

Appendix 3.

PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title	
Equality Analysis title: Cabinet Response to the Recommendations from the Scrutiny Review - OSMB – Children’s Takeover Challenge	
Date of Equality Analysis (EA): 30/01/25	
Directorate: CYPS	Service area: Commissioning, Performance and Quality
Lead Manager: Helen Sweaton	Contact number:
Is this a:	
<input type="checkbox"/> Strategy / Policy	<input checked="" type="checkbox"/> Service / Function
	<input type="checkbox"/> Other
If other, please specify	

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance

Name	Organisation	Role (eg service user, managers, service specialist)
Helen Sweaton	RMBC/ Rotherham ICB	Joint Assistant Director
Niall Devlin	RMBC	Assistant Director, E&I
Gilly Brenner	RMBC	Public Health
Kim Fieldhouse	RMBC	Trading Standards Officer
Chris Siddall	RMBC	Head of Sport, Leisure and Strategic Partnerships
Joanne Hacking	RMBC	Manager, Safeguarding & Qa

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance

Aim/Scope (who the Policy/Service affects and intended outcomes if known)

This may include a group/s identified by a protected characteristic, others groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

The Children’s Commissioner’s Takeover Challenge (CCTOC) is a national initiative, where children and young people take over an organisation or meeting and assume management / leadership roles. As part of RMBC’s commitment to the CCTOC, the Overview and Scrutiny Management Board (OSMB) supports Rotherham Youth Cabinet (RYC), in undertaking a focused piece of work on a topic chosen by the young people.

RYC chose Health and Wellbeing as the theme for this year’s takeover challenge, as it was identified as an issue nationally and locally within their manifesto’s aims.

The Cabinet decision to accept the response to the findings and recommendations of the Scrutiny Review - OSMB Children’s Commissioner’s Takeover Challenge –Health and Wellbeing will impact on services involved in the operational delivery.

The Services affect children and young people including those with SEND and their families.

In relation to equalities, the review group identified the requirement for various actions to be completed to ensure improved services for children and young people, improving access to healthy meals, mental health and wellbeing support and physical activity.

What equality information is available? (Include any engagement undertaken)

Equality information is already captured and used to shape priorities and deliver existing services across the Local Authority, health and education sectors.

Equality information is available through the JSNA and school survey.

Rotherham is a large minster town in South Yorkshire, England which along with its nearby settlements form the Metropolitan Borough of Rotherham, with a population of 265,800 (ONS, 2021).

- The population of Rotherham is 265,800 (Census data, 2021)
- There are 125 schools in Rotherham.
- The percentage of children and young people who are eligible for free school meals is 11,621 — or 68% (Data as of July 2022)
- Rotherham ranks as the 35th most deprived upper tier local authority in England out of a total of 151 upper-tier local authorities (Index of multiple deprivation 2019 by LSOA)
- 20.4% of pupils in Rotherham (9,325) have identified SEND needs compared to 17.1% nationally (Spring School Census 2023)

Smoking/ Vaping

Despite a huge decrease in the number of people who smoke in the last 10+ years, smoking remains the leading cause of preventable and early deaths in the UK and Rotherham.

Indicator (year/period)	Rotherham*	All-England
Smoking prevalence amongst adults (2019 definition)	17.8%	13.9%
Smoking prevalence amongst adults (2020 definition)	12.5%	12.1%
Smoking prevalence at age 15 (2014/15)	10.0%	8.2%
Smoking in early pregnancy (2018/19)	27.9%	12.8%
Smoking at the time of delivery (2020/21)	14.0%	9.6%
Smoking prevalence in adults with a long-term mental health condition (2019/20)	35.9%	25.8%
Smoking amongst adults with anxiety or depression (2019/20)	24.8%	25.8%
Smoking amongst people who work in routine and manual occupations (2020)	26.3%	21.4%

*Colours indicate performance compared with all-England: Red = significantly worse; Orange = comparable; Green = significantly better.

