



Equality and health analysis – 0-19 Children's Community Public Health Services Contract Variation

Section 1: Equality analysis details

Proposed policy/decision/business plan to which this equality analysis relates	0-19 Children’s Community Public Health Services Contract Variation
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Equality analysis author	Youssof Oskrochi, senior public health specialist				
Strategic Director:	David Quirke-Thornton				
Department	Children & Adults	Division	Public Health		
Period analysis undertaken	Q2 2022/23 (Updated June 2024)				
Date of review (if applicable)					
Sign-off	Sangeeta Leahy	Position	Director of Public Health	Date	26/01/2023 (updated June 2024)

Section 2: Brief description of policy/decision/business plan

2.1 Background

Since 2015, Guys and St Thomas's (GSTT) community services have provided the 0-19 children's community services for Southwark. They have operated under a section 75 agreement that Southwark holds with the South East London ICS (previously CCG).

The Council has been working with the service over the years to adapt to the needs of the changing population.

2.2 Current financial situation

The cost of the original contract was ~£7.5m, split between the health visiting (HV) at ~£6.25m and school nursing (SN) services at ~£1.27m.

The nature of the variation is a new total contract value of £6,649,364.00.

2.3 Summary needs assessment (details in Appendix 1)

A review and analysis of the population level estimates of need available (both snapshot and trend data) have allowed an assessment to be made with the following outcomes (Table 1):

1. There is very high confidence that the 0-5 population has decreased and has reduced demand and need compared to previous years.
2. There is high confidence that the 5-19 population (and therefore school nursing service) has increased demand and need levels compared to previous years.

Table 1. Summary of the evidence and judged impact on health visiting and school nursing service needs

Service	Markers suggestive of increased needs	Markers suggestive of static need	Markers suggestive of reduced need	Interpretation	Confidence
Health Visiting (0 to <5 popn)	<ul style="list-style-type: none"> Lower % of healthy weight children entering reception than London 	<ul style="list-style-type: none"> Deprivation score has improved slightly Safeguarding demands for 0-4's remained relatively static. 	<ul style="list-style-type: none"> Large reduction in 0-5 population Reduction in Looked After Children (LAC) rate Reduction in service activity Falling <18's conception rate 	Overall reduced need levels	Very high

School Nursing (5 to 19 popn)	<ul style="list-style-type: none"> • Increase in 5-19 population • Lower % of healthy weight children in Year 6 than London • Lower attainment at foundation levels than London • Higher % of Social, Emotional and Mental Health (SEMH) students than London • Increase in Free School Meals (FSM) eligibility • Higher % of students with special educational needs or disability (SEND) requirements • Increase in age 12+ safeguarding demand 	<ul style="list-style-type: none"> • Deprivation score • has improved slightly • Safeguarding demands for 5-11's remained relatively static or reduced. 	<ul style="list-style-type: none"> • Reduction in LAC rate • Improvement in youth justice figures 	Overall increased need levels	High
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2.4 Proposed impact of savings overall

Health visiting service

- Evidence of reducing 0-5 population (between 11% and 25% lower) and reduction in service activity data (12% reduction since 2018/19).
- The magnitude of the reduction in eligible population is similar to the reduction in budget (11.5%) that the service is expected to meet.
- Population level indicators also reveal a reduction in the levels of need.
- Therefore, implementing the budget savings is not expected to adversely impact the eligible.

School nursing service

- There is evidence of increasing 5-19 population and worsening need indicators; this would result in increased demand for the service.
- It is therefore likely that overall demand on the school nursing service has increased.

Section 3: Overview of service users and key stakeholders consulted

Service users and stakeholders	
Key users of the department or service	<p>Health visiting and school nursing providers – Not formally yet consulted as part of this work.</p> <p>Children and their families aged 0 to under 5 (health visiting service) – Not formally yet consulted as part of this work.</p> <p>Children and their families aged 5-19 (School nursing service) – Not formally yet consulted as part of this work.</p>
Key stakeholders were/are involved in this policy/decision	<p>Public health commissioners in Southwark Council</p> <p>Public health commissioners in London Borough of Lambeth</p> <p>Children and Adults board</p> <p>Cabinet Member</p> <p>Finance team in Southwark Council</p>

Section 4: Pre-implementation equality analysis (details in Appendix 2)

The Equality Act 2010 protects us all from discrimination or harassment because of a personal characteristic. Children and young people's health services must ensure that treatment provision supports the needs of everyone to increase equality and opportunity to all groups. The following characteristics are protected under the Act:

- Age
- Race
- Gender
- Disability
- Marital status
- Pregnancy and maternity
- Religion or belief
- Sexual orientation
- Gender reassignment

The impact of the proposed services on these characteristics has been assessed and is summarised below in Table 2.

Table 2. Summary of impacts on Equality Act 2010 protected characteristics

Protected characteristic	Impact	Explanation summary
Age	No impact	<p>It is anticipated that there is no impact as the savings will adjust the overall financial envelop to be more aligned with the reduction in child population and the associated reduction in services.</p> <p>It is unlikely that a reduction in operating budget would have any impact based on maternal age.</p> <p>It maybe that the impacts of the increased cost of living and other wider socio economic may affect the health needs of this population. This will be carefully monitored as services are re-aligned to the changing population.</p>
Race	No impact	<p>It is not anticipated that any operating budget changes will impact on this population group. Specific vulnerabilities associated with health conditions affecting Black, Asian and Ethnic minority mothers or children will be assessed and identified as part of the routine assessment for vulnerabilities.</p>
Sex	No impact	<p>It is unlikely that a reduction in operating budget would have any impact on this characteristic.</p>
Disability	No impact	<p>It is unlikely that a reduction in operating budget would have any impact on users with disabilities.</p> <p>The national specification for health visiting services accounts for disabilities within its need levels and thus it is expected that at the minimum the current status quo is maintained.</p>

		The provider should however remain vigilant and be receptive to any issues and/or approaches which may arise from service users with disabilities regarding their access to the service.
Marital status	No impact	It is unlikely that a reduction in operating budget would have any impact on users based on their marriage or civil partnership status.
Pregnancy and maternity	No impact	It is unlikely that a reduction in operating budget would have any impact on pregnant users.
Religion or belief	No impact	It is unlikely that a reduction in operating budget would have any impact on users based on their religion.
Sexual orientation	No impact	It is unlikely that a reduction in operating budget would have any impact on users based on their sexual orientation. It may be prudent, and stakeholders will need to work closely with the LGBTQ+ community to decide whether or not to collect sexual orientation data given the relatively large gay, lesbian and transgender population within Southwark and to ensure that service provision is equitable.
Gender reassignment	No impact	It is unlikely that a reduction in the operating budget would have any impact on users who are on the transitioning journey.

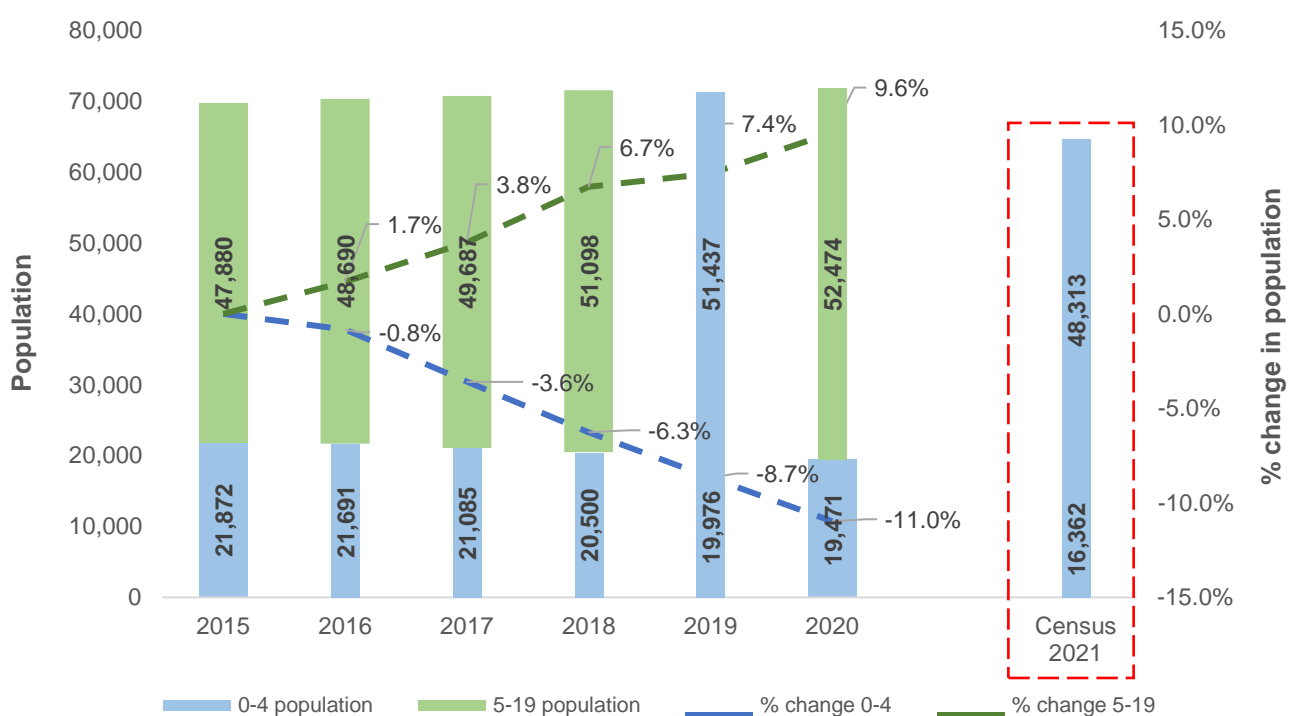
Section 5: Appendix 1: Needs Assessment 0-19

