

Appendix 1 - Equalities Impact Assessment

EQUALITY ANALYSIS (EA)

POLICY/PROPOSAL:	Provision of Speech Language Therapy
DEPARTMENT:	Children and Young People
TEAM:	Commissioning and Resources, Forward Planning, Performance and Partnerships Service
LEAD OFFICER:	
DATE:	22/10/2024

NB: Please ensure you have read the accompanying EA guidance and instructions in full.

SECTION A – INITIAL SCREENING

1. Please provide a description of the policy, proposal, change or initiative, and a summary its objectives and the intended results.

This EIA is in relation to the commissioning of a contract for provision of Speech & Language Therapy (SLT) for children and young people in Brent schools, ARPs and out-of-borough schools within a 12-mile radius (of Brent Civic Centre) and who have an Education Health Care Plan with SLT needs identified in section F of the plan.

Section 26 of the Children and Families Act 2014 places a duty on local authorities to implement joint commissioning arrangements with health partners for the education, health and care of children and young people with SEND. The following therapy services are currently commissioned:

- Under the Children and Families Act 2014, local authorities have a responsibility to meet the educational needs of children and young people as stated in a child or young person's Education Health and Care Plan (EHCP). The LA commissions services for children where Speech and Language Therapy (SaLT) is identified as an educational need in their EHCP.

National Context

Paediatric Speech and Language Therapists provide life-improving treatment, support and care for children and young people who have difficulties with communication, eating, drinking or swallowing. This will include premature babies and infants with conditions such as cerebral palsy, cleft palate and Down syndrome who, from very early in life, have difficulties with drinking, swallowing and early play and communication skills. They also support children and young people with primary speech, language and communication difficulties, such as stammering, as well as speech, language and communication difficulties that are secondary to other conditions such as learning difficulties and hearing problems. Speech and Language Therapists assess and treat speech, language and communication problems to help them communicate better. They also assess, treat and develop personalised plans to support people who have eating and swallowing problems. Using specialist skills, Speech and Language Therapists work directly with children and young people and their families and provide them with tailored support. They also work closely with teachers and other health

professionals, such as doctors, nurses, other allied health professionals and psychologists to develop individual treatment programmes.

In relation to the early years, appropriately qualified speech and language therapists/assistants have a particular role in helping parents, staff and volunteers and staff that work with babies and very young children apply evidence-based approaches to early identification and developing children's speech, language and communication skills. Children and families should receive skilled, evidence-based care that is based on the relevant national guidance, and underpinned by professional standards including the practice care standards set by the Royal College of Speech and Language Therapists.

Local Context

Brent is one of the most culturally diverse areas in England. The dynamic mix of communities continues to enrich and inform the social, economic, and cultural make-up of the borough.

Brent has 42,593 children and young people of statutory school age and the under 5-year-old population in education settings is 5,603. In Brent 15.7% of pupils have SEND compared to 11.9% in London and 18.0% nationally (4.6% have EHCPs and 11.1% are on SEN Support). In Brent schools, the highest number of pupils with SEN have Speech Language and Communication Needs (31.1%) followed by SEMH (Social, Emotional and Mental Health) (18.0%) and autism spectrum disorder (16.0%). This data is from the January 2024 school census.

The largest ethnic groups of statutory school age are: Asian Indian (18.8%), Any Other White Background (15.6%), Any Other Ethnic Group (14.4%), Black African (11.4%) and White British (9.4%). A very high proportion of pupils have English as an Additional Language (65.0%). The largest spoken first languages other than English are: Arabic (9.9%), Gujarati (8.9%), Somali (5.0%), Romanian (4.9%) and Urdu (2.7%).

At the end of Quarter 2 2023/24 (September 2024), the existing contract with Central London Community Health Trust supported 765 CYP with SLCN on their EHCP, an increase of 7.9% from the same quarter the previous year. In addition, there are children who are not covered by the current Contract receiving SaLT through spot purchase arrangements (72 as at October 2024).

