

Cabinet BACKGROUND PAPERS

DATE: Thursday 19 February 2015

AGENDA - PART I

CHILDREN AND FAMILIES

- 13. PAEDIATRIC SPEECH AND LANGUAGE THERAPY SERVICES** (Pages 3 - 58)

Report of the Interim Corporate Director of Children and Families.

- 15. SCHOOL AMALGAMATION**

Report of the Interim Corporate Director of Children and Families.

- (a) Proposal to amalgamate Whitchurch First School and Nursery and Whitchurch Junior School: (Pages 59 - 76)

Report of the Interim Corporate Director of Children and Families.

- (b) Proposals to amalgamate and expand Welldon Park Infant and Nursery School and Welldon Park Junior School: (Pages 77 - 122)

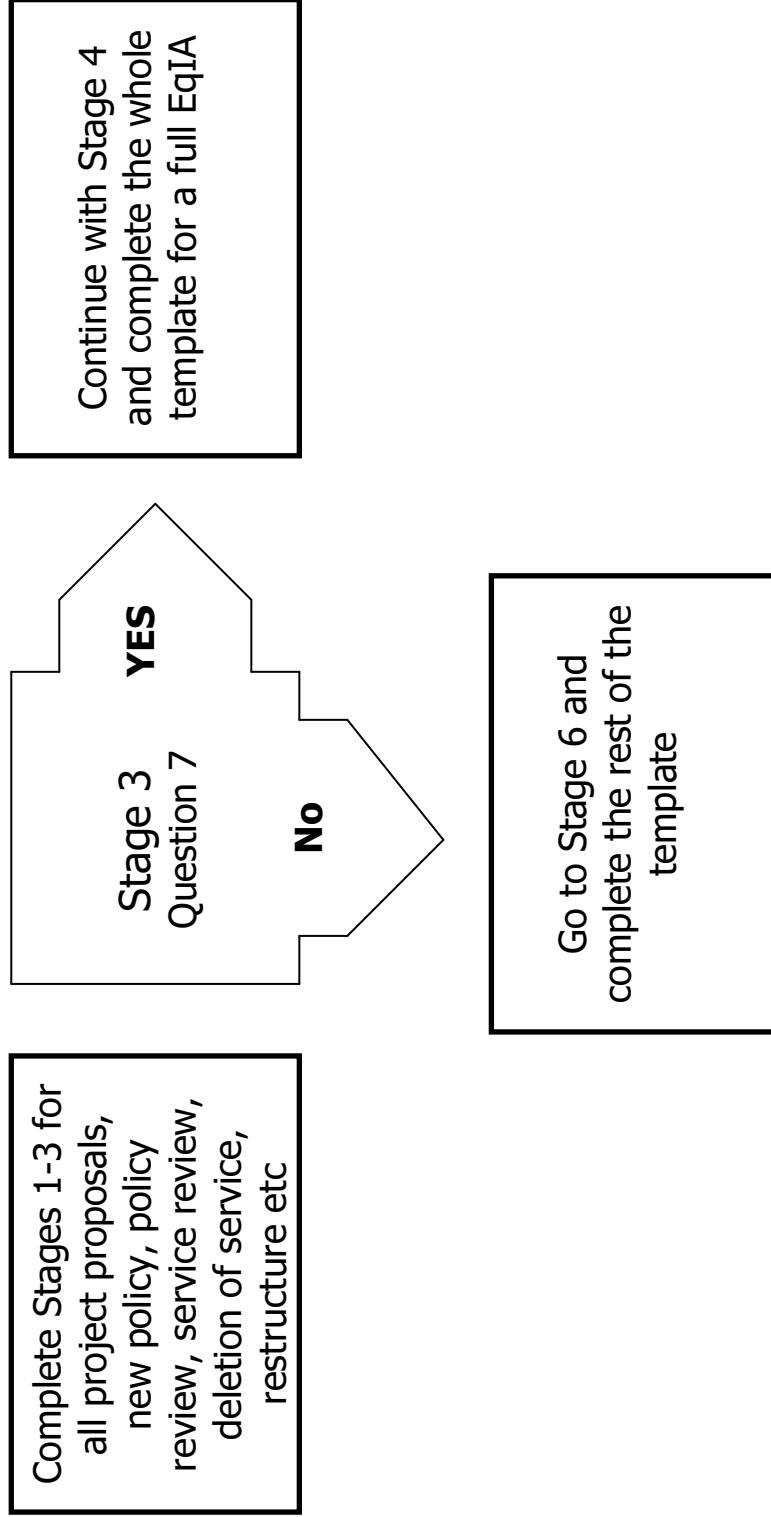
Report of the Interim Corporate Director of Children and Families.

AGENDA - PART II - Nil

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Equality Impact Assessment Template

The Council has revised and simplified its Equality Impact Assessment process. There is now just one Template. Project Managers will need to complete **Stages 1-3** to determine whether a full EqIA is required and the need to complete the whole template.



Equality Impact Assessment (EqIA) Template

In order to carry out this assessment, it is important that you have completed the EqIA E-learning Module and read the Corporate Guidelines on EqIAs. Please refer to these to assist you in completing this assessment.

It will also help you to look at the EqIA Template with Guidance Notes to assist you in completing the EqIA.

Type of Project / Proposal:	Tick ✓	Type of Decision:	Tick ✓
Transformation		Cabinet	✓
Capital		Portfolio Holder	
Service Plan		Corporate Strategic Board	
Other		Other	
Title of Project:	To seek approval to enter into a Section 75 agreement with the CCG and to jointly re-procure the Paediatric Speech and Language Therapy Service.		
Directorate / Service responsible:	Children and Families Directorate Special Needs Services		
Name and job title of lead officer:	Roger Rickman Divisional Director, Special Needs Services		
Name & contact details of the other persons involved in the assessment:	Nimesh Mehta Commercial Business Partner Ext: 2145 Mital Vagdia Children's Commissioner Ext: 6418		
Date of assessment:	16 th December 2014		
Stage 1: Overview			
1. What are you trying to do? (Explain proposals e.g. introduction of a new service or	Currently North West London Hospital Trust (NWLHT) provides an integrated Paediatric Speech and Language Therapy service within Harrow. Harrow Council		

policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)

and Harrow Clinical Commissioning Group (CCG) commission jointly a service for children and young people (CYP) with speech, language and communication needs between the ages of 0 – 18 (19 if in special school).

The proposal is to continue to commission jointly the Paediatric Speech and Language Therapy service with the CCG but with the CCG becoming the lead commissioner and the Council being the associate commissioner. Approval is being sought from Cabinet to enter into a Section 75 agreement with the CCG from June 2015 so that commissioners are able to revisit the service specification, create an outcome focussed monitoring framework and plan for a re-tendering of the service. Cabinet is being asked to approve the commencement of a joint re-procurement of the Paediatric Speech and Language Therapy Service in 2016 and to award a five-year contract by September 2016.

Approval is also being requested for a waiver to make payment to NWLHT for the service for a period commencing on the 1 April 2015 and ending on the 30th June 2015 until the Section 75 agreement starts with CCG.

5

<p>2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</p>	<table border="1"> <tr> <td data-bbox="839 103 930 483">Residents / Service Users</td> <td data-bbox="839 483 930 887">✓</td> <td data-bbox="839 887 930 1292">Partners/Schools</td> <td data-bbox="839 1292 930 1666">✓</td> <td data-bbox="839 1666 930 1998">Stakeholders</td> <td data-bbox="839 1998 930 2188">✓</td> </tr> <tr> <td data-bbox="930 103 975 483">Staff</td> <td data-bbox="930 483 975 887"></td> <td data-bbox="930 887 975 1292">Age</td> <td data-bbox="930 1292 975 1666">✓</td> <td data-bbox="930 1666 975 1998">Disability</td> <td data-bbox="930 1998 975 2188">✓</td> </tr> <tr> <td data-bbox="975 103 1098 483">Gender Reassignment</td> <td data-bbox="975 483 1098 887"></td> <td data-bbox="975 887 1098 1292">Marriage and Civil Partnership</td> <td data-bbox="975 1292 1098 1666"></td> <td data-bbox="975 1666 1098 1998">Pregnancy and Maternity</td> <td data-bbox="975 1998 1098 2188"></td> </tr> <tr> <td data-bbox="1098 103 1142 483">Race</td> <td data-bbox="1098 483 1142 887"></td> <td data-bbox="1098 887 1142 1292">Religion or Belief</td> <td data-bbox="1098 1292 1142 1666"></td> <td data-bbox="1098 1666 1142 1998">Sex</td> <td data-bbox="1098 1998 1142 2188"></td> </tr> <tr> <td data-bbox="1142 103 1187 483">Sexual Orientation</td> <td data-bbox="1142 483 1187 887"></td> <td data-bbox="1142 887 1187 1292">Other</td> <td data-bbox="1142 1292 1187 1666"></td> <td data-bbox="1142 1666 1187 1998"></td> <td data-bbox="1142 1998 1187 2188"></td> </tr> </table>	Residents / Service Users	✓	Partners/Schools	✓	Stakeholders	✓	Staff		Age	✓	Disability	✓	Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity		Race		Religion or Belief		Sex		Sexual Orientation		Other			
Residents / Service Users	✓	Partners/Schools	✓	Stakeholders	✓																										
Staff		Age	✓	Disability	✓																										
Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity																											
Race		Religion or Belief		Sex																											
Sexual Orientation		Other																													
<p>3. Is the responsibility shared with another directorate, authority or organisation? If so:</p> <ul style="list-style-type: none"> Who are the partners? Who has the overall responsibility? How have they been involved in the assessment? 	<p>There is a statutory responsibility on the local authority to assess and meet the needs of those children and young people with speech, language and communication needs (SLCN) requiring special educational provision to meet their needs. The Children and Families Act 2014 introduced major changes to support children and young people with special educational needs (SEN), creating</p>																														

	<p>education, health and care (EHC) plans to replace special needs statements. The Act states that local authorities and its commissioning partner bodies must make joint commissioning arrangements for the education, health and care provision to be secured for children and young people that have special educational needs and who have a disability.</p>
<p>Stage 2: Evidence / Data Collation</p> <p>4. What evidence / data have you reviewed to assess the potential impact of your proposals? Include the actual data, statistics reviewed in the section below. This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys; complaints etc. Where possible include data on the nine Protected Characteristics.</p>	
<p>6</p> <p>Age (including carers of young/older people)</p>	<p>The 2011 Census estimated that there were 239,056 people living in Harrow. It estimates that there are 60,000 CYP aged 0-19 which makes up approximately 25% of Harrow's total population.</p> <p>In August 2014 the Paediatric Speech and Language Therapy Service at NWLHT had an active caseload of 1,839 children and young people, indicating 13% growth in comparison to 1,630 patients reported in August 2013.</p> <p>The median age of young persons is 9 years old. The highest number of children are aged 5 years (257 children) and the lowest aged 18 (9 children). Children aged 5-9 make up 42.5% of the caseload with the age group 0-4 years following second with 36.9%. The remaining 20% include children age 10 to 19 years.</p> <p>According to the GLA School Role Projection Service, the 4-10 years old population projections suggest that this group will continue to rise with a projected increase of 22% from 2012 to 2021 which will have an impact on the demand for services.</p>
<p>Disability (including carers of disabled people)</p>	<p>The Bercow Report concluded that the following prevalence data can be taken to represent broadly the prevalence of children with SLCN in England:</p>

	<p>7% of children at school entry will have significant speech, language or communication needs which will not improve without specialist interventions as part of the team working with the child, including the parents. Children in this category may have long term needs but their access to learning can be improved with appropriate support. These children have SLCN which are associated with an underlying speech, language and communication impairment or as a secondary issue associated with other learning disability or complex needs. The prevalence in this group is not correlated with socio-economic factors or disadvantage.</p> <p>An increase in children of school age can be expected to include increased numbers of children with disability and special educational needs. The total number of statements of special educational needs in Harrow has increased by 93 (or 9%) between 2006 and 2011 calendar years. In addition, the percentage of children with a statement placed in a special school (Harrow, other local authority, independent or non-maintained) has increased from 35% to 43% during the same period.</p>
Gender Reassignment	Not applicable
Marriage / Civil Partnership	Not applicable
Pregnancy and Maternity	Not applicable
Race	<p>The profile of children and young people accessing paediatric speech and language therapy services according to a September 2014 report shows:</p> <ul style="list-style-type: none"> • 281 children and young people (15.3%) of the 1839 are White British. • 200 children and young people are White Other (10.8%) with 23 being White Irish (1.2%). The White Other group has increased from 7.5% to 10.8% of the speech and language therapy caseload and reflects the growing number of Eastern Europeans in the local community particularly Polish and Romanians. • The Indian group continues to be the largest single minority ethnic group with 208 patients (16.7%) followed by African Blacks/Black British with 146 patients (7.9%). This is a similar pattern to 2013 with the Indian group with 14.3% and African Blacks/Black British with 9.1% as the second largest ethnic group. The Other Asian category accounts for 19.1 per cent of the 1839, which comprises of CYP from a variety of backgrounds such as Sri Lanka. • 7% did not want to state their ethnicity; this has decreased from 10.5% in 2013.

Religion and Belief	No data			
Sex / Gender	Out of the 1839 on the active caseload, of these 72% are males and 28% are females.			
Sexual Orientation	Not applicable			
Socio Economic	Disadvantage, poor socio-economic factors and a language poor early environment have been shown to correlate with SLCN in terms of early language development which, whilst not necessarily a result of a long term underlying impairment, can result in poorer learning outcomes and children not achieving their potential. In the most disadvantaged areas of England, up to 50% of children at school entry present with communication skills that are below those expected for their age.			
5. What consultation have you undertaken on your proposals?				
No consultation is necessary given the nature of the proposal.				
Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).	
Not applicable	Not applicable	Not applicable	Not applicable	
6. What other (local, regional, national research, reports, media) data sources that you have used to inform this		<ul style="list-style-type: none"> The Bercow Review of Speech, Language and Communication Services for Children and Young People (CYP) and subsequent action plan 2008; 		

assessment?

List the Title of reports / documents and websites here.

- Better Communication Research Programme(BCRP) – Improving Provision for Children and Young people with Speech Language and Communication Needs, DfE (2012);
- The Marmot Review- Fair Society, Healthier lives – Strategic Review of Health Inequalities in England Post- 2010;
- Graham Allen report 2011 – Early Intervention: Smart Investment, Massive Savings The second independent report;
- Early Language Delays in the UK – James Law (2013) Save the Children;
- The Healthy Child Programme – DH (2010);
- Children and Families Act 2014;
- All Party Parliamentary Group on Speech and Language Difficulties – The links between speech, language and communication needs and social disadvantage (2013);
- Statutory Framework for the Early Year’s Foundation Stage (EYFS) 2012;
- Information Sharing in the Foundation Years - task and finish group (DfE /DH Nov 2013).

Stage 3: Assessing Potential Disproportionate Impact

Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No	✓	✓	✓	✓	✓	✓	✓	✓	✓

Stage 4: Collating Additional data / Evidence – not applicable / please go to stage 6

8. What additional data / evidence have you considered in relation to your proposals as a result of the analysis at Stage 3?

(include this evidence, including any data, statistics, titles of documents and website links here)

9. What further consultation have you undertaken on your proposals as a result of your analysis at Stage 3?

Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).
Please go to stage 6			

Stage 5: Assessing Impact and Analysis – not applicable / please go to stage 6

10. What does your evidence tell you about the impact on different groups? Consider whether the evidence shows potential for differential impact, so state whether this is an adverse or positive impact? How likely is this to happen? How you will mitigate/remove any adverse impact?

Protected Characteristic	Adverse ✓	Positive ✓	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur.	What measures can you take to mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 7)
Age (including carers of young/older people)				
Disability (including				

carers of disabled people)							
Gender Reassignment							
Marriage and Civil Partnership							
Pregnancy and Maternity							
Race							
Religion or Belief							
Sex							
Sexual orientation							

<p>11. Cumulative Impact – Considering what else is happening within the Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic?</p>		Yes	No						
<p>If yes, which Protected Characteristics could be affected and what is the potential impact?</p>		Please go to stage 6							
<p>11a. Any Other Impact – Considering what else is happening within the Council and Harrow as a whole (for example national/local policy, austerity, welfare reform, unemployment levels, community tensions, levels of crime) could your proposals have an impact on individuals/service users socio economic, health or an impact on community cohesion?</p>		Yes	No						
<p>If yes, what is the potential impact and how likely is to happen?</p>		Please go to stage 6							
<p>12. Is there any evidence or concern that the potential adverse impact identified may result in a Protected Characteristic being disadvantaged?</p>									
	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
12	Yes								
	No								
<p>If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a below - link this to the aims of the proposal and whether the disadvantage is proportionate to the need to meet these aims. (You are encouraged to seek legal advice, if you are concerned that the proposal may breach the equality legislation or you are unsure whether there is objective justification for the proposal)</p>									
<p>If the analysis shows the potential for serious adverse impact or disadvantage (or potential discrimination) but you have identified a potential justification for this, this information must be presented to the decision maker for a final decision to be made on whether the disadvantage is proportionate to achieve the aims of the proposal.</p>									
<ul style="list-style-type: none"> ▪ If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. (select outcome 4) ▪ If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. (select outcome 4) 									
<p>Stage 6: Decision</p>									
<p>13. Please indicate which of the following statements best describes the outcome of your EqIA (✓ tick one box only)</p>									

Outcome 1 – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality are being addressed.		✓
Outcome 2 – Minor adjustments to remove / mitigate adverse impact or advance equality have been identified by the EqIA.		
Outcome 3 – Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. (Explain this in 13a below)		
Outcome 4 – Stop and rethink: when there is potential for serious adverse impact or disadvantage to one or more protected groups. (You are encouraged to seek Legal Advice about the potential for unlawful conduct under equalities legislation)		
13a. If your EqIA is assessed as outcome 3 or you have ticked 'yes' in Q12 , explain your justification with full reasoning to continue with your proposals.		

Stage 7: Improvement Action Plan

14. List below any actions you plan to take as a result of this Impact Assessment. This should include any actions identified throughout the EqIA.						
13	Area of potential adverse impact e.g. Race, Disability	Action required to mitigate	How will you know this is achieved? E.g. Performance Measure / Target	Target Date	Lead Officer	Date Action included in Service / Team Plan

Stage 8 - Monitoring

The full impact of the proposals may only be known after they have been implemented. It is therefore important to ensure effective monitoring measures are in place to assess the impact.