5.1 Southwark's 0-19 population

Demographics

From 2015 to 2020, the 0-19 population in Southwark has changed significantly; the 0 to 4 (including under 5's) population has decreased by 11% or 2,401 children, while the 5-19 population has increased by 9.6% or 4,594 children (Figure 1).

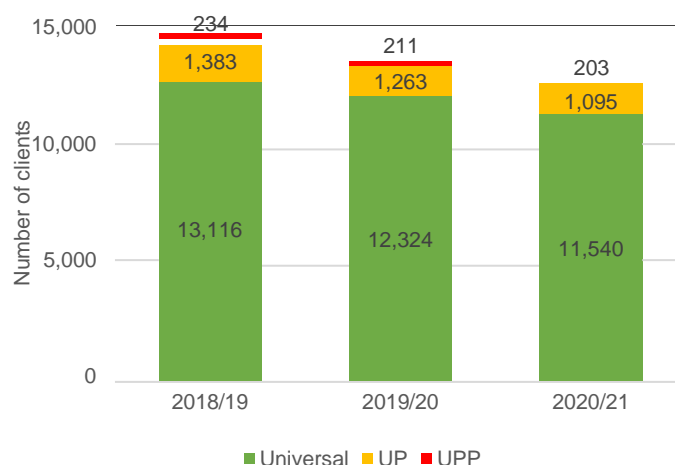
Figure 1. Southwark's 0-19 population between 2015 and 2020



It is important to note that these figures might overestimate the population size in both age groups as the Census 2021 results show a much larger 25% decrease in the 0-5 population and only a 1% increase in the 5-19 population.

Similarly, Health Visitor (HV) service data shows a reduction in activity levels by 12% between 2018/19 and 2020/21 (Figure 2).

Figure 2. Number of clients registered with the HV service 2018/19 to 2020/21



Deprivation

Southwark has seen an improvement in its' ranking relative to other local authorities since 2015, yet remains one of the most deprived in the country.

<https://www.southwark.gov.uk/health-and-wellbeing/public-health/southwark-health-data/our-population/census-and-demographics>

Southwark has one of the highest IDACI¹ indices in London², although it has seen an improvement between 2015 and 2019.

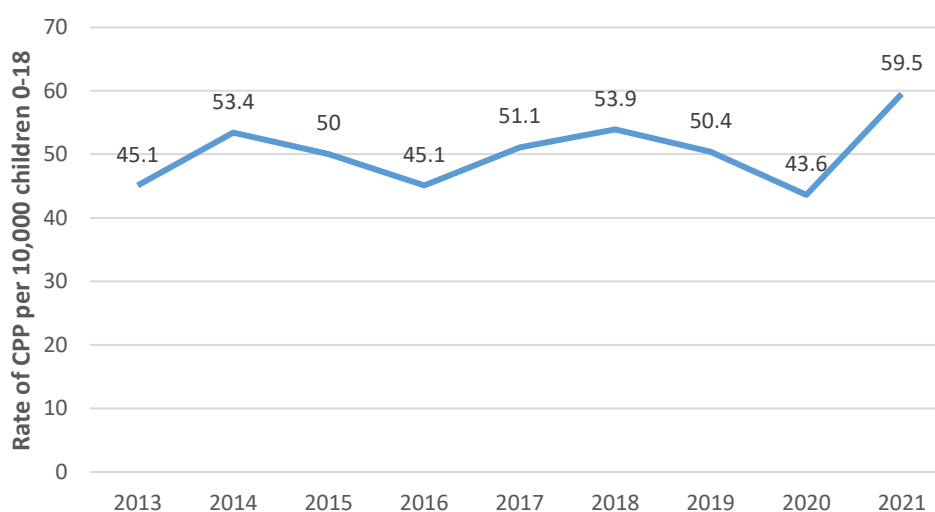
Similarly, Southwark's general index of multiple deprivation (IMD) ranking, while improved compared to other local authorities in England between 2015 and 2019, it still remains one of the most deprived boroughs in the country overall³.

Safeguarding

Since 2013, the rate of Southwark's children on Child Protection Plans (CPP) has varied between 45 and 53 per 10,000.

During the pandemic this went up to 59.5 per 10,000 for 2020/21; a 36% increase on the year before and the second highest in London (average 31 per 10,000).

Figure 3. Rates of CPP's per 10,000 children (0-18) in Southwark from 2013 to 2021



Looked after children

The rate of looked after children in Southwark has been gradually reducing since 2015 (Figure 4).

Figure 4. Rate of LAC's per 100,000 children aged 0-18 in Southwark 2015 to 2023

Children looked after rate, per 10,000 children aged under 18 (from 2017/18 to 2022/23) for Southwark



Children looked after rate, per 10,000 children aged under 18				
Ratio per 10,000				
Period	Southwark	Minimum for All London Boroughs (excl City)	Mean for All London Boroughs (excl City)	Maximum for All London Boroughs (excl City)
2017/18	76	23	49	81
2018/19	76	26	52	89
2019/20	76	27	52	98
2020/21	75	29	51	92
2021/22	80	26	53	105
2022/23	74	26	52	90

Source:
Department for Education

Children looked after rate, per 10,000 children aged under 18 (2022/23) for All London Boroughs (excl City)

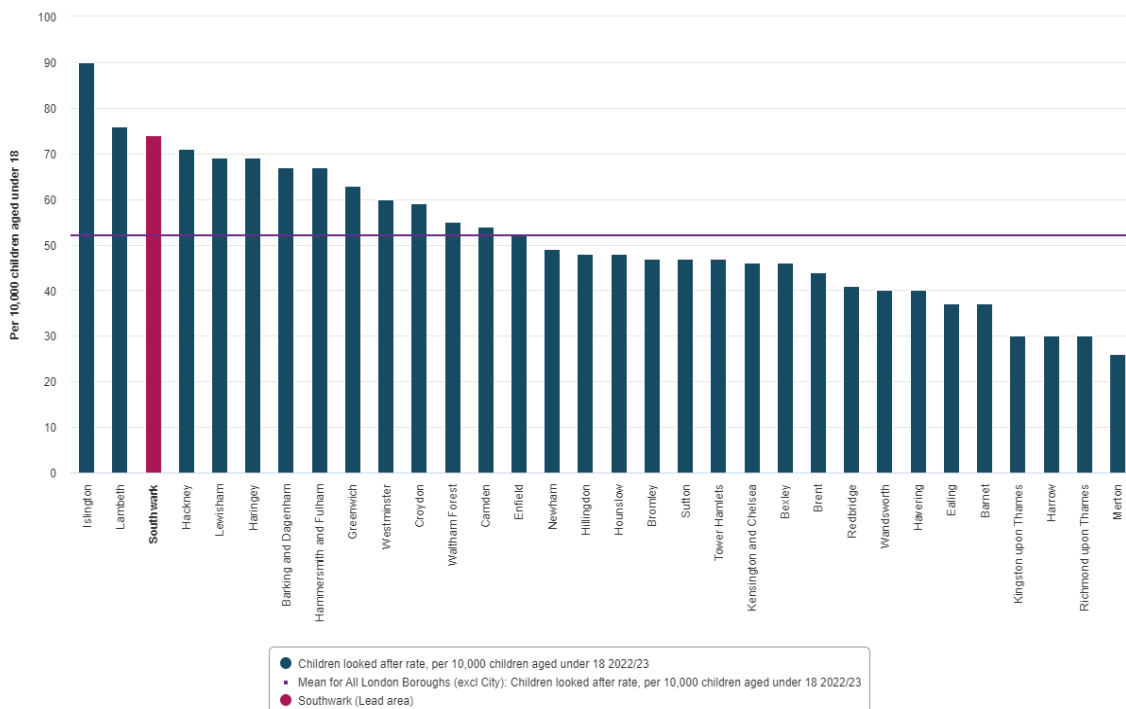


- ¹ Index of deprivation which highlights where deprivation is most affecting children
- ² [South East London CYPMH Inequalities snapshot \(healthylondon.org\)](https://www.healthylondon.org/south-east-london-cypmh-inequalities-snapshot)
- ³ Indices of Deprivation 2019. Southwark's JSNA. Southwark Council: London. 2019.