Smoking is more common amongst some groups:

- a. The odds of smoking amongst adults (aged 18-64) with a routine and manual occupation in Rotherham are 2.9 times the odds of smoking amongst people in other occupations.
- b. 36% of adults with long term mental illness and 25% of adults with anxiety or depression smoke in Rotherham.
- c. 27% of unemployed people smoke compared to 15% of employed people, nationally.
- d. 20% of people who are from a Mixed ethnic group smoke, followed by Other ethnicities (16%); White (14%); Black (10%) Asian (8%) and Chinese (7%) groups;

- e. 22% of people who identify as gay or lesbian smoke compared to 16% of straight people nationally.
- f. 16% of men smoke compared to 13% of women nationally.

Healthy Eating

In general, Rotherham performs worse than the national average for most measures. Of note, there is currently a lack of granular data locally (for example, prevalence of excess weight by age, sex, ethnicity or geography) which could be used to identify areas of highest need to target interventions.

Excess Weight

The prevalence of excess weight has been increasing over time, both locally and nationally. Rotherham has a higher prevalence of excess weight than the national average.

- 26.6% of reception age children were overweight or obese in 2019/20, compared to 23.0% nationally
- 37.9% of Year 6 children were overweight or obese in 2019/20, compared to 35.2% nationally
- 72.9% of adults in Rotherham overweight or obese in 2019/20, compared to 62.8% nationally – this equates to around 150,000 adults in Rotherham with excess weight
- 28.3% of women in Rotherham were obese in early pregnancy in 2018/19, compared to 22.1% nationally
- National Child Measurement Programme data appears to show a significant increase in excess weight for 2020/21 (4.7%) which is likely to have been mirrored locally.

Underweight

Generally, there is a lack of local data about the prevalence of underweight in adulthood.

- 0.6% of reception age children were underweight in 2019/20, compared to 0.9% nationally
- 1.8% of Year 6 children were underweight in 2019/20, compared to 1.4% nationally
- Nationally, Health Survey for England data suggests that around 2% of the adult population (16+) are underweight – this would equate to around 3500 adults in Rotherham
- Nationally, referrals for childhood eating disorder services have doubled since the COVID19 pandemic
- Note that undernourishment is not synonymous with underweight; people who are undernourished may be of a 'healthy' weight

Physical Activity

- 42.4% of children and young people in Rotherham were considered physically active in 2018/19, compared to 46.8% nationally
- 64.3% of adults in Rotherham were considered physically active in 2019/20, compared to 66.8% nationally
- Uptake of cycling in Rotherham is particularly low, with just 0.3% of adults cycling for travel 3 or more days a week in 2018/19, compared to 3.1% nationally.

SEND

11926 (as of 23/04/2024) Children and Young People with SEND in Rotherham

- 3367 have an open ECHP

- 8560 receive SEN support

Of the children open to the service 7572 are male or identify as male, and 4417 are female or identify as female.

Ethnicity	Count
A1 - White British	9789
C2 - Pakistani	566
A3 - Any other White background	300
A5 - Gypsy / Roma	297
B2 – White and Black African	230
B3 - White and Asian	148
White and Black Caribbean	127
B1 - White and Black Caribbean	116
B4 - Any other mixed background	91
E4 - Information not yet obtained	87
C4 - Any other Asian background	78
E2 - Any other ethnic group	75
C1 - Indian	40
E3 - Refused	36
E1 - Chinese	25
D3 - Any other Black background	23
A2 - White Irish	16
Bangladeshi	6

Mental Health and Wellbeing

Students were asked, “How would you describe your mental health?”, with 4,026 responses. Year 7 students ranked their overall mental health better than year 10 students, with 62% saying their mental health was ‘good’ or ‘excellent’ compared with 57% of year 10 students.

