

The Scottish Centre For Children With Motor Impairments



Equality and Diversity Strategy

Progress Report, 2019-2021

March 2021

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 aged between 0-19 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.

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.

¹ The Scottish Centre For Children With Motor Impairments: Underpinning Principles - Operational Parameters - Future Ambitions, January 2014

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;
 - Efficient and effective; and
 - As equitable as possible in terms of accessibility;
- 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.

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 2021².

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 including those related to:

- Access
- Admissions
- Flexible working
- Governance

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)

- Maternity/Paternity/Adoption Leave
- Parental engagement
- Parental leave
- Pension discretions
- Recruitment
- Whistleblowing.

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 4 years (2017-2021) 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) Web-Site Re-design and Monitoring

Updating of the SCCMI's re-designed and live website will remain a work-in-progress following the publication of refreshed core pages on 29.03.2021.

Website usage continues to be tracked through website analytics. A review of the data generated indicates an immediate increase in both site sessions and unique visitor numbers:

- Weeks 1-2 post-publication (29.03–11.04.2021) - 110 site sessions, 86 unique visitors
- Weeks 3-5 post-publication (12.04-30.04.2021) - 250 site sessions, 196 unique visitors.

This contrasts with the previously decreasing trend in visitor numbers:

- 2015-2017 – average of 177 visits per week
- 2017-2019 - average of 162 visits per week.

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.

b) 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.

SCCMI's records identify a range of sources from which parents/carers receive initial information about the SCCMI's services, however the website and the parents/carers of children currently engaged in the Centre's programmes are consistently identified as the primary sources of initial information. It remains unusual for a health or educational professional to be identified by parents/carers as their primary source of initial information.

During 2019-2020 a significant minority of parents identified a health and social care or education professional as their primary source of initial information:

- 10% identified a social worker or educational psychologist.
- 69% identified the website or other parents/carers.

This is consistent with the data for the period 2015-2019, during which a significant minority identified a health and social care or education professional as their primary source of initial information:

- 9% identified e.g. a health visitor, physiotherapist or educational psychologist.
- 64% identified the website or other parents/carers.

c) National Information Dissemination

The SCCMI's engagement with parents/carers, a range of professionals and national organisations has continued through participation in e.g. conferences, engagement in consultation activities and participation in multi-disciplinary review and planning meetings, however the COVID-19 pandemic has significantly reduced the number of direct engagements.

Conferences and other professional meetings at which the SCCMI was represented 2019-2021 included:

- Aquatic Physiotherapy for Neurological Conditions
- Cerebral Palsy Integrated Pathway Scotland (CPIPS) Annual Meeting
- Children's Rights in the Third Sector Context
- Educational Assistive Technology
- Rett UK Regional Conference for Professionals.

National review and consultation processes to which the SCCMI contributed 2019-2021 were related to e.g.

- Children's Rights: Consultation on incorporating the United Nations Convention on the Rights of the Child into domestic law in Scotland; Scottish Government; and
- Consultation on the revised National Guidance for Child Protection in Scotland; Scottish Government.

2019-2021 SCCMI staff collaborated with colleagues supporting children resident in 56% of Scottish Council areas and 50% of NHS Board areas.

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

The SCCMI has continued to extend its upper age range year on year in parallel with a programme of curriculum development and continuing professional development since launching its lower secondary provision for an initial 1 young person in August 2017:

- 2019-2020 - 1 young person attending at S2 equivalent and 4 at S1 equivalent.
- 2020-2021 - 1 attending at S3 equivalent, 4 attending at S2 equivalent and 1 attending at S1 equivalent.
- August 2021 - launch of senior phase for an initial 1 young person.

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

The characteristics of children attending the Nursery, Primary and Secondary classes have continued to be expanded to incorporate a wide range of the severity and complexity spectra of neurological conditions including some with complex and exceptional healthcare needs.