Nevertheless, Southwark still has the fourth highest rate of looked-after children(LAC) per 10,000 children under 18 in London (Figure 5)⁴.

Figure 5. Children looked after rate, per 10,000 children aged under 18 (from 2015/16 to 2020/21)

Children looked after rate, per 10,000 children aged under 18 (2022/23) for All London Boroughs (excl City)



Source:
Department for Education

A higher proportion of LAC's in Southwark have special educational need and disability (SEND) requirements (35.1%) than the London average (32.3%)

⁴ [Children looked after rate, per 10,000 children aged under 18 in Southwark | LG Inform \(local.gov.uk\)](#)

Vaccinations

Children in Southwark generally have higher or similar vaccination coverage rates⁵ to London (Table 3).

Table 3. Vaccination rates in Southwark vs London for major childhood vaccinations

Vaccination	Age group	Data	Southwark	London
Flu vaccine	2-3 years	2022/23	38.2%	38.2%
MMR two doses	<5 year old	2022/23	82.5%	74.0%
DTaP/IPV pre-school booster	<5 year old	2022/23	89.0%	87.6%
HPV one dose (females)	12-13 year old	2022/23	52.7%	59.7%
HPV one dose (males)	12-13 year old	2022/23	56.3%	54.2%
Meningococcal ACWY	14-15 year old	2022/23	78.2%	74.0%

⁵ [Childhood Vaccinations Rates in Your Area | LG Inform \(local.gov.uk\)](#)

5.2 Needs relating to under 5's Health Visiting

Safeguarding in under 5's

Between 2019/20 and 2020/21, there was a 15.4% (475) reduction in the number of contacts and a 5.5% (47) reduction in both number of referrals and assessments made for <5's safeguarding concerns (Figure 6).

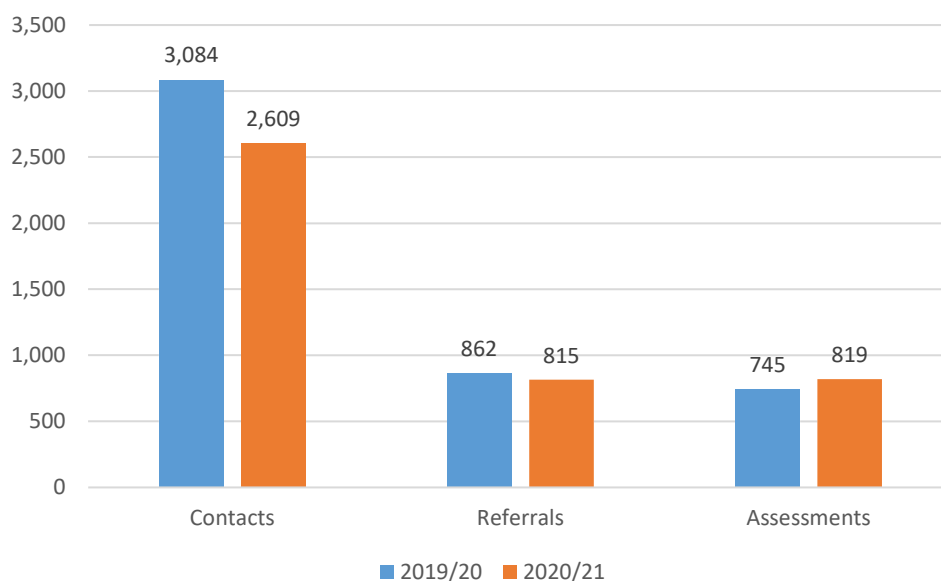
However, this was in the context of increasing rates of contacts resulting in referrals (28% in 2019/20 to 31.2% in 2020/21) and increasing rates of referrals resulting in assessments (86.4% in 2019/20 to 100% in 2020/21).

For 2020/21 the number of assessments was greater than referrals due to individuals being referred prior to birth ("unborn" classification) and then assessed once born.

Therefore, while numbers have decreased, a greater proportion of referrals are leading into the child protection plan (CPP) process.

Overall, it is anticipated that the demand on the service is likely to remain the same; fewer cases, but more likely to require entry into CPP process.

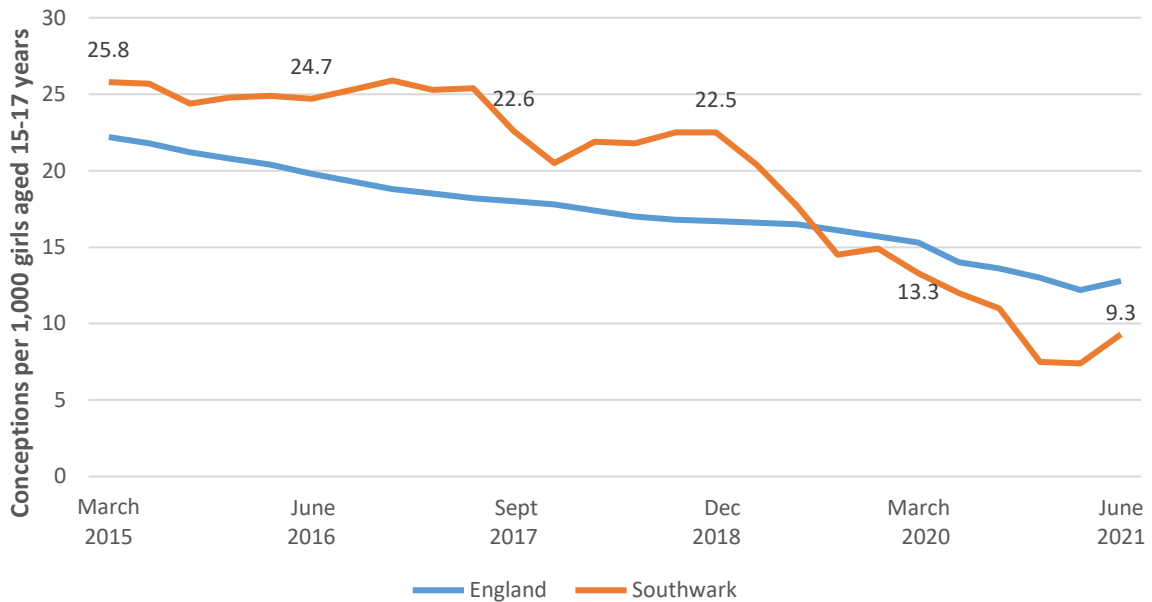
Figure 6. 0-4's safeguarding services front door activity data (2019/20 to 2020/21)



