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Sheffield City Council
Equality Impact Assessment and Consultation



EIA Intranet Help

Reference Number (automatic) 405
 Name of Budget/ Project Proposal Choice and Flexibility

 Entered on Q Tier *If your EIA relates to a budget proposal you must enter the Q Tier reference*
 Q Tier Ref 3I54B1-2, 3I54B1-4, I5...

		Years				
		12/ 13	13/ 14	14/ 15	15/ 16	16/ 17
Budget/ Project proposal	Budgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		17/18	18/19	19/20	20/21	21/22
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date	09/10/2014					
EIA Lead	Bashir.Khan@sheffield.gov.uk					
EIA Contact	<i>Please note, this field is only used by the Communities portfolio</i>					
Strategic outcomes	Successful Young People and Families					

Portfolio	Service and Team
Cross Portfolio	<input type="checkbox"/>
Communities	<input type="checkbox"/>
CYPF	<input checked="" type="checkbox"/> Children and Families Provider Services, Children with Disabilities
Place	<input type="checkbox"/>
Resources	<input type="checkbox"/>
PPC	<input type="checkbox"/>
Health	<input type="checkbox"/>
What are the brief aims of the Budget/Project proposal and the outcomes you want to achieve.	

Short Breaks are preventative services designed as part of the support received by disabled children, young people and their families. Short breaks allow children to experience new relationships, environments and positive activities whilst giving families a break from their caring role.

In 2007 the Government launched 'Aiming High for Disabled Children' (AHDC), a programme aiming to transform services for disabled children and their families and carers. This included short break services, and Sheffield City Council and Primary Care Trust (now NHS Clinical Commissioning Group) received additional fixed term capital and revenue funding to support this transformation. This national programme culminated in a new legal duty which came into force on 1st April 2011, which required local authorities to provide short break services.

The transformation included increasing the range, choice and quality of short breaks services, ensuring more equitable access and improving the engagement of parents and carers in planning and decision-making. This enabled our services to increase and evolve; however, this happened organically and independently of one another.

There has never been a city wide formalised review of the whole programme area.

Between April and October 2014, Sheffield City Council, Sheffield Clinical Commissioning Group and the Sheffield Children's NHS Foundation Trust (Children's Hospital) worked in partnership to hold conversations with parents and carers, staff groups and providers to inform thinking about future short break and respite services. The original consultation period was extended to include consultation with children and young people. This would then help identify what further analysis was required, and contribute to informing the process for a more comprehensive consultation on the options for future service delivery.

In addition, there are budgetary pressures and a saving of £550k to find.

Between January and March 2015, three meetings will be held with parents and carers to feedback on the findings of the earlier consultation, explain what is happening in other areas and to ask parents for their views on initial thoughts and ideas. It is recognised that further work is required to develop proposals. A comprehensive consultation will take place from Spring 2015, which will inform proposals for future service delivery.

There will a comprehensive consultation from spring 2015. which will inform the proposals for future service delivery.

The consultation will include a range of approaches, such as writing to each family currently in receipt of short break or respite provision; public conversations; consultation with children and young people.

A separate Equality Impact Assessment will be prepared and carried out to help us to assess and monitor the reach of the consultation, identify and take actions to address any gaps in our consultation.

Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below

Under the [Public Sector Equality Duty](#) we have to pay due regard to: "Eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relation." More information is available on the Council website

Areas of possible impact
This is before any action/mitigation or changes, if there are both negatives and positives, any positive aspect of the proposal can be part of the mitigation

If you identify significant change, medium/high impact or the impact is cumulative impact or is on specialist provision relating to groups under the Equality Act such as women, BME, LGBT, age, disability, noted below etc. you **must** complete the action plan section.

Does the proposal impact on or relate to Specialist provision as above? (Tick to complete)

Detail of impact on specialist provision
All service users and potential service users have some form of disability and/or Special Educational Need. The proposals being developed aim to improve choice of service and flexibility of delivery for children, young people and their families.