Analysis of the children's needs using the National Managed Clinical Network for Children with Exceptional Health Care Needs (CEN NMCN) indicates:

- August 2019 - 56% of the children had exceptional care needs with a severe impairment recorded in 5 of the assessment categories⁴ and required enteral feeding, 23% had a severe impairment recorded in 5 of the assessment categories but did not require enteral feeding and 21% had a severe impairment in 4 of the assessment categories.
- August 2020 - 46% had exceptional care needs with a severe impairment recorded in 5 of the assessment categories and required enteral feeding, 23% had a severe impairment

⁴ Learning, communication, motor skills, self-care, hearing and vision

recorded in 5 of the assessment categories but did not require enteral feeding and 31% had a severe impairment in 4 of the assessment categories.

- January 2021 – 50% had exceptional care needs with a severe impairment recorded in 5 of the assessment categories and required enteral feeding, 21% had a severe impairment recorded in 5 of the assessment categories but did not require enteral feeding and 29% 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:

- Baby and child first aid
- Catheterisation
- Dysphagia management (safe eating and drinking)
- Gastrostomy feeding and care
- Infection prevention and control
- Management of complex epilepsy
- Medication administration
- Moving and 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. They will also undergo a Children’s Rights and Wellbeing Impact Assessment.

(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

The Scottish Government set an agenda to establish a national strategic commissioning framework to meet the needs of children with complex additional support needs from 2020. The 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 continues 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 paperwork, providing information about a child's gender, family circumstances, home locality and dietary requirements, has been amended to request information about a child's ethnic origin and religion.

During 2019-2020 28% of families identified themselves as white Scottish and 7% identified themselves as white British; 28% of families identified themselves as Christian and 7% identified themselves as Muslim; 65% of families chose not to identify their ethnic origin or religion.

4. Reporting Employee Information

Data collected on the SCCMI's workforce in late 2020 included:

- 89% female and 11% male, consistent with ONS figures regarding gender make up of Scottish Caring, leisure and other service occupations (predominately female) ⁵.
- Employee age ranges were between 25 and 55-59 with an average of 60% of employees being 44 and under.
- The number of part-time staff increased from 44% in 2018 to 54% in 2020. In line with overall employee data, the majority of part-time posts are held by women (84%).
- The majority identified their ethnicity as Scottish (68%)

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

⁵ Scottish Government SPICe Briefing – The Gender Pay Gap – facts and figures 2018

The response rate to the SCCMI's internal equalities monitoring data collected in 2020 was 71%. Employees will continue to be briefed on equality activities and encouraged to contribute to the outcomes identified within this report. Further activities continue to take place to increase awareness of the Act, protected characteristics and the organisation's and individual responsibilities in ensuring the Act's ethos is delivered. Completion of online Equality & Diversity Awareness Training is mandatory for all staff. A requirement to complete equalities information is a prerequisite for all SCCMI posts:

- During 2019-2020, the SCCMI was able to accommodate 100% of flexible working requests either directly as requested, or through offering alternative working arrangements.
- During 2019-2020, 8 posts were advertised across therapy and teaching, with 90% of applicants being female.

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.

The SCCMI 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.

The SCCMI is committed to equal opportunities and welcomes applications from all sections of the community. Interview and selection are 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 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 endeavour to work with employees to enable such requests to be fulfilled.

4.2 Occupational Segregation

Occupational Gender Distribution

Post	2020		
	% Male	% Female	% Part-time
Therapy Staff	0	100	29
Teaching Staff	0	100	67
Education/Therapy Support Staff	0	100	27
Facilities Staff	50	50	83
Administration Staff	0	100	100

Occupational Gender Distribution by Post Type

Post	2020		
	% Male	% Female	% Part-time
Centre Management Team	20	80	20
Therapy	0	100	29
Teaching	0	100	67
Programme Co-ordinator	0	100	0
Early Years Practitioner	0	100	43
Support Worker	0	100	100
Facilities	50	50	83
Administration	0	100	100

The SCCMI operates within education and paediatric therapy-delivery contexts. Scotland-wide figures 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 2021 is 33% male and 67% female. Board members come from education, health and finance backgrounds. All positions are voluntary.