Conception in under 18's

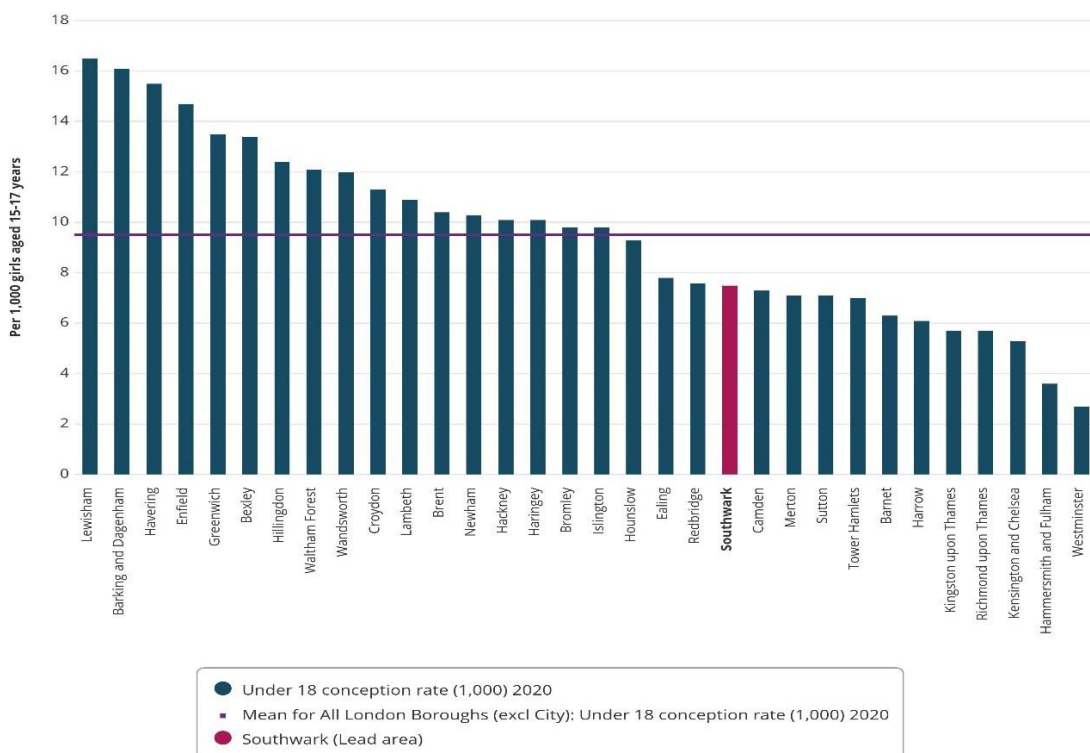
The under 18's conception rate in Southwark has reduced by 64% since 2015, standing at 9.3 conceptions per 1,000 girls aged 15-17 years (Figure 7). This reflects the national trend but Southwark has seen big improvements in recent years.

Figure 7. Conception rate per 1,000 women at ages under 18 (from 2015 to 2021) for Southwark



As a result, Southwark has one of the lowest under 18's conception rates in London and well below the London average (Figure 8).

Figure 8. Conception rate per 1,000 women at ages under 18 (from 2015 to 2020) for London



5.3 Needs relating to School Nursing

Physical, mental health and educational needs of schoolchildren

The evidence regarding needs of schoolchildren in Southwark is varied.

Between 2016/17 and 2022/23, the proportion of children at foundation stage achieving the expected level in Personal, Social and Emotional Development has decreased from 85.1% to 82.0%⁶, although this is still below the London average.

Similar improvements were seen when looking at the percentage of all children achieving at least the expected level in the prime areas of learning and in the specific areas of literacy and mathematics at foundation stage, improving from 59.6% to 74.1% and now being higher than the London average⁷.

Children in Southwark however are generally less likely to be a healthy weight; in 2022/23 only 76.6% of those in reception⁸ and 56.8% of those in Year 6⁹ were healthyweight, both below the London average. Data that is more recent is currently not available.

Southwark has one of the highest proportions of school children with social, emotional and mental health (SEMH) needs at 3%. This is higher than the London (2.6%) average and only lower than Lambeth (3.2%) and Bromley (3.2%) in South East London. Nationally there is evidence that the number of those aged 5-19 experiencing mental health problems is growing¹⁰.

In Southwark, approximately 35.8% of students were eligible for free school meals (FSM) in the 2022/23 academic year, an increase of 68.7% since 2015/16 (from 21.6% to 35.8%)¹¹.

Southwark ranks higher than the London average (25.4%) but lower than other inner London boroughs such as Islington, Camden, Hackney, Tower Hamlets, Lambeth and Westminster (Figure 9).

Eligibility for FSM is considered a proxy measure for deprivation; therefore, higher proportions for students eligible for FSM can be an indicator of increased need.

In 2020, amongst those with SEMH, approximately 45% were eligible for FSM¹².

However, children on FSM in Southwark generally do well, with over 67% achieving at least the expected level in the prime areas of learning and in the specific areas of literacy and mathematics at foundation stage (2018/19), more than the London average¹³.

⁶ [Percentage of children achieving at least the expected level in Personal, Social and Emotional Development at foundation stage in Southwark | LG Inform \(local.gov.uk\)](#)

⁷ [Percentage of all children achieving at least the expected level in the prime areas of learning and in the specific areas of literacy and mathematics at foundation stage in Southwark | LG Inform \(local.gov.uk\)](#)

⁸ [Percentage of children in reception year who are healthy weight in Southwark | LG Inform \(local.gov.uk\)](#)

⁹ [Percentage of children in year 6 who are healthy weight in Southwark | LG Inform \(local.gov.uk\)](#)

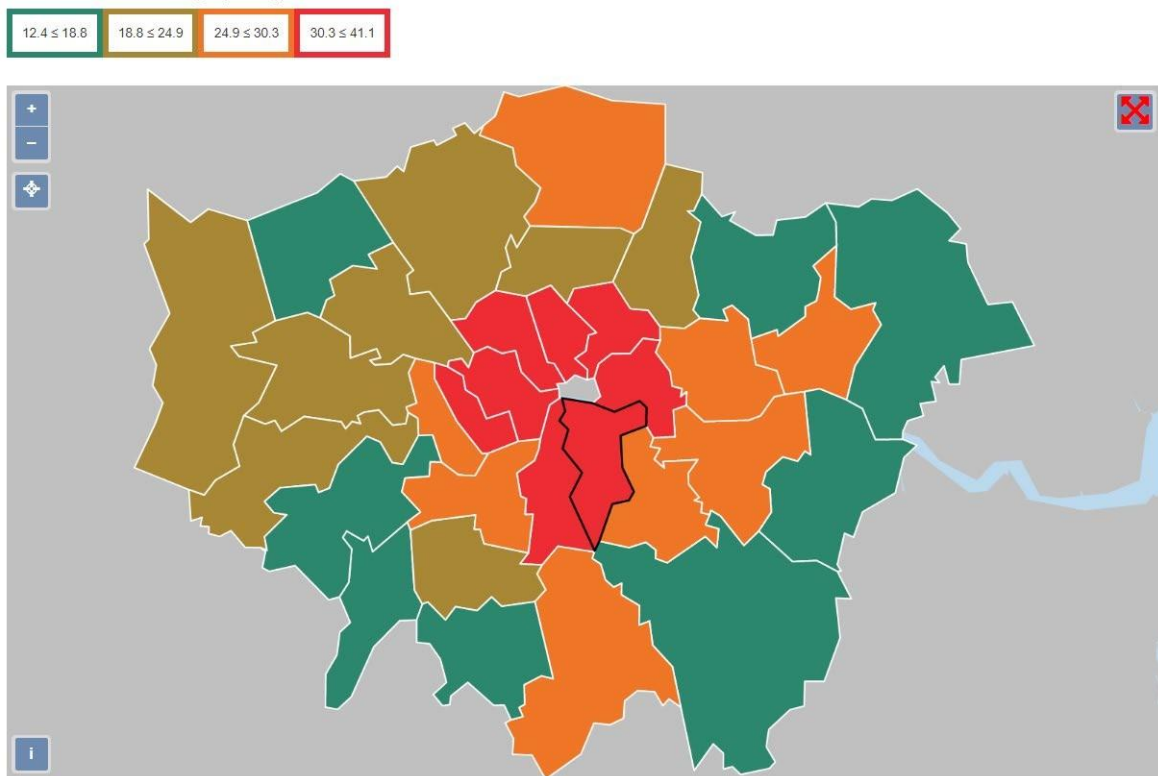
¹⁰ [Improving children and young people's mental health services - The Health Foundation](#)

¹¹ [Percentage of all pupils known to be eligible for free school meals in Southwark | LG Inform \(local.gov.uk\)](#)

¹² [CYPMH Inequalities Data Snapshot South East London \(healthylondon.org\)](#)

¹³ [Percentage of pupils with eligible for free school meals achieving at least the expected level in the prime areas of learning and in the specific areas of literacy and mathematics at foundation stage in Southwark | LG Inform \(local.gov.uk\)](#)

Figure 9. Geographic comparison of proportion of students eligible for FSM (Southwark marked)



Special Educational Needs and Disabilities (SEND)

In 2021/22, 19.1% of Southwark pupils either had a statutory plan of SEN (statement or EHC plan, total 4.6%) or were receiving SEN support (14.5%). Overall this is higher than the London average (16.9%)¹⁴.