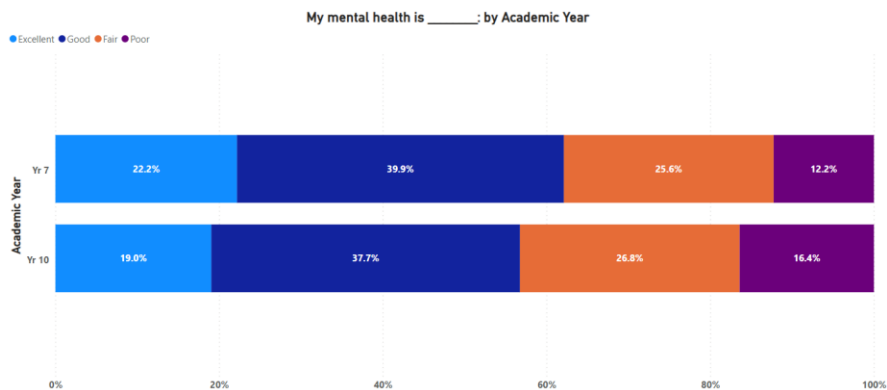


Figure 27: Responses to, ‘My mental health is: ____’ by Academic Year

There has been a significant increase in the number of students answering the question from 3,455 in 2017 to now. Figures 28a and 28b show the trends to year 7 and year 10 students from 2017 to 2024, excluding 2020 and 2021 when the survey was not conducted. The greatest differences for year 7 students have occurred among those reporting excellent mental health (770 in 2017 to 489 in 2024) and fair mental health (302 in 2017 to 565 in 2024).

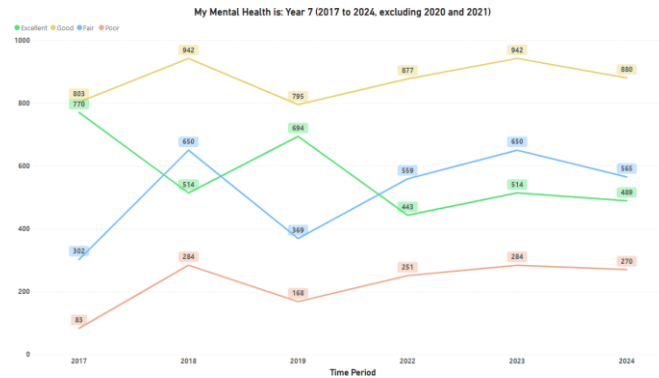


Figure 28a: Responses to, 'My mental health is:' Year 7 - 2017 to 2024 (excluding 2020 and 2021)

In year 10 there was a significant increase in fair and poor mental health between 2019 and 2022. This is over the course of the pandemic, during which time the school survey was not carried out and instead a mental health survey was conducted in its place.

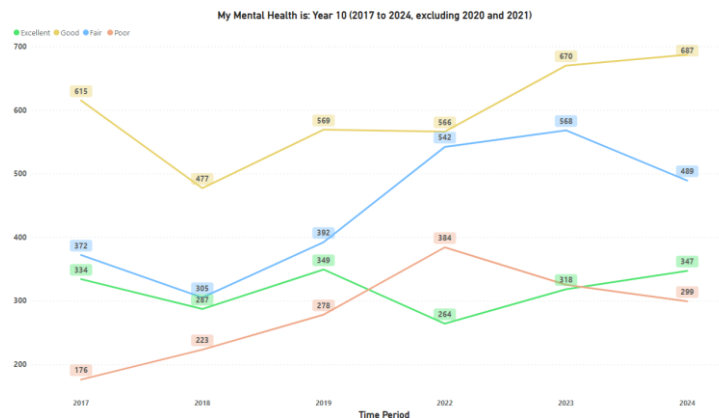


Figure 28b: Responses to, 'My mental health is:' Year 10 - 2017 to 2024 (excluding 2020 and 2021)

When asked, "How has the way you feel about your mental health changed over the last 12 months?" there wasn't a significant difference between year 7 and year 10 students. Overall 74% (2,994) of respondents stated their mental health was about the same or better than it was 12 months ago.

Following up on how they rated their mental health, students were asked which support or strategies they used to support their mental health in the last 12 months. The most common answers from the 1,231 respondents were being active (58%), talking with family and/or friends (45.4%), trying new sports (35.7%), talking with school staff (31.8%) and learning a new skill (30.7%).