Will the proposal have a significant impact on health and well - being including its effects on the wider determinants of health? (tick to complete)

Customer Impact Positive

Level Medium/High

Summary of details of impact

Short breaks support disabled children by enabling them to experience new relationships, environments and activities and giving families a break from their caring role.

Supporting evidence

Detail the evidence you have used below, consider demographics, census, JSNA, complaints, customer information, national or local reports, feedback or consultations and include separate sheets if required

Action Plan

Yes No

Is a more comprehensive health impact assessment being completed (please attach as a supporting document)

Yes No

Age	Staffing	<input type="checkbox"/> (tick to complete)	Customers	<input checked="" type="checkbox"/> (tick to complete)
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Customers: Age Impact and Level

Positive

Medium/High

Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below

Service users are children, young people and their families, there is no specific age group impacted upon.

Customers: Provide details on Age Impact

The overall aim of the proposals being developed is to improve choice of service and flexibility of delivery for children, young people and their families. However, we recognise that any proposed change to well established services may be perceived negatively.

Be clear if your service relates to specific age groups, particularly younger or older people

We analyse our reach of short break and respite services in terms of overall numbers, age, need, gender, ethnicity, and geographical area.

We have monitoring data for service usage for 2013/14 which highlights a total of 2,383 individual children recorded as using short break or respite services.

Supporting Evidence

Additional and further analysis will be carried out as required.

Detail the evidence you have used below, consider demographics, census, JSNA, complaints, customer information, national or local reports, feedback or consultations and include separate sheets if required

Age Action Plan None - not required Yes

Regular informing of families.

Action and mitigation

Our consultation plan will include approaches to reach parents of and children and young people of different ages.

Lead, timescale and how it will be monitored/reviewed

Disability **Staffing** (tick to complete) **Customers** (tick to complete)

Customers: Disability Impact and Level

Positive Medium/High

Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below

All service users and potential service users have some form of disability and/or SEN.

Customers: Provide details on Disability Impact

The overall aim of the proposals being developed is to improve choice of service and flexibility of delivery for children, young people and their families. However, we recognise that any proposed change to well established services may be perceived negatively.

Be clear if your service relates to a specific impairments

We analyse our reach of short break and respite services in terms of overall numbers, age, need, gender, ethnicity, and geographical area.

We have monitoring data for service usage for 2013/14 which highlights a total of 2,383 individual children recorded as using short break or respite services.

958 (40.2%) had a statement of Special Educational Needs (SEN), 610 (25.6%) were on School Action Plus, 112 (4.7%) School Action, 154 (6.5%) had no recorded SEN, while 549 (23%) were unknown/not in school.

Supporting Evidence

The highest proportion of the children (26.9%) were recorded as having Autistic Spectrum Disorder (ASD); followed by behavioural, emotional or social difficulties (12.9%); severe learning difficulty (11.7%); speech language and communication difficulty (10.7%); and moderate learning difficulty (7%).

There were fewer with physical disability (5.6%), or profound multiple difficulty (2.9%) and the lowest proportions were hearing impairment (1.7%), visual impairment (0.8%) and multiple sensory impairment (0.1%). Unknown (14%).

Additional and further analysis will be carried out as required.

Detail the evidence you have used below, consider demographics, census, JSNA, complaints, customer information, national or local reports, feedback or consultations and include separate sheets if required

Disability Action Plan

None - not required Yes

Action and mitigation

Use the consultation EIA to assess that we reach and hear the voice of parents, carers, children and young people with different needs or disabilities, different ages, different BME groups and different geographical areas.

Lead, timescale and how it will be monitored/reviewed

Pregnancy/ Maternity **Staffing** (tick to complete) **Customers** (tick to complete)

Customers: Pregnancy/ Maternity Impact and Level

Neutral None/Low

Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below

Customers: Provide details on Pregnancy/ Maternity impact

There is no impact on pregnancy or maternity.