The proportion of Southwark pupils with SEND requirements has increased since 2017/18, with students requiring a statement or EHC plan increasing by 38% (from 3.3% to 4.6%).

Pupils who are looked after children (LAC) or children in need (CIN) are highly represented within the SEND cohort.

Southwark has a higher proportion of LAC pupils with (37.6%) London average (33.1% respectively).

London average 19.4% of Children in Need are on SEN support and 33.0% have a statement of SEN or EHC plan. In Southwark, 19.2% of children in need are on SEN support and 46.7% of children in need have a statement of SEN or EHC plan.

Primary SEND needs in Southwark schools are broadly similar to those in London but with some notable differences (Table 5)

Table 5. Significant differences in the primary needs of schoolchildren in Southwark vs London (2022/23)

	More need (vs London)	Lower need (vs London)
Primary school	<ul style="list-style-type: none"> ASD (21.7% vs 15.2%) Specific learning difficulties (9.1% vs 6.9%) 	<ul style="list-style-type: none"> SALC need (37.3% vs 42.0%) SEMH needs (12.9% vs 14.8%) Moderate learning difficulties (6.4% vs 8.1%)
Secondary school	<ul style="list-style-type: none"> ASD (15.2% vs 12.9%) Other difficulty/disability (11.7% vs 5.7%) 	<ul style="list-style-type: none"> SEMH needs (20.5% vs 23.2%) SALC needs (17.0% vs 19.1%) Moderate learning difficulty (8.6% vs 12.3%)
Special schools	<ul style="list-style-type: none"> ASD (50.1% vs 42.8%) SEMH needs (9.6% vs 7.9%) Primary physical disability (4.0% vs 1.4%) Specific learning disability (3.7% vs 2.0%) 	<ul style="list-style-type: none"> Moderate learning disability (1.6% vs 8.8%) SALC needs (4.9% vs 7.5%)

ASD: autistic spectrum disorder

SALC: Speech, Language and Communication

SEMH: Social, Emotional and Mental Health

¹⁴ A statutory plan of SEN (statement or EHC plan) or are receiving SEN support, data from [Local area Special Educational Needs and Disabilities report for London Borough of Southwark | LG Inform](#)

Safeguarding in 5-11 year olds

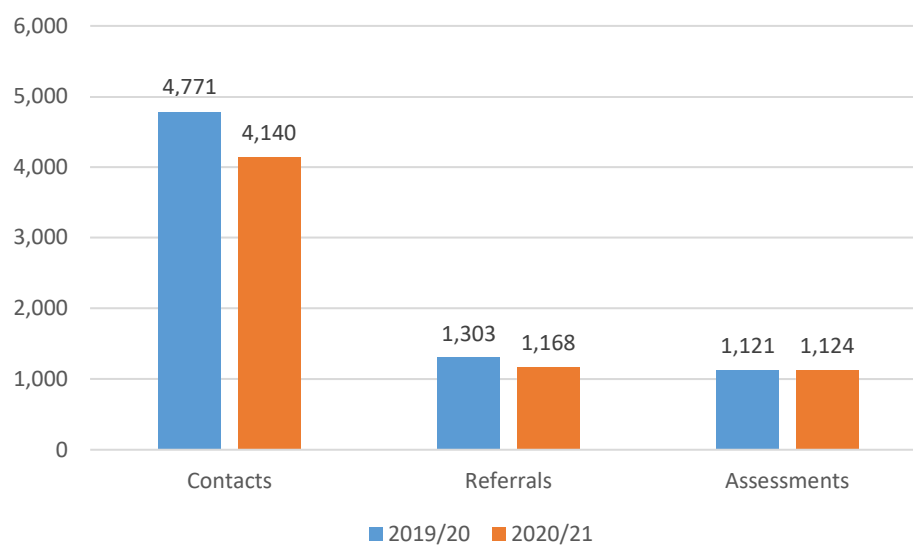
Between 2019/20 and 2020/21, there was a 13.2% (631) reduction in the number of contacts, a 10.4% (135) reduction in the number of referrals and an essentially static (0.3% increase) number of assessments made for 5-11's safeguarding concerns (Figure 10).

This was in the context of relatively static rates of contacts resulting in referrals (27.3% in 2019/20 to 28.2% in 2020/21) and increasing rates of referrals resulting in assessments (86% in 2019/20 to 96.2% in 2020/21).

Therefore, while numbers have gone down significantly and a broadly similar proportion of contacts result in referrals, of those contacts that do require referral, most reach assessment.

Overall, the demand on the service is likely to have remained either static or decreased: fewer overall numbers and similar levels requiring entry into CPP process.

Figure 10. 5-11's safeguarding services front door activity data (2019/20 to 2020/21)



Safeguarding in children aged 12+

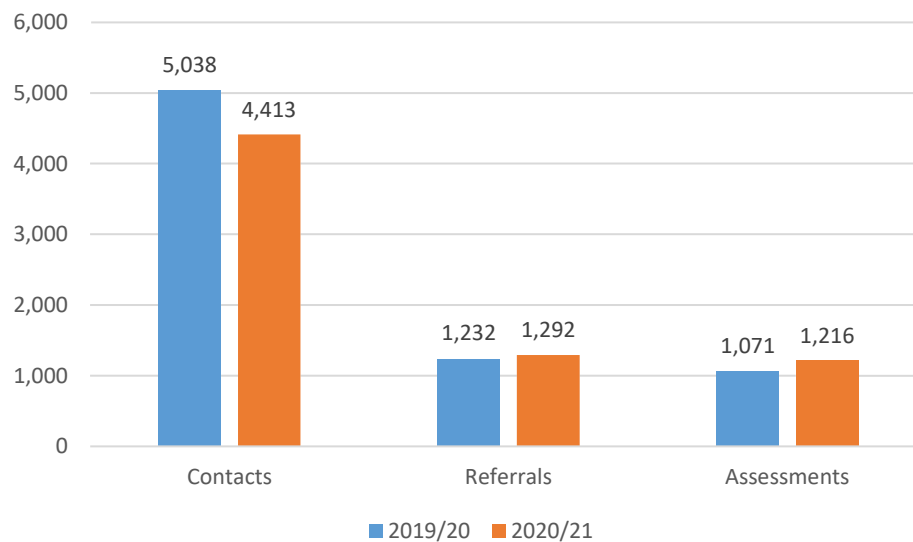
Between 2019/20 and 2020/21, there was a 12.4% (625) reduction in the number of contacts, a 4.9% (60) increase in the number of referrals and a 13.5% (145) increase in the number of assessments made for 12+ safeguarding concerns (Figure 11).

This was in the context of increasing rates of contacts resulting in referrals (24.5% in 2019/20 to 29.3% in 2020/2) and rates of referrals resulting in assessments (86.9% in 2019/20 to 94.1% in 2020/21).

Therefore numbers have increased significantly and both a larger proportion of contacts result in referrals and a larger portion of referrals require assessment (and therefore formal entry into CPP process).

Overall, the demand on the service is likely to have increased; more overall numbers and greater proportion requiring entry into CPP process.

Figure 11. 12+ safeguarding services front door activity data (2019/20 to 2020/21)



Youth justice

In 2021, Southwark generally had lower rates of youth justice incidents than other boroughs in London (Figure 12)¹⁵, although the rates of first time entrants is higher than the London average¹⁶ (Figure 13).