The service will cover 62 Brent primary schools, 16 Brent secondary schools, Further Education in Brent and pupil referral unit provision.

Delivery of speech and language therapy

Through the commissioning of this service, the council can ensure that:

1. Service delivery adheres to all aspects of the SEND Code of Practice 2015 (updated October 2020).
2. The priorities identified in the SEND strategy 2021 – 2025 are supported:
 - Education, employment and training
 - To live a healthy lifestyle
 - To be fully active citizens of Brent.
 - To live independently
 - My Brent - The voice of young people to be heard in shaping the Brent of the future.
3. Its statutory responsibility to provide the level of care specified in Section F of a child's EHC Plan with regards to speech and language therapy is met
4. There is delivery of an equitable service across all Key Stages considering the needs of children and young people requiring the service.

The service is expected to achieve the following outcomes:

- An improvement in the educational attainment and ability to participate in the curriculum of children and young people with occupational therapy needs listed in Section F of their EHC Plan.
- Children and young people who are aware of and, where possible, able to independently use strategies to support their therapeutic difficulties in everyday situations.
- Children and families receiving a seamless service when transferring between primary, secondary and independent providers of occupational therapy, and are aware of the on-going support available.

The Service is also expected to contribute towards achieving the following outcomes:

- The rate of improvement in under-achieving groups is accelerated
- All children and young people with SEND are able to access the same wide educational opportunities and life chances as others.

The new Brent Delivery Model for SLT

In developing the new service specification, key stakeholders across health and the local authority (including public health) came together to develop a new delivery model to ensure maximum impact of therapists. An SLCN statement was also drawn up that sets out the intentions for the new model. The statement for SLCN is:

Local Authority Children's Services (Public Health and Education) and the Health Integrated Commissioning Board (ICB) work together to ensure all children and young people communicate to the best of their ability so that they thrive through childhood and into adult life. These partners, alongside parent carers, build on the strengths of the linguistic and cultural diversity of Brent to create and foster opportunities for good development.

The focus of our approach is based on the principle that children and young people's communication skills are best developed through interaction with those who are most familiar to them in everyday situations, both at home and in education settings. We aim to achieve this by ensuring a whole system approach - providing training and guidance to parents and a wide range of professionals (from maternity services to health visiting to nurseries and schools) who can then support children and young people in their everyday, functional interactions with peers and adults. For those children and young people who need it, therapeutic assessment, intervention and support will be available at a targeted and specialist level.

This approach will contribute to improved outcomes, educational attainment and emotional health and wellbeing for Brent children and young people. It will also ensure that we nurture highly skilled staff, ensuring a workforce that is confident and responsive to individual communication profiles.

The new model sets out four levels of support. All levels are time limited before review and an expectation that children move up or down a level.

Level		Description of provision
1	Universal	The focus is on early intervention and is available to all. It empowers parents and staff to facilitate support for all children and particularly those at risk of developing occupational therapy needs.
2	Targeted 1	Linked to graduated approach and is setting-/ school-led, not necessarily child-led

		Interventions include those which have been established with the help of the Therapist or Assistant but become self-sustaining within settings.
3	Targeted 2	Interventions include those that require the direct involvement of a SLT for assessment and monitoring but which can be delivered by staff or parents. Would require a referral and then assessment but not necessarily 1:1: delivery by trained TA, & training for parents
4	Specialist	This level supports those children who have a defined clinical need and where the SLTs expertise together with the agent of change, for example a parent or key worker will make a significant contribution

The Service Provider will deliver speech and language therapy for those Children and Young People (CYP) with Education Health Care (EHC) plans who have SLCN needs identified in Part F of the EHC plan on a case by case basis in mainstream schools in or out of the borough aged 0-25. The provider will deliver speech and language therapy in mainstream schools following an assessment and will deliver a package of therapy based on the assessed need identified in Section F of the EHCP, review the therapy provision and contribute to the statutory annual review. It will also include training staff in schools to implement the program to assist speech, language and communication, development in school to aid learning for those CYP with EHC plan. This training will help support implementation of Brent's Graduated Approach Framework which should reduce pressure on demand for EHCPs.