<p>15. How will you monitor the impact of the proposals once they have been implemented? What monitoring measures need to be introduced to ensure effective monitoring of your proposals? How often will you do this? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>This service will be monitored jointly by the CCG and the local authority. It will be monitored as part of the section 75 agreement and terms and conditions specified in the CCG contracts. Quarterly joint monitoring meetings will take place to monitor the service.</p>
<p>16. How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>As above.</p>
<p>17. Have you received any complaints or compliments about the proposals being assessed? If so, provide details.</p>	<p>None</p>

Stage 9: Public Sector Equality Duty

18. How do your proposals contribute towards the Public Sector Equality Duty (PSED) which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.

<p>14 Include all the positive actions of your proposals, for example literature will be available in large print, Braille and community languages, flexible working hours for parents/carers, IT equipment will be DDA compliant etc)</p>	<p>Advance equality of opportunity between people from different groups</p>	<p>Foster good relations between people from different groups</p>
<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010</p>	<p>By acting to ensure all children in Harrow have access to a high quality speech and language therapy service Harrow is promoting equality of opportunity and improving outcomes for all children and young people.</p>	<p>By acting to ensure all children in Harrow have access to a high quality speech and language therapy service Harrow is promoting equality of opportunity and improving outcomes for all children and young people.</p>

Stage 10 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)				
The completed EqIA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.				
19. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?				
Signed: (Lead officer completing EqIA)	M Vagdia	Signed: Roger Rickman (Chair of DETG)	R Rickman	
Date:	16.12.14	Date:	29.12.14	
Date EqIA presented at the EqIA Quality Assurance Group	5.1.15	Signature of ETG Chair	pp R Rickman	

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Profile of Children and Young people accessing Paediatric Speech and Language Therapy services -September 2014

1.0 Introduction

1.1 Harrow's Overall Population

The 2011 National Census indicates that Harrow's population is one of the most diverse nationally, with 69.1% of residents coming from minority ethnic groups, with the largest group being of Indian ethnicity. The borough also has the largest concentration of Sri Lankan Tamils in the UK as well as having the highest density of Gujarati Hindus in the UK. Harrow is also ranked 8th nationally for linguistic diversity in the Greater London Authority's Linguistic Diversity Index. At least 88 different languages are "spoken" in Harrow, including three categories of sign language.

According to the GLA School Role Projection Service, the increased migration into the borough is projected to continue rising over the next few years.

1.2 Philosophy of our Service

The speech and language therapy service at North West London Hospitals NHS Trust provides therapy services to children and young people with speech, language and communication needs (SLCN) 0-18 years in a variety of settings working in partnership with colleagues in health, education, social care others and the voluntary sector to promote a comprehensive service to all children and families taking account of cultural and ethnic background.

2.0 Scope of Audit

This audit aims to provide data about the population of children and young people in the London Borough of Harrow who were accessing speech and language therapy service in August 2014. It interrogates some of the most salient data sets for CYP with SLCN e.g. ethnicity, language profile, medical diagnosis, link with poverty/ deprivation indices.

3.0 Findings

On August 1st 2014 the speech and language therapy service at North West London Hospital NHS Trust has an active caseload of 1839 patients which reflects a 13% growth in comparison to 1630 patients reported in August 2013.

3.1. Demographics Results

There are 1839 patients on the active caseload, of these 72% are males and 28% are females.

Patients	SALT Caseload	%
Male	1326	72%
Female	513	28%

The median age of patients is 9 years old. The highest numbers of children are aged 5 years (257 children) and the lowest aged 18 (9 children). Children aged 5-9 make up 42.5% of the caseload with age group 0-4 following second with 36.9%. The remaining 20% include children age 10 to 19.

Age	0-4	5-9	10-14	15-19
Number of Patients	680	783	275	101
Percentage	36.9	42.5	14.9	5.4

According to the GLA School Role Projection Service, the 4-10 years old population projections suggest that this group will continue to rise with a projected increase of 22% from 2012 to 2021 which will have an impact on the demand for SLT services.

3.2. Ethnic Group Results

Table one and figure one over leaf contains the ethnic profile of The SLT active caseload by ethnic groups compared to Harrow Census data

- 15.3 per cent (281) of the caseload is White British
- 200 patients are White Other (10.8%) with 23 being White Irish (1.2%). The White Other group has increased from 7.5% to 10.8% of the SLT caseload reflecting the growing number of Eastern Europeans in to the local community particularly Polish and Romanians.
- The Indian group continues to be the largest single minority ethnic group with 208 patients (16.7%) followed by African Blacks/Black British with 146 patients ethnic group (7.9%). A similar pattern to 2013 with the Indian group with 14.3% and African Blacks/Black British with 9.1% as the second largest ethnic group.
- The Other Asian category accounts for 19.1 per cent of our caseloads, which comprises of CYP from a variety of backgrounds such as Sri Lanka.
- 7% of patients did not want to state their ethnicity; this has decreased form 10.5% in 2013.

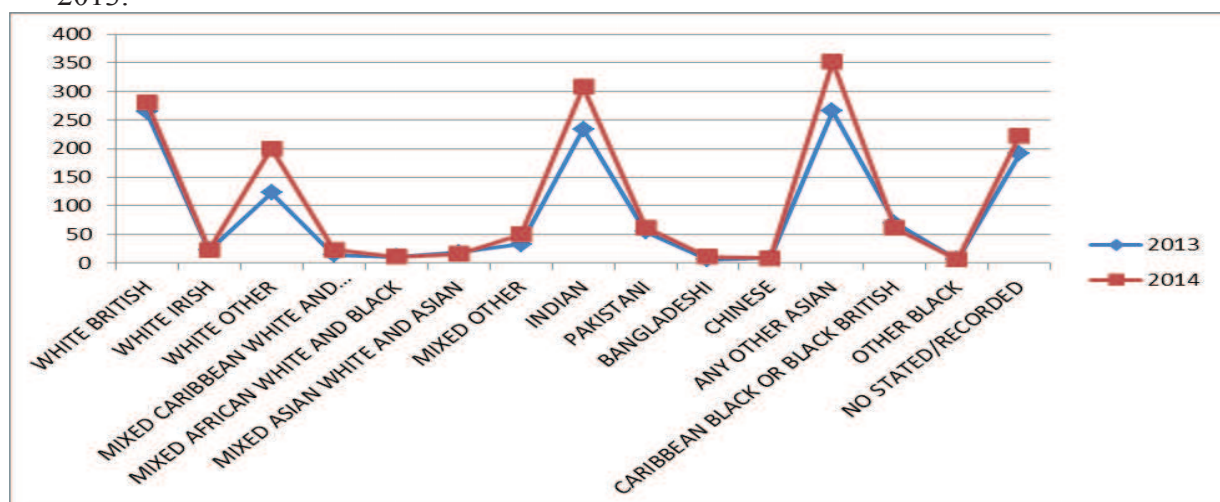


Table 1 – Ethnic Group Results*

Ethnicity	Harrow 2011 Census 239,056		NWLH 2013 SALT 1,630		NWLH 2014 SALT 1,839	
	Data	%	Data	%	Data	%
White						
White British	73,826	30.9	264	16.1	281	15.3
White Irish	7,336	3.1	22	1.3	23	1.2
White Other	19,628	8.2	123	7.5	200	10.8
Mixed						
Mixed Caribbean White and Black	2,344	1.0	14	0.8	23	1.2
Mixed African White and Black	1,053	0.4	11	0.6	11	0.6
Mixed White and Asian	3,417	1.4	18	1.1	16	0.8
Mixed Other	2,685	1.1	33	2	50	2.7
Asian or Asian British						
Indian	63,051	26.4	234	14.3	308	16.7
Pakistani	7,797	3.3	55	3.3	62	3.3
Bandagleshi	1,378	0.6	6	0.3	11	0.6
Chinese	2,629	1.1	8	0.4	8	0.4
Other Asian	26,953	11.3	266	16.3	352	19.1
Black or Black British						
African Black or Black British	8,526	3.6	149	9.1	146	7.9
Caribbean Black or Black British	6,812	2.8	70	4.2	61	3.4
Other Black	4,370	1.8	6	0.3	6	0.3
Other Ethnic Category						
Other Ethnic Category	7,050	3	60	3.6	58	3.1
Not Stated / No Ethnicity recorded			191	17.9	223	12.1
*Harrow's Ethnicity data from Census 2011, NWLH 2013 SALT active caseload and NWLH 2014 active caseload						

3.3 Ethnicity by SLT Caseloads

- White Others ethnicity has increased across all caseloads from 2013 to 2014. Alexandra School from 15% to 18%, Chaucer from 15% to 18%, Schools caseload from 10% to 13%, Belmont Health Centre from 4% to 10%, and Preschool Language Unit from none to 12%.
- Diverse representation of ethnic groups continues to be found in our caseloads in special education schools with 35% of White British and 18% of White Others in Alexandra School. Any Other Asian ethnicity followed second highest with 26% in Shaftesbury School, 22% in Alexandra School, 21% in Woodlands School and 19% in Kingsley High School.
- Within Secondary schools other Asian continues to be the highest minority ethnic group with an increase from 20% to 23%. Indian ethnicity decreased from 14% to 10%. White British significantly increased from 11% to 28% as well as Caribbean Black from 2% to 16%.
- Mainstream Primary School SLT caseload is greatly diverse with: 24% Other Asian, 17% Indian, 10% White British, 13% White Other and 12% African Black or Black British.
- Just under 1% accounts for Chinese ethnic group across all caseloads

3.4 Postal Code/Ward Results

There is a high correlation between the numbers of CYP accessing SLT provision with areas of high social deprivation and poverty.

- HA2 which comprises North Harrow, South Harrow and Rayners Lane (part) in addition to areas of deprivation has also got the second highest number of children aged 5-7 in the borough according to the 2011 Census. This is reflected in the numbers of children accessing Speech and language therapy with 21% of the total caseload living in this area. (311 School age children cases equivalent to 30% of the schools case load and 162 Pre-schooler's which makes up 21% of the pre-school caseload.
- HA3 which comprises Harrow Weald, Kenton, Wealdstone, Queensbury and part of Belmont is the smallest ward in Harrow but the most densely populated and has the highest population of children aged 0-4. CYP living in this area accessing SLT services account for 23% (177) of preschool cases and 20% of Schools caseloads
- HA2 and HA3 combined are 47% (865 cases) of both caseloads, Preschool and Schools.
- The increase in social housing and young families living in HA7 and HA1 are reflected in the increasing demand for SLT services. HA7 which comprises mainly Stanmore and Queensbury with 281 CYP living in this area accessing SLT services. Similarly HA1 which comprises Harrow on the Hill, North Harrow and Northwick Park has 300 CYP accessing SLT.

Figure 2- Postcode data on active SLT caseloads August 14

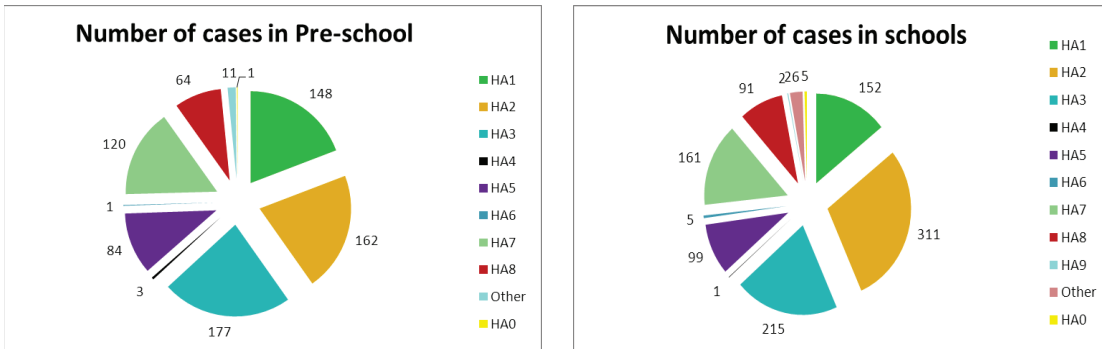
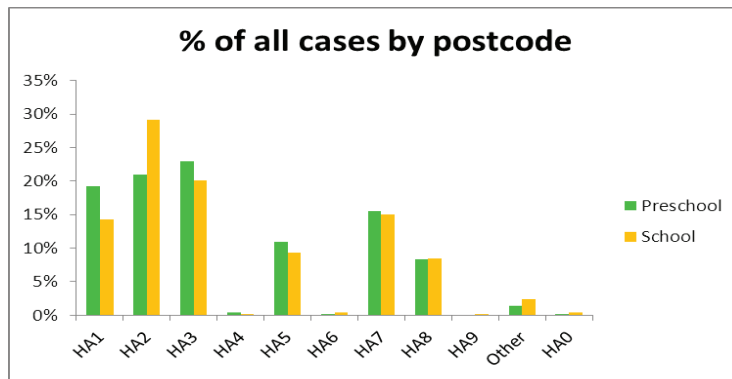
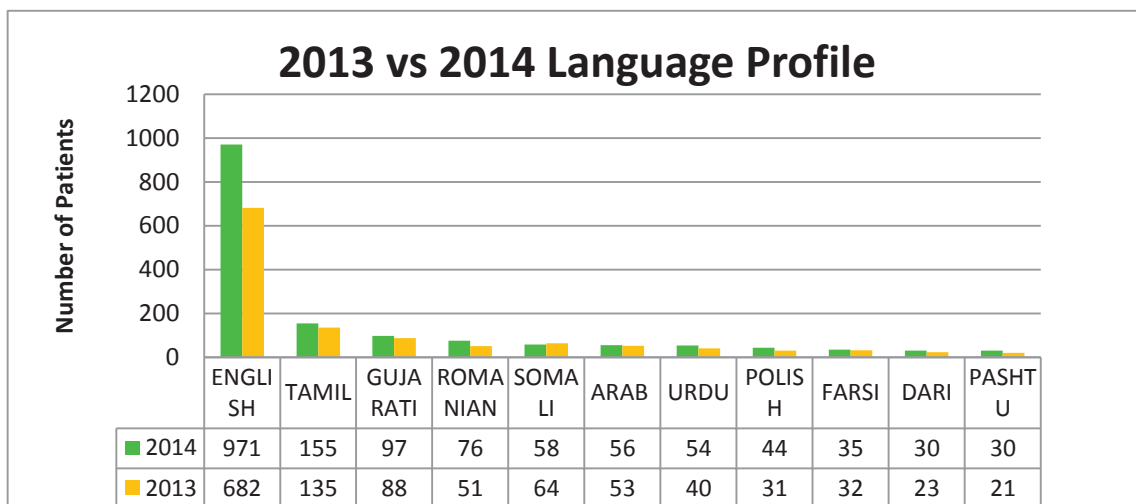


Figure 3- Postcode data from total SALT active caseload August 2014 by %



3.5 Languages spoken by CYP accessing SLT services August 2014



The Table above shows the top 11 foreign languages spoken by CYP as their home language on the SLT caseload in 2013 vs 2014.

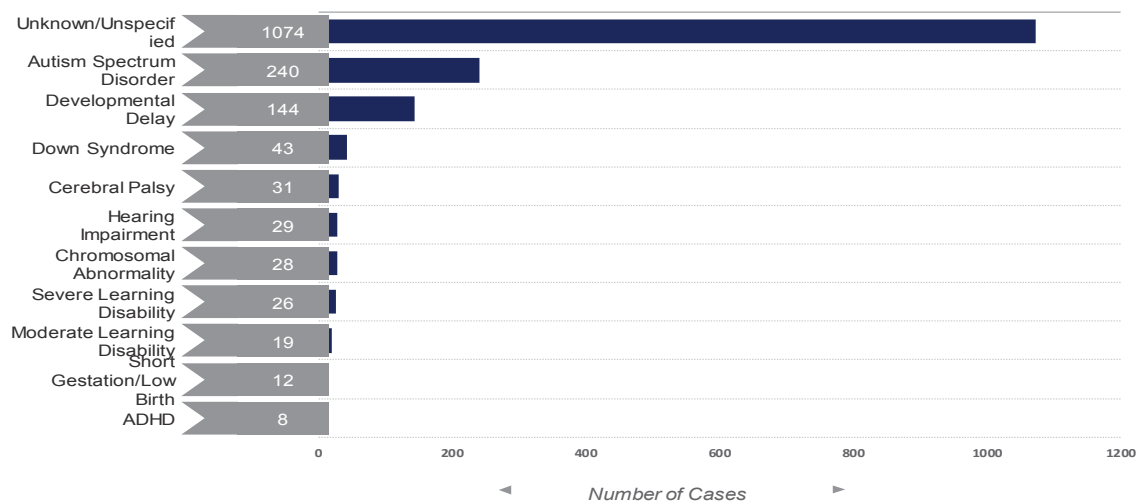
- English is the most widely spoken language with 971 speakers (53%), a very similar percentage in 2013 with 682 speakers (56%).
- 868 (47%) CYP speak a foreign language other than English a slightly increased number compared to 2013 figures 538 (41%).
- Tamil continues to be the most commonly spoken foreign language in our caseloads with 155 (8.4%) patients. This continues to be an overrepresentation when compared to Harrow's total population where 3.6% are Tamil speakers.
- Gujarati continues to be the 2nd main language with 97 (5.2%) speaking this language as their home language. A consistent figure as in 2013 was 5.3%
- Romanian is the third main language with 76 (4.1%) native speakers, which is reflective of the growing demand from this group with 25 additional cases.
- Somali is our fourth main language with 58 (3.1%) native speakers and the same pattern as in 2013 is observed with an overrepresentation when compared to Harrow population of 0.8%.
- Arabic follows 5th with 56 (3%) speakers.
- The following languages are also widely spoken as primary language: Urdu, Polish, Farsi, Dari, and Pashto, similar to the 2013 results.
- Other languages spoken in low percentages are: Hindi, Bengali, British Sign language, Portuguese, Russian, Albanian, Punjabi, French etc.
- In the preschool caseload, English is the most widely spoken language with 452 speakers, followed by Tamil with 42 cases, Romanian 39, Gujarati 33, Urdu 23 and Somali 20 cases.
- The schools caseload presents with a different make up of languages with English as the highest number of cases 519, followed by Tamil 113, Gujarati 64, Arabic 42, Somali 38, Romanian 37, Urdu 31, Farsi 29 and Polish 28 cases.
- Tamil speakers are in higher concentration in the school's caseload
- Romanians are almost equally represented in both caseloads with 39 cases in the preschool team and 37 cases in the school's team.