Figure 12. Headline youth justice figures for London (Southwark highlighted)

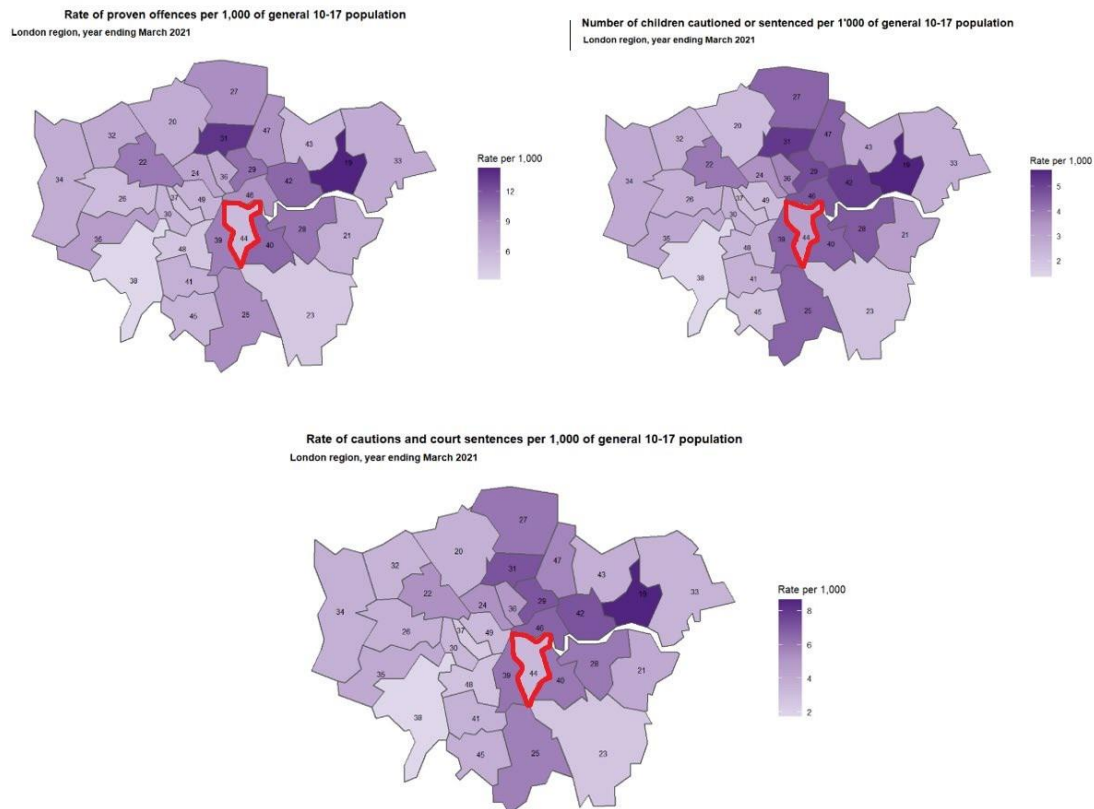
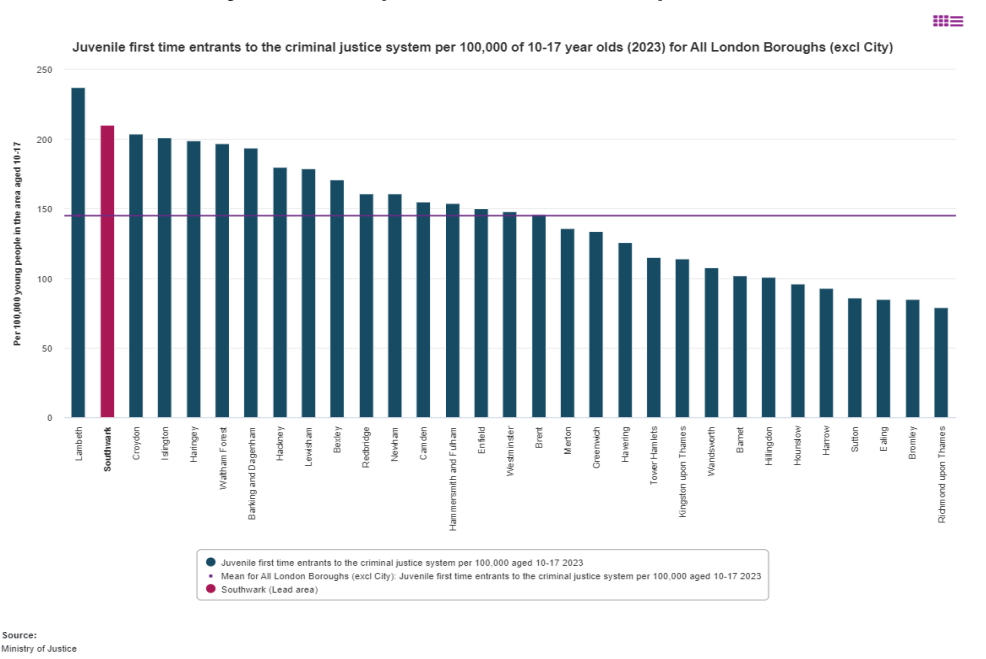


Figure 13. Juvenile first time entrants to the criminal justice system per 100,000 of 10-17 year olds (from 2010 to 2023)

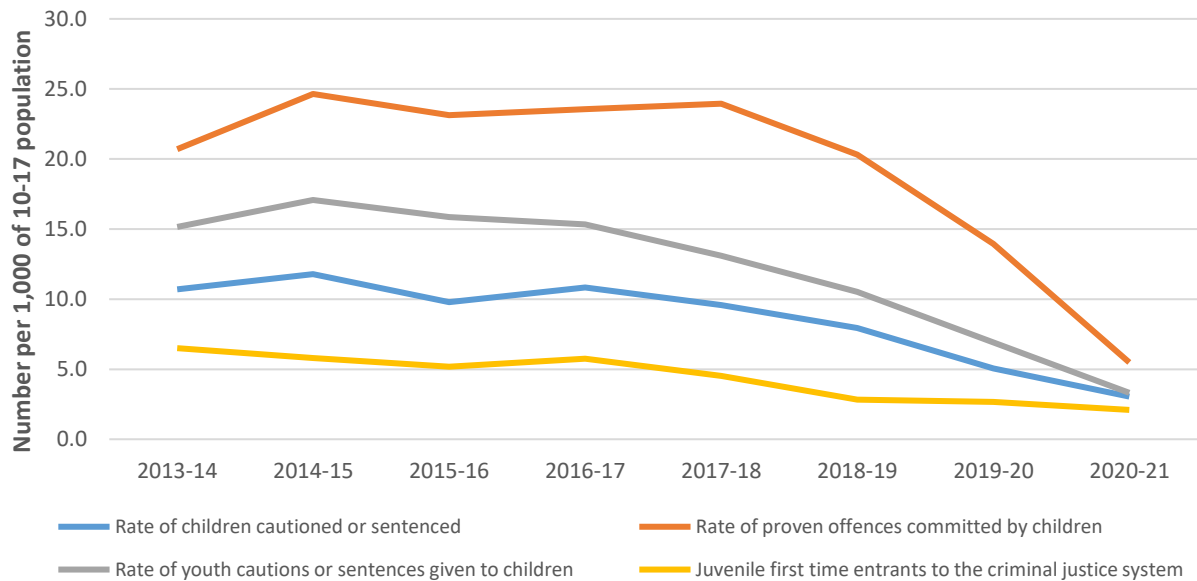


¹⁵ [Youth justice statistics: 2020 to 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/youth-justice-statistics-2020-to-2021) ¹⁶ [Juvenile first time entrants to the criminal justice system per 100,000 of 10-17 year olds in Southwark | LGINform \(local.gov.uk\)](https://www.local.gov.uk/information/youth-justice-statistics-2020-to-2021)

Since 2017/18 Southwark's youth justice statistics have improved substantially (Figure 14):

- 77% reduction in the rate of proven offences committed by children,
- 75% reduction in the rate of youth cautions or sentences given to children,
- 68% reduction in rates of children cautioned or sentenced¹⁷,
- 54% reduction in the rate of juvenile first entrants to the criminal justice system.

Figure 14. Youth justice headline figures from 2013 to 2021



¹⁷ [Youth justice statistics - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Section 6: Appendix 2: Equality Impact Analysis – detail

Protected characteristic: Age

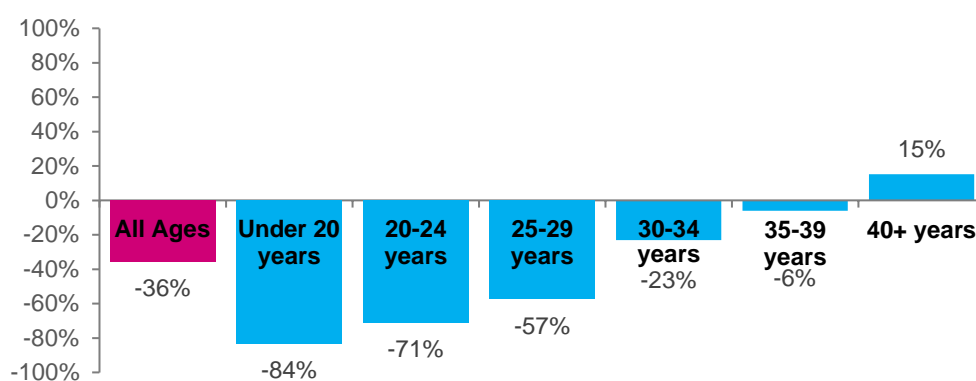
Definition: Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

Impact assessment: No impact

Data and background

1. Since 2010, the age profile of mothers in the borough has changed, with significant reductions in births among younger women and increases among those aged 40 and over (Figure 15).