The written submissions for the EHC plans needs to be clear, accessible and specific. They should provide advice about outcomes relevant for the child or young person's age and phase of education, and strategies for their achievement. This advice should be co-produced with the child's parents and/or the young person. Professionals should limit their advice to areas in which they have expertise. Advice and information requested by the local authority must be provided within six weeks unless personal exceptional circumstances affect the child, young person or parents.

The provider will also deliver support to children and young people known to the Youth Justice Service, who have an EHCP with SaLT specified in Section F. If there is capacity, the service will also offer training to YJS staff.

Taking a current baseline of 1035 children and young people with Speech Language Therapy needs as of 1st April 2025 with an anticipated expected 7% growth in demand each year until the end of the contract term.

Contract Year	Current CAP	In contract year growth, spot arrangement and ARPs: Baseline @Oct 2024	% increase from current CAP
24/25	770	1035	34%
New Contract Years	Number of CYP	plus Annual growth	Expected Number of CYP supported in each contract year
Year 1	1035	0%	1035
Year 2	1035	+7%	1108
Year 3	1108	+7%	1186
Year 4	1186	+7%	1269

Year 5	1269	+7%	1358
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Key Changes to current provision:

Speech and language Therapy for those Children and Young People (CYP) with Education Health Care (EHC) plans who have SLCN needs identified in Section F of the EHCP is funded through the High Needs Block budget. Funding from the Council’s General Fund has been used to cover the costs of early intervention in early years through Family Wellbeing Centres. However, due to financial pressures facing the Local Authority this element of funding is not being recommissioned. This element is not a statutory service in terms of SEND.

The Council’s Early Help Service is leading on a project, working with Brent Public Health and Speech and Language UK, to develop a whole system approach and pathways to communication needs for children from pre-birth to seven years old. This project should deliver more awareness and action around support for communication needs from a wider range of partners, including health, public health and early help.

2. Who may be affected by this policy or proposal?

Children and Young People
 Parents/Carers/guardians
 Schools and other education settings
 Practitioners working with Children and Young People

3. Is there relevance to equality and the council’s public sector equality duty? If your answer is no, you must provide an explanation.

Yes

4. Please indicate with an “X” the potential impact of the policy or proposal on groups with each protected characteristic. Carefully consider if the proposal will impact on people in different ways as a result of their characteristics.

Characteristic	IMPACT		
	Positive	Neutral/None	Negative
Age			X
Sex		X	
Race		X	
Disability			X
Sexual orientation		X	
Gender reassignment		X	
Religion or belief		X	
Pregnancy or maternity		X	
Marriage		X	

5. Please complete **each row** of the checklist with an “X”.

SCREENING CHECKLIST		
	YES	NO
Have you established that the policy or proposal <i>is</i> relevant to the council's public sector equality duty?	X	
Does the policy or proposal relate to an area with known inequalities?	X	
Would the policy or proposal change or remove services used by vulnerable groups of people?	x	
Has the potential for negative or positive equality impacts been identified with this policy or proposal?	x	
<p>If you have answered YES to ANY of the above, then proceed to section B. If you have answered NO to ALL of the above, then proceed straight to section D.</p>		

SECTION B – IMPACTS ANALYSIS

1. Outline what information and evidence have you gathered and considered for this analysis. If there is little, then explain your judgements in detail and your plans to validate them with evidence. If you have monitoring information available, include it here.

