults receive because of this proposal.

There is no expectation that age as a protected characteristic amongst this group of young adults would be adversely affected by this proposed change.

#### Mitigating Actions for Age

- 1) It is proposed that a bespoke decision-making panel is established to ensure timely decision making during and immediately after the transfer of the service from CYPE to ASCH. This will be reviewed at 6 months post transfer.
- 2) Staff training on processes and pathways will be provided prior to transfer in preparation for the move to the ASCH Directorate. This will ensure that staff feel confident and understand the ASCH key priorities and performance framework.
- 3) An outline working group has been formed in anticipation of the decision; to proactively coordinate and prepare for the transfer of staff, these groups include representation from CYPE and ASCH. A mobilisation plan is in place to support the transfer.
- 4) To ensure that the transfer of service and decisions made will align with ASCH practices and are in line Care Quality Commission (CQC) regulations. These place a significant emphasis on the quality elements of an adult pathway including safeguarding systems, the Care Act 2014 and all other protocols, laws and legislation.
- 5) To ensure a smooth transition, communication with Young People aged 18-25 will take place before the service changes. This will inform them about the proposed changes and confirm that the service and those that deliver it will not change at the point of transfer.

**Responsible Officer for Mitigating Actions – Age**

Alyson Waggett ASCH &amp; Sharon Howard CYPE

**20. Negative impacts and Mitigating actions for Disability****Are there negative impacts for Disability?**

Yes

**Details of Negative Impacts for Disability**

All the 925 adult service users concerned with this proposal have complex needs and disabilities. Their pathway to being eligible for services from the current 18-25 SIS service is one where their disability has been identified or has manifested itself during childhood, and post 18 they continue to be eligible for a service under the Care Act 2014.

It is recognised that the majority of Care Act 2014 support is provided for individuals in this group who have a learning disability, with significantly fewer individuals receiving support for other types of disability. See details below:

- 85.7% receive Learning Disability Support
- 3.0% receive Physical Support - Personal Care Support
- 2.9% receive Physical Support - Access and Mobility Only
- 1.9% receive Sensory Support - Support for Hearing Impairment
- 1.8% type of support received has not been recorded on LAS
- 1.6% receive Sensory Support - Support for Visual Impairment
- 1.6% receive Mental Health Support

However, it is the services for those receiving sensory support, and which are currently delivered from the sensory teams who will join the ASCH sensory service and potentially experience a difference. Young adults with learning and/or physical disabilities (91.2%) will remain as they currently receive a service from a combined disability team which will remain the same.

Of the 925 young adults concerned, 35.7 % have an ongoing EHCP which reflects the nature of their disabilities, and their full transition to adulthood once they are over the age of 19. The majority of young people with EHC plans complete further education with their peers by age 19, and the Governments' expectation is that this will continue. In line with preparing young people for adulthood, a local authority must not cease an EHC plan simply because a young person is aged 19 or over. Young people with EHC plans may need longer in education or training to achieve their outcomes and make an effective transition into adulthood. However, this position does not mean that there is an automatic entitlement to continued support at age 19 or an expectation that those with an EHC plan should all remain in education until age 25. A local authority may cease a plan for a 19- to 25-year-old if it decides that it is no longer necessary for the EHC plan to be maintained. The distribution of EHCPs across the 18-25 SIS group is one of an even set of numbers, with a moderate percentage decrease at age 25.

Age	Count	%
18	40	12.12%
19	47	14.24%
20	49	14.85%
21	40	12.12%
22	40	12.12%
23	42	12.73%
24	40	12.12%
25	32	9.70%
Total	330	

There are 330 young adults in this service who have a current EHCP, and the service they receive from the

SEND service in CYPE will remain the same and will be in line with the 2854 young adults with an ECHP who are not the SIS 18-25 service.

<https://www.gov.uk/government/publications/send-19-to-25-year-olds-entitlement-to-ehc-plans/send-19-to-25-year-olds-entitlement-to-ehc-plans>

The majority of Care Act support provided by the current 18-25 Strengthening Independence Service is for young adults with learning disabilities, with significantly fewer individuals with non-learning disability needs receiving other types of support. Therefore, young adults with learning disabilities may have been more negatively affected by the proposed transfer if the service was being changed at the same time. However, this is not the substance of this proposal and therefore it is anticipated that there will be minimal impact as there will be no changes to the support that the young adults receive.

Young adults with a visual impairment affected by this proposal are currently supported by the SIS Countywide Sensory team. ASCH does not have a separate service who support people with a visual impairment in relation to their eligible social care needs and people are supported in community teams which could lead to a disparity of support for those young adults who would have received SIS sensory team support until the age of 26. There are currently 13 young people supported by the SIS sensory team.

Occupational therapy support will transfer from a countywide service in CYPE to a countywide service in ASCH which is linked to the Locality Teams. Support for young people requiring occupational therapy assessment and intervention will move from a service which only supports young people into a wider service which supports all adults.

