

The Scottish Centre For Children With Motor Impairments



Equality and Diversity Strategy

Progress Report 2015-2017

Outcomes 2017-2021

April 2017

1. Introduction: The Scottish Centre for Children with Motor Impairments

The Scottish Centre for Children with Motor Impairments (SCCMI) is one of Scotland's Grant Aided Special Schools (GASS) receiving a substantial proportion of funding from the Additional Support Needs Division of the Scottish Government's Support and Wellbeing Unit, Learning and Justice Directorate. The SCCMI was established to provide services for children and young people age between 0-18 years, affected by disorders of movement or coordination, including reductions in communication, caused by cerebral palsy or other conditions, the term 'motor impairments' being the collective term to describe the problems affecting such children. As a national and government funded organisation the Centre is required to meet the needs of children and young people with motor impairments throughout Scotland.

The SCCMI's independent nature means that it operates out with local authority educational and NHS structures and is solely responsible for the delivery of its educational, therapeutic and other responsibilities using progressive educational and therapeutic methods. Its education provision is therefore delivered in conjunction with addressing the complex physical, functional, communication and life skills needs of children and young people.¹

The SCCMI's Mission is to enable all children and young people with motor learning difficulties throughout Scotland to develop their cognitive, psychomotor abilities and life skills in order to improve the quality of their lives and achieve their maximum level of independence.

The SCCMI's Vision is that by the year 2020, it will be a prime exemplar of integrated education and health care for children and young people affected by motor learning difficulties throughout Scotland. In addition, it will be acknowledged by professionals and organisations engaged in the education and health environments as a Scottish centre of excellence in the field of additional support needs education, incorporating innovative and high quality methods to develop cognitive, psychomotor, life skills development and independence in children and young people affected by neurological difficulties.

2. Equality and Diversity Issues Underpinning SCCMI's Mission and Vision

The SCCMI has identified a range of tenets and values that inform, support and underpin its activities and future direction in promoting equality and valuing diversity.

Tenets related to children/young people and their families include:

- All children and young people are of equal worth and have equal rights to have their abilities developed to their fullest potential
- Education should be concerned with the development of the whole person and intelligence is not a fixed entity, therefore all children and young people have the capacity for progress.
- For children and young people with additional support needs the focus should be on achievement, progress and potential realisation rather than on difficulties
- Each child's physical, communication and education needs should be fully and comprehensively addressed in whatever environment the child is educated.

Tenets related to the SCCMI's services include:

- Establishing a quality improvement culture to ensure services are:
 - Child-centred, providing services that are responsive to individual preferences, needs and values;
 - Equitable, consistent in quality with those provided by other organisations.
- Establishing a positive and inclusive ethos through nurturing partnerships and valuing achievement.
- Fostering the development of successful learners, confident individuals, responsible citizens and effective contributors to a widening community.

¹ The Scottish Centre For Children With Motor Impairments: Underpinning Principles - Operational Parameters - Future Ambitions, January 2015

Tenets related to the SCCMI's staff include:

- Ensuring services are delivered through multi-professional teams, working in an integrated, collaborative manner.
- Endeavouring to ensure services are delivered by professional staff of the highest calibre.
- Seeking to recruit the best staff available on an equal and fair basis through: recruitment on a nationwide basis with equal opportunities for all clearly articulated, establishing the availability of flexible working options, provided business needs can be met.

3. Reporting Progress Towards SCCMI's Mainstreaming Plan and Equality Outcomes

Specific equality duties require that SCCMI reports progress related to mainstreaming the general equality duty and progress towards its equality outcomes and publishes a fresh set of equality outcomes no later than 30th April 2017².

3.1 Mainstreaming Equality and Diversity

The term 'mainstreaming' refers to the integration of equality and diversity into the day-to-day working of an organisation in order that the promotion of equality and the valuing of diversity are a component of everything that an organisation does³. The SCCMI has a number of policies and procedures in place to support mainstreaming including⁴ those related to:

- Access to the Craighalbert Centre building
- Admissions
- Governance
- Parental engagement
- Pension discretions
- Recruitment
- Whistle-blowing
- Maternity/Paternity/Adoption Leave
- Parental Leave
- Flexible working.

3.2 Mainstreaming Equality and Diversity into SCCMI's Work

In April 2013, the SCCMI identified a number of mainstreaming priorities arising from the new specific duties and organisational change and development. This section provides an overview of the SCCMI's progress on mainstreaming equality and diversity into its work, identifying key existing policies and processes for mainstreaming and describing specific work that has been undertaken in the past 2 years (2015-2017) to advance SCCMI's approach to mainstreaming.