5. **Progress Towards the SCCMI's Equality and Diversity Outcomes 2019-2021**

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

- 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, identified 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 school⁶.

The fact that the Act used the word 'may' meant however, that the provision of additional support in these circumstances was not a legal obligation and, in addition, there was not a clear definition of "appropriate additional support". The reality was that in the case of children under 3 years there was not a statutory requirement for education authorities to provide any input.

Analysis of SCCMI's records confirms that the majority of local authorities have remained reluctant to support attendance of the youngest children at SCCMI despite such babies being affected from

⁶ The Parents Guide to Additional Support for Learning, Enquire, 2010

birth by the key characteristics of cerebral palsy, including disorders of movement and posture, activity limitation and disturbances of sensation, perception, cognition and communication⁷, 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.⁸

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 confirms 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.⁹

⁷ Definition & classification of cerebral palsy, *Developmental Medicine & Child Neurology*, 2006

⁸ Strategic Service Provision 2012-2020, Potential Pupil Population, 2012

⁹ 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)

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.¹⁰ 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 continue to 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:

- 2017-2019, parents/carers reported 1 Educational Psychologist, 2 health visitors and 4 physiotherapists had suggested they contact the Centre.
- 2019-2020, parents/carers reported 1 educational psychologist and 2 social workers had identified the Centre as a potential placement.

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.¹¹ 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 nor the views of the child/young person:

- 2017-2019 - 16% of children assessed proceeded to a local authority approved and funded placement in the SCCMI's secondary programme; 77% took up placements in the EIP or AEP with the costs met through charitable or private funding.
- 2019-2020 - 18% of the children assessed proceeded to a local authority approved and funded placement the SCCMI's lower primary provision, with 67% of the placement decisions made

¹⁰ Supporting Children's Learning, Code of Practice, 2005; Statutory Guidance relating to the Education (Additional Support for Learning) (Scotland) Act 2004

¹¹ Doran Review, 2012

through the placing request and tribunal system; 64% took up placements in the EIP or AEP with the costs met through charitable or private funding.

Equality and Diversity Action Plan, 2019-2021

<p>Issue 1</p>	<p>Access to the EIP restricted by:</p> <ul style="list-style-type: none"> - Lack of a clear, equitable funding stream - Logistics. 	
<p>Outcome</p>	<p>Action Required</p>	<p>Progress</p>
<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; and - 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 	<p>New and more sustainable models of early intervention are currently being developed in partnership with other organisations e.g. an inclusive nursery to:</p> <ul style="list-style-type: none"> - Meet the needs of children 0-5 years and their families; - Provide a national service; - Exemplify model(s) of early intervention; and - Reduce dependence on short term grant funding.

Issue 2	Information about the SCCMI's programmes and services is not readily available to the parents/carers and the professionals supporting their children		
Outcome	Action Required	Progress	
<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 and education input; - Empower parents through information sharing and education pertinent to the needs of young children with a neurological impairment; and - Minimise family isolation through fostering establishment of informal support networks. 	<ul style="list-style-type: none"> - Complete rebrand; - Complete redesign & relaunch website; and - Send information re EIP to regional NHS Health Visitor Leads. 	<ul style="list-style-type: none"> - Re-design of the SCCMI's website has been completed; - The live website will remain a work-in-progress following the publication of refreshed core; - The Centre has developed a much greater social media presence at an organisational and individual staff member level; and - Information regarding current and developing services is shared through all available communication channels. 	

Issue 3	The accuracy of internal monitoring limited by reluctance of some staff to share information	
Outcome	Action Required	Progress
<p>Significant majority of staff will share information required for internal equalities monitoring.</p>	<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; and - Increase staff willingness to share information. 	<p>Work continues to embed staff awareness of and commitment to equality and diversity across the organisation.</p>