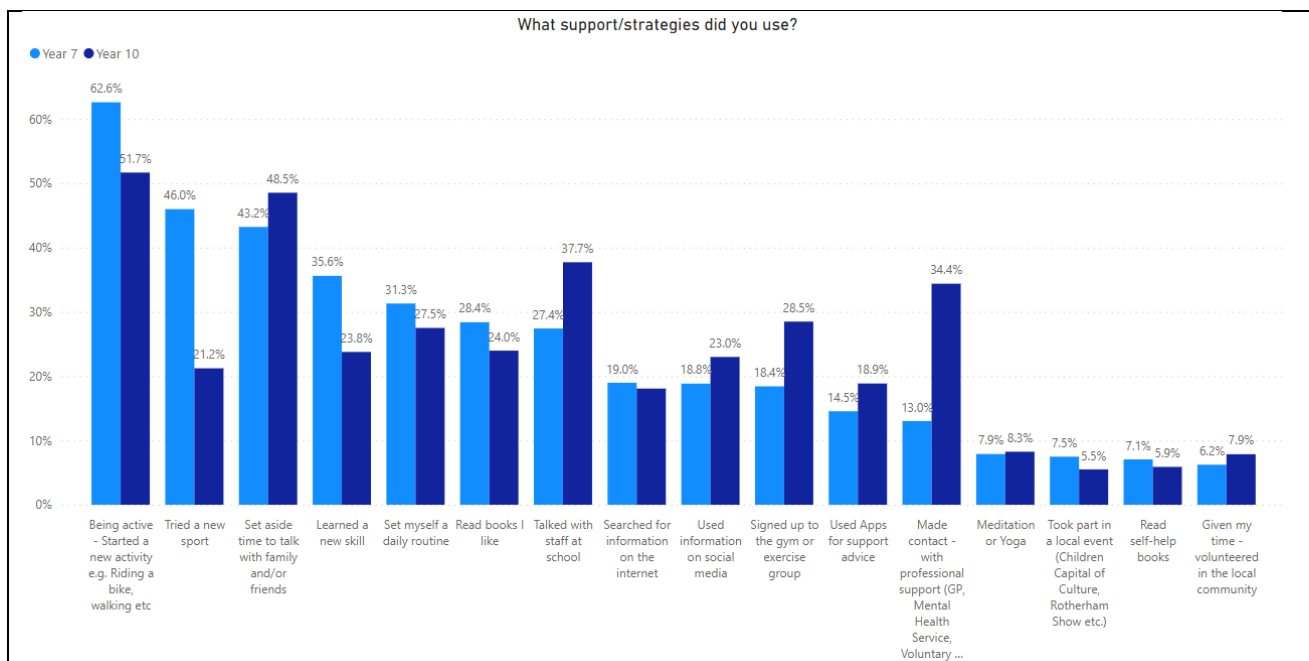


Figure 29: Responses to, 'What support/strategies did you use?'

Students were asked what things they believed were important for improving wellbeing and what they would like to see more of.

The three most important things to year 7 students were:

- safe spaces to chat with other young people (53.1%)
- schools providing resources on accessing support (41.3%)
- online support (39.9%)

Year 10 students agreed with:

- 53.5% reporting safe spaces to chat with other young people
- 43.9% reporting online support
- 37.3% reporting schools providing resources on accessing support as being important for improving wellbeing.

The actions identified in the response to the scrutiny review consider the respective service areas in relation to inequalities associated with age. The responses ensure that services are using the voice of children and young people to inform improvement to reduce inequalities.

Are there any gaps in the information that you are aware of?

Whilst there is the data included above and the schools survey information, no further in engagement has taken place with young people other than the Youth Cabinet to explore the issues in more depth and canvas the opinions of children and young people or specific protected characteristic groups.

As well as age as an obvious characteristic relating to children and young people, the other characteristics of disability, sex, gender reassignment, race, religion or belief, sexual