3.6 Comorbidities and Medical Diagnosis

- 1074 (59%) patients have a diagnosis of unknown/unspecified, which is reflective of a 15% growth in comparison with 936 patients reported in August 2013. "Unknown/Unspecified" means that there is not an apparent etiology or cause for the speech and language communication need the patient presents with.
- The three most common medical diagnoses continue to be Autism Spectrum Disorder with 240 CYP (13.5%), Developmental Delay is second with 144 (7%) CYP and Down Syndrome is third with 43(2%) CYP.
- Other diagnosis in medium frequency (i.e. minimum 15 cases max 40 cases) amount 164 (9%) CYP accessing services. These include CYP with cerebral palsy, hearing impairment, chromosomal abnormality, severe learning disability and moderate learning disability.

- Low frequency diagnosis (i.e. minimum one case max 14 cases) amount 205 (11%) CYP including; abnormal brain scan, attention deficit disorder, short gestational low birth, syndromes, cleft palate, congenital abnormality, etc.
- In the SLT Preschool caseload the highest medical diagnosis is Developmental Delay with 67 (9%) cases. In the SLT School caseload the highest medical diagnosis is Autism Spectrum Disorder with 218 (20%) cases.

Figure 4- shows the distributed of cases by medical diagnosis in our caseload.



3.6.1. Medical diagnosis ASD vs Ethnicity

According to the “Ethnic disproportionality in the identification of speech and language and communication needs (SLCN) and autism spectrum disorders (ASD): 2005 – 2011 position paper from the Better Communication Project, “for ASD, only the Black Other and Black Caribbean groups are over-represented. The predominant picture is under-representation of Indian, Pakistani, Bangladeshi, and Other Asian pupils.”

The SLT caseload ASD vs Ethnicity results indicate that the Any Other Asian, Indian Pakistani and Bangladeshi groups are not under-represented when compared to White British. These groups amount 94 cases which is 39% of the ASD caseload. In addition, the Black Other and Black Caribbean groups are not over-represented in our SLT caseload with only 27 cases in total which is 11% of the ASD caseload.

We have raised awareness of ASD among Asian communities and access by ethnic minority groups specifically in Early Years, when diagnosis may first occur, via liaison with Portage Service and Harrow Early Bird programme. Some training sessions have

been provided in minority languages and the use of interpreters during discussion of diagnosis in liaison with Consultant Paediatricians has been encouraged.

ETHNIC GROUP	ASD CASES
White British	51
Any Other Asian	50
Indian	37
White Other	22
African Black	17
Any Other Ethnic Category	10
Caribbean Black	9
Mixed Other	9
Non Stated	6
None	4
Pakistani	4
Bangladeshi	3
Mixed Caribbean White	3
White Irish	3
Chinese	2
Mixed Asian White	8
Mixed African White	1
Other Black	1

3.7 Speech and Language Therapy- Service Specific Diagnosis

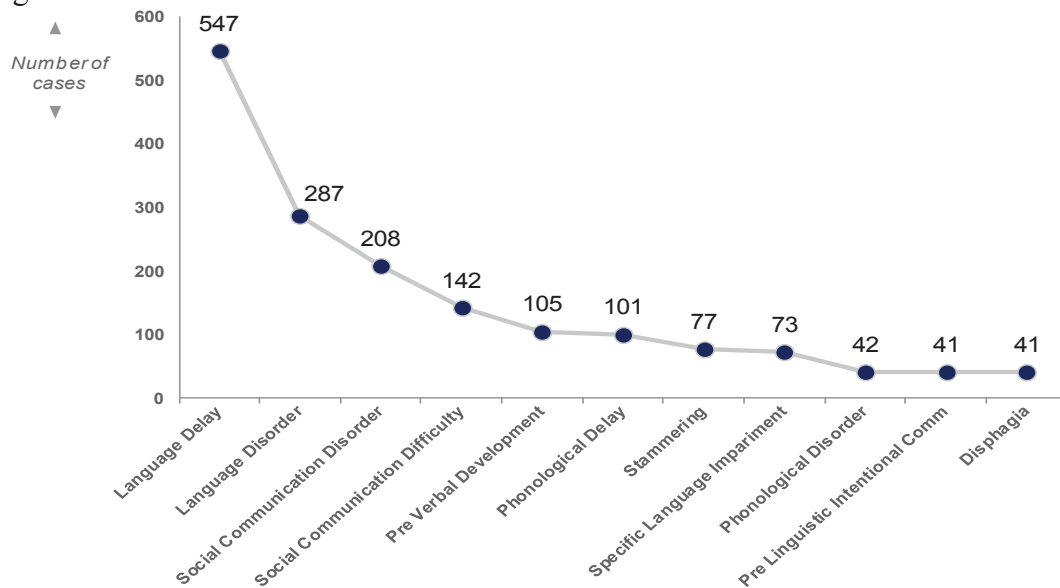
Figure 5 shows the number of cases distributed by SLT /service specific diagnosis

- 547 patients have a diagnosis of Language Delay (11% increase on last year).
- Language Disorder continues to be the second highest service specific diagnosis with 287 patients
- Social Communication Disorder/ASD continues to be third with 208 patients.
- Dysphagia and Pre-linguistic Intentional Communication share the same number of patients with 41 in each diagnosis
- Phonological Disorder has slightly increases with 42 patients.
- Stammering has maintained a similar number of patients from 72 in 2013 to 77 in 2014.
- There is only 1 patient with Cleft Palate and 1 with Abnormal Auditory Perception in our caseload
- Other service specific diagnosis include: Phonetic/ Articulation Disorder and AAC Communication Aid/Gestural/Symbol System.

Some specific SLT diagnoses have notably increased from 2013 to 2014 which is reflective of the changing complexity of the CYP accessing services:

- Preverbal Development as a diagnosis has increased from 76 CYP in 2013 to 105 CYP in 2014; this is a 28% increase and links to the high demands for special school places in the Borough.
- Specific Language Impairment amounts to 73 CYP in 2014 in comparison to 54 CYP in 2013; this is a 35% increase. CYP with SLI often require significant involvement and direct interventions from SLT's.

Figure 5.



4.0 Summary of Key Findings

- ✓ There is a 13% growth in the number of CYP accessing SLT services in the borough over the academic year 2013/14 . Demand continues to remain high for all areas of the service.
- ✓ Children aged 5-9 make up 42.5% of the SLT caseload. According to the GLA School Role Projection Service, the 4-10 years old population projections suggest that this group will continue to rise with a projected increase of 22% from 2012 to 2021.
- ✓ The SLT caseload data continues to reflect represent Harrow's ethnic profile including the increase of migration into the borough for example, the White Other group has increased from 7.5% (2013) to 10.8% (2014). This is reflective of the growing number of Eastern Europeans in Harrow.

- ✓ Tamil is Harrow's 2nd main foreign language with over 8,300 residents speaking this language as their main language. Tamil continues to be the most commonly spoken foreign language in our caseloads. This continues to be overrepresented as a % of the SLT caseload.
- ✓ Harrow has over 20,300 residents speaking Gujarati as their main language, this is the most commonly spoken foreign language in Harrow and ranks Harrow 2nd nationally and 1st in London (Census 2011). Gujarati continues to be the 2nd highest home language.
- ✓ Romanian is now our third main language. In 2013 Somali was our third highest figure for foreign languages.
- ✓ The SLT caseload ASD vs Ethnicity results have provided a platform of data that has aided in monitoring ethnic disproportionality in the identification of SLCN and ASD as advised by the Better Communication Research Project 2012/2013. The Any Other Asian, Indian Pakistani and Bangladeshi groups are not under-represented when compared to White British (the predominant picture is underrepresentation of these groups). The Black Other and Black Caribbean groups are not over-represented.
- ✓ The top twelve languages spoken in Harrow (Census 2011) in order of higher percentages are: Gujarati, Tamil, Romanian, Polish, Persian/Farsi, Arabic, Urdu, Somali, Hindi, Punjabi, Nepalese and Pashto. Our service reflects Harrow's demographics and language profile comprehensively and accurately as our top 11 languages are in agreement with the Census information: Tamil, Gujarati, Romanian, Somali, Arabic, Urdu, Polish, Farsi, Dari and Pashto.
- ✓ The amount of children with Autism Spectrum Disorder continues to be the highest medical diagnosis.
- ✓ A few specific SLT diagnoses have notably increased from 2013 to 2014 such Specific Language Impairment with is a 35% increase and Preverbal Development with a 28% increase.

Areas for development / discussion –

1. The high demand for SLT services is reflective of the growing and more diverse population within Harrow. The increasing complexity of speech language and communication difficulties in the absence of any additional resources continues to challenge the service. While the service operates a universal, targeted and specialist model of provision there is a need to review how the broader system (i.e. in schools

and pre-schools settings support the universal and targeted model. This is on the agenda with commissioners.

2. There is a need to engage Public Health services particularly in relation to areas of social deprivation and low-birth babies.
3. SLT services will work with local children's centres and the knowledge hub at Glebe School to build resources and information regarding the linguistic and cultural background of CYP from Romania and Poland.
4. Further work with Community paediatrics to classify CYP with disability should lead to more reliable diagnostic data sets.

Belinda Bradley
Principal Speech and Language Therapist.

Maria Luscombe
Associate Clinical Director / Head of Paediatric Therapy Services

October 2014.

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Speech, Language and Communication Needs (SLCN)

Task and Finish Group

Report January 2014

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Section 1 - Structure of the work and group membership / purpose

The SLCN task and finish formed as a subgroup of the Early Years Strategy Board in June 2013 with the purpose of informing a local strategy which would support the development of speech language and communication skills in children under 5 years of age in Harrow. Membership of the group included representatives from the Local Authority (LA) early years service, children's centres, parents, Private, Voluntary and Independent (PVI) sector childminders, and speech and language therapy services (SLT) (see appendix 1).

The group undertook to:

- Review relevant research and findings of several national reports and initiatives including
 - The Bercow Review of speech, language and communication services for Children and Young People (CYP) and subsequent action plan 2008
 - Better Communication Research Programme(BCRP) – Improving provision for Children and Young people with Speech Language and Communication Needs DfE (2012)
 - The Marmot Review- Fair Society, Healthier lives – Strategic Review of Health Inequalities in England Post- 2010
 - Graham Allen report 2011 – Early Intervention: Smart Investment, Massive Savings The second independent report
 - Early Language Delays in the UK –James Law (2013) Save the Children.
 - The Healthy Child Programme – DH (2010)
 - Children and Families Bill (2013)
 - All Party Parliamentary Group on Speech and Language Difficulties – The links between speech, language and communication needs and social disadvantage (2013)
 - Statutory Framework for the Early Year's Foundation Stage (EYFS) 2012
 - Information Sharing in the Foundation Years - task and finish group (DfE /DH Nov 2013)
- 1 Review relevant local data and provision in relation to SLCN in Harrow.
 - 2 Review interventions and support systems available in Harrow at universal and targeted stages in particular, recognising that specialist services will need further scrutiny as part of the SEN pathway
 - 3 Review existing pathways for children with SLCN from birth to 5
 - 4 Highlight good practice and suggest interventions which would be effective in improving outcomes for children with SLCN by the age of five, taking into consideration the three main themes from Harrow Early Years Strategy of building capacity , broadening participation and high quality services for all when reviewing local evidence and provision.
 - 5 The group while recognising the particular needs of Children with SLCN who had English as additional language did not address this issue as this is part of a parallel workstream.

The work of the task and finish group was carried out through six meetings, some separate 1;1 meetings and sharing of local data from the LA and Health regarding children with SLCN.

SECTION 2 NATIONAL AGENDA

2.0 Introduction

Communication is a foundational life skill. Research indicates that the development of a child's communication ability has an impact on their literacy, school performance and employment prospects as well as on their emotional wellbeing and behaviour.

Most children acquire speech and language skills with relative ease. Where difficulties arise they may be due to neurodevelopmental problems or other impairments. Others may be as a result of reduced developmental opportunities limiting the child's learning of language which are commonly linked to social disadvantage.

The term speech language and communication needs (SLCN) refers to the broad range of children with developmental speech and language difficulties, as outlined in Bercow report. These can include difficulties with fluency, forming sounds and words, formulating sentences expressing ideas, understanding what others say, and using language socially. SLCN encompasses a wide range of needs and levels of severity, some of which will require specialist intervention from speech and language therapists and some which can be adequately supported by differentiated teaching strategies and through supporting parents to help their child's development.

The Bercow Report¹ concluded that the following prevalence data can be taken to broadly represent the prevalence of children with SLCN in England:

- 1% of children at school entry will have severe and pervasive speech, language or communication needs which will require long term specialist support and will have communication needs which are likely to go on into adulthood.
- 7% of children at school entry will have significant speech, language or communication needs which will not improve without specialist interventions as part of the team working with the child, including the parents. Children in this category may have long term needs but their access to learning can be improved with appropriate support. These children have SLCN which are associated with an underlying speech, language and communication impairment or as a secondary issue associated with other learning disability or complex needs. The prevalence in this group is not correlated with socio-economic factors or disadvantage
- Disadvantage, poor socio-economic factors and a language poor early environment have been shown to correlate with SLCN in terms of early language development which, whilst not necessarily a result of a long term underlying impairment, can result in poorer learning outcomes and children not achieving their potential. In the most disadvantaged areas of England, up to 50% of children at school entry present with communication skills that are below those expected for their age.

The BCRP has demonstrated that socially disadvantaged children are much more likely than other children to be identified as having SLCN, i.e. that there is a strong 'social gradient'. Pupils entitled to free school meals, i.e. children whose parents are receiving any of a number of state benefits, are 1.8 times more likely than other pupils to be identified as having SLCN. Pupils living in a more deprived neighbourhood are 1.3 times more likely than other pupils to be identified as having SLCN. This means that pupils entitled to free school meals and living in a more

¹ <http://www.dcsf.gov.uk/bercowreview/docs/7771-DCSF-BERCOW.PDF>

deprived neighbourhood are 2.3 times more likely to be identified as having SLCN than those not so socially disadvantaged.

2.1 Impact of Social Disadvantage

The Marmot review points out that reducing social and health inequalities requires a focus on improving educational outcomes. It also identifies communication skills as being necessary for ‘school readiness’. Improving the communication development of socially disadvantaged children would therefore have an important wider benefit in terms of promoting social equity

Early language development is rooted in the interactions that children have with their parents, carers and peers. Early social exchanges foster developing language skills and provide a vital foundation for children’s school readiness and academic achievement. Research indicates that the way parents talk to children and the way they give children opportunities to talk influences children’s early language development - the richer the opportunities provided the faster language develops. Studies indicate that poverty can seriously hamper a parent’s ability to adequately respond to their child’s early language needs and provide a home learning environment that is best suited to enhancing language and communication skills in the early years.

The BCRP suggests that children from the most disadvantaged backgrounds may need additional support in the early years to ensure they have a secure foundation for language and literacy development. This is important in the light of research showing a very strong association between children’s early language development and their performance at school entry. Children with poor language development at 5yrs are at a substantial risk of low achievement at 7 years and beyond. The BCRP also refers to the substantial research evidence that children with SLCN are more likely than other children to develop behavioural, emotional and social difficulties (BESD).

There is a strong link between CYP with SLCN and those in the Youth Justice System studies reveal that over 60% of those in the Youth Justice System have an SLCN and approximately 50% of these went undiagnosed throughout their school lives.

2.2 Early Language Development

The Save the Children Review of Early Language Delay in the UK (2013) identified five principals that specifically relate to language development which underpin effective service provision are summarised in the table 1 below.

Table1

	Principle
1	Communication is key to the fostering of life chances in early childhood. Everyone in the child’s environment has a role in fostering the child’s communication skills. This starts at birth and includes immediate and extended family and potentially a wide variety of professionals such as health visitors, GPs early years practitioners etc
2	The importance of early communication skills and their implications for the child’s social and educational development across the early years and beyond need to be understood by all parents.
3	All professionals need to be aware of how to identify early language delays and what they can do to enhance language skills
4	There is a need to roll out interventions that have been shown to be effective and test their value across wide populations and over an appropriate length of time
5	There is a need to sustain the pressure on policy makers to improve services for the child who is language delayed in the very early years (i.e. before aged three years)

This is supported by the EYFS which places a strong emphasis on communication and language as one of the three prime areas of learning, considered to be crucial for building children’s capacity to learn. Similar significance is given to communication and language skills with the Healthy Child Programme.

SECTION 3 HARROW PERSPECTIVES

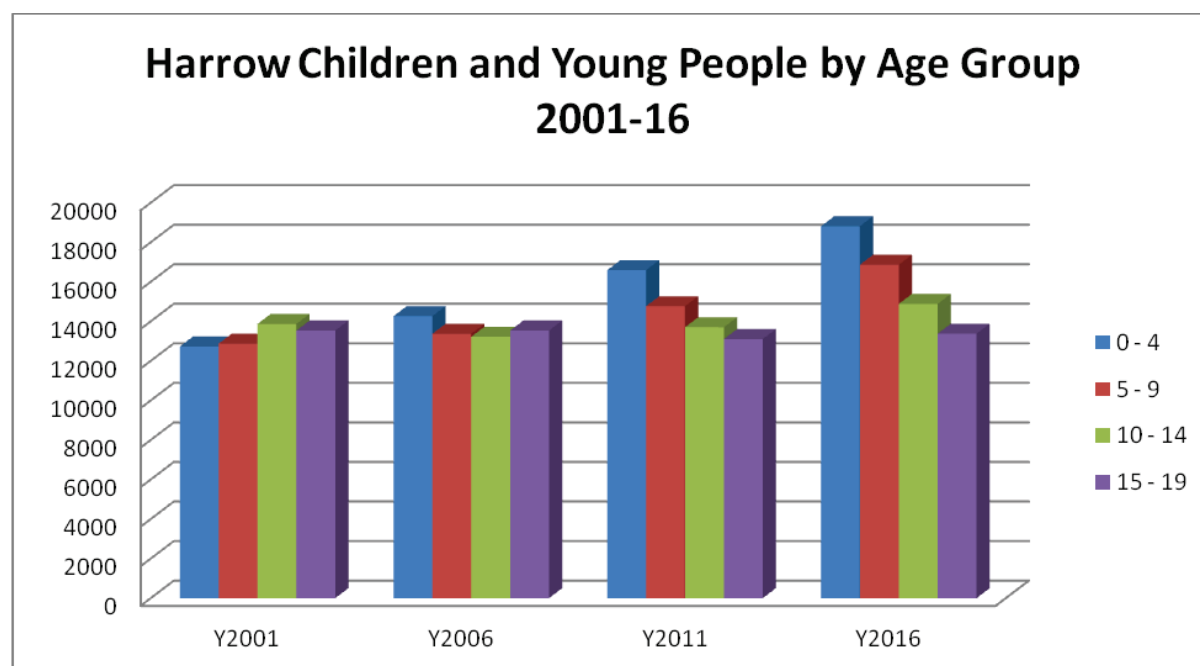
3.1 Harrow Population Data

The 2011 Census estimated that there were 239,056 people living in Harrow. It estimates that there are 60,000 CYP aged 0-19 which makes up approximately 25% of Harrow’s total population.