Figure 15. Percentage change in live births in Southwark by age between 2010 and 2021.

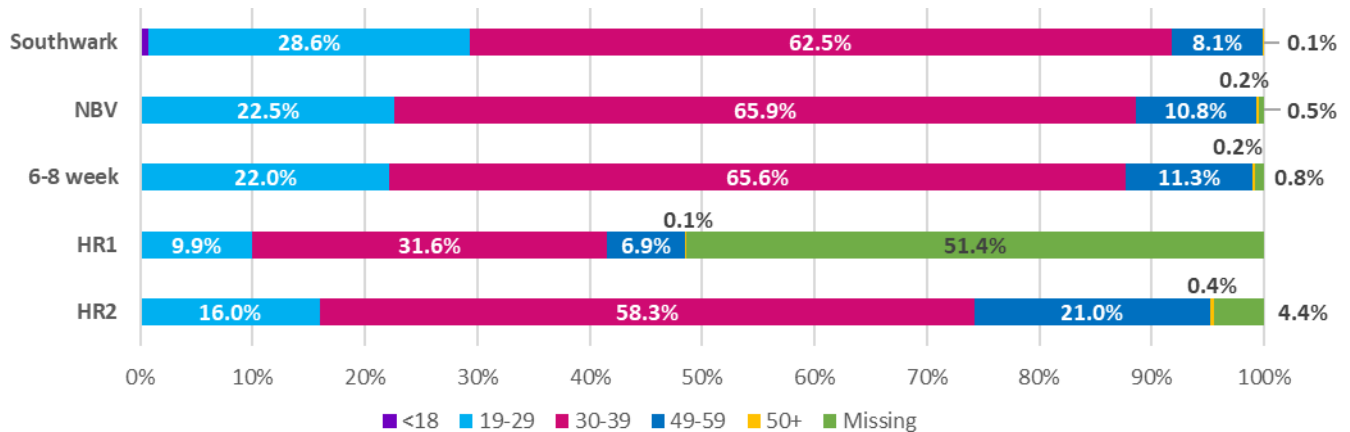


2. A review of service equity in March 2022 identified that there was a smaller proportion of young mothers (aged 19-29) enrolled in the service than would be expected for Southwark's population (Figure 16).
3. In contrast, other age groups had similar proportions enrolled in the service to that which would be expected given Southwark's population.
4. Young mothers are a particularly vulnerable group with higher rates of risk factors and fewer social supports¹⁸.
5. The same review also identified that mothers aged 19-29 were generally less likely to have completed appointments when compared to those aged 30-39.
6. The service recently decommissioned the Family Nurse Practitioner (FNP) programme, which specifically targeted mothers under 19 years old. This seems appropriate given that in 2021 only around 33 births in the borough were to mothers under 20 and this number is likely to decrease further.
7. A new pathway (Bright Beginnings) has been developed, which can be personalised to any families identified with additional support needs. This pathway is delivered by an expanded team of Early Intervention Health Visitors.

¹⁸ [Vulnerability within families headed by teen and young adult mothers investigated by child welfare services in Canada - PMC \(nih.gov\)](#)

- Young mothers should continue to be identified and offered higher tiers of service provision owing to their increased vulnerability.

Figure 16. Maternal age comparison: Southwark and health visiting services



Assessment rationale

- It is anticipated that there is no impact as the savings will adjust the overall financial envelop to be more aligned with the reduction in child population and the associated reduction in services.
- It is unlikely that a reduction in operating budget would have any impact based on maternal age.
- It maybe that the impacts of the increased cost of living and other wider socio economic may affect the health needs of this population. This will be carefully monitored as services are re-aligned to the changing population.

Protected Characteristic: Race

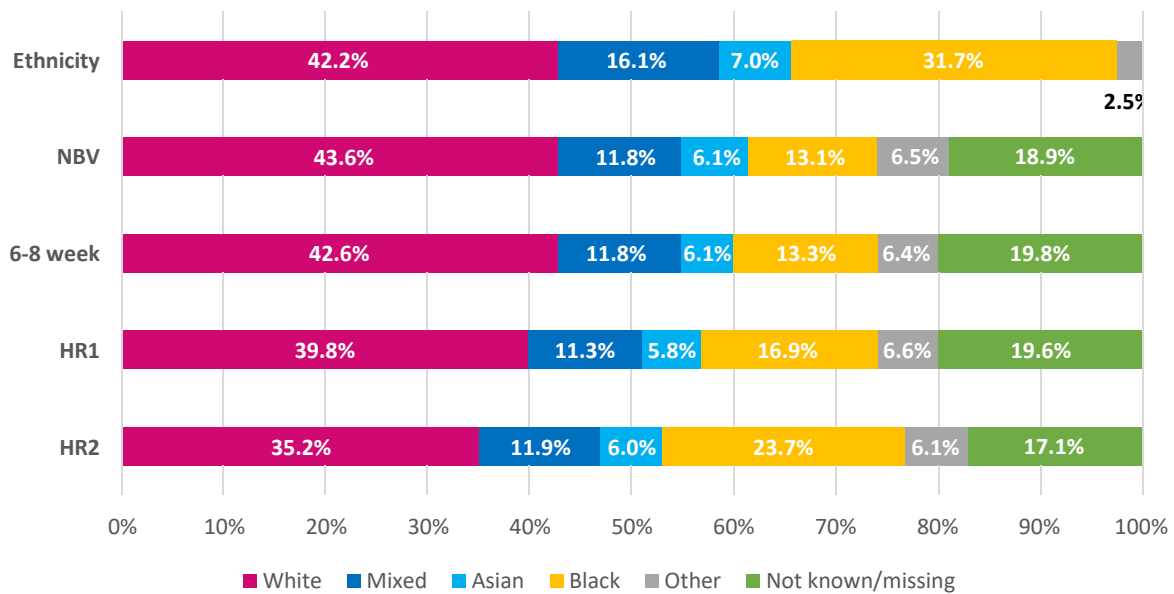
Definition: Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. N.B. Gypsy, Roma and Traveller are recognised racial groups and their needs should be considered alongside all others

Impact assessment: No impact

Data and background

- Southwark is an ethnically diverse borough with around 49% of its population being from Black and other ethnic minority backgrounds.
- In 2021, the majority of births within Southwark (54%) occurred to women who were not born in the UK. The most common countries were Nigeria, Sierra Leone, USA, France and Ghana.
- A review of service equity in March 2022 identified that there were fewer Black and “other” ethnic minority users in the overall cohort than would be expected at all appointment times compared to Southwark’s population (Figure 17).

Figure 17. Ethnicity comparison - Southwark and health visiting services



- The same review also identified that those from Black and other ethnic backgrounds were less likely to have completed appointments when compared to those from White ethnic group.
- In addition, there were data collection issues around recording of ethnicity with around 20% of clients not having ethnicity data recorded.

Assessment rationale

- It is not anticipated that any operating budget changes will impact on this population group. Specific vulnerabilities associated with health conditions affecting a BAME mother or child will be assessed and identified as part of the routine assessment for vulnerabilities.

Protected Characteristic: Sex

Definition: A man or woman **Impact**

assessment: No impactData and

background

- The 0-5 health-visiting programme is primarily aimed at mothers and their children owing to the fact that the service model begins during pregnancy and follows the mother and child from there.
- It would be expected that in a situation where the mother is no longer able to care for the child (e.g. death) and the father instead becomes the primary care giver, that the service continue to provide the same service irrespective of parental sex.

Assessment rationale

- It is unlikely that a reduction in operating budget would have any impact on this characteristic.