<p>orientation, and other socio-economic groups e.g. carers, looked after children, and families with low incomes are also relevant. There isn't data available to fully understand the extent of the issues affecting some of these groups. However, where monitoring of impact is possible, it will be considered.</p>	
<p>What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?</p> <p>Existing data and established methodology will continue to be used to monitor impact on those groups with protected characteristics.</p> <p>Young People (via Rotherham Youth Cabinet) have been involved with the development of the recommendations and actions, they will continue to influence decision making and delivery through the work of the Youth Cabinet, children and young people's partnership Board, as well as frontline staff, partner agencies.</p>	
<p>Engagement undertaken with customers. (date and group(s) consulted and key findings)</p>	<p>No engagement has taken place with service users in respect of the scrutiny review. However, the recommendations came from Youth Cabinet children's takeover of OSMB on 17th October 2024. Their recommendation proposals have been developed through their ongoing usual routes of engagement with wider cohorts of children and young people.</p>
<p>Engagement undertaken with staff (date and group(s) consulted and key findings)</p>	<p>No engagement has taken place with service users in respect of the scrutiny review. The following staff have been involved in developing the recommendations and actions, alongside OSMB Members and members of the Youth Cabinet.</p> <p><i>Helen Sweatton, RMBC/ Rotherham ICB, Joint Assistant Director</i></p> <p><i>Niall Devlin, RMBC Assistant Director, E&I</i></p> <p><i>Gilly Brenner, RMBC, Public Health Consultant</i></p> <p><i>Kim Fieldhouse, RMBC, Trading Standards Officer</i></p> <p><i>Chris Siddall, RMBC, Head of Sport, Leisure and Strategic Partnerships</i></p> <p><i>Joanne Hacking, RMBC, Manager, Safeguarding & QA</i></p>

4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)

How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance)

The service delivery associated with vaping, healthy eating, physical activity and mental health are delivered to all residents in the Borough. This response to scrutiny provides recommendations (appendix 1) targeted at children and young people. These children and young people, and their families may have protected characteristics.

The recommendations relating to improving the robust approach to tackling vaping will support children and young people to not take up vaping or support them to stop. Vaping is associated with certain characteristic groups, therefore this recommendation should help to address those inequalities in health outcomes.

The recommendations relating to mental health are about improving access to support for young people, therefore this should help to address inequalities in access which would reduce inequalities. One recommendation relates to supporting young people with SEND and improving their access to services.

The recommendations relating to physical activity are about improving access to quality provision. Inequalities in access are supported by these recommendations alongside current work focused on this issue.

The recommendations relating to healthy eating seek assurances from schools about access to healthy food. As food access is subject to inequalities, this would help to address these. If a campaign is developed, further consideration will be given to that process to ensure appropriate targeting of information to reach different demographic groups.

Does your Policy/Service present any problems or barriers to communities or Groups?

It is not envisaged that the plan will present any barriers to communities and groups.

Does the Service/Policy provide any positive impact/s including improvements or remove barriers?

The actions identified as a result of the recommendations in this report will enhance equalities, diversity and inclusion in relation to the consideration of children and young people and their health and wellbeing when delivering services. The data shows that health and wellbeing is inequitably distributed in populations, including children and young people, with certain groups less able to access provision or more likely to suffer ill health or have increased risks to health – such as through unhealthy diets, being less physically active, or take up smoking, vaping or substance misuse. By working with young people to improve these services this will help improve reach to those young people with higher risk characteristics or reduce their risks to ill health by supporting healthier behaviours.

What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another)

The actions identified as a result of the recommendations in this report will enhance community relations by ensuring services are cognisant of the health and wellbeing needs

of children and young people. There is no identified negative impact of improvements to services on inequalities.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

Title of analysis: Cabinet Response to the Recommendations from the Scrutiny Review - OSMB - Childrens Takeover Challenge
Directorate and service area: Childrens – Commissioning, Performance and Quality
Lead Manager: Helen Sweaton
Summary of findings:
The Cabinet paper contains recommendations which would improve children and young people’s access to services or improvements that would improve health and wellbeing and reduce inequalities.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Equalities will be monitored through recommendation implementation, including through ongoing service delivery	A, D, S, RE, RoB, SO, C, O	Ongoing and as appropriate

***A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups**

6. Governance, ownership and approval

Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.

Name	Job title	Date
Ian Spicer	Strategic Director, ACHPH	05/02/25
Cllr Cusworth	Lead Member CYP	04/02/25
Cllr Baker-Rogers	Lead Member Adult, Care, Housing and Public Health	04/02/25

7. Publishing

The Equality Analysis will act as evidence that due regard to equality and diversity has been given.

If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date Equality Analysis completed	03/02/25
Report title and date	Cabinet Response to the Recommendations from the Scrutiny Review - OSMB - Childrens Takeover Challenge. 17/03/25
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	04/02/2025