	Age: 0 - 4	Age: 5 - 9	Age: 10 - 14	Age: 15 - 19	Total: 0 - 19
Census 2011	15,900	14,400	14,600	15,100	60,000

This represents an increase of 12.84% in this age group in a decade; the biggest increase is in the 0 - 5 age group at 32.29%. The table 2, below demonstrates predicated rises in population by 2016 (provided by greater London Authority) again the 0-5 age group being one of the largest increases predicted.

Table 2



3.2 Poverty and links with SLCN

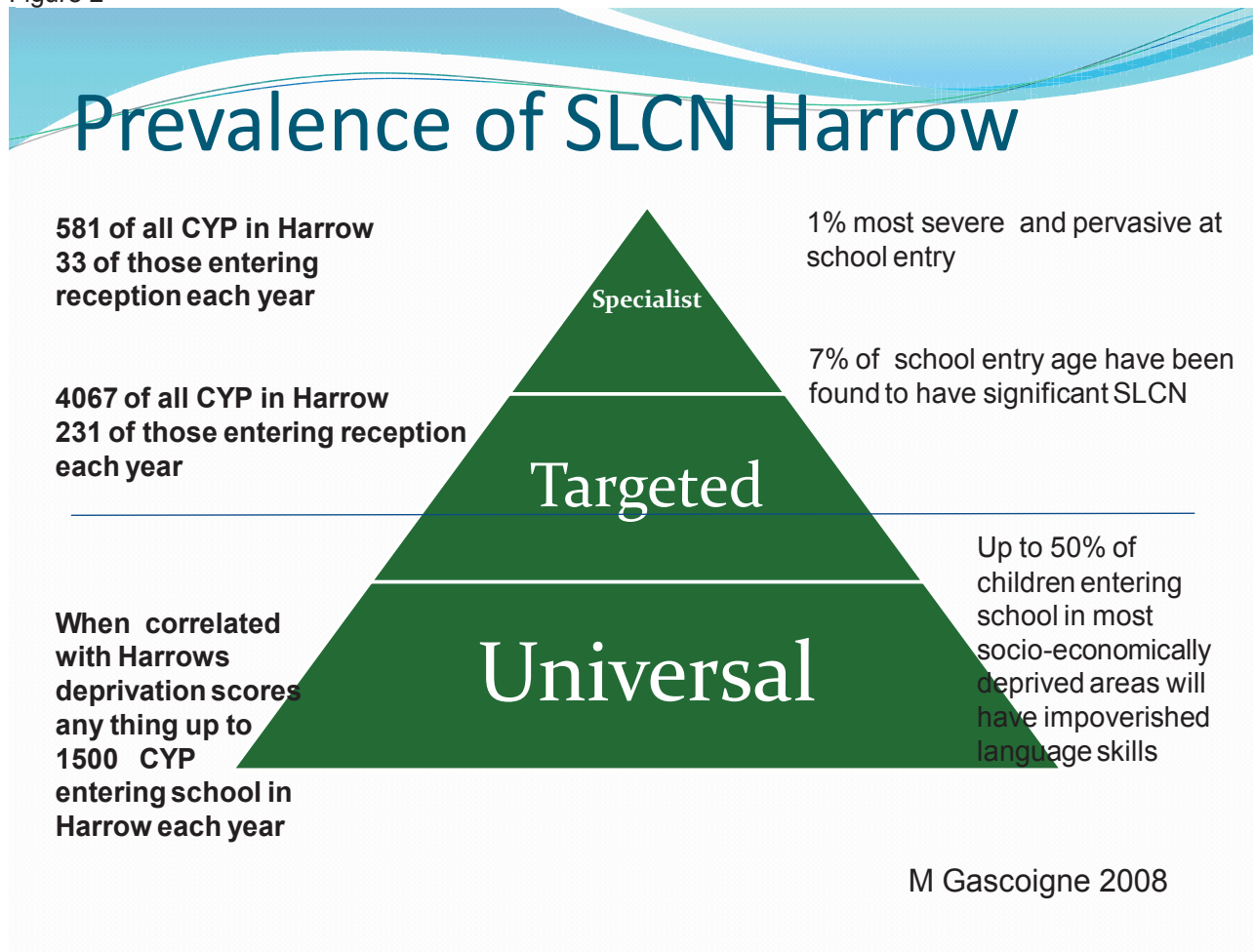
- The Child and Maternal Health Observatory (ChiMat) report states that-
 - 21.2 % of Harrow children aged under 16 years live in poverty, which is similar to the national average.
 - A lower than average percentage of children in Harrow i.e. 60%, achieve a good level of development at the end of the EYFS; compared with the national average of 63.5 %.

- Harrow has a high percentage (9.1%) of low birth weight babies when compared to the national average. Low weight births constitute a major health problem to the individual infant, the family and to society and are often associated with neuro-developmental impairments and learning disabilities and subsequent SLCN.

2. Assessments at the end of the EYFS indicate that there is a high correlation between poor results in communication and literacy and Lower Super Output Areas (LSOA) with as many as 22 schools where between 30% and 64% of children did not achieve the expected levels of communication skills at school entry. It is acknowledged that within these data sets there are children for whom English is an additional language and they may not have any additional speech language or communication needs.

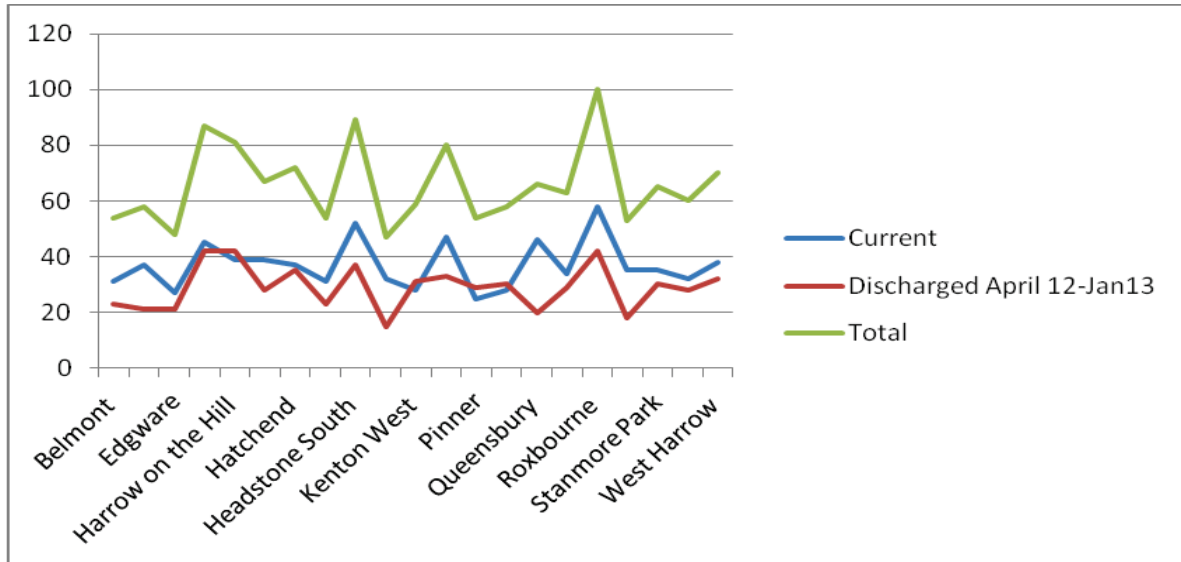
3. Working on national prevalence and local population data figure 2, provides an estimate of population needs in Harrow based on the 2011 census

Figure 2

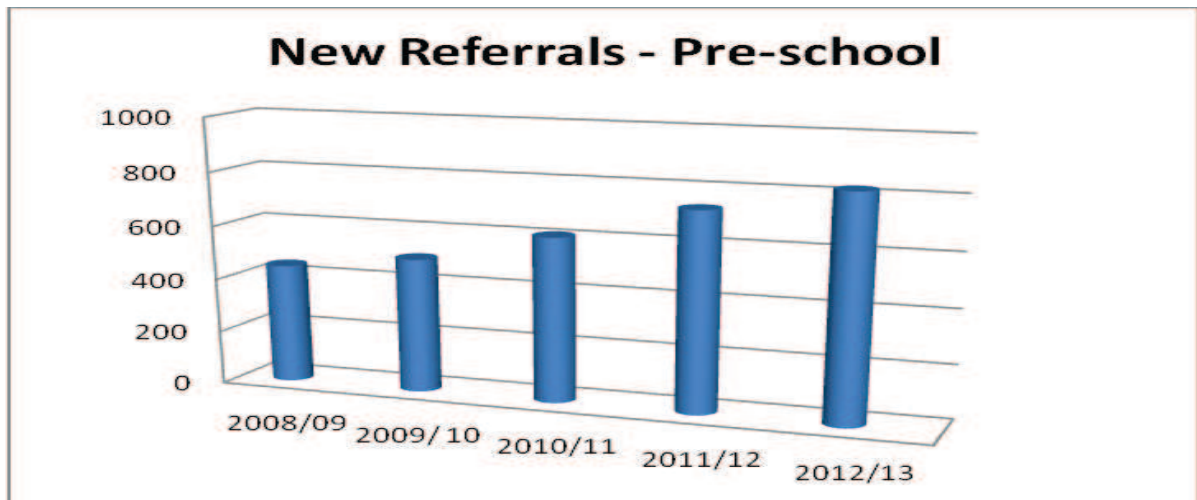


3.3 Speech and Language Therapy Data Sets

An analysis in January 2013 of children aged 0-4 years, accessing SLT services (see appendix 2 and graph below) mirror LSOA with the wards of Roxbourne, Marlborough, Greenhill, Headstone South and Queensbury having significantly higher numbers of children with SLCN. A separate analysis of school aged children accessing SLT reflected similar patterns.



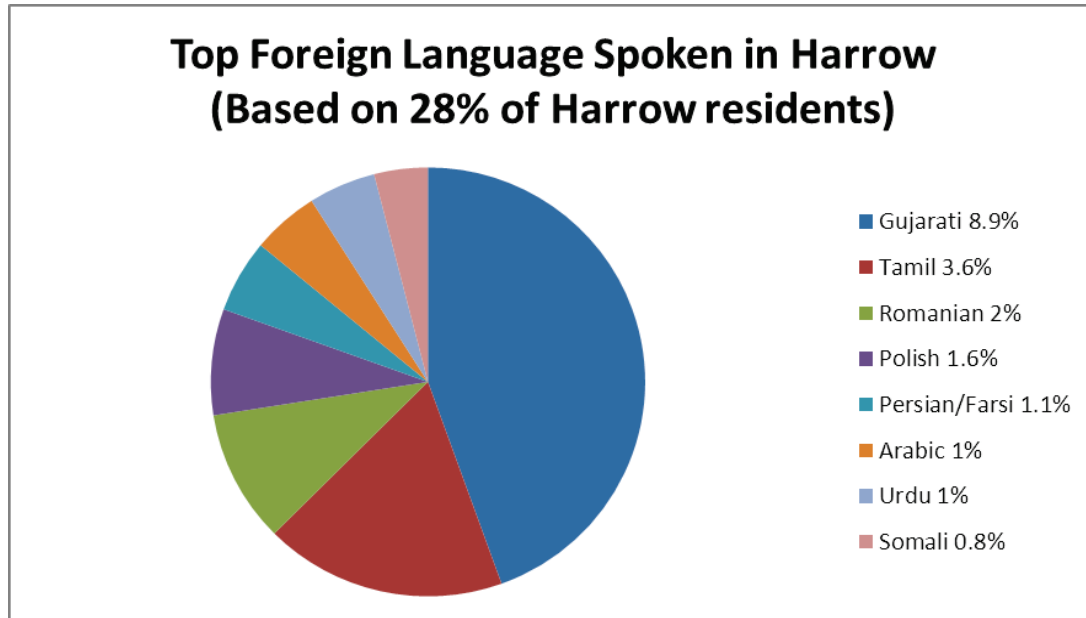
Reviewing trends of new referrals of pre-school children over a five year period indicates almost 100% rise in demand with 445 children receiving an assessment in 2008/9 compared with 824 children in 2012/13.



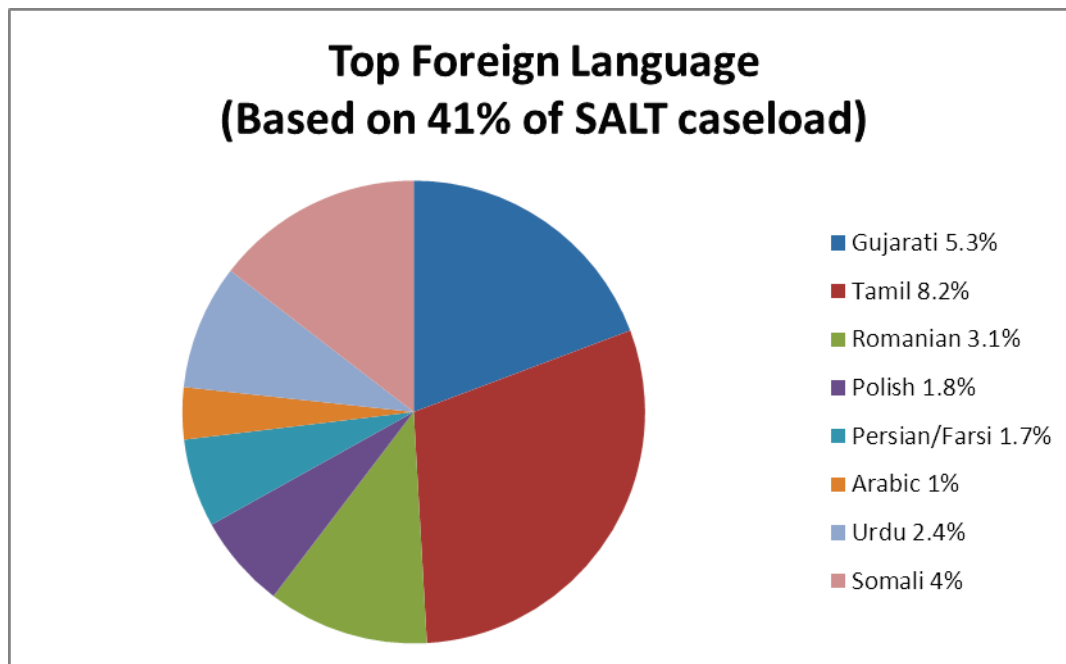
Caseloads reveal growing numbers of pre-school children with special needs and persistent SLCN with an increase of approximately 35% from 200 to 290. This is also reflected in the growing caseloads of children with SLCN across Harrow’s primary schools.

3.4 Ethnicity

School data indicates that 82% of CYP attending Harrow schools are from black or ethnic minority groups. The profile of CYP accessing SLT services is similar in terms of ethnicity. At least 88 different languages are spoken in Harrow including three categories of sign language.



A recent audit of children accessing speech and language therapy revealed similar languages spoken but with Tamil and Somali speakers being over represented on SLT caseloads when compared with the population as a whole.



4.0 SUPPORT FOR CHILDREN'S SPEECH, LANGUAGE AND COMMUNICATION DEVELOPMENT.

The support provided for children's SLCN is normally understood in terms of three levels:

- Universal provision (for all children), i.e. high quality inclusive provision with a language rich environment which promotes all children's speech language and communication development.
- Targeted provision for children who are at risk of speech, language or communication difficulties or who need additional support that can be provided by skilled early years practitioners (EYP) or parents and guided by specialists such as SLT's within mainstream settings
- Specialist provision for children with severe and specific SLCN who require specialist interventions provided or supported by a speech and language therapist in collaboration with EYP and parents.

Appendix 5 outlines this provision in more detail and provides an analysis of the roles of EYP's, parents/ carers, SLT's and other professional at each level of intervention/ provision.

4.1 Universal provision

The BCRP stresses the importance of universal provision and in particular the importance in educational contexts of providing oral language environments that foster good communication skills. It describes universal provision as "the first phase in a systematic approach to reduce the impact of lower language competence on attainments in schools". It suggests that such provision may be cost effective: "Only when children have been provided with appropriate language learning environments to develop their language and communication skills at school and at home, can financial and professional resources be allocated in cost effective and efficient ways."

Taking the evidence base and local knowledge (see appendix 6) of available resources and support the group concluded that at a universal level all children in the early years 0-5 years (including advice to expectant mothers) need:

- Parents and carers who are supported with information and resources to encourage their role as primary educators and communicative partners for their children. Analysis of information and resources locally indicated that while there was a considerable recourse both in terms of information and tools are available locally these were not always accessible to parents or indeed practitioners. Parents had variable skills and knowledge in relation to SLC development and this impacted on their ability to support their child, it is important that there is a focus on families who had not yet been reached and that available parenting programmes included reference to SLCN.
- Early support is essential. Local initiatives such as triage and the two year old SLT project has reduced the average age of referral to SLT services towards the 2yr 6mth target. However a significant number of children are still not referred prior to their 3rd birthday (45% January 2013). It is essential that more families are encouraged to understand the importance of participating in the 2yr old progress check so that children receive timely support. Challenges in sharing information between the LA and child health data bases at a borough level has impeded progress in accessing parents of two year olds.
- Places where children spend time need to be communication friendly environments (including home, educational and community based settings that children access with their parents - libraries, leisure facilities etc). Staff ability and confidence in their role as

facilitators of communication and language development varies. The BCRP recommends that there should be a comprehensive programme of initial and post qualification training for all relevant practitioners in relation to children's communication needs that would develop the joint planning and implementation of evidence-based provision. The BCRP sites 'Talk of the Town' project as a good example of where universal training can result in positive outcomes for children (see appendix 3). Locally both bespoke and specialist training programmes are available for Early years practitioners however these are not available on a continuous basis and can be difficult for settings to access. Early indicators from an audit of training needs locally indicate a high demand for further training in the area of SLCN.

- Harrow children's centres continue to develop their ability to meet a core offer in terms of SLCN, regular talk groups for parent support and triage sessions are run by SLT's are available across six centres. Children's centres are recognised as having a particular role in providing locally based additional support for language and communication development by local health and education services with increasing demand for triage and support for parents of children with SLCN.

One of the main recommendations of the BCRP is that EY settings should systematically collect evidence of outcomes in relation to SLCN including the perspectives of children and young people and their parents. The group noted that while the early years foundation stage provides guidance to practitioners this is often not detailed enough to address the needs of children with SLCN and more formal screening and assessment tools could be used to assess and monitor a child's progress i.e. WellComm assessment.