(i) Increasing the accessibility of information related to SCCMI available to the families of children affected by cerebral palsy and professionals

(a) Organisational Title Change

Work is ongoing to identify a more meaningful alternative name for the organisation that will also have the collateral effect of increasing the accessibility of information related to the SCCMI to the parents/carers of children with cerebral palsy or professionals working in this field.

² Equality Outcomes and the Public Sector Equality Duty; a guide for public authorities in Scotland, July 2016

³ Mainstreaming the Equality Duty; a Guide for Public Authorities (Scotland)

⁴ SCCMI Handbook, 2016-2017

(b) Web-Site Re-design and Monitoring

The re-design of the SCCMI website remains in progress, with the aim to re-launch the website in conjunction with the organisational re-branding. This process has been delayed due to governance requirements but it is hoped launch activities will take place during 2017. In the meantime the information on the current website has been upgraded and refreshed and will continue to be reviewed until the launch takes place. Website usage continues to be tracked through Google Analytics. A review of the data generated, indicates that usage has remained relatively stable, with an average of 177 visits per week. Table 1 illustrates the number of visits to the SCCMI website during the second full week in March, 2014-2017.

Table 1 – Trends in Website Usage 2015-2017

Week commencing	15.03.2015	14.03.2016	13.03.2017
Number of visits	191	180	159

Information related to the SCCMI available via the website or through paper publications continues to be made available in different formats and languages on request.

(c) External Professional Referrals

A review of the SCCMI's enquiries in 2013 indicated that external professionals rarely referred children to the Centre or provided parents with information about the Centre, with the majority of initial contacts resulting from either parent-to-parent information sharing or personal research by parents. Of enquiries received July 2013-June 2014, 36% were prompted by accessing the SCCMI website and 18% by parent-parent contact; a combined 11% were prompted by a suggestion from an NHS or education professional. A review of enquiries received July 2015-June 2016 indicates that the SCCMI's website (46%) and the parents/carers of children currently engaged in the Centre's programmes (18%) remain the primary sources of initial information about the Centre, with a minority (14%) of parents identifying an NHS or LA education department professional, e.g. Health Visitor, Physiotherapist or Educational Psychologist, as their primary source of information. Table 2 illustrates the sources of initial information about the SCCMI, 2013-2016.

Table 2 – Trends in the Sources of Initial Information 2013-2016

Information Source	2013-2014	2014-2015	2015-2016
SCCMI Website	10	14	13
SCCMI Parent/Carer	5	5	5
Health Visitor	1	1	0
Physiotherapist	2	2	3
Educational Psychologist	0	1	1
Other	10	4	6

(d) National Information Dissemination

The SCCMI's engagement with parents/carers, a range of professionals and national organisations has continued through participation in events, conferences and exhibitions, engagement in consultation activities and participation in multi-disciplinary review and planning meetings including:

- Conferences and other professional meetings at which the SCCMI has been represented 2015-2017 have included:
 - Best Practice in Managing Cerebral Palsy in the Community Conference (Association of Paediatric Chartered Physiotherapists, September 2016);
 - Communication Matters Roadshow (May 2016);

- Supporting Learners with Complex and Multiple Additional Support Needs (Education Scotland 2016-2017);
- Habilitation in the Early Years (Scottish Sensory Centre, April 2016); and
- Therapy Practice Educator Training (Queen Margaret University, April 2016 and Glasgow Caledonian University, September 2016).
- National consultation processes to which the SCCMI has contributed have related to eg:
 - Ready to Act: A transformational plan for children and young people, their parents, carers and families who require support from allied health professionals (Scottish Government, 2015);
 - National Improvement Framework for Scottish Education, Scottish Government, 2015;
 - National Care Standards, Scottish Government, 2016; and
 - Guidance on Healthcare Needs in Scotland, Scottish Government, 2017.
- Staff have contributed to multi-disciplinary meetings in an increasing number of Scottish Council and NHS Trust areas: 16 of 32 local authorities and 10 of 14 NHS Trusts during the 2015-2016 academic year compared to 14 Councils and 8 NHS Trusts 2014-2015.

(ii) Extending the age range of children attending the SCCMI as their main educational placement

In 2013 the age range of the children attending the SCCMI's Nursery and Primary classes extended to 12 years, however a number of parents/carers had requested an extension of this age range and consultation with others had elicited a number of extremely positive responses. The Scottish Government and the Scottish Council of Independent Schools (SCIS) have both confirmed that there were no requirements that would preclude the SCCMI further extending its services to incorporate early secondary provision, including that the primary teachers currently in post were competent to provide the broad general education articulated by the Curriculum for Excellence to the end of S3.