Be clear if this impacts on these areas

Supporting Evidence	Detail the evidence you have used below, consider demographics, census, JSNA, complaints, customer information, national or local reports, feedback or consultations and include separate sheets if required
Pregnancy/ Maternity Action Plan	<input checked="" type="radio"/> None - not required <input type="radio"/> Yes
Race	Staffing <input type="checkbox"/> (tick to complete) Customers <input checked="" type="checkbox"/> (tick to complete)
Customers: Race Impact and Level	Neutral <i>Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below</i>
Customers: Provide details on Race Explanation impact	The proposed changes will have no differential impact on different BME groups, however we recognise that some BME groups may have specific needs that need to be met in our provision. Be clear if your service relates to specific BME communities We analyse our reach of short break and respite services in terms of overall numbers, age, need, gender, ethnicity, and geographical area. We have monitoring data for service usage for 2013/14 which highlights a total of 2,383 individual children recorded as using short break or respite services. Service use by ethnicity was White British (69.4%), Caribbean (6%), any other White background (3.7%), Mixed-White and Black Caribbean (2.2%), Pakistani (1.8%) and Bangladeshi (1.6%).
Supporting Evidence	Additional and further analysis will be carried out as required. Whilst some BME parents had participated in the consultation, further work on engaging with BME parents and carers is needed so that we can ensure provision meets the needs of BME families. Detail the evidence you have used below, consider demographics, census, JSNA, complaints, customer information, national or local reports, feedback or consultations and include separate sheets if required
Race Action Plan	<input type="radio"/> None - not required <input checked="" type="radio"/> Yes
Action and mitigation	Improved engagement with BME parents and carers in the second consultation. Using the consultation EIA to assess that we are reaching different BME groups.
Lead, timescale and how it will be monitored/reviewed	
Religion/ Belief	Staffing <input type="checkbox"/> (tick to complete) Customers <input checked="" type="checkbox"/> (tick to complete)
Customers: Religion/ Belief Impact and Level	Neutral <i>Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below</i>
Customers: Provide details on Religion/ Belief impact	There is no impact on religion/belief. Note: This also covers all faith groups and those with no belief
Supporting Evidence	Detail the evidence you have used below, consider demographics, census, JSNA, complaints, customer information, national or local reports, feedback or consultations and include separate sheets if required
Religion/ Belief Action Plan	<input checked="" type="radio"/> None - not required <input type="radio"/> Yes
Sex	Staffing <input type="checkbox"/> (tick to complete) Customers <input checked="" type="checkbox"/> (tick to complete)
Customers: Sex Impact and Level	Neutral None/Low
Customers: Provide details on Sex Explanation impact	<i>Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below</i>

The proposed changes will have no impact between male and female service users.

We recognise that parents and carers of disabled children can include mothers, fathers, grandparents, sometimes other siblings, or other family members.

We know that the vast majority of self-referrals or applications for services or the short breaks grant are received from females.

Note: this includes women and men

We analyse our reach of short break and respite services in terms of overall numbers, age, need, gender, ethnicity, and geographical area.

Supporting Evidence

We have monitoring data for service usage for 2013/14 which highlights a total of 2,383 individual children recorded as using short break or respite services.

Around 70% of children who access short breaks and, or respite services are male.

Additional and further analysis will be carried out as required.

Detail the evidence you have used below, consider demographics, census, JSNA, complaints, customer information, national or local reports, feedback or consultations and include separate sheets if required

Sex Action Plan None - not required Yes

Sexual Orientation Staffing (tick to complete) **Customers** (tick to complete)

Customers: Sexual Orientation Impact and Level **Neutral**

Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below

Customers: Provide details on Sexual Orientation Impact **There is no impact on sexual orientation.**

For example lesbian, gay or bisexual groups

Supporting Evidence

Detail the evidence you have used below, consider demographics, census, JSNA, complaints, customer information, national or local reports, feedback or consultations and include separate sheets if required