4.2 Targeted provision

Some children will require additional targeted support in relation to their SLC. The group is wide ranging including children with delayed language and communication skills who can be expected to respond to intervention through to early identification of children who may go on to have more persistent need and potentially require specialist services. This group by definition will be a mobile group and children may go back to the universal level or move to the specialist level

Children with a primary language delay may require relatively straight forward interventions for SLCN which can be delivered by EYP/parents, with appropriate knowledge and skills in SLC development. They may require initial advice and support from an SLT following which lead can be taken by/early years staff with reviews where indicated.

Other children may have long term SLCN but will benefit from access to a programme of targeted speech, language and communication interventions with the support of a speech and language therapist delivered in the most appropriate context for the child (typically early years setting, children's centre, home) by the most appropriate person. This provides the child with the opportunity to learn, practise and consolidate new skills over time in their everyday setting.

Children who require targeted provision need:-

- Early identification where they are not making expected developmental gains in terms of speech, language and communication and access to relevant/ resources services to support these needs Considerable progress has been made in increasing EYP awareness of SLCN there are still a number of children refer post their 3rd birthday Similarly a significant number of children have not had their needs identified prior to

school entry , many of these are not in settings and there is a need to continue to raise awareness of parents to the importance of SLC as a pre-request for school readiness.

- Parents need to be confident in their role as a key communication partner for their child; this will require specific additional support from EYP and other staff working with their child. Parents may require condition specific information and training to support their understanding and skill in communicating with their child.
- The success of this strategy will depend on EYP having access to appropriate advice and training themselves and access to information regarding appropriate activities and strategies to use with children with SLCN. Practitioners in settings have had to be trained that raises awareness of the differing levels of need amongst children and increases practitioners' understanding of their influence in interactions within the setting. However many are not confident in using strategies and tools to improve outcomes for children with SLCN and require further support within settings.
- A core group of practitioners locally have completed their Learning Language and Loving training course, this is an accredited to a master's degree level and equips practitioners to identify and support children with SLCN as well as evaluation of their own ability to adapt their SLC skills to the needs of children. We will refer to this group of practitioners as Harrow Early Language Lead Practitioner (HELLP). Anecdotal evidence suggests that opportunities to use their newly acquired skills and knowledge vary significantly when they return to their settings. Some HELLP's are used as a resource to cascade skills and knowledge within settings, others run 'talk groups' with support from SLT and others have not had opportunities to develop further in this area.. There is a need to harness this expertise and formalise the HELLP role to create capacity at a local level See Appendix 4 for a more detailed proposal of the potential role for the HELLP.
- Children who require targeted interventions will also need a planned transition into their schools settings even where their SLCN have resolved as evidence suggests that children with early speech and language difficulties are at a high risk of having later difficulties in literacy skills. While there are more robust arrangements for children with a recognised SEN, transition is often less effective for children with primary SLCN. Providers should be incentivised to provide robust evidence of children's SLCN in their final assessment prior to school entry so that schools are ready to meet their needs.
- The demand for speech and language therapy services continues to grow with 100% increase in referrals over the past 5 years, increases in the numbers of children requiring specialist support particularly those with complex disability, Autistic Spectrum Disorder (ASD) and severe language disorders. The service has used several strategies such as group therapy, parental education and up-skilling early years practitioners to meet the high level of demand both in terms of new assessments and interventions for children with most significant needs. In the absence of additional resources this has resulted with less time being available to support EYP / settings to deliver targeted interventions. This can result in some children not receiving the level of support they need at a targeted level which has a negative impact on their SLC skills and school readiness. It also results in more children requiring specialist interventions during their school years.

4.3. Specialist Support

Children who require specialist provision are identified as having specialist needs over and above those that can be met via universal and targeted provision (although some elements of the child's overall need may be met by the offer at these levels and children should access these in addition to specialist services). They may include children who are cognitively able and have specific speech, language and communication difficulties as well as children with profound and multiple learning needs of which language and communication are a part.

This significant but growing minority of children in Harrow will need:

- Specific specialist support for parents in order to ensure their confidence in their role as a key communication partner for their child and to increase their understanding of the specific communication challenges associated with their child's needs. This support is provided by SLT in a one to one / group setting and specific training programmes such as parent child interaction , Early Bird , Sign-along and Lidcombe training available to parents
- Joined up, multi-disciplinary support building on existing good practice such as the Early Support Programme and team around the child is essential with multiple needs. While elements of this are deployed locally the ESP is no longer available due to resourcing constraints
- To be able to access a range of settings in which appropriate support and learning opportunities can be provided for their child. One such setting available to children with severe language impairment is the Pre-school Language Resource 'Chatter Tots' which offers 16 places to children with severe and specific language impairments. SLT services are also available across a range of community settings including clinics, children's centres, PVI, and the Child Development Centre at Northwick Park hospital.
- Settings where the infrastructure has been developed to support children with additional or complex needs through adaptations, training and support with advice from specialist practitioners.
- Access to a range of specialist interventions for children with additional or complex speech, language and communication needs under the guidance of a speech and language therapist

It is recommended that the area of specialist support to children with SLCN be reviewed in the context of children with special educational needs agendas and the Early Support / Team around the child programmes.

5.0 Recommendations

The following recommendations are made in relation to universal and targeted provision.

<i>Area / need</i>	<i>Recommendation</i>	<i>Risk</i>
<p>Public awareness / health campaign <i>There is a need to increase awareness of the importance of SLC development for all children particularly in LSOA and attached schools</i></p>	<ol style="list-style-type: none"> 1. The Communications and Public Health departments to develop a communications strategy to promote the development of Children’s SLC skills. 2. Community events should foster awareness of SLCN and support interventions particularly in LSOA which have high levels of SLCN. 3. High risk populations including Tamil, Somali and Traveller communities need a focus. 4. Schools in LSOA should be encouraged to promote the development of CYPs SLC skills. 5. The two year old check should be seen as a vehicle to promote the early identification of SLCN locally. Sharing of information sharing with children centres of 2yr old child health data sets could assist this [process 	<ul style="list-style-type: none"> • SLCNs of CYP are not a priority of local public health agenda. • Resources to organise and fund community events may not be available. • Targeting high risk populations requires a systematic approach and manpower/ resources within children’s centres are limited
<p>Information and resources to support SLCN <i>There are a range of resources and information available to support SLCN at both locally and nationally</i></p>	<ol style="list-style-type: none"> 1. A multiagency group of early year’s practitioners need to systematically catalogue information and resources available for both parents and EYP. 2. Family Information Service (FIS) to be supported to accommodate a SLCN page with resources contacts etc for both parents and professionals. 3. Links need to be improved with key groups who will disseminate appropriate information midwives, health visitors, GPs Parents as First Teachers, parent forums, play groups, schools and community leads/ groups. 4. EYP need to have access to resource pack which will allow them identify and 	<ul style="list-style-type: none"> • <i>Staff within SLT , children’s centres and HELLP’s need to have allocated time to catalogue resources</i> • <i>FIS needs technical support and supports from SLT services to quality assure information on website.</i> • <i>Staff within SLT, children’s centres and HELLPS needs to have allocated time to link with key groups.</i>

	<p>support children with SLCN .It is recommended that the WellComm assessment be purchased as a central resource for child minders and children centre staff.</p>	<ul style="list-style-type: none"> • <i>Requires funding to purchase assessments and training to roll out assessment to EYP.</i>
<p>Information and resources to support parents.</p> <p>The importance of early communication skills and their implications for the child’s social and educational development across the early years and beyond need to be understood by all parents.</p>	<ol style="list-style-type: none"> 1. A leaflet for parents and early years providers that explains explicitly the link between early communication skills and school readiness and learning outcomes 2. Leaflet for parents regarding pre-natal – infant communication (pregnancy to 6 months.) 3. The role of parent ambassadors in supporting parents and children with SLCN should be explored particularly within LOSA and communities not yet reached. 4. Parents need to be actively encouraged to take their child for the two year old check by all EYP and partners within Health services. 5. To link with existing parenting programmes to ensure parents have access to appropriate materials advice and support with regard to SLCN. 6. Ensure that early years practitioners and health workers have the appropriate knowledge and skills to provide agreed consistent advice to parents. <p>Recommendations 3, 4, 5 & 6 should to be linked with the communication strategy and public awareness campaign</p>	<ul style="list-style-type: none"> • <i>Requires funding to print</i> • <i>Requires funding to print / purchase</i> • <i>Requires further investigation and business plan</i> • <i>Requires communications strategy / public health campaign/ funding</i>
<p>Training for early years professionals</p> <p>All professionals need to be aware of how to identify SLCN what they can do to enhance a child’s speech language and communication skills.</p>	<ol style="list-style-type: none"> 1. An annual rolling training programme is offered locally to enable EYP to support and identify and plan for children’s SLCN. The training would include short bespoke training packages on various aspects of SLCN in addition to more intensive courses such as Learning language and loving it / ELKAN. 2. EYP to have access to appropriate assessments and resources, including an online reference tool that can be sourced 	<ul style="list-style-type: none"> • <i>Requires , development and commissioning</i> • <i>Requires development of FIS</i>

	<p>via the FIS site</p> <ol style="list-style-type: none"> 3. The WellComm assessment & resource pack is a recommended tool for early identification and measurement of improvement 4. A conference to launch SLCN as a primary focus for early years in Harrow and to provide recommended universal and targeted interventions over 2014/15 	<p>website</p> <ul style="list-style-type: none"> • <i>Piloting in children’s centres and with childminders</i> • <i>Requires funding and inputs from partners working with children with SLCN.</i>
<p>Harrow Early Language lead practitioner (HELLP)</p>	<ol style="list-style-type: none"> 1. The role of the HELLP to be formalised and promoted across all early years settings. 2. Training programmes to be commissioned to ensure quality trained HELLPs who can support universal interventions in settings. 3. Children’s centres should be commissioned and resourced to provide HELLP functions to support targeted interventions for groups of children in LOS areas with support from SLT services. 4. Peer support for HELLPs to be commissioned to include regular meetings and telephone support from SLT/ Early years advisors. <p>See appendix 4 for further details.</p>	<ul style="list-style-type: none"> • <i>Requires development and sign up from early years providers</i> • <i>Requires commissioning</i> • <i>Requires commissioning</i> • <i>Requires resourcing</i>
<p>Early years settings supporting the development of children speech language and communication skills</p>	<ol style="list-style-type: none"> 1. <i>The annual conversation with providers should incorporate specific reference to the identification and support of children with SLCN. Providers should be able to demonstrate that they have</i> <ul style="list-style-type: none"> • <i>Practitioners that have the appropriate skills and knowledge in this area</i> • <i>Identified children with SLCN and sought appropriate support.</i> • <i>Assessed and monitored children’s progress</i> • <i>Demonstrated positive outcomes for children</i> • <i>Transition plans in place for children with</i> 	<p><i>Lack of engagement from early years providers to sign up to the agenda.</i></p> <p><i>The reduced role of the LA in quality assuring early years provisions.</i></p>

	<p><i>SLCN when they transfer to a new setting.</i></p> <ul style="list-style-type: none"> • <i>A lead practitioner i.e. an HELLP who will support others to identify and manage children with SLCN in that setting.</i> <p>2. <i>Parent satisfaction surveys should include reference to support for children with SLCN.</i></p> <p>3. <i>Incentives should be identified to encourage providers to participate - awards for good practice, training for practitioners etc.</i></p>	
<p>Children's centres</p>	<p>1. <i>The role of children's centres in supporting children with SLCN is crucial and should be developed further to include:</i></p> <ul style="list-style-type: none"> • <i>Provision of targeted support for groups of children with SLCN with demonstrable outcomes children</i> • <i>Expansion of SLT triage services.</i> • <i>Expansion of the Rising Stars programme/ school readiness initiative to focus on children with SLCN.</i> • <i>Developing links with schools to assist in the assessment and transition of rising 5's and children awaiting nursery class placements.</i> • <i>Supporting the two year old check and onward referral of children with SLCN.</i> • <i>Support the development of 3&4 year old checks in partnership with schools staff and SLT services.</i> • <i>Developing the role of outreach workers with specific community groups to assist the early identification and support for children with SLCN .In particular Tamil, Somali, Polish and Traveller groups.</i> <p>2. <i>Consideration needs to be given to key children's centres as knowledge centres for other early years practitioners to access information and resources.</i></p>	<p><i>Will requires resourcing and appropriate levels of support from SLT services.</i></p> <ul style="list-style-type: none"> • <i>Requires resourcing and communication strategy so that other EYPs are aware of the resource and its value</i>

<p>Speech and language Therapy services</p>	<p><i>SLT services have a crucial role in supporting children with SLCN across universal, targeted and specialist services. In relation to universal and targeted support -</i></p> <ol style="list-style-type: none"> <i>1. SLTs should provide training across the continuum of provisions in partnership with colleagues from the local authority and children’s centres as part of an annually commissioned training programme.</i> <i>2. SLTs should be commissioned to support the development of targeted services within children’s centres and early years settings</i> <i>3. SLTs should be commissioned to work in partnership with LA colleagues and community groups to broaden participation of difficult to reach groups.</i> <i>4. SLT services to review current triage pathways and usage and expand this provision where demand is high.</i> 	<p><i>Will require additional investment in SLT services/.</i></p>
<p>Sharing of information and outcomes for children with SLCN</p>	<p><i>SLT services should continue to work in partnership with colleagues in the LA to review population data and outcomes for children with SLCN on an annual basis to identify</i></p> <ul style="list-style-type: none"> <i>• Population groups of children with SLCN</i> <i>• Impact of initiatives such as triage , Rising Stars programmes etc</i> <i>• Agree priorities for coming year etc</i> <p><i>Public health services, Harrow clinical commissioning group and LA should;</i></p> <ul style="list-style-type: none"> <i>• Review information sharing processes with regard to the recommendations made in report ‘Information sharing In the Foundation Years ‘(November 13).</i> <i>• Available data sets regarding children with SLCN and ensure these are incorporated into the local JSNA.</i> 	<p><i>Information systems and partnership working</i></p>

Conclusions

There are rising numbers of children with speech, language and communication needs within Harrow's pre-school population. This is attributable to a number of factors including an increasing 0-5year old population, the changing demographics of the population including levels of poverty and ethnic diversity. Evidence suggests that there needs to be a systematic and whole system approach to address support at a universal, targeted and specialist levels for children with SLCN. It is crucial that universal support for the development of Speech, language and communication skills is addressed so that children are enabled to be successful learners and develop socially and emotionally. Children with SLCN need to have their needs identified early and programmes of targeted support to ensure 'school readiness' and referral onwards to specialist services as required.

Key to achieving this is

- Building capacity within the early years work force so that all those who work within the early years sector recognise the needs of children with SLCN and are able to support them and their parents to ensure positive outcomes for children.
- Staff within early years settings i.e. HELLP's who have additional training and skills in enabling them to provide targeted interventions for children with SLCN and support colleagues within settings to do the same.
- High quality early years settings where staff have the knowledge and skills to support the needs of children with SLCN, monitor their progress and demonstrate positive outcomes for children and families.
- A graded and rolling training programme is available to early years practitioners and parents with regard to children with SLCN.
- Supporting parents to develop strategies so that they can create positive home learning environments where a child's speech, language and communication skills can develop.
- Accessing and supporting parents and children within LOSA areas and specific communities where there is evidence of high risk of speech, language and communication needs i.e. wards of Roxbourne, Marlborough, Greenhill, Headstone South and Queensbury. Tamil, Somali and Traveller communities. The role of community groups and parent ambassadors should be considered in accessing groups not yet reached.
- Speech and Language Therapy services that have the necessary resources to support practitioners, parents and children with SLCN across universal, targeted and specialist services.
- Partnership working across Health and Local Authority services to ensure the early identification of children who may require more targeted or specialist levels of support so that they are afforded maximum opportunities to develop their SLC skills prior to school entry and receive appropriate transitional support into school settings.
- Information sharing across Health and Local Authority to ensure appropriate data sets are collected and shared so that children with SLCN are identified early and outcomes are measured. In particular the uptake and impact of the two years old check in relation to SLCN.

The group asks the Early Years Strategy Board to consider the evidence, its findings and recommendations in informing a strategy to address the needs of children with SLCN in Harrow.

Appendix 1.

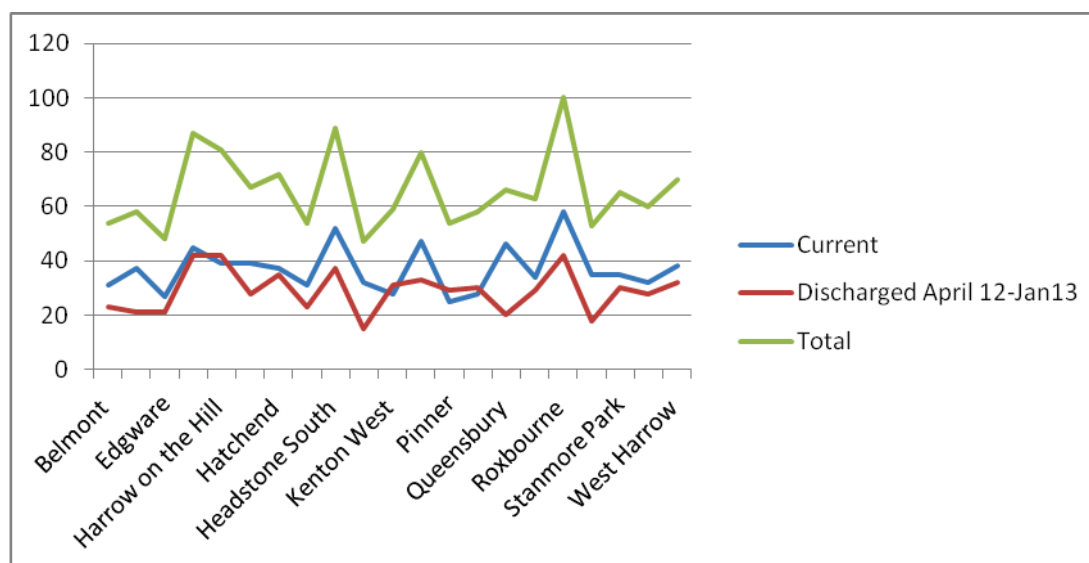
Speech Language and Communication Needs – task and finish group

Membership.

- Maria Luscombe - SLT services (Chair)
- Sophie Scott - SLT services
- Julie Trainor – Early Years Services
- Angie Hicks – Child Care Development Team.
- Rochelle O’Byrne - Children’s centres
- Olivia King Boateng - Parent
- Joan Ugwu.- Family Information services
- Ann Nash -Pre-school play group association (until July 2013).

Appendix 2 - Children accessing SLT services January 2013.