It is recognised that there is potential for minor service disruption for all disability groups whilst ex-CYPE staff settle into ASCH and familiarise themselves with new processes. This may include a change from the CYPE audit and assurance framework to the ASCH assurance pathway. However, this is anticipated to be minimal as there will be no changes to the support that the young adults receive because of this proposal.

There is no expectation that disability as a protected characteristic amongst this group of young adults would be adversely affected by this proposed change.

#### **Mitigating actions for Disability**

- 1) Ensure that all communication is available in a range of formats that are accessible and plain English and jargon free e.g. BSL video, easy-read and contact details of their social care worker so they can discuss any concerns or raise questions.
- 2) The Special Educational Needs and Disabilities (SEND) service will continue to maintain and complete Education, Health, and Care Plans (EHCP) for young adults aged 18-25 who need more time to complete their education and training. These plans will be reviewed annually, and close collaboration with Adult Social Care and Health (ASCH) will be necessary as per the SEND Code of Practice.
- 3) Any young adults from the 18-25 SIS who also have Care Leaver status will continue to receive the services of a personal adviser and associated support for their care leaver needs from CYPE in collaboration with ASCH. These services will not cease to be involved following the SIS 18-25 service's move to ASCH.
- 4) For support for young adults with visual impairment currently in the 18-25 SIS sensory service to be provided support from the ASCH sensory services team until their 26th birthday alongside other young people with sensory loss but not currently open to the 18-25 SIS.
- 5) The Occupational Therapy service in ASCH is led by the Principal Occupational Therapist and will continue to provide strong and professional appropriate supervision and support to all Occupational Therapists working with young adults within ASCH mitigating the impact of the transfer of service.

#### **Responsible Officer for Disability**

Alyson Waggett & Sharon Howard

<b>21. Negative Impacts and Mitigating actions for Sex</b>
<b>Are there negative impacts for Sex</b>
No
<b>Details of negative impacts for Sex</b>
<p>There are currently 606 males (65.5%) and 319 females (34.5%) accessing support from the 18-25 Strengthening Independence Service. It is recognised that a greater number of males will now receive a Care Act 2014 service from ASCH than from CYPE, compared to females. However, as the service does not deliver packages of care or arrange itself in male/female teams there is no negative impact anticipated based on sex. Under this proposal there will be no changes to the support that the young adults receive, or which staff group or team provide it.</p> <p>It is recognised that there is potential for minor service disruption for both male and females whilst ex-CYPE staff settle into ASCH and familiarise themselves with new processes. This may include a change from the CYPE audit and assurance framework to the ASCH assurance pathway. However, this is anticipated to be minimal as there will be no changes to the support that the young adults receive because of this proposal.</p> <p>There is no expectation that sex as a protected characteristic amongst this group of young adults would be adversely affected by this proposed change.</p>
<b>Mitigating actions for Sex</b>
Not applicable
<b>Responsible Officer for Sex</b>
Not Applicable
<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>
<b>Are there negative impacts for Gender identity/transgender</b>
No
<b>Negative impacts for Gender identity/transgender</b>
Not Applicable
<b>Mitigating actions for Gender identity/transgender</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Gender identity/transgender</b>
Not Applicable
<b>23. Negative impacts and Mitigating actions for Race</b>
<b>Are there negative impacts for Race</b>
No
<b>Negative impacts for Race</b>
<p>Most service users in the SIS 18-25 group (80.5%) identify as White British, with the remaining categories having significantly smaller percentages. Therefore, minimal negative impact based on 'Race/Ethnicity,' is expected even though White British young adults aged 18-25 make up the largest group.</p> <p>80.5% identify as White British  4.1% identify as Any other White Background  2.9% identify as Black African  1.9% identify as Any other mixed background  1.4% identify as Any other Asian background  1.2% identify as Any other ethnic group  1.2% identify as White and Black Caribbean</p>

Please note that there are other groups that have not been listed above as they account for less than 1%, for example Indian, White European, Any other black background, White and Black African, Gipsy/Roma, White and Asian, Bangladeshi, Not Known, Pakistani, Black Caribbean, Chinese, Traveller of Irish Heritage

Please note that there are other groups that have not been listed above as they individually account for less than 0.5%, for example Bangladeshi, Cypriot, Nepalese, Other Nationality, Afghan, Brazilian, Bulgarian, Hungarian, Indian, Irish, Ivorian, New Zealander, Pakistani, Pole, Romanian, Slovene, South African, Sri Lankan, Sudanese, Thai and Turkish, Ukrainian.

It is recognised that there is potential for minor service disruption for all race groups whilst ex-CYPE staff settle into ASCH and familiarise themselves with new processes. This may include a change from the CYPE audit and assurance framework to the ASCH assurance pathway. However, this is anticipated to be minimal as there will be no changes to the support that the young adults receive because of this proposal.

There is no expectation that race as a protected characteristic amongst this group of young adults would be adversely affected by this proposed change.

#### **Mitigating actions for Race**

1) Any written or other mediums used to communicate will be translated into an appropriate language format.