Activities associated with the Centre's Development Plan including curriculum development and continuing professional development have supported the successful transition of 1 young person into S1 in August 2016, with the parents of a further 3 indicating their wish for their children to transition into the Centre's secondary provision August 2017 and 2018.

(iii) Increasing the complexity of additional support needs SCCMI staff are able to meet

The characteristics of children attending the Nursery and Primary classes have been expanded to incorporate a wide range of the severity and complexity spectra of neurological conditions including some with complex and exceptional healthcare needs. In April 2013 approximately 78% of children attending had at least 1 health care/medical protocol in place and approximately 40% had 2 or more. In March 2015 the number of those attending with medical protocols had increased to 97%, with 17% having 1 protocol in place, 33% have 3 and 47% have 4 or more.

In August 2016 analysis of the children's needs using the National Managed Clinical Network for Children with Exceptional Health Care Needs (CEN NMCN) of such needs⁵ indicated that 56% of the children had exceptional care needs with a severe impairment recorded in 5 of the assessment categories⁶ and requiring enteral feeding, 26% had exceptional care needs in 5 of the assessment categories but did not require enteral feeding and 18% had a severe impairment in 4 of the assessment categories.

To ensure the competence and confidence of all staff to meet the wider range of children's needs, SCCMI has established a rolling programme of mandatory training that includes:

⁵ <http://www.cen.scot.nhs.uk>

⁶ Learning, communication, motor skills, self-care, hearing and vision

- Medication administration
- Baby and child first aid
- Dysphagia management (safe eating and drinking)
- Gastrostomy feeding and care
- Infection prevention and control
- Management of complex epilepsy
- Manual handling
- Oral suction
- Oxygen therapy.

(iv) Ensuring high quality equality impact assessments are conducted as part of service review and development

To ensure compliance with the requirement to conduct Equality Impact Assessments (EIAs), a rolling programme of policy and procedure review has been established. Both new and substantially revised policies and procedures will undergo an equality impact assessment (EIA) in accordance with the advice of the EHRC by September 2021.

(v) Working with the Scottish Government to deliver national services and provision required to ensure the complex additional support needs of children and young people across Scotland can be met

Following the publication of the Doran Review report, the Scottish Government set an agenda to establish a strategic commissioning framework to meet the needs of children with complex additional support needs by 2017. It is recognised that the influence of a single organisation in this process is limited, however SCCMI remains committed to playing an active role in this process to maximise the potential for all children and families to access specialised services across Scotland, with particular focus on access to information and ease of negotiating processes associated with requests for access to specialist services.

(vi) Ongoing data monitoring and analysis

Data relating to the children/young people and their families engaging with SCCMI's programmes and services continue to be monitored on an annual basis. Parents/carers are asked to complete a Personal Details form at the commencement of their child's placement and at the beginning of each academic year thereafter, to enable the evaluation of the impact of its mainstreaming activities and actions associated with its equality priorities.

The current paperwork, providing information about a child's gender, family circumstances, home locality and dietary requirements, will be amended to request information about a child's ethnic origin and religion.

4. Reporting Employee Information

Data are collected on the SCCMI's workforce, however due to SCCMI's relatively small size⁷ it is not possible to report such data for the majority of monitoring information obtained in 2015-2017, however, with these workforce-related data including:

- 87% are female and 13% male, consistent with 2013-2015 figures and ONS figures regarding gender make up of Scottish caring, leisure and other service occupations (81% female)⁸.

⁷ Technical Guidance on the Public Sector Equality Duty: Scotland

⁸ Scottish Government SPICe Briefing – The Gender Pay Gap – facts and figures 2016

- Employee age ranges between 25 and 65+ with an average of 46% of employees being 44 and under in 2015-2017.
- The number of part-time staff has increased from 26% in 2013-2015, to 33% in 2015 and 39% in 2016. In line with overall employee data, the majority of part-time posts are held by women (85%). This is higher than the Scottish Labour Market⁹ figures of 76% however is representative of the largely female workforce at SCCMI (87%) vs the Total Labour Market figure of 49%
- The majority continue to identify their nationality either as Scottish (53%), or British (25%) and ethnicity as white Scottish (74%).
- The majority (62%) continue to identify their religion or belief as Christianity.
- An average of 41% claim to have no caring responsibilities and 52% having some kind of primary or secondary caring responsibility related to children, disabled adults or an older person.

Internal employment and recruitment equalities data will continue to be gathered and analysed to ensure policies and procedures do not disadvantage any protected groups.