Ward	Current Jan 13	Discharged April 12-Jan13	Total
Belmont	31	23	54
Cannons	37	21	58
Edgware	27	21	48
Greenhill	45	42	87
Harrow on the Hill	39	42	81
Harrow Weald	39	28	67
Hatchend	37	35	72
Headstone North	31	23	54
Headstone South	52	37	89
Kenton East	32	15	47
Kenton West	28	31	59
Marlborough	47	33	80
Pinner	25	29	54
Pinner South	28	30	58
Queensbury	46	20	66
Rayners Lane	34	29	63
Roxbourne	58	42	100
Roxeth	35	18	53
Stanmore Park	35	30	65
Wealdstone	32	28	60
West Harrow	38	32	70
	776	609	1385



Appendix 3

Talk of the Town – BCRP

‘Talk of the Town is described as “an integrated, community led approach to supporting speech, language and communication in children from 0-18 years, which focuses on a small community in Wythenshawe, South Manchester”.

A crucial element in Talk of the Town is workforce development. This includes supporting school staff to develop knowledge and skills, giving specific training around particular programmes and enhancing the work being done already. It has taken place in whole school training days, staff meetings and coaching and mentoring approaches with specialists. Some staff have been supported to complete a national qualification.

The area has a history of social and economic problems. Initial standardised language assessments of children entering two primary schools in the area at nursery age found that a quarter of the children were at a level that would qualify them for a statement of SEN in many areas and that half of the children were at a level that in other areas would lead to them being deemed in need of extra support. The outcomes reported from the project include substantial increases in standardised scores on a range of language tests after just one year, improved language levels across both nurseries - with a 15% increase in children not scoring below the expected levels - and improvement of both schools in relation to Ofsted inspections.’

Appendix 4

Harrow Early Language Lead Practitioner (HELLP) Proposed Role and Function

Harrow Early Years has a group of Early Years Practitioners who have knowledge and skills around speech, language and communication (SLC) skills and needs in young children (universal level). However, this group of practitioners have not been clearly defined and identified with a role in supporting children with speech, language and communications needs (SLCN).

This practitioners group includes early years practitioners working in children's centres and early years settings, including child-minders. Most of these practitioners will have received accredited training around SLCN through training provided by Harrow Early Years' Service (i.e. Learning Language and Loving It training). Some practitioners may have received other accredited training in a role outside of early years but which would have easily transferable knowledge and skills into early years practice (i.e. ELKLAN training in schools). Each individual has attended training delivered by Harrow. Opportunities for accreditation are provided by Edge Hill University. Specialist training will be available for development officers supporting childminders.

This group of practitioners are able to use clear strategies to support the development of SLC skills in all young children (universal level). They also have the skills to identify children with speech, language and communications needs (SLCN) and provide additional support around the development of skills in these children (targeted level).

Further identification and definition of this group of practitioners will maximise their ability to use these skills to support children and to support their colleagues working with them as part of the Harrow-wide speech language and communication offer in the early years. .

Practitioners with these skills would be able to fulfil the following role in regard to supporting the development of SLC skills in all children (universal level):

- To provide knowledge and support to other practitioners:
 - HELLP practitioners based in a setting would support other practitioners within their own setting (it would be expected that each setting would have at least one HELLP).
 - Child minder development officers, identified members of the Children Come First network would provide support to childminders.
- To provide parents with effective sign posting to other sources of support advice and guidance.
- To monitor children's development and be a key practitioner in supporting their setting to identify children with SLCN or those at risk of developing SLCN.

- To provide generic support advice and guidance to parents about language development.
- Where support is setting based to run generic language development groups as required (see children's' centre talk groups).

At targeted level HELLP practitioners would be expected to:

- Identify basic speech, language and communication difficulty and put targeted support strategies into place for an individual child (e.g. PCI strategies, key word level support, basic attention support, visual support, etc.)
- Run targeted language level groups (i.e. 1/2/3 word level groups) for children identified above, or for children where SLT have identified a need at this level
- Run basic social skills groups (e.g. early turn-taking) for children identified above, or for children where SLT have identified a need at this level
- Monitor progress towards targets / age appropriate skills, and refer onto specialist services if required.

Support for HELLPs in Harrow

The Harrow Early Years' Service will ensure that those practitioners who hold the HELLP role in their settings have access to a support network. This will provide support to allow them to maintain best practice and continue to develop their skills in regard to the supporting the development of children's SLC skills and also around identification and support for those with SLCN.

Harrow will provide:

- Bespoke training for Child minder development officers and identified members of the Children Come First network
- Learning Language and Loving It training for Early Years Practitioners in Harrow. (Hannen Centre, Toronto, Canada written by Janice Greenberg updated 2002)
- Peer support groups for those holding the HELLP role. This will be provided termly in each children's centre cluster areas to allow HELLPs to meet other practitioners in their area. The group will be facilitated by a speech and language therapist / Early Development and Learning Advisor. Setting managers are expected to release any HELLP working in their setting to attend these meetings.
- Telephone support from Speech and Language Therapy / Early Development and Learning Advisor (for children's centres) for brief discussions and queries in regard to identification of / support to children with SLCN.

Appendix 5.

Universal Support for Children with Speech Language and communication needs.

Universal support should

- Ensure all children have the opportunity to access supportive environments which will support the development of their Speech Language and communication skills. This includes Home Learning environments, early year’s settings and children’s centres).
- Children’s Speech language and communication development will be monitored to ensure appropriate levels of progress.
- Where children are not achieving expected levels of progress this will be addressed at the earliest opportunity through targeted interventions and may include referral to specialist services .(See targeted / specialist support)

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Role of EY settings/Others	Role of Parents	Role of SLT	Other Early intervention services / professionals
<ul style="list-style-type: none"> • Provide competent practitioners to support SLC development in young children (e.g. modifying language to child’s level) • Provide communication friendly spaces • Commission training in specific areas and ensure appropriate CPD for practitioners • Source resources as required (EDLA, progress check, communication trust, talking point, etc.) • Monitor & evaluate progress and refer to specialist services if child not developing within range expected • Provide advice and support to parents around communication rich environments (e.g. PAFT, Talk groups, stay and play) 	<ul style="list-style-type: none"> • Provide communication friendly spaces and be aware of environments that may hinder communication development (i.e. TV, dummy use, etc.) • Take their child to have a 2yr old check • Monitor & evaluate progress and contact specialist services child not developing within range expected • Access advice and other resources from EY staff as needed in order to provide above 	<p>Where commissioned:-</p> <ul style="list-style-type: none"> • provide training on various aspects of speech, language and communications and disability (‘e.g. Learning Language and Loving It’) • Develop leaflets / information / resources around SLCN. <p>Provide general information / support for parents / other professionals (e.g. website, basic telephone advice)</p>	<ul style="list-style-type: none"> • To identify vulnerable CYP and implement generic strategies to support the development SLC. • Provide advice and training to settings in relevant areas of EYFS. • Support and involve parents in enabling their child’s SLC skills(PAFT, talk groups play and stay) • Children requiring additional support are referred to specialist services.

Targeted Support for Children with Speech Language and communication needs. (Includes all of the detail in Universal level plus)

- Children are at risk of or not achieving expected levels of progress in the development of their communication skills this will be addresses at the earliest opportunity through targeted interventions
- Children requiring relatively straight forward interventions or opportunities to practice / consolidate skills have targeted support delivered by EYP/ parents, with appropriate knowledge and skills in SLC development
- Where children present with less predictable pattern of progress and development there is a clear path way for referral to specialist services.
- Provision of a transition support programme to CYP transferring from pre-school to primary school.

Role of EY settings/Others	Role of Parents	Role of SLT	Other Early intervention services / professionals
<p>Provide competent EYP to support children with SLCN and their parents through: -</p> <ul style="list-style-type: none"> • Delivering structured targeted interventions either individually or in groups. • Adapt their communication skills to support children • Source and prepare resources • Monitor & record progress for discussion with SLT/ other professionals • Refer to specialist services if child not developing as expected • Attend sessions with SLT for planning/ modelling/ advice • Access appropriate training on relevant aspects of SLCN. • Provide advice and support to parents <p>Commission training in specific areas of SLCN and ensure appropriate CPD for practitioners</p>	<ul style="list-style-type: none"> • Provide communication friendly spaces • Monitor & evaluate progress and contact specialist services where child not developing within range expected • Access advice and other resources from EY staff as needed • Attend SLT assessment and follow up sessions • Provide information to the EYP/SLT service in regard to difficulties seen at home • Actively support treatment programmes and interventions. • Consent to onward referral if required • Take their child to have a 2yr old check. 	<ul style="list-style-type: none"> • Provide specialist assessment, advice and written strategies to support child's SLCN. (One off or review basis dependent on child needs.) • To support set up of individual / group interventions which are led by EYP/ parents • To review progress advice EYP/parents re target setting/ next steps. • To provide 'on the job' training and modelling to EYP/Parents. • Provide bespoke training packages for parents. • To advise on appropriate resources. • Provide training for EYP including child minders where commissioned on various aspects SLCN. 	<ul style="list-style-type: none"> • As for universal • Adapt their communication skills to support children with SLCN • Access appropriate training on relevant aspects of SLCN. • Provide advice and support to parents.

Specialist Support for Children with SLCN (includes all of targeted and universal as above) includes those children identified as having complex SLCN and/or eating and drinking difficulties requiring a specialist service that should be led by the speech and language therapy service with support from schools, early year’s practitioners, parents and carers. This includes:

- Provision of specialist assessment and diagnosis of speech, language and communication needs, eating and drinking difficulties
- Provision of direct specialist intervention either individually, in groups, in class/early year’s settings as appropriate to meet the needs of the CYP
- Provision of advice and support in the use of AAC (alternative and augmentative communication) systems where oral language is limited or non-functional as a means of communication. This includes advice on the procurement of high tech communication aids.
- Provision of advice and training on specific areas of speech, language and communication, including modelling of specific approaches and techniques for health professionals, school staff/early education practitioners/parents
- Provision of specialist training programmes to support parents such as Early Bird, Sign along and Parent Child interaction programmes.
- Contribution to statutory assessment, annual reviews and IEP/target setting.

Role of EY settings/Others	Role of Parents	Role of SLT	Other Early intervention services / professionals
<p>As for targeted services to provide competent EYP to support children with SLCN and their parents through: -</p> <ul style="list-style-type: none"> • Supporting delivery of structured specialist interventions under the guidance of a Speech and language therapist • Monitor & record progress for discussion with SLT/ other professionals • Attend therapy sessions with SLT for planning/ modelling/ advice 	<p>As for Targeted services but also including</p> <ul style="list-style-type: none"> • Attend SLT assessment and follow up sessions • Actively support treatment programmes and interventions in the home setting. • Consent to onward referral if required • Attend specialist training programmes as necessary to support child’s SLCN. 	<p>AS for targeted intervention but also including</p> <ul style="list-style-type: none"> • Provide specialist assessment, advice and written strategies to support child’s SLCN. • To provide specialist interventions for individual / groups of children. • To provide training and modelling for EYP/Parents to support specialist interventions. • Provide specialist training packages for parents/ EYP. • To work with team around child to contribute to statutory assessments annual reviews and IEP’s /target setting. 	<ul style="list-style-type: none"> • As for universal & targeted • Adapt their communication skills to support children with SLCN • Access appropriate training on relevant aspects of SLCN. • Provide advice and support to parents. • To work with SLT’s to contribute to statutory assessments annual reviews and IEP’s /target setting

Appendix 6.

Information, Resources and Training Available to Support to Children with SLCN and their Families

	Universal	Targeted	Specialist
What we have In Harrow.	<p>People resources</p> <ul style="list-style-type: none"> • Parents as child’s early educator • Health Visitors / GP’s – advice and assessment • Midwives – accessible via children’s centres • SLT (general advice) • Children’s centres – advice, drop in, stay and play, groups, etc. • Family Information services (FIS) • Early Intervention Service • Social workers • EDLA (for children’s centres) • EY practitioners. N.B Early year’s practitioners refer to all practitioners including those working in school nurseries, PVI’s, Children’s Centres and child-minders. • Talk groups in children’s centres • Childcare Development Team • Community groups, libraries, etc. • Voluntary Groups • Parenting Forum <p>Information and tools:</p> <ul style="list-style-type: none"> • FIS website • Generic leaflets and websites • Healthy Child programme and 2 year check • SLC development wheel • Referral guidelines to SLT /Triage • EYFS development matters, • ES developmental profile 	<p>People resources as for Universal plus –</p> <ul style="list-style-type: none"> • Children’s Centre Talk groups • Trained HELPP’s • SLT’s for triage • SLT’s assessment, advice and signposting, therapy • EDLA (for PVI’s, childminders and children’s centres) • Child development team (Paediatricians, OT/PT/ Dietetics) • Specialist Health Visitors. • Early Years SENCO’s. • CHAPPS (Continyou Harrow Parent partnership Service) <p>Information and tools as for universal services and including :</p> <ul style="list-style-type: none"> • Specialist condition specific leaflets • Single point of referral at NPH for all child development queries. • Specialist assessments and programmes to support development of SLCN • Transition guidelines – school 	<p>People resources as for Universal and targeted plus</p> <ul style="list-style-type: none"> • SLT services • ‘Chatter tots’ Pre-school language resource • Portage services • Early Bird programme • Educational Psychology • CAMH’s • Children with Disability team • Assessment and review services • Voluntary agencies i.e. - MENCAP , NASH, • Parent forum. • Special school nursery classes <p>Information and tools as for universal , targeted and including:</p> <ul style="list-style-type: none"> • Early support toolkit and Leaflets • Contact A family resource • Statutory assessment framework • ASD pathway • Communication passports • Augmentative and alternative communication systems (sign , symbol , electronic aids etc.)

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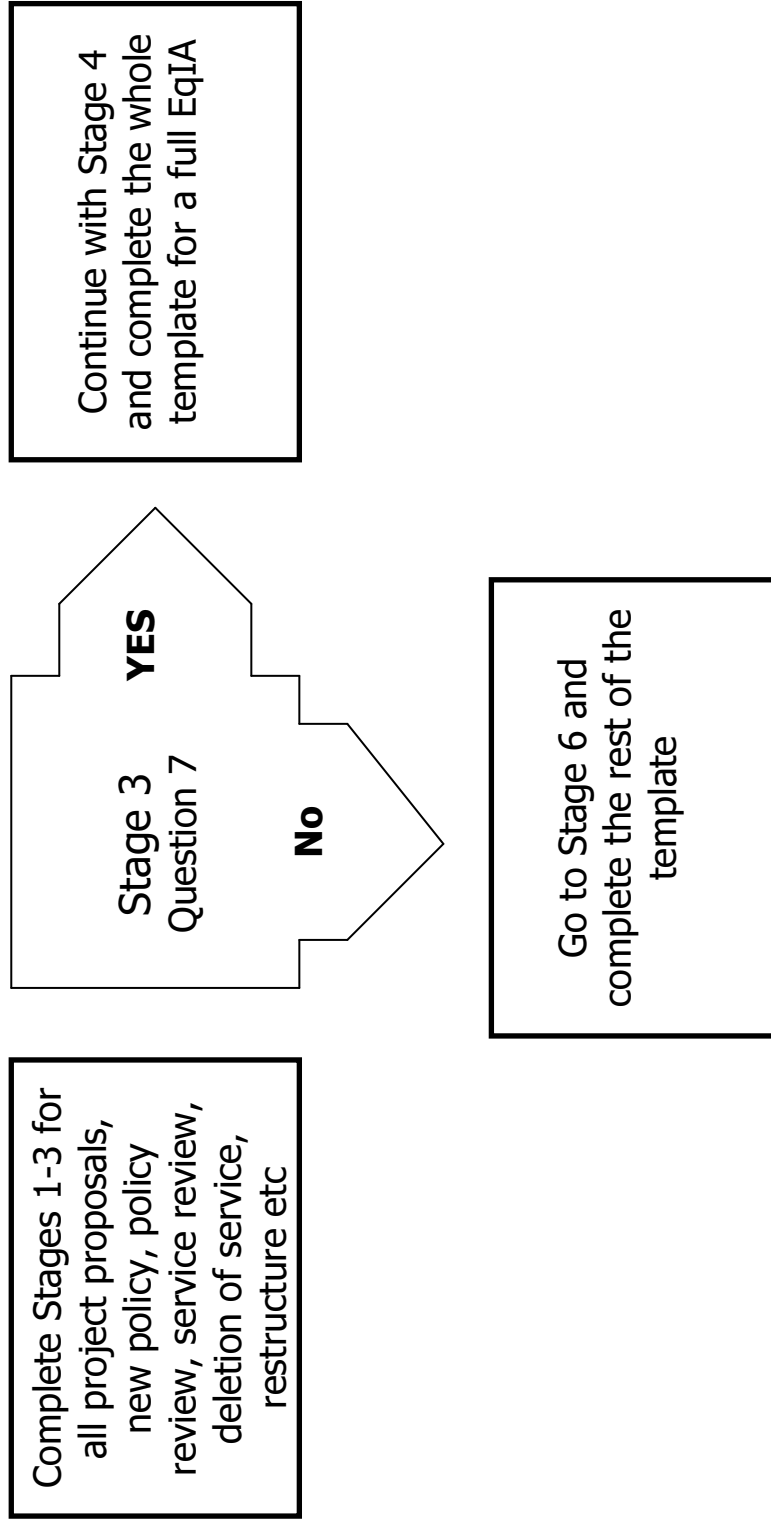
	<ul style="list-style-type: none"> WellComm assessment and tool kit <p>Training programmes :</p> <ul style="list-style-type: none"> Parents as first teachers Parenting programmes Every child a talker Two year old check. Learning Language and Loving it. Bespoke training packages around SLCN 	<p>entry</p> <p>Training as for universal and including</p> <ul style="list-style-type: none"> Parent child interaction programmes for parents. 	<p>Training as for universal and targeted plus –</p> <ul style="list-style-type: none"> Sign along courses Lidcombe programme for child with dysfluency Early Bird Programme. Specialist bespoke training for EYP on aspects of SLCN
What is missing	<ul style="list-style-type: none"> Consistent advice support for parents to ensure they have the knowledge and skills to provide language supportive environment for their child. Links with community and other groups who support parents Support for the most vulnerable families i.e. those in LOSA and identified groups / communities. Easy access to health advice and consistent messages for parents who have concerns about their child's SLC development. Promotion of the two year old check across Health and local Authority and sharing of information. Support for families who are not accessing children's centres or settings EYP who have appropriate knowledge and skills to supporting children's speech, language and communication skills. Accessible tools for EYP to identify and offer ongoing support to children with SLCN. Consistent knowledge and use of 	<p>As for universal services but also including -</p> <ul style="list-style-type: none"> Support for parents to enable them to support programmes and implement strategies to help their child's SLCN. Parent ambassadors / voluntary groups to increase access for at risk groups / families. EYP who are able to support targeted programmes of intervention within EY settings and to support parents to do the same, EYP and others working with young children to be able to refer to specialist SLT services for support and advice. HELLP role needs to be embedded across EY settings in Harrow More targeted SLC groups run by EYP. Identified support for the children come first network to support children with SLCN Knowledge centres for EYP with adequate support and advice around SLCN. Joint working with Schools in LOSA 	<p>As for universal and targeted services but also including -</p> <ul style="list-style-type: none"> EYP who are able to support specialist programmes of intervention within EY settings and to support parents to do the same Range of suitable pre-school provision for children with significant SLCN. SLT services commissioned to provide required levels of support to pre-school children <p>This section needs to be explored further with colleagues as part of the SEN reform locally.</p>

	<p>EYFS, ES developmental profile and other tools.</p> <ul style="list-style-type: none"> • Settings who prioritise the development of children’s SLCN. • A rolling training programme for EYP to support SLCN • FIS webpage on SLCN • Public health campaign linking with the HCP and other health campaigns in Harrow to promote the importance and benefits of development SLCN and the impact of this area on education, later attainment and emotional development and wellbeing. 	<p>areas to address needs at foundation stage with regard to SLCN.</p>	
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Equality Impact Assessment Template

The Council has revised and simplified its Equality Impact Assessment process. There is now just one Template. Project Managers will need to complete **Stages 1-3** to determine whether a full EqIA is required and the need to complete the whole template.