The Service ensures the council meets its statutory responsibility to provide the level of care specified in Section F of a child's Education, Health and Care Plan with regards to speech and language therapy and an equitable service across all Key Stages considering the needs of children and young people requiring the service. The service is expected to achieve the following outcomes:

- An improvement in the educational attainment and ability to participate in the curriculum of children and young people with occupational therapy needs listed in Section F of their EHC Plan.
- Children and young people who are aware of and, where possible, able to independently use strategies to support their therapeutic difficulties in everyday situations.
- Children and families receiving a seamless service when transferring between primary, secondary and independent providers of occupational therapy, and are aware of the on-going support available.

The Service is also expected to contribute towards achieving the following outcomes:

- The rate of improvement in under-achieving groups is accelerated
- All children and young people with SEND are able to access the same wide educational opportunities and life chances as others.

The service adheres to all aspects of the SEND Code of Practice 2015 (updated October 2020).

Funding from the HNB is used to support the statutory service element of this service. The LA has had to review and re-prioritise General Fund funding allocated to services for children and young people which has resulted in a decision not to re-commission the service in the current contract for pre-school aged children with speech, language and communication needs as part of a universal support offer in Family Wellbeing Centres.

The SEN Code of Practice 2014 is clear where statutory duties lie for SEND provision. In relation to SaLT this is to ensure provision of SaLT for children with SaLT specified in section F of their EHCP. From April 2025, the service delivery of SaLT, funded by the HNB, will only cover statutory provision; i.e. as specified in Section F of EHCPs.

It is clear that other partners, both within the LA and outside, have a role to play in meeting the communication needs of children, particularly in early years. The Inclusion and Early Help services will work with these partners to ensure they are linked to the project underway with Speech and Language UK to develop a whole system approach to communication needs for children from pre-birth. This project should deliver more awareness and action around communication needs from a wider range of partners.

2. For each "protected characteristic" provide details of all the potential or known impacts identified, both positive and negative, and explain how you have reached these conclusions based on the information and evidence listed above. Where appropriate state "not applicable".

AGE	
Details of impacts identified	<p>The new service will have a negative impact on children accessing early intervention services at Family Wellbeing Centres/early years settings as the universal offer of the current service, that includes group work provision, will no longer be provided through the new contract.</p> <p>The Speech and Language UK project will support further work with partners to ensure they are meeting their statutory obligations.</p>
DISABILITY	
Details of impacts identified	<p>The new service will impact on children in early years who may or may not have a disability.</p> <p>Some of the children who have previously accessed early intervention in communication needs at Family Wellbeing Centres would not have had a disability, but may have had delays in certain development areas which good communication skills can help them overcome. These children do not have a disability although they will be affected by this change to the service.</p> <p>Children in early years who do have a disability will now no longer be able to access this early intervention and may therefore not make such good progress. This may result in issuing Education Health Care Plans earlier than if they had received the early intervention if they cannot access support in other ways.</p>
RACE	
Details of impacts identified	<p>The service will impact equally upon all children and young people and their parents and carers regardless of race who have an Education Health Care Plan with SLT Therapy needs identified in Section F of their plan.</p>
SEX	
Details of impacts identified	<p>The service will impact equally upon all young people and their parents and carers regardless of their gender who have an Education Health Care Plan with SLT Therapy needs identified in Section F of their plan.</p>
SEXUAL ORIENTATION	
Details of impacts identified	<p>The service will impact equally upon all young people and their parents and carers regardless of their gender who have an Education Health Care Plan with SLT Therapy needs identified in Section F of their plan.</p>

PREGANCY AND MATERNITY	
Details of impacts identified	The service will impact equally upon all young people and their parents and carers regardless of their gender who have an Education Health Care Plan with SLT Therapy needs identified in Section F of their plan.
RELIGION OR BELIEF	
Details of impacts identified	The service will impact equally upon all young people and their parents and carers regardless of their gender who have an Education Health Care Plan with SLT Therapy needs identified in Section F of their plan.
GENDER REASSIGNMENT	
Details of impacts identified	The service will impact equally upon all children and young people and their parents and carers regardless of Gender assignment who have an Education Health Care Plan with SLT Therapy needs identified in section F of the plan.
MARRIAGE & CIVIL PARTNERSHIP	
Details of impacts identified	The service will impact equally upon all young people and their parents and carers regardless of their gender who have an Education Health Care Plan with SLT Therapy needs identified in Section F of their plan.