The response rate to the SCCMI's internal equalities monitoring increased from 64% in 2015, to 68% 2016. Employees will continue to be briefed on equality activities and encouraged to contribute to the outcomes identified within this report. Further activities will take place during 2017-2019 to ensure increased awareness of the Act, protected characteristics and the organisation's and individual responsibilities in ensuring the Act's ethos is delivered. A requirement to complete equalities information will become a prerequisite for applications for all SCCMI posts from April 2017 onwards.

During 2015-2017, the SCCMI was able to accommodate 85% of flexible working requests either directly as requested, or through offering alternative working arrangements. There is no evidence that the application of any internal employment policy or procedure has placed any protected groups at a disadvantage, nevertheless, as part of normal processes of ongoing organisational review, policies and procedures will continue to be reviewed, incorporating equality impact measures.

During 2015-2017, 14 posts were advertised across facilities, therapy, teaching and education/therapy support areas, with 93% of applicants being female, in line with data obtained from relevant universities for professional posts. Due to poor response rates for equalities information, figures are too small to enable reporting on other protected characteristics. Recruitment activity will continue to be monitored to ensure all posts are advertised in such a way to maximise the potential for applications from all sectors of society without prejudice to a post's requirements, with applicants being screened and subsequently recruited in a manner which does not discriminate against protected groups.

In addition to the tenets described in section 2, the SCCMI has a further tenet which indicates that the SCCMI will seek to establish a workforce of the highest calibre, which requires that applicants are sought from as wide an area as is possible. Within the past 24 months, a substantial number of new appointments have been made, with staff recruited from many parts of Scotland and from countries other than Scotland. In addition, senior posts that have become available have been advertised widely and have been filled by both internal and external applicants. The SCCMI's management will continue to advertise vacancies externally in order to encourage applications from a diverse recruitment pool.

4.1 Equal Pay Statement

The SCCMI is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for undertaking both the same, or broadly similar work, or work rated as equivalent, or of equal value, regardless of their age, disability, ethnicity or race, gender, marital or civil partnership status, pregnancy, political beliefs, religion or belief, or sexual orientation.

⁹ <https://www.closesthegap.org.uk/content/gap-statistics/>

The SCCMI is committed to equal opportunities and welcomes applications from all sections of the community. Interview and selection is conducted by a panel of SCCMI management whose structure is dependent on the nature of the vacancy advertised. Competency-based assessment forms the basis for selection decisions. Unless specific working patterns are required (i.e. job share arrangements), normally, posts are advertised indicating that either full- or part-time applications will be considered.

The SCCMI operates a remuneration structure that is transparent, based on objective criteria and free from unlawful bias. The salary scales are job and role dependent and in the recent past, the remuneration of all staff has been reviewed and benchmarked against similar external organisations and found to be competitive. SCCMI does not operate performance related pay or bonus systems. Salaries are approved by the SCCMI Board of Directors annually. Remuneration with regard to holiday entitlement, sickness and absence is consistent across all SCCMI employees, regardless of the nature of post.

The SCCMI has a policy on flexible working requests which is applied equally, regardless of the nature or relative seniority of the post the employee holds, with requests considered in the context of business and operational needs of the organisation at the time of the request. SCCMI will also consider job-share working arrangements as a means to support employee flexible working.

The SCCMI’s management will continue to make staff aware of their rights with regard to flexible working requests at all levels within the organisation and endeavor to work with employees to enable such requests to be fulfilled.

4.2 Gender Pay Gap Reporting

The gender pay gap is defined as the difference between men’s and women’s hourly earnings as a percentage of men’s earnings. If there was no difference in mean or median hourly rates of pay between men and women, the pay gap would be zero. A positive figure identifies a difference in mean or median hourly pay in favour of male hourly pay. A negative figure identifies a difference in mean or median hourly pay in favour of female hourly pay.

Scottish data has been added to provide context, however direct comparison is not appropriate due to the comparative small population employed by SCCMI (>45 employees), high percentage of female employees (87%) and the consequent low numbers and occupational distribution of male workforce within SCCMI for pay gap comparisons (13%; >5 positions).

Table 3 - SCCMI Gender Pay Gap (April 1st 2016)

Calculated Using Hourly Rate of Pay (excluding overtime)	Mean %	Median %	ONS Scotland ¹⁰ Median %
Full Gender Pay Gap (All posts)	2	-86	15.6 (9.5 public sector)
Full-time Gender Pay Gap (Full-time posts)	27	18	6.2 (0.3 public sector)
Part-time Gender Pay Gap (Part-time posts)	-65	-15	-9.6 (14 public sector)

4.3 Occupational Segregation

In line with the largely female workforce, representation of women is seen across all types and grades of roles within SCCMI.