Equality Impact Assessment (EqIA) Template

In order to carry out this assessment, it is important that you have completed the EqIA E-learning Module and read the Corporate Guidelines on EqIAs. Please refer to these to assist you in completing this assessment.

It will also help you to look at the EqIA Template with Guidance Notes to assist you in completing the EqIA.

Type of Project / Proposal:	Tick ✓	Type of Decision:	Tick ✓
Transformation	<input checked="" type="checkbox"/>	Cabinet	<input checked="" type="checkbox"/>
Capital	<input type="checkbox"/>	Portfolio Holder	<input type="checkbox"/>
Service Plan	<input type="checkbox"/>	Corporate Strategic Board	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
<p>Implementing Council Amalgamation Policy.</p> <p>Proposal to amalgamate Whitchurch First School and Nursery and Whitchurch Junior School.</p> <p>This project arises from implementation of the Council's Amalgamation Policy that was approved by Cabinet in 2007, further clarified by Cabinet in 2008 and confirmed in July 2013. There is no change to policy involved in this proposal.</p> <p>Whitchurch First School and Nursery and Whitchurch Junior School Wemborough Road Stanmore, HA7 2EQ</p> <p>At its meeting on 19 February 2015, Harrow Cabinet is recommended to approve the statutory proposals to amalgamate the Whitchurch first and junior schools from 1 April 2015 to form a combined primary school.</p> <p>Children & Families</p> <p>Johanna Morgan, Education Lead School Organisation Chris Melly, Senior Professional, School Organisation Tara Gratton, Executive Headteacher of Whitchurch First School and Nursery and Whitchurch Junior School</p>			
<p>60 Title of Project:</p>			
<p>Directorate / Service responsible:</p>			
<p>Name and job title of lead officer:</p>			
<p>Name & contact details of the other persons involved in the assessment:</p>			

	24 December 2014												
Stage 1: Overview													
<p>1. What are you trying to do?</p> <p>Explain proposals e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)</p>	<p>This proposal arises from implementation of the Council's Amalgamation Policy. Statutory proposals have been published in relation to Whitchurch First School and Nursery and Whitchurch Junior School to combine the schools to create a combined primary school from 1 April 2015. Whitchurch First School and Nursery would be discontinued, and the age range of Whitchurch Junior School would be extended and the capacity expanded.</p> <p>Education school amalgamation statutory processes are being undertaken. On 18 December 2014, the Portfolio Holder for Children, Schools and Young People, considered the outcome of the consultation about the proposed amalgamation and decided to publish statutory proposals to effect the amalgamation. The statutory proposals were published from 5 January to 2 February 2015. No representations were received about the amalgamation statutory proposal. The Governing Bodies responded to the statutory proposals expressing support for the amalgamation of the two schools. This will be reported to Harrow Cabinet when determining the statutory proposals on 19 February 2015.</p> <p>It is proposed that Whitchurch First School and Nursery and Whitchurch Junior School are combined to establish a four form of entry primary school from 1 April 2015. All the pupils attending the schools at the time of amalgamation would transfer to the combined school, and there would be a similar staffing need. The school buildings would continue to be used by the combined school.</p> <p>In line with the Council's amalgamation policy, combining the two schools would give the opportunity to further improve educational standards by enabling planning as a coherent whole across the primary phase of the national curriculum and providing greater flexibility across and between key stages. Access to the whole primary curriculum supports and informs whole school planning, assessment, pastoral systems, etc, and provides opportunities for wider staff development and experience across the full primary phase.</p>												
<p>2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</p>	<table border="1"> <tr> <td data-bbox="1294 94 1378 544">Residents / Service Users</td> <td data-bbox="1294 544 1378 891">✓</td> <td data-bbox="1294 891 1378 1296">Partners / Schools</td> <td data-bbox="1294 1296 1378 1816">✓</td> <td data-bbox="1294 1816 1378 1998">Stakeholders</td> <td data-bbox="1294 1998 1378 2188">✓</td> </tr> <tr> <td data-bbox="1378 94 1423 544">Staff</td> <td data-bbox="1378 544 1423 891">✓</td> <td data-bbox="1378 891 1423 1296">Age</td> <td data-bbox="1378 1296 1423 1816">✓</td> <td data-bbox="1378 1816 1423 1998">Disability</td> <td data-bbox="1378 1998 1423 2188">✓</td> </tr> </table>	Residents / Service Users	✓	Partners / Schools	✓	Stakeholders	✓	Staff	✓	Age	✓	Disability	✓
Residents / Service Users	✓	Partners / Schools	✓	Stakeholders	✓								
Staff	✓	Age	✓	Disability	✓								

	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity
	Race	Religion or Belief	Sex
	Sexual Orientation	Other	
<p>3. Is the responsibility shared with another directorate, authority or organisation? If so:</p> <ul style="list-style-type: none"> Who are the partners? Who has the overall responsibility? How have they been involved in the assessment? 	No.		
<p>Stage 2: Evidence / Data Collation</p>			
<p>4. What evidence / data have you reviewed to assess the potential impact of your proposals? Include the actual data, statistics reviewed in the section below. This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys; complaints etc. Where possible include data on the nine Protected Characteristics.</p>	<p>Where you have gaps (data is not available/being collated), you may need to include this as an action to address in your Improvement Action Plan at Stage 7)</p>		
<p>02</p>	<p>Age (including carers of young/older people)</p>	<p>All the pupils attending the schools at the time of amalgamation would transfer to the combined school, and there would be a similar staffing need. The school buildings would continue to be used by the combined school.</p>	<p>See Appendix A of this EqIA for data about the profile of pupils attending the schools.</p>
<p>Disability (including carers of disabled people)</p>	<p>The schools make mainstream provision and do not have additionally resourced provision for pupils with special educational needs.</p>	<p>See Appendix A of this EqIA for data about the profile of pupils attending the schools.</p>	<p>Not applicable in the context of the amalgamation of these schools.</p>
<p>Gender Reassignment</p>	<p>Not applicable in the context of the amalgamation of these schools.</p>	<p>Not applicable in the context of the amalgamation of these schools.</p>	<p>Not applicable in the context of the amalgamation of these schools.</p>
<p>Marriage / Civil Partnership</p>	<p>Not applicable in the context of the amalgamation of these schools.</p>	<p>Not applicable in the context of the amalgamation of these schools.</p>	<p>Not applicable in the context of the amalgamation of these schools.</p>
<p>Pregnancy and Maternity</p>	<p>There is no change to school category in the proposal. These are community schools that are inclusive of children from all races, and this would continue in a combined school. The schools draw pupils from their local area and the pupil profile reflects the ethnicity of their area. The Provisional October 2014 School Census data demonstrates that the schools have an ethnically diverse pupil population. See Appendix A of this EqIA for data about the profile of pupils attending these schools.</p>		
<p>Race</p>			

	See Appendix C of this EqIA for the ethnic groups in the main wards from which children attend these schools.
Religion and Belief	There is no change to the school category as a result of amalgamation. These are community schools which draw pupils from their local area and the pupil profiles reflect the religions and beliefs of their area.
Sex / Gender	There is no change to co-educational school category as a result of amalgamation. These are community schools which draw pupils from their local area and the pupil profiles reflect the gender of their area. See Appendix A of this EqIA for data about the profile of pupils attending these schools.
Sexual Orientation	Not applicable in the context of the amalgamation of these schools.
Socio Economic	Not applicable in the context of the amalgamation of these schools.

5. What consultation have you undertaken on your proposals?

Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).
Statutory consultation was held with the schools, their communities of parents, staff and governors and interested parties about the amalgamation proposal between 3 November and 12 December 2014.	Consultation information was widely distributed including to neighbouring Local Authorities, local MPs, Councillors, Union representatives, Diocesan Bodies, voluntary organisations, and Harrow Youth Parliament. Information was put on the Harrow	What do the results show about the impact on different groups / Protected Characteristics?	All the completed response forms received from respondents were considered by the joint steering group members comprised of representative governors from the two schools. Key themes from the consultation comments were identified by the group to assist the Interim Executive Board and the Governing Body with their considerations. The themes and issues will
	<p>The statutory consultation was held from Monday 3 November 2014 until Friday 12 December 2014. Officers attended open consultation meetings during the consultation period at the schools about the amalgamation proposal to give a presentation and answer questions.</p> <p>Consultation responses</p> <p>60 written responses to the consultation were received from parents, staff, governors and other interested stakeholders:</p> <ul style="list-style-type: none"> Whitchurch First School received 39 written responses - 31 support combining the two schools, 2 do not support combining the two schools and 6 respondents are not sure; Whitchurch Junior School received 21 written responses - 16 support combining the two schools and 5 respondents are not sure. <p>A number of comments were included with the responses and the four main themes are given in the headings below together with officer response to the themes.</p> <p>Leadership and Management</p>		

Council website. The schools distributed information and response forms to their parents, staff and governors and arranged open consultation meetings for parents and staff to enable discussion about the proposals.

The post of Headteacher for the combined school would be ring fenced to the substantive Headteacher. A process would be developed to satisfy the governing body that the post holder has suitable qualifications, experience and ability to undertake the role. The Interim Executive Board and the governors of the Junior school are very mindful of the need to secure the leadership of a combined school, if agreed, and a timeline would be agreed with Harrow Council accordingly.

A review of the staffing structure for the combined school would follow confirmation of the appointment of a Headteacher. This review would ensure there are appropriate leadership and management structures and arrangements in place.

Cost effectiveness; Sharing policies; Practical implications of a merger; Implementation/operation of the school

Detailed guidance has been developed to support the amalgamation policy, which includes details of the activities for the implementation stage of the process with notes, indicative timescales and template document for an Implementation Plan. Officers would support the school governors and senior leadership with the implementation work.

There are two phases to the Amalgamation Implementation Plan. Those actions that have to be completed prior to the date of the amalgamation, for example confirming the leadership of the all through school and planning to reconstitute the governing body. Other aspects of the Implementation Plan would take place over a longer timescale. For example, building works and appointments to the combined school staffing structure.

Harrow Council is keen that a school's governing body is representative of its community. Schools that have combined in Harrow have usually followed a model in which governors have resigned in order to allow elections across both previously existing schools. This is an important action. It acknowledges and values the experience and expertise of the governors that have contributed to the success of the school that is technically closed. It demonstrates the commitment to build and develop the best practice across both schools. The implementation working group would draft an instrument of governance for the governing body of the combined school, and a timeline would be agreed for any elections and appointments to the re-constituted governing body.

Transition and continuity; Consistency and Shared ethos; Support for parents and children; Good teachers; How will it affect the children; Is it beneficial to the children's education; Maintaining standards

The amalgamation policy is based on an educational rationale that will contribute to school improvement. The potential benefits are set out in the policy and include:

- organisational structure is aligned with the National Curriculum Key Stages. Planning across Foundation, Key Stages 1 and 2 as a coherent whole for the primary phase provides greater flexibility across and between the Key Stages;
- teachers and classroom staff have access to the whole primary curriculum. This supports and informs whole school planning, assessment, pastoral systems, etc, and provides opportunities for wider staff development and experience across the full

also be considered by governors, as may be relevant, to inform subsequent future planning.

On 18 December 2014, the Portfolio Holder for Children, Schools and Young People, considered the outcome of the consultation about the proposed amalgamation and the officer comment about the four main themes from the consultation responses. The Portfolio Holder decided to publish statutory proposals to effect the amalgamation.

	<p>primary phase;</p> <ul style="list-style-type: none"> • more consistency between year groups and key stages in learning, planning and assessment; • improved use of teachers' skills, specialist teaching and improved pastoral arrangements. <p>Staff changes impact on jobs, etc</p> <p>During the consultation the Executive Headteacher stressed that following amalgamation the first need would be to consolidate and for there to be stability for the foreseeable future. It is important to retain teachers and other staff, build skills and develop teaching.</p> <p>The combined school would have the same number of pupils overall, and there would be a similar staffing need. Over time, the staffing structure for a combined school would need to reflect the needs of the size, ethos and age range of the school. If the schools combine, there would be a review of the staffing structure which would bring the two former staff groups together in an appropriate staffing model for a combined all-through primary school.</p> <p>A review of the staffing structure for the combined school would follow confirmation of the Headteacher. Any new staffing structure would be subject to consultation with all staff and their professional associations/unions and appointments would be made over time to the new staffing structure. It should be borne in mind that changes to staffing structures happen in schools at times regardless of amalgamation.</p> <p>Any duplication of roles would be considered as part of the processes. In a larger sized school there would be new opportunities and consolidation of roles in structures that are proposed. No redundancies have arisen in the schools that have been combined to date and there is no reason for the situation to be different in this instance. The trade unions are very experienced and understand the process well.</p> <p>Governing Body response to the consultation</p> <p>The Interim Executive Board of Whitchurch First School and Nursery is supportive of the amalgamation between Whitchurch First and Junior School. The Board are in agreement with Harrow Council's key educational factors as set out in its proposal evaluation for joining the schools together.</p> <p>The Governing Body of Whitchurch Junior School decided in a unanimous vote that it was in the best interests of the children that both schools should amalgamate. Therefore it is the recommendation of the Junior School governing body that both schools should merge.</p> <p>The responses to the consultation indicate strong agreement with the Council's proposal to amalgamate the Whitchurch schools.</p>	
<p>6. What other (local, regional, national research, reports, media) data sources that you have used to inform this</p>	<p>Experience from implementing the amalgamation policy in relation to other schools has been drawn upon in conducting the consultation including information</p>	

assessment?
List the Title of reports / documents and websites here.

Stage 3: Assessing Potential Disproportionate Impact

7. Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No	✓	✓	✓	✓	✓	✓	✓	✓	✓

YES - If there is a risk of disproportionate adverse Impact on any **ONE** of the Protected Characteristics, continue with the rest of the template.

- **Best Practice:** You may want to consider setting up a Working Group (including colleagues, partners, stakeholders, voluntary community sector organisations, service users and Unions) to develop the rest of the EqIA
- It will be useful to also collate further evidence (additional data, consultation with the relevant communities, stakeholder groups and service users directly affected by your proposals) to further assess the potential disproportionate impact identified and how this can be mitigated.

66

NO - If you have ticked 'No' to all of the above, then go to **Stage 6**

- Although the assessment may not have identified potential disproportionate impact, you may have identified actions which can be taken to advance equality of opportunity to make your proposals more inclusive. These actions should form your Improvement Action Plan at Stage 7

Stage 4: Collating Additional data / Evidence

8. What additional data / evidence have you considered in relation to your proposals as a result of the analysis at Stage 3?
(include this evidence, including any data, statistics, titles of documents and website links here)

Note: Please go to Stage 6.

9. What further consultation have you undertaken on your proposals as a result of your analysis at Stage 3?

Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups /	What actions have you taken to address the findings of the

			Protected Characteristics?	consultation? (This may include further consultation with the affected groups, revising your proposals).
Note: Please go to Stage 6.				
Stage 5: Assessing Impact and Analysis				
10. What does your evidence tell you about the impact on different groups? Consider whether the evidence shows potential for differential impact, if so state whether this is an adverse or positive impact? How likely is this to happen? How you will mitigate/remove any adverse impact?				
Protected Characteristic	Adverse	Positive	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur. Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 9	What measures can you take to mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 7)
67 Age (including carers of young/older people)	✓	✓	Note: Please go to Stage 6.	
Disability (including carers of disabled people)				
Gender Reassignment				

t									
Marriage and Civil Partnership									
Pregnancy and Maternity									
Race									
Religion or Belief									
Sex									
Sexual orientation									
11. Cumulative Impact – Considering what else is happening within the Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic?							Yes	No	
If yes, which Protected Characteristics could be affected and what is the potential impact?							Note: Please go to Stage 6.		

		Yes	No						
<p>11a. Any Other Impact – Considering what else is happening within the Council and Harrow as a whole (for example national/local policy, austerity, welfare reform, unemployment levels, community tensions, levels of crime) could your proposals have an impact on individuals/service users socio economic, health or an impact on community cohesion?</p>		<p>Note: Please go to Stage 6.</p>							
<p>If yes, what is the potential impact and how likely is to happen?</p>									
<p>12. Is there any evidence or concern that the potential adverse impact identified may result in a Protected Characteristic being disadvantaged? (Please refer to the Corporate Guidelines for guidance on the definitions of discrimination, harassment and victimisation and other prohibited conduct under the Equality Act) available on Harrow HUB/Equalities and Diversity/Policies and Legislation</p>									
	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No									
<p>If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a below - link this to the aims of the proposal and whether the disadvantage is proportionate to the need to meet these aims. (You are encouraged to seek legal advice, if you are concerned that the proposal may breach the equality legislation or you are unsure whether there is objective justification for the proposal)</p>									
<p>99</p>									
<p>If the analysis shows the potential for serious adverse impact or disadvantage (or potential discrimination) but you have identified a potential justification for this, this information must be presented to the decision maker for a final decision to be made on whether the disadvantage is proportionate to achieve the aims of the proposal.</p>									
<ul style="list-style-type: none"> ▪ If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. (select outcome 4) ▪ If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. (select outcome 4) 									
<p>Stage 6: Decision</p>									
<p>13. Please indicate which of the following statements best describes the outcome of your EqIA (✓ tick one box only)</p>									
<p>Outcome 1 – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality are being addressed.</p>									
<p>Outcome 2 – Minor adjustments to remove / mitigate adverse impact or advance equality have been identified by the EqIA. <i>List the actions you propose to take to address this in the Improvement Action Plan at Stage 7</i></p>									
<p>Outcome 3 – Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse</p>									
									✓

impact and/or plans to monitor the impact. (Explain this in 13a below)	
Outcome 4 – Stop and rethink: when there is potential for serious adverse impact or disadvantage to one or more protected groups. (You are encouraged to seek Legal Advice about the potential for unlawful conduct under equalities legislation)	
13a. If your EqIA is assessed as outcome 3 or you have ticked 'yes' in Q12 , explain your justification with full reasoning to continue with your proposals.	