Sexual Orientation Action Plan None - not required Yes

Transgender Staffing (tick to complete) **Customers** (tick to complete)

Customers: Transgender Impact and Level **Neutral**

Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below

Customers: Provide details on Transgender impact **There is no impact on transgender.**

Note: This also covers all faith groups and those with no belief

Supporting Evidence

Detail the evidence you have used below, consider demographics, census, JSNA, complaints, customer information, national or local reports, feedback or consultations and include separate sheets if required

Transgender Action Plan None - not required Yes

Carers Staffing (tick to complete) **Customers** (tick to complete)

Customers: Carers Impact and Level **Neutral** **None/Low**

Customers: Provide details on Carers impact *Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below*

The proposals are on short break and respite services which support parent and carers of disabled children, or children with additional needs, by giving them a break in their caring role.

Carers of disabled children can include mothers, fathers, grandparents, sometimes other siblings, or other family members. As the vast majority of self-referrals or applications for services or the short breaks grant being received are from females, it is highly likely that most carers are women.

The overall aim of the proposals being developed is to improve choice of service and flexibility of delivery for children, young people and their families. However, we recognise that any proposed change to well established services may be perceived negatively.

Parents and carers who took part in the earlier consultation told us that there was a good range of services available, but most importantly some challenges and gaps including:

- Caring having a big impact on families
- Challenging behaviour and or sleep problems
- Information and Communication needs to be improved
- There is a lack of appropriate provision for 18 – 25 year old
- Improved understanding of the needs of BME families
- Sometimes it can be difficult to find the right provision for children and young people with High level complex care or specific needs
- Improved working across and between agencies and services
- Getting enough of the right types of services in the right place for the right children

In addition, other developments that we are working on to increase support and information for carers which may help the families in other ways include:

- Improved sharing of information and joint working around transition to adult services
- Revising parent carer information
- Developing a Sheffield Sleep Programme and a Positive Behaviour Programme
- Joint working with health on a city wide needs assessment on current/potential future users

Note: this refers to those who provide regular and substantial unpaid care to a disabled adult or child.

We analyse our reach of short break and respite services in terms of overall numbers, equality and geographical area.

We have monitoring data for service usage for 2013/14 which highlights a total of 2,383 individual children recorded as using short break or respite services.

Supporting Evidence

Additional and further analysis will be carried out as required.

Detail the evidence you have used below, consider demographics, census, JSNA, complaints, customer information, national or local reports, feedback or consultations and include separate sheets if required

Carers Action Plan None - not required Yes

Informing and consulting carers.

Action and mitigation

Lead, timescale and how it will be monitored/reviewed

Voluntary/Community & Faith Sector

Staffing (tick to complete) **Customers** (tick to complete)

Customers: Voluntary/Community & Faith Sector Impact and Level

Neutral

Customers: Provide details on Voluntary/Community & Faith Sector impact

Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below

The level of any possible impact on the Voluntary, Community and Faith (VCS) Sector provider is currently unknown and will remain unclear for some time. However, because of the unknown, actions will be put into place to monitor and mitigate any impact that could take place.

For example: impact on VCF organisations e.g. access to match funding, viability, hours of opening, staffing levels, referrals etc.

Supporting Evidence

Detail the evidence you have used below, consider demographics, census, JSNA, complaints, customer information, national or local reports, feedback or consultations and include separate sheets if required

Voluntary/Community and Faith Sector Action Plan

None - not required Yes

Involving the VCS in the consultation.

Action and mitigation

Market development of short break providers in terms of their delivery and their organisations to support them to deliver demand led services moving forward.

Monitoring impact on providers.

Lead, timescale and how it will be monitored/reviewed

Financial

Inclusion, poverty, social justice

Staffing (tick to complete)

Customers (tick to complete)

Customers: Financial Inclusion, poverty, social justice Impact and Level

Neutral

Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below

Customers: Provide details on Financial Inclusion, poverty, social justice impact

The overall aim of the proposals being developed is to improve choice of service and flexibility of delivery for children, young people and their families. However, we recognise that any proposed change to well established services may be perceived negatively.