¹⁰ Scottish Government SPICe Briefing – The Gender Pay Gap – facts and figures 2016

Table 4 – Occupational Gender Distribution

Post	2016		
	% Male	% Female	% Part-time
Therapy Staff	0	100	25
Teaching Staff	0	100	33
Education/Therapy Support Staff	0	100	40
Facilities Staff	43	57	57
Administration Staff	17	86	50

Table 5 – Occupational Gender Distribution by Post Type

Post	2016		
	% Male	% Female	% Part-time
Centre Management Team	25	75	0
Therapy			
Management	0	100	0
Highly Specialist	0	100	29
Therapist	0	0	0
Teaching			
Management	0	100	0
Teacher	0	100	50
Education/Therapy Support			
Programme Co-ordinator	0	100	0
Early Years Practitioner	0	100	0
Support Worker	0	100	100
Facilities			
Management	50	50	0
Support	40	60	60
Administration			
Management	33	67	0
Support	0	100	67

The SCCMI operates within education and paediatric therapy-delivery contexts. Scotland-wide figures³ identify the proportion of total female employees in education as 65% and human health and social work as 79%, with the SCCMI’s distribution being broadly in line with these figures. Scotland-wide figures also identify gender representation at management levels being approximately 50% and a 70/30% ratio for administrative functions, with the SCCMI being broadly in line with this distribution.

There is an absence of male employees in direct service delivery functions within the SCCMI, with this situation being consistent over several years and is representative of the sector within which the SCCMI operates, with e.g. Close the Gap³ identifying in Scotland, 97% of childcare and early years workers; 98% of classroom assistants; and 81% NHS staff being female.

Part-time working is identified across all occupational functions within the SCCMI, with in general, part-time working being identified at supporting levels within the organisation, with this being attributed to the

nature of such posts within the context of service delivery and therefore a lack of an operational requirement for full-time hours associated with such posts.

4.4 Diversity of the SCCMI's Board

The composition of the SCCMI Board in 2016 is 28% male and 72% female. Board members come from education, health and finance backgrounds. All positions are voluntary.

5. **Progress Towards the SCCMI's Equality and Diversity Outcomes 2013-2017**

An outcome is defined as a result that an organisation aims to achieve to enable it to meet its general duty in order to eg:

- eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Equality Act 2010;
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and
- foster good relations between people who share a protected characteristic and those who do not.

The Equality and Human Rights Commission's guidance on setting equality outcomes state that these should be proportionate and relevant to the functions of the organisation. In setting outcomes, the SCCMI considered evidence relating to the protected characteristics of: age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, marriage and civil partnerships (in the context of eliminating unlawful discrimination in employment)

The SCCMI has also considered the way in which it could more appropriately meet the needs of those who live in areas of Scotland remote from its Cumbernauld campus. The SCCMI's review of data and evidence indicated that its equality priorities should address improved access and outcomes for those families living in areas remote from the Cumbernauld campus. The priority areas for equality and diversity identified included:

- reducing the barriers to accessing Early Intervention and Access to Education Programmes related to logistical constraints; and
- increasing access for children/young people who reside geographically remotely from the Cumbernauld campus.

The equality outcomes have provided a focus for the period of the action plan, with actions being developed or revised as indicated by progress evaluation and reassessment of context and data to ensure incremental improvements in accordance with guidance from the Equality and Human Rights Commission's (EHRC).

5.1 Barriers to Disabled Children and Their Families Accessing SCCMI's Services

(i) Eligibility for additional support for children up to the age of 3

The Code of Practice of the Education (Additional Support for Learning) (Scotland) Act 2004, amended in 2009, identifies that education authorities must provide appropriate additional support for children up to the age of 3 years with a disability who have been referred to them by a NHS medical practitioner and may also provide additional support for children up to the age of 3 years:

- who have not been diagnosed with a disability but who may benefit from getting additional support early on; or
- whose parents wish that their child attend a grant-aided school¹¹.

¹¹ The Parents Guide to Additional Support for Learning, Enquire, 2010

The fact that the Act uses the word ‘may’ means however, that the provision of additional support in these circumstances is not a legal obligation and in addition, there is not a clear definition of “appropriate additional support”. The reality is that in the case of children under 3 years there is not a statutory requirement for education authorities to provide any input.