3. Could any of the impacts you have identified be unlawful under the Equality Act 2010?

No

4. Were the participants in any engagement initiatives representative of the people who will be affected by your proposal and is further engagement required?

Consultation has taken place with a range of internal and external stakeholders to inform future delivery. Parent and carers, schools and early years' settings were consulted at the beginning of the service review (October 2023), although response to the surveys was low (4 responses from parents and 4 from schools/ settings). A meeting was also held with Brent Parent Carer Forum to discuss the changes in November 2023. Respondents were overall positive about improving access to therapies.

Updates on the progress of the review has been taken to Schools Forum.

5. Please detail any areas identified as requiring further data or detailed analysis.

N/A

6. If, following your action plan, negative impacts will or may remain, please explain how these can be justified?

The reduction in universal provision may be mitigated through the universal offer supported by Public Health. The Speech Language UK project is intended to ensure better universal

provision is available from a wider range of services to meet children's communication needs in the early years.

7. Outline how you will monitor the actual, ongoing impact of the policy or proposal?

The delivery of speech, language and communication needs will be overseen by the Local Area Partnership (Local Authority, Public Health and Integrated Care Partnership Health partners).

Robust contract monitoring processes will be put in place to monitor outcomes and impacts and to inform future delivery. This includes regular feedback from service users, monitoring complaints and compliments received, service data analysis and contract monitoring meetings.

SECTION C - CONCLUSIONS

Based on the analysis above, please detail your overall conclusions. State if any mitigating actions are required to alleviate negative impacts, what these are and what the desired outcomes will be. If positive equality impacts have been identified, consider what actions you can take to enhance them. If you have decided to justify and continue with the policy despite negative equality impacts, provide your justification. If you are to stop the policy, explain why.

Any provider will be required to maintain diversity monitoring information which will be reviewed as part of the quarterly contract monitoring processes and will inform the future planning of services.

Consultation and engagement with key stakeholders will continue to sustain a co-production approach to enhance local services.

The importance of all partners delivering their statutory duties will be key to ensuring that children and young people with SLCN make good progress.

SECTION D – RESULT

<i>Please select one of the following options. Mark with an "X".</i>		
A	CONTINUE WITH THE POLICY/PROPOSAL UNCHANGED	X
B	JUSTIFY AND CONTINUE THE POLICY/PROPOSAL	
C	CHANGE / ADJUST THE POLICY/PROPOSAL	
D	STOP OR ABANDON THE POLICY/PROPOSAL	

SECTION E - ACTION PLAN

This will help you monitor the steps you have identified to reduce the negative impacts (or increase the positive); monitor actual or ongoing impacts; plan reviews and any further engagement or analysis required.

Action	Expected outcome	Officer	Completion Date
Establish a clear implementation plan and contract review plan, working with the stakeholders	To mitigate negative impacts by, for example, ensuring take-up of training before the new contract starts and under the scope of the new contract, signposting to other services.	Tanuja Saujani/Roxanna Glennon/Serita Kwofie	Ongoing
Ensure SEND/ Inclusion Service representation in design and delivery of S&L UK Project	To ensure early years communications needs are met through a comprehensive range of providers.	Roxanna Glennon/ Serita Kwofie	December 2024
Set up and organise regular meetings of SLCN group	To ensure key partners: health, public health and early help collectively develop early intervention and prevention work around SLCN.	Roxanna Glennon	Already started - ongoing

SECTION F – SIGN OFF

Please ensure this section is signed and dated.

OFFICER:	Tanuja Saujani
REVIEWING OFFICER:	Yasin Patel
HEAD OF SERVICE:	Roxanna Glennon