In addition, we will take steps to ensure that families are not disenfranchised as a result of any proposed changes.

Note the impact poverty and on those who are financially excluded

Supporting Evidence

Detail the evidence you have used below, consider demographics, census, JSNA, complaints, customer information, national or local reports, feedback or consultations and include separate sheets if required

Financial Inclusion, poverty, social justice Action Plan

None - not required Yes

Monitoring the impact of any contribution by parents/carers.

Action and mitigation

Lead, timescale and how it will be monitored/reviewed

Cohesion

Customers (tick to complete)

Partners

Customers (tick to complete)

Customers: Partners Impact and Level

Neutral

None/Low

Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below

Customers: Provide details on Partners impact

See evidence.

Note impacts on any of Sheffield City Council's partners

Supporting Evidence	<p>Our partners are the VCS and health. Health are members of the Programme Board that is developing the proposals</p> <p>Detail the evidence you have used below, consider demographics, census, JSNA, complaints, customer information, national or local reports, feedback or consultations and include separate sheets if required</p>
Partners Action Plan	<p><input checked="" type="radio"/> None - not required <input type="radio"/> Yes</p>
Armed Forces	<p>Staffing <input type="checkbox"/> (tick to complete) Customers <input type="checkbox"/> (tick to complete)</p>
Other/ Additional	<p>Staffing <input checked="" type="checkbox"/> (tick to complete) Customers <input checked="" type="checkbox"/> (tick to complete)</p>
Staffing: Please Specify	Staff
Staffing: Other/ Additional Impact and Level	Negative None/Low
	<p><i>Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below</i></p> <p>It is possible that some of the proposals could have a staff impact.</p>
Staffing: Provide details on Other/ Additional impact	<p>All proposals where staff could be impacted would require consultation with both staff and trade unions in line with corporate policies and processes around Managing Employee Reductions (MER).</p> <p>All affected staff would have access to support in line with relevant processes and impact would be monitored.</p> <p>Please include details of any area of impact not listed elsewhere</p>
Customers: Please Specify	Service users
Customers: Other/ Additional Impact and Level	Positive Medium/High
	<p><i>Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below</i></p> <p>We recognise that any proposed change to well established services may be perceived negatively.</p> <p>However, the overall aim of the proposals is to improve choice and quality of service provision of delivery for children, young people and their families by:</p> <ul style="list-style-type: none"> Increasing the level of choice and flexibility in provision whilst maximising the use of council resources and buildings. Empowering parents/carers to better align their short break resource allocation to meeting their individual family's needs. Continuing to ensure that there are no major barriers to access to and equity of service, and that short breaks services continue to effectively support families with disabled children. <p>The parent and carer consultation responses have informed our initial thinking for future provision.</p> <p>Please include details of any area of impact not listed elsewhere</p> <p>Consultation on short breaks and respite.</p>
Customers: Provide details on Other/ Additional impact	
Supporting Evidence	<p>Detail the evidence you have used below, consider demographics, census, JSNA, complaints, customer information, national or local reports, feedback or consultations and include separate sheets if required</p>
Other/ Additional/ All groups/ Workforce Action Plan	<p><input checked="" type="radio"/> None - not required <input type="radio"/> Yes</p>
Supporting Documentation	
Attach any supporting documents here	<p>EIA 405 Sheffield Complex Child Health Needs Assessment 9 Feb 2015.pdf EIA 405 Choice and Flexibility Data information 9 Feb 2015.docx</p>