Analysis of SCCMI’s records confirms that the majority of local authorities remain reluctant to support attendance of the youngest children at SCCMI despite such babies being affected from birth by the key characteristics of cerebral palsy, including disorders of movement and posture, activity limitation and disturbances of sensation, perception, cognition and communication¹², with all such factors having the potential to affect both their psychological and physiological development, but which may be ameliorated by early intervention. No children currently attending SCCMI’s Early Intervention Programme (EIP) receive funding from a local authority.

(ii) Policies and processes for providing education and therapeutic support to children and young people with additional support needs

The literature associated with cerebral palsy generally quotes an incidence of 2.4 cases per 1,000 which on the basis of Scotland’s average annual birth rate indicates an approximate annual new case incidence of some 140 in Scotland.¹³

There is a widely-held, although not universally accepted, view that out of authority or national provision is required to meet needs that cannot be met by local authorities themselves or through cross authority arrangements. In evidence submitted to the Doran Review, 82% of respondents supported the view that Scotland requires national provision. However, while some local authorities source services from SCCMI, relationships have tended to be characterised by tensions around competition, costs and policies with the majority of local authorities appearing to be reluctant service purchasers and would rather provide their own services.

Current data confirm that the complex additional support needs of children and young people with cerebral palsy are of such low incidence within local authorities that it would not be cost effective to meet them without external assistance; some needs require specialist resources and expertise that it would not be practicable for a local authority to provide on its own; in some instances a local authority might be able to meet some of a child’s needs but not all.¹⁴

The responsibilities of local authorities to provide information to the parents/carers of children/young people with additional support needs are clearly laid out in both legislation and guidance.¹⁵ However, the Doran Review noted that some staff working for local authorities and a sizeable minority of parents did not know and had difficulty finding out about the range of educational provision and services available within and out with their areas.

Indeed the SCCMI’s records confirm that local authorities have initiated contact with the Centre on behalf of a very small minority of children, with the vast majority of enquiries being made independently by parents. Of the enquiries made July 2013-June 2014, parents reported that 0 representatives of a local authority education department had suggested that they might like to explore what the Centre might be able to offer; 2015-2016, parents reported that 1 Educational

¹² Definition & classification of cerebral palsy, Developmental Medicine & Child Neurology, 2006

¹³ Strategic Service Provision 2012-2020, Potential Pupil Population, 2012

¹⁴ The Right Help at the Right Time in the Right Place; Strategic Review of Learning Provision for Children & Young People with Complex Additional Support Needs, 2012 (Doran Review)

¹⁵ Supporting Children’s Learning, Code of Practice, 2005; Statutory Guidance relating to the Education (Additional Support for Learning) (Scotland) Act 2004

Psychologist had suggested they contact the Centre. Table 6 illustrates the percentage of enquiries initiated by external professionals and parents/carers.

Table 6 – Trends in Individuals Initiating Contact, 2013-2016

Source of Initial Contact	2013-2014	2014-2015	2015-2016
Representative of LA education department	0%	4%	3%
NHS Professional	11%	11%	11%
Parents/Carers	89%	85%	86%

A majority of local authorities have continued to strongly resist placing children/young people at SCCMI, pursuing such resistance through legal processes, with other local authorities referencing policies that preclude supporting children/young people accessing SCCMI services. When a child/young person is placed at SCCMI the local authority is charged a fee for the placement which is subsidised significantly through the Scottish Government grant. This fee is generally the prime responsibility of the education department and NHS boards do not normally contribute to fees even when health needs are significant. While the costs of provision require to be considered, the code of practice makes clear that consideration of provision of services should be based on clear and realistic assessment of a child’s needs. Some parents and carers are convinced that local authorities base their decisions purely on cost.¹⁶ Many parents/carers hold the view that local authority decisions do not take fully into account the importance of needs related to care, health, education and family circumstances, their views as parents and the views of the child/young person.

During the period July 2013 - June 2014, none of children assessed by Centre staff and for whom engagement with one of the SCCMI’s programmes was recommended, proceeded to a local authority approved and therefore funded placement; 69% took up placements in the EIP or Access to Education Programme (AEP) with costs met through charitable or private funding.

During the period 2015-2016, 18% of children assessed proceeded to a local authority approved and funded placement in the SCCMI’s nursery and school programmes; 77% took up placements in the EIP or Access to Education Programme (AEP) with the costs met through charitable or private funding. Table 7 illustrates the conversion of assessments to local authority funded placements at the SCCMI, 2013-2016.