Protected Characteristic: Disability

Definition: A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Impact assessment: **No impact**

Data and background

1. The 2021 Census collected information on residents' disability status, with over 42,000 Southwark residents (14%) recording a disability. This is similar to London but slightly less than the national average of 17%.
2. The service does not currently collect direct information on the disability status of their clients and/or families.
3. Health visiting services do however stratify clients into risk groups based on criteria that include disability, therefore the number of clients at each level of need may be taken as a proxy for disability.
4. The proportion of individuals at higher need levels (UP and UPP) is approximately 10.8% of the client population and this has not materially changed in recent years, although the absolute number has reduced (Table 6).

Table 6. Proportion (and number) of HV clients by level of need per year

	Universal	UP	UPP
2018/19	89.0% (13,166)	9.4% (1,383)	1.6% (234)
2019/20	89.3% (12,324)	9.2% (1,263)	1.5% (211)
2020/21	89.9% (11,540)	8.5% (1,095)	1.6% (203)
2021/22*	88.8%	9.6%	1.6%
Average	89.3%	9.2%	1.6%

5. Whilst this is lower than the recorded disability proportion of Southwark when comparing nationally it should be noted that:
 - (a) Not all disabilities may require a higher level of need,
 - (b) The Southwark estimate is adult population and the health visiting service also considers the disability status of the child.
 - (c) Not all clients at higher levels of need will be due to disabilities as the criteria are broad (e.g. mental health, substance misuse etc.).

6. It is therefore not possible to draw an accurate picture of the representation of those with disabilities with current figures.

Assessment rationale

7. It is unlikely that a reduction in operating budget would have any impact on users with disabilities.
8. The national specification for health visiting services accounts for disabilities within its need levels and thus it is expected that at the minimum the current status quo is maintained.
9. The provider should however remain vigilant and be receptive to any issues and/or approaches which may arise from service users with disabilities regarding their access to the service.

Protected Characteristic: Marriage or civil partnership

Definition: Someone who is legally married or in a civil partnership. Marriage and civil partnership can be either between a man and a woman, or between partners of the same sex.

Impact assessment: **No impact**

Data and background

1. Census 2021 data revealed that 27 per cent are married or in a civil partnership, compared to 44.7 per cent nationally. This has increased by a fifth(19%) since 2011.
2. The service does not currently collect information on marital status for demographic or criteria assessment purposes and it is not expected that this will change in future.

Assessment rationale

1. It is unlikely that a reduction in operating budget would have any impact on users based on their marriage or civil partnership status.

Protected Characteristic: Pregnancy and maternity

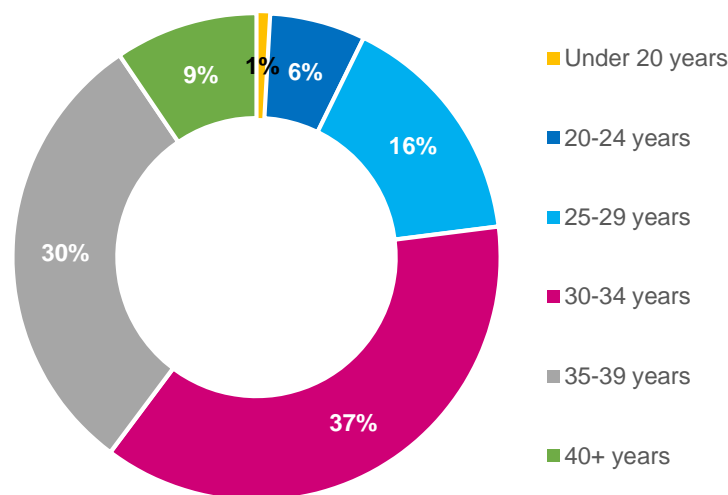
Definition: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Impact assessment: No impact

Data and background

1. In 2021, Southwark had a total fertility rate²⁰ of 1.1 children per woman. This is lower than the national average for England (1.62).
2. In 2021, Southwark had 3,372 live births, down from 5,265 in 2010, a 36% decrease.
3. In 2021, 67% of mothers giving birth in Southwark were aged 30-39 with less than 1% being under 20 (Figure 18).

Figure 18. Live births in Southwark in 2021 by maternal age



Assessment rationale

4. It is unlikely that a reduction in operating budget would have any impact on pregnant users.

²⁰ The total fertility rate in a specific year is defined as the total number of children that would be born to each woman if she were to live to the end of her child-bearing years and give birth to children in alignment with the prevailing age-specific fertility rates.

Protected Characteristic: Religion and belief

Definition: Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Impact assessment: **No impact**

Data and background

1. A total of 133,300 Southwark residents reported their religion to be Christian, equivalent to 43% of the population. This proportion has decreased by ten percentage points over the decade (from 53%). ²¹
2. 'No religion' was the second most common reported among Southwark residents, representing over one-third (36%) of the population, substantially larger than across London (27%). ²²
3. The service does not currently collect information on religion for demographic or criteria assessment purposes and it is not expected that this will change in future.

Assessment rationale

4. It is unlikely that a reduction in operating budget would have any impact on users based on their religion.

²¹ <https://www.southwark.gov.uk/health-and-wellbeing/public-health/southwark-health-data/strategies-and-reports/jsna-annual-report>

²² <https://www.southwark.gov.uk/health-and-wellbeing/public-health/southwark-health-data/strategies-and-reports/jsna-annual-report>

Protected Characteristic: Sexual orientation

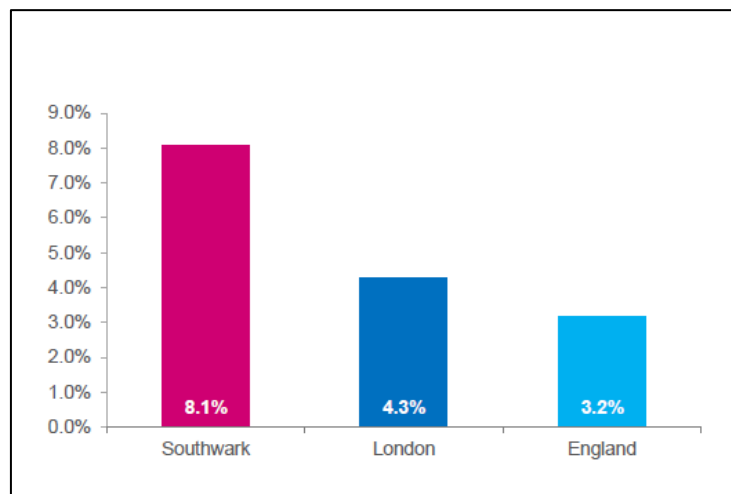
Definition: Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Impact assessment: No impact

Data and background

1. In Southwark, 8% of residents (nearly 21,000 people) aged 16+ have a non-heterosexual sexual identity (Figure 19).

Figure 19. Residents identifying with a non-heterosexual sexual identity Source: ONS 2023. Census 2021 - Sexual orientation, England and Wales



2. Evidence exists which shows that even in the context of robust equity policies, intangible barriers exist which may prevent marginalised groups from effectively accessing healthcare due to bias or lack of familiarity amongst staff with particular groups²⁵.

Assessment rationale

3. It is unlikely that a reduction in operating budget would have any impact on users based on their sexual orientation.
4. It may be prudent, and stakeholders will need to work closely with the LGBTQ+ community to decide whether or not to collect sexual orientation data given the relatively large gay and lesbian population within Southwark and ensure that service provision is equitable.

²⁵ Henry von Doussa, Jennifer Power, Ruth McNair, Rhonda Brown, Margot Schofield, Amaryll Perlesz, Marian Pitts, Andrew Bickerdike, Building healthcare workers' confidence to work with same-sex parented families, *Health Promotion International*, Volume 31, Issue 2, June 2016, Pages 459–469, <https://doi.org/10.1093/heapro/dav010>

Protected Characteristic: Gender reassignment

Definition: The process of transitioning from one gender to another.

Impact assessment: **No impact**

Data and background

1. Stonewall estimates that up to 1% of the population may identify as transgender, including people who identify as non-binary.²²
2. Southwark ranked the 5th highest local authority in England for trans or non-binary identities. 3,200 residents reported a gender identity different from their sex registered at birth⁴
3. The service does not currently collect information on gender reassignment for demographic or criteria assessment purposes and it is not expected that this will change in future.

Assessment rationale

4. It is unlikely that a reduction in operating budget would have any impact on users who are on the transitioning journey.

²² [The truth about trans \(stonewall.org.uk\)](https://www.stonewall.org.uk/resources/research-and-statistics/the-truth-about-trans)

²³ Based on Southwark's ONS 2020 mid-year population estimate of 256,712.