#### **Responsible Officer for mitigating actions for Race**

Alyson Waggett & Sharon Howard

#### **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**

The data below shows that the largest proportion of the 18-25 SIS group (40.6%) do not have a recorded religion or belief in their case records. The second largest group 25.3%, identify as Christian. The other categories have smaller percentages. Therefore, while we do not anticipate a negative impact from this proposal based on 'Religion and Belief,' It is recognised that those who do not have a recorded religion or belief are the largest group and might be affected if they were to receive a different level of service.

40.6% have no recorded religion or belief.

25.3% identify as Christian

24.8% identify as 'Not having a Religion'

2.5% identify as Church of England

1.7% identify as Muslim

1.3% identify as Catholic

1.1% identify as Roman Catholic

Please note that there are other groups that have not been listed above as they account for less than 1%, for example Hindu, Other, Anglican, Agnostic, Sikh and Atheist.

It is recognised that there is potential for minor service disruption for all religious or belief groups whilst ex-CYPE staff settle into ASCH and familiarise themselves with new processes. This may include a change from the CYPE audit and assurance framework to the ASCH assurance pathway. However, this is anticipated to be minimal as there will be no changes to the support that the young adults receive because of this proposal.

There is no expectation that religion or belief as a protected characteristic amongst this group of young



adults would be adversely affected by this proposed change.

**Mitigating actions for Religion and belief**

Not applicable

**Responsible Officer for mitigating actions for Religion and Belief**

Alyson Waggett & Sharon Howard

**25. Negative impacts and Mitigating actions for Sexual Orientation**

**Are there negative impacts for Sexual Orientation**

No

**Negative impacts for Sexual Orientation**

Of the 925 current individuals between the ages of 18–25-year-old receiving Care Act support within the SIS, the case records hold the following information.

- 67.1% Not Known
- 20.2% Heterosexual
- 7.8% Not Disclosed
- 2.2% Not Certain
- 1.1% Bisexual
- 0.4% Gay Man
- 0.4% Other
- 0.3% Lesbian
- 0.1% Not recorded

The SIS teams deliver a person-centred approach to their services taking into account the sexual orientation of their clients if appropriate. This approach will not change under this proposal. It is recognised that there is potential for minor service disruption for all sexual orientation groups whilst ex-CYPE staff settle into ASCH and familiarise themselves with new processes. This may include a change from the CYPE audit and assurance framework to the ASCH assurance pathway. However, this is anticipated to be minimal as there will be no changes to the support that the young adults receive because of this proposal.

There is no expectation that sexual orientation as a protected characteristic amongst this group of young adults would be adversely affected by this proposed change.

**Mitigating actions for Sexual Orientation**

Not applicable

**Responsible Officer for mitigating actions for Sexual Orientation**

Alyson Waggett & Sharon Howard

**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
<b>Negative impacts for Marriage and Civil Partnerships</b>
Not Applicable
<b>Mitigating actions for Marriage and Civil Partnerships</b>
Not Applicable
<b>Responsible Officer for Marriage and Civil Partnerships</b>
Not Applicable
<b>28. Negative impacts and Mitigating actions for Carer's responsibilities</b>
<b>Are there negative impacts for Carer's responsibilities</b>
No
<b>Negative impacts for Carer's responsibilities</b>
<p>It is recognised that there is potential for minor service disruption for all groups in the SIS and therefore their carer where they have one, whilst ex-CYPE staff settle into ASCH and familiarise themselves with new processes. This may include a change from the CYPE audit and assurance framework to the ASCH assurance pathway. However, this is anticipated to be minimal as there will be no changes to the support that the young adults receive because of this proposal.</p> <p>There is no expectation that carer's responsibilities as a protected characteristic amongst this group of young adults would be adversely affected by this proposed change.</p>
<b>Mitigating actions for Carer's responsibilities</b>
<p>1) It is proposed that a bespoke decision-making panel is established to ensure timely decision making during and immediately after the transfer of the service from CYPE to ASCH. This will be reviewed at 6 months post transfer.</p> <p>2) Staff training on processes and pathways will be provided prior to transfer in preparation for the move to the ASCH Directorate. This will ensure that staff feel confident and understand the ASCH key priorities and performance framework.</p> <p>3) Outline working group has been formed in anticipation of the decision; to proactively coordinate and prepare for the transfer of staff, these groups include representation from CYPE and ASCH. A mobilisation plan is in place to support the transfer.</p> <p>4) To ensure that the transfer of service and decisions made will align with ASCH practices, are in line Care Quality Commission (CQC) regulations. These place a significant emphasis on the quality elements of an adult pathway including safeguarding systems, the Care Act 2014 and all other protocols, laws and legislation.</p> <p>5) To ensure a smooth transition, communication with Young People aged 18-25 will take place before the service changes. This will inform them about the proposed changes and confirm that the service and those that deliver it will not change at the point of transfer.</p>
<b>Responsible Officer for Carer's responsibilities</b>
Alyson Waggett & Sharon Howard