Table 7 – Trends in Conversion of Assessments to Placements, 2013-2016

Programme	2013-2014	2014-2015	2015-2016
EIP	64%	64%	77%
Nursery/Primary/Secondary	0%	5%	18%
AEP	5%	6%	0%
Provision out with SCCMI	31%	25%	5%

¹⁶ Doran Review, 2012

5.2 Equality and Diversity Action Plan 2013-2017

Issue	Outcome	Action Required	Time Scale	Responsibility
Access to the Early Intervention Programme restricted by: (i) The lack of a clear and equitable funding stream (ii) Logistics (iii)	Readily accessible EIP for children 0-3 years will: - Maximise children's health and wellbeing and learning through integrated specialist therapy and education input - Empower parents through information sharing and education pertinent to the needs of young children with a neurological impairment - Minimise family isolation through fostering the establishment of informal support networks	(i) Identification of funding additional funding stream (ii) Develop flexible models of access that are personalised to meet families' needs	2013 -2015	CMT
		(i) Secure a funding stream to enable SCCMI to continue to provide access to EIP at no cost to parents/carers (ii) Further develop flexible access models that can be personalised to meet the families' needs	2015 -2017	CMT

Progress to April 2017

- (i) Given the discretion afforded to local authorities in relation to refusing to provide funding for additional support for children up to the age of 3 years, the CMT decided that the SCCMI should use charitable funding to cover the costs of attendance for all children for whom local authority funding has been refused.

In both 2015 and 2016 the SCCMI secured significant financial support for the Early Intervention Programme from Early Intervention Funds¹⁷ and charitable trusts and continuation funding for a further 2 years in December 2016. This has enabled the Centre to continue to provide free access to its groups for children aged 0-3 years and their parents.

In January 2016 the SCCMI identified that it would be beneficial to extend the EIP to include a programme which meets the needs of children aged 3 - 5 years and which:

- enables young children to receive specialist therapy on a weekly basis to facilitate their development;
- responds to the parents' desire for a service which enables such children to attend their local nursery alongside children from the same geographical community; and
- enables parents and children to access SCCMI services, as family circumstances would otherwise not permit blocks of attendance as required by SCCMI's other services.

The 3-5 programme is outwith the terms of the current charitable grant, therefore parents/carers are required to pay a fee and to commit to engagement on a term by term basis to ensure that the programme remains viable; should numbers drop below 3 children and parents the programme would cease to operate. In January 2016, 3 families committed to engaging with the programme on a weekly basis, with their numbers steadily increasing; 8 families currently engage with the 3-5

¹⁷ <http://www.gov.scot/Topics/People/Young-People/early-years/delivery/thirdsectorfunding>

programme, attending in 2 groups of 4 on a weekly basis. Table 8 illustrates the total number of families able to access the range of EIP services, 2014-2017.

Table 5 – Trends in Children Numbers 2015-2017

	2014-2015	2015-2016	2016-March 2017
Minimum	7	8	16
Maximum	12	20	19

- (ii) Parents/carers have welcomed the development of more flexible models of access to the EIP. In 2014, 56% of children and their parents living within an approximate 90 minute journey of the Craighalbert Centre accessed the EIP on a weekly basis and 44% of those living further away from the Centre on a block basis, with all parents/carers reporting a preference for access to be regular and as frequent as possible. To allow equitable access, regardless of e.g. home location, block attendance has been increased to 2 blocks per term (i.e. 10 sessions per term); weekly attendance has remained at 1 session per week (i.e. approximately 10 sessions per term) with the option to move between the 2 models as indicated by need and/or circumstance.
- (iii) Families are therefore able to access EIP services from an increasing number of localities, currently Aberdeenshire, Aberdeen City, Argyle and Bute, Clackmannanshire, Dumfries and Galloway, East Dunbartonshire, East Lothian, Edinburgh City, Falkirk, Fife, Glasgow City, North Lanarkshire, Stirling and West Lothian.

Issue	Outcome	Action Required	Time Scale	Responsibility
Engagement with the Access to Education Programme is restricted by (i) The lack of a clear and equitable funding stream (ii) Logistics	Readily accessible AEP for children and young people 3-19 years and their parents/ carers will: - Support children/young people’s inclusion through maximising their health and wellbeing, learning and independence - Empower parents through information sharing pertinent to the needs of a growing and adolescent child/young person with a neurological impairment - Minimise family isolation through establishing informal support networks	Develop partnerships with local authorities, NHS and voluntary organisations to provide therapy programmes focused on independence development	2013 -2015	CMT
		(i) Secure a funding stream to enable SCCMI to provide access to AEP at no cost to parents/carers (ii) Continue to develop partnerships with NHS Boards to enable the provision of therapy programmes focussed on independence development in a variety of locales	2015 -2017	CMT