Overall Summary of Possible impact	<p><i>Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below</i></p> <p>Short Breaks are preventative services supporting disabled children, young people and their families. Short breaks allow children to experience new relationships, environments and positive activities whilst giving families a break from their caring role.</p> <p>In 2007 the Government launched 'Aiming High for Disabled Children' (AHDC), a programme aiming to transform services for disabled children and their families and carers including short break services.</p> <p>This national programme culminated in a new legal duty which came into force on 1st April 2011, which required local authorities to provide short break services. The transformation included increasing the range, choice and quality of short breaks services, ensuring more equitable access and improving parental and carer engagement in planning and decision-making. This enabled our services to increase and evolve; however, this happened organically and independently of one another.</p> <p>There has not been a city wide formalised review of the whole programme area.</p> <p>Between April and October 2014, Sheffield City Council, Sheffield Clinical Commissioning Group and the Sheffield Children's NHS Foundation Trust (Children's Hospital) worked in partnership to hold conversations with parents and carers, staff groups and providers to inform thinking about future short break and respite services. The original consultation period was extended to include consultation with children and young people. This would then help identify what further analysis was required, and contribute to informing the process for a more comprehensive consultation on the options for future service delivery.</p> <p>The emerging results of the consultation helped to inform the proposal of increasing the flexibility and choice to parents and carers in the range of short breaks provision, including universal services, short breaks grant scheme and specialist clubs, overnight respite, direct payments, and foster care placements for daytime/ overnight care.</p> <p>Parents and carers who took part in the earlier consultation told us that there was a good range of services available, but most importantly some challenges and gaps including:</p> <ul style="list-style-type: none"> •Caring having a big impact on families •Challenging behaviour and or sleep problems •Information and Communication needs to be improved •There is a lack of appropriate provision for 18 – 25 year olds <p>Improved understanding of the needs of BME families</p> <ul style="list-style-type: none"> •Sometimes it can be difficult to find the right provision for children and young people with High level complex care or specific needs •Improved working across and between agencies and services •Getting enough of the right types of services in the right place for the right children <p>In addition, there are budgetary pressures and a saving of £550k to find.</p> <p>Between January and March 2015, three meetings will be held with parents and carers to feedback on the findings of the earlier consultation, explain what is happening in other areas and to ask parents for their views on initial thoughts and ideas. It is recognised that further work is required to develop proposals. A comprehensive consultation will take place from Spring 2015, which will inform proposals for future service delivery.</p> <p>A separate Equality Impact Assessment will be prepared and carried out to help us to assess and monitor the reach of the consultation, identify and take actions to address any gaps in our consultation.</p> <p>Though the aim of the proposals is to improve choice of service and flexibility of delivery for children, young people and their families, it is recognised that any changes to well established services may be perceived negatively.</p> <p>From the initial Equality Impact Assessment (EIA), no adverse impacts have been identified.</p>
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Does this proposal have a geographical impact across Sheffield? (Tick Yes)

Which local area partnership area will be impacted? All partnership areas

Does this proposal have a cumulative impact? (Tick Yes)

Summary of evidence

Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below

Review Date 01/11/2014

Risk Rating High

What type of decision is this? **Leader**
The allocation of executive functions is outlined in the Leader's Scheme of Delegation. Also, each Portfolio has a scheme of delegation and outlines which officer can make a delegated decision.

Are Staff affected aware of this proposal? Yes No

Has the Public Health Lead signed off the health impacts of this EIA? Yes No

Health Lead **Anthony Hughes**

Is consultation required? Yes None required

Consultation Start Date 01/04/2014 End date 25/12/2014

First stage
First consultation with parents and carers April-October 2014
First consultation with staff and providers July 2014
Consultation with CYPF July-Oct 2014
Final report of First consultation October 2014

Second stage
Second stage meetings with parents and carers Jan 2015-March 2015
Preparation of EIA on consultation March-April 2015

Third stage
Consultation with parents and carers, children and young people from spring 2015
Final consultation report by 31 Dec 2015

Details of consultation

Please include specific details of who, where, what and how this has been done and add any results as evidence
Please limit this information to 50 words. If you wish to enter more information please attach a document in the supporting documentation section below

Lead Manager **Banwell Jon**

EIA Approved This box should only be checked by the Portfolio Lead once the EIA has been approved and quality assured