Progress - April 2017

Parents/carers continue to report variable access to NHS paediatric therapy services and some dissatisfaction with the allied health professional (AHP) tiered service levels as identified through the National Delivery Plan¹⁸:

- universal level, for all children, recognises the role of AHPs in promoting wellbeing through a preventative approach; therefore therapists working at the universal level provide information and literature, eg. directing families towards the best evidence-based information available and inputting to activities and programmes organised by others;
- targeted level, for children more likely to be identified to have wellbeing needs; therapists working at the targeted level provide families with specific advice, programmes, workshops and support to improve wellbeing; and
- specialist level, for children whose wellbeing needs cannot be fully met through universal or targeted provision; therapists working at the specialist level provide episodes of direct or indirect intervention with the aim of promoting self-reliance and resilience through an asset-based approach.

As a consequence, the parents of children and young people engaging with the Access to Education Programme highly value the regular opportunities for direct intervention from the Centre's highly specialist physiotherapists and occupational therapists afforded by the AEP. Only 12% of placements are funded by a local authority education department, with 88% of parents choosing to fund placements privately or with charitable support.

Issue	Outcome	Action Required	Time Scale	Responsibility
Equality Impact Assessment (EIA) ¹⁹ is not integrated into policy making and reviews	<ul style="list-style-type: none"> ▪ Assessment of likely/ actual effect of policies on protected groups ▪ Identification of opportunities to promote equality ▪ Removal²⁰ /mitigation of adverse effects 	(i) Develop a coherent approach to EIAs (including templates and processes for publication) and embed these across all functions (ii) Enable positive involvement of protected groups through consultation	2015-2017	CMT

Progress - April 2017

- (i) A template for Equality Impact Assessments has been drafted and piloted during a review of Terms and Conditions of Employment and prior to the introduction of online pay-slips, with no disadvantageous outcomes or revisions identified. Both new and substantially revised policies and procedures will undergo an equality impact assessment (EIA) prior to management approval. A rolling programme of policy and procedure review has been established, with all existing policies and procedures to be reviewed by September 2021.
- (ii) Engagement with all stakeholders is integral to all consultation and service evaluation.

¹⁸ Ready to Act, January 2016: A transformational plan for children and young people, their parents, carers and families who require support from allied health professionals (AHPs)

¹⁹ Equality Impact Assessment Guide, EHRC, 2010

²⁰ A negative / adverse impact that amounts to unlawful discrimination must be removed

6. Equality and Diversity Action Plan, 2017-2021

Issue	Outcome	Action Required	Time Scale	Responsibility
<p>Access to the EIP restricted by:</p> <ul style="list-style-type: none"> - lack of a clear, equitable funding stream - logistics 	<p>A readily accessible EIP for children 3-5 years will:</p> <ul style="list-style-type: none"> - Maximise children’s health and wellbeing and learning through integrated specialist therapy and education input; - Empower parents through information sharing and education pertinent to the needs of young children with a neurological impairment; - Minimise family isolation through fostering the establishment of informal support networks. 	<ul style="list-style-type: none"> ▪ Maintain a funding stream to enable SCCMI to continue to provide access to EIP at no cost to parents/carers; and ▪ Further develop flexible access models that can be personalised to meet the needs of families 	2017-2021	CMT

Issue	Outcome	Action Required	Time Scale	Responsibility
<p>Information about the SCCMI’s programmes and services is not readily available to the parents/carers and the professionals supporting their children</p>	<p>Increase in the number of families aware of and therefore able to benefit from engagement with the SCCMI’s programmes and services will:</p> <ul style="list-style-type: none"> - Maximise children/young people’s health & wellbeing & learning through integrated specialist therapy & education input - Empower parents through information sharing and education pertinent to the needs of young children with a neurological impairment; - Minimise family isolation through fostering establishment of informal support networks. 	<ul style="list-style-type: none"> ▪ Complete rebrand ▪ Complete redesign & relaunch website ▪ Send information re EIP to regional NHS Health Visitor Leads 	2017-2021	CMT

Issue	Outcome	Action Required	Time Scale	Responsibility
The accuracy of internal monitoring limited by reluctance of some staff to share information	Significant majority of staff will share information required for internal equalities monitoring	<ul style="list-style-type: none"> ▪ Continue to advertise vacancies externally to encourage applications from diverse pool ▪ Continue to analyse internal employment and recruitment data to ensure policies and procedures do not disadvantage protected groups ▪ Increase staff awareness of the importance of equality/diversity ▪ Increase staff willingness to share information 	2017-2021	CMT