Stage 7: Improvement Action Plan

14. List below any actions you plan to take as a result of this Impact Assessment. This should include any actions identified throughout the EqIA.					
Area of potential adverse impact e.g. Race, Disability	Action required to mitigate	How will you know this is achieved? E.g. Performance Measure / Target	Target Date	Lead Officer	Date Action included in Service / Team Plan
None. The equality impact assessment indicates that the equalities impact of cabinet's decision will be effectively neutral. No children would be displaced if the schools amalgamate or if they stay separate. The proposal is intended to build on the many positives already in place at the schools.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.

Stage 8 - Monitoring

The full impact of the proposals may only be known after they have been implemented. It is therefore important to ensure effective monitoring measures are in place to assess the impact.

15. How will you monitor the impact of the proposals once they have	Monitoring will occur through the usual school performance monitoring
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<p>been implemented? What monitoring measures need to be introduced to ensure effective monitoring of your proposals? How often will you do this? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>arrangements. The School Organisation Officer Group, comprised of representatives from relevant departments, meets monthly and will consider any relevant monitoring information arising from amalgamation.</p>	
<p>16. How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>Reports about school organisation are submitted to Cabinet as required. These reports are published on the Harrow Council website.</p>	
<p>17. Have you received any complaints or compliments about the proposals being assessed? If so, provide details.</p>	<p>A range of views and comments were received in support and opposed to the amalgamation proposal. The four main themes and officer response to them are given in section 5 in Stage 2 above.</p> <p>The responses made to the consultation indicate strong agreement with the Council's proposal to amalgamate the Whitchurch schools.</p>	
<p>Stage 9: Public Sector Equality Duty</p>		
<p>18. How do your proposals contribute towards the Public Sector Equality Duty (PSED) which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.</p>	<p>Include all the positive actions of your proposals, for example literature will be available in large print, Braille and community languages, flexible working hours for parents/carers, IT equipment will be DDA compliant etc)</p>	
<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010</p>	<p>Advance equality of opportunity between people from different groups</p>	<p>Foster good relations between people from different groups</p>
<p>Combining the two schools would give the opportunity to further improve educational standards by enabling planning as a coherent whole across the primary phase of the national curriculum and providing greater flexibility across and between key stages.</p>	<p>Harrow's maintained schools are inclusive of all children from all groups, and this would continue in a combined school.</p>	<p>Harrow's maintained schools are inclusive of all children from all groups, and this would continue in a combined school.</p>
<p>Stage 10 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group) The completed EqIA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.</p>		

<p>19. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?</p>	<p>The corporate Equality Impact Assessment Quality Assurance Group.</p>		
<p>Signed: (Lead officer completing EqIA)</p>	<p><i>Chris Melly</i></p>	<p>Signed: (Chair of DETG)</p>	<p><i>Roger Rickman</i></p>
<p>Date:</p>	<p>24th December 2014</p>	<p>Date:</p>	<p>29 December 2014</p>
<p>Date EqIA presented at the EqIA Quality Assurance Group</p>	<p>5th January 2014</p>	<p>Signature of ETG Chair</p>	<p>Mohammed Ilyas</p>

October 2014 School Census	Whitchurch First School
AGE as at 31st August 2014	
3	14%
4	34%
5	26%
6	26%
Grand Total	354
GENDER	
Female	43%
Male	57%
Grand Total	354
ETHNICITY	
Bangladeshi	1%
Indian	20%
Asian Other	8%
Pakistani	5%
Black African	6%
Black Caribbean	1%
Black Other	0%
Chinese	0%
Mixed Other	4%
Mixed White/Asian	1%
Mixed White/Black African	0%
Mixed White/Black Caribbean	1%
Refused	0%
White British	3%
Any Other Ethnic Group	8%
White Irish Traveller	0%
White Irish	0%
White Other	13%
Unknown	29%
Grand Total	354
SEN	
No SEN – N	92%
School Action - A	0%
Education Health and Care Plan - E	0.3%
SEN Support - K	7%
School Action Plus – P	0%
Statement of SEN - S	0.6%
Grand Total	354

October 2014 School Census	Whitchurch Junior School
AGE as at 31st August 2014	
7	24%
8	25%
9	25%
10	26%
11	0%
Grand Total	368
GENDER	
Female	48%
Male	52%
Grand Total	368
ETHNICITY	
Bangladeshi	1%
Indian	36%
Asian Other	14%
Pakistani	4%
Chinese	0%
Black African	5%
Black Caribbean	4%
Black Other	0%
Mixed Other	5%
Mixed White/Asian	1%
Mixed White/Black African	1%
Mixed White/Black Caribbean	1%
Refused	0%
White British	5%
Any Other Ethnic Group	13%
White Irish Traveller	0%
White Irish	0%
White Other	7%
Unknown	0%
Grand Total	368
SEN	
No SEN	84%
School Action	8%
School Action Plus	5%
Statement of SEN	2%
Grand Total	368

Source: Collect export: all schools Blade-Export_06-11-2014_pupilonroll.xls

KS201EW - Ethnic group

North East Primary Planning Area

Appendix C

ONS Crown Copyright Reserved [from Nomis on 19 February 2014]

Population - All usual residents
Units - Persons
Date - 2011

Main Wards for the North East Primary Planning Area
(Over 40% of pupils in these Wards attend schools in the planning area)

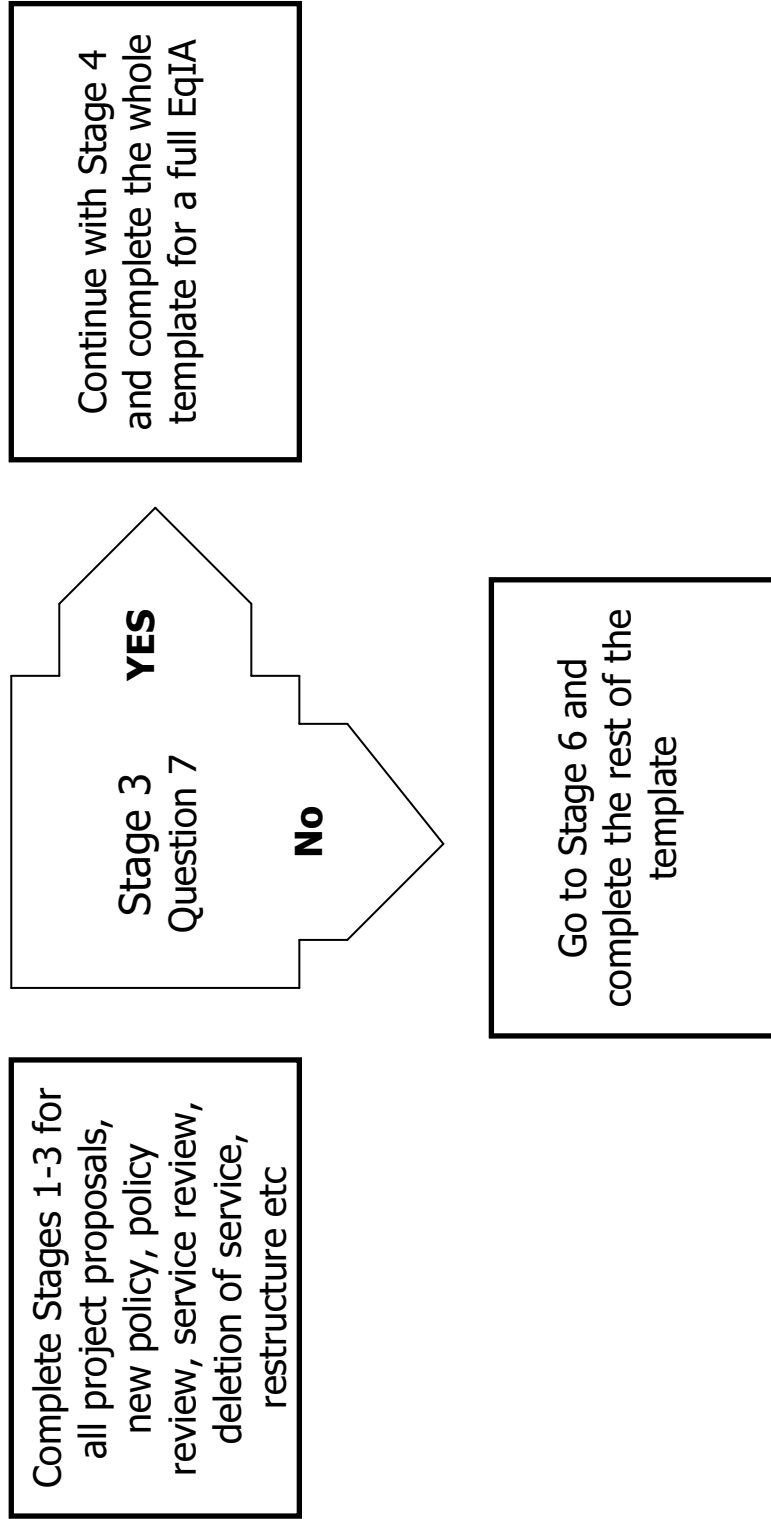
Ethnic Group	Belmont		Canons		Stammore Park	
	number	%	number	%	number	%
All usual residents	11,343	100.0	12,471	100.0	11,229	100.0
White: English/Welsh/Scottish/Northern Irish/British	3,436	30.3	4,990	40.0	5,263	46.9
White: Irish	371	3.3	229	1.8	277	2.5
White: Gypsy or Irish Traveller	8	0.1	8	0.1	7	0.1
White: Other White	873	7.7	1,210	9.7	825	7.3
Mixed/multiple ethnic groups: White and Black Caribbean	50	0.4	60	0.5	117	1.0
Mixed/multiple ethnic groups: White and Black African	52	0.5	48	0.4	55	0.5
Mixed/multiple ethnic groups: White and Asian	125	1.1	162	1.3	113	1.0
Mixed/multiple ethnic groups: Other Mixed	122	1.1	130	1.0	113	1.0
Asian/Asian British: Indian	3,893	34.3	2,959	23.7	2,245	20.0
Asian/Asian British: Pakistani	312	2.8	273	2.2	192	1.7
Asian/Asian British: Bangladeshi	44	0.4	52	0.4	52	0.5
Asian/Asian British: Chinese	130	1.1	238	1.9	125	1.1
Asian/Asian British: Other Asian	913	8.0	832	6.7	645	5.7
Black/African/Caribbean/Black British: African	310	2.7	567	4.5	376	3.3
Black/African/Caribbean/Black British: Caribbean	208	1.8	139	1.1	202	1.8
Black/African/Caribbean/Black British: Other Black	142	1.3	164	1.3	235	2.1
Other ethnic group: Arab	202	1.8	179	1.4	162	1.4
Other ethnic group: Any other ethnic group	152	1.3	231	1.9	225	2.0
Main Ethnic Groups						
White	4,688	41.3	6,437	51.6	6,372	56.7
Mixed/multiple ethnic groups	349	3.1	400	3.2	398	3.5
Asian/Asian British	5,292	46.7	4,354	34.9	3,259	29.0
Black/African/Caribbean/Black British	660	5.8	870	7.0	813	7.2
Other ethnic group	354	3.1	410	3.3	387	3.4

In order to protect against disclosure of personal information, records have been swapped between different geographic areas. Some counts will be affected, particularly small counts at the lowest geographies.

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Equality Impact Assessment Template

The Council has revised and simplified its Equality Impact Assessment process. There is now just one Template. Project Managers will need to complete **Stages 1-3** to determine whether a full EqIA is required and the need to complete the whole template.



Equality Impact Assessment (EqIA) Template

In order to carry out this assessment, it is important that you have completed the EqIA E-learning Module and read the Corporate Guidelines on EqIAs. Please refer to these to assist you in completing this assessment.

It will also help you to look at the EqIA Template with Guidance Notes to assist you in completing the EqIA.

Type of Project / Proposal:	Tick ✓	Type of Decision:	Tick ✓
Transformation	✓	Cabinet	✓
Capital		Portfolio Holder	
Service Plan		Corporate Strategic Board	
Other		Other	
<p>Implementing Council Amalgamation Policy.</p> <p>Future Organisation of Welldon Park Infant and Nursery School and Welldon Park Junior School.</p> <p>This project arises from implementation of the Council's Amalgamation Policy that was approved by Cabinet in 2007, further clarified by Cabinet in 2008 and confirmed in July 2013. There is no change to policy involved in this proposal.</p>			
<p>Title of Project:</p> <p>Welldon Park Infant and Nursery School Kingsley Road Harrow, HA2 8LT and Welldon Park Junior School Wyvenhoe Road Harrow, HA2 8LS</p> <p>At its meeting on 19 February 2015, Harrow Cabinet is recommended to approve the statutory proposals to amalgamate the Welldon Park infant and junior schools from 1 September 2015 to form a combined primary school.</p>			
<p>Directorate / Service responsible:</p> <p>Children & Families</p>			
<p>Name and job title of lead officer:</p> <p>Johanna Morgan, Education Lead School Organisation</p>			
<p>Name & contact details of the other persons involved in the</p> <p>Chris Melly, Senior Professional, School Organisation</p>			

assessment:	Ranjit Matharu, Acting Headteacher of Welldon Park Infant and Nursery School James Simmons, Acting Headteacher of Welldon Park Junior School
Date of assessment:	29 December 2014
Stage 1: Overview	
79 What are you trying to do? (Explain proposals e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)	<p>This proposal arises from implementation of the Council's Amalgamation Policy. Two sets of statutory proposals have been published in relation to Welldon Park Infant and Nursery School and Welldon Park Junior School. It is proposed to:</p> <ul style="list-style-type: none"> • Combine the schools to create a combined primary school from 1 September 2015; • Expand the school(s) from 1 September 2015 to become three forms of entry school(s) (90 places) from the current two forms of entry (60 places). <p>The two sets of statutory proposals are separate and not linked.</p> <p>This EqIA relates to the proposal to amalgamate the schools. Under this proposal the combined school would be established from 1 September 2015. Welldon Park Junior School would be discontinued, and the age range of Welldon Park Infant and Nursery School would be extended and the capacity expanded.</p> <p>Education school amalgamation statutory processes are being undertaken. On 11 December 2014, Harrow Cabinet considered the outcome of the consultation about the proposed amalgamation and decided to publish statutory proposals to effect the amalgamation. The statutory proposals were published from 5 January to 2 February 2015. No representations were received about the amalgamation statutory proposal. The Governing Bodies have sent a joint response that is opposed to amalgamation. This joint response and officer comment will be reported to Harrow Cabinet when determining the statutory proposals on 19 February 2015.</p> <p>It is proposed that Welldon Park Infant and Nursery School and Welldon Park Junior School are combined to establish a two or three form of entry (depending on whether the expansion proposal is approved) primary school from 1 September 2015. All the pupils attending the schools at the time of amalgamation would transfer to the combined school, and there would be a similar staffing need. The school buildings would continue to be used by the combined school, but would need adapting to become fit for purpose as an all through primary school albeit in</p>

	<p>split sites.</p> <p>In line with the Council's amalgamation policy, combining the two schools would give the opportunity to further improve educational standards by enabling planning as a coherent whole across the primary phase of the national curriculum and providing greater flexibility across and between key stages. Access to the whole primary curriculum supports and informs whole school planning, assessment, pastoral systems, etc, and provides opportunities for wider staff development and experience across the full primary phase.</p>																														
<p>2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</p>	<table border="1"> <thead> <tr> <th data-bbox="386 958 475 1294">Residents / Service Users</th> <th data-bbox="386 902 475 958">✓</th> <th data-bbox="386 542 475 902">Partners / Schools</th> <th data-bbox="386 486 475 542">✓</th> <th data-bbox="386 94 475 486">Stakeholders</th> <th data-bbox="386 94 475 94">✓</th> </tr> </thead> <tbody> <tr> <td data-bbox="475 958 520 1294">Staff</td> <td data-bbox="475 902 520 958">✓</td> <td data-bbox="475 542 520 902">Age</td> <td data-bbox="475 486 520 542">✓</td> <td data-bbox="475 94 520 486">Disability</td> <td data-bbox="475 94 520 94">✓</td> </tr> <tr> <td data-bbox="520 958 643 1294">Gender Reassignment</td> <td data-bbox="520 902 643 958"></td> <td data-bbox="520 542 643 902">Marriage and Civil Partnership</td> <td data-bbox="520 486 643 542"></td> <td data-bbox="520 94 643 486">Pregnancy and Maternity</td> <td data-bbox="520 94 643 94"></td> </tr> <tr> <td data-bbox="643 958 687 1294">Race</td> <td data-bbox="643 902 687 958"></td> <td data-bbox="643 542 687 902">Religion or Belief</td> <td data-bbox="643 486 687 542"></td> <td data-bbox="643 94 687 486">Sex</td> <td data-bbox="643 94 687 94"></td> </tr> <tr> <td data-bbox="687 958 730 1294">Sexual Orientation</td> <td data-bbox="687 902 730 958"></td> <td data-bbox="687 542 730 902">Other</td> <td data-bbox="687 486 730 542"></td> <td data-bbox="687 94 730 486"></td> <td data-bbox="687 94 730 94"></td> </tr> </tbody> </table>	Residents / Service Users	✓	Partners / Schools	✓	Stakeholders	✓	Staff	✓	Age	✓	Disability	✓	Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity		Race		Religion or Belief		Sex		Sexual Orientation		Other			
Residents / Service Users	✓	Partners / Schools	✓	Stakeholders	✓																										
Staff	✓	Age	✓	Disability	✓																										
Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity																											
Race		Religion or Belief		Sex																											
Sexual Orientation		Other																													
<p>3. Is the responsibility shared with another directorate, authority or organisation? If so: Who are the partners? Who has the overall responsibility? How have they been involved in the assessment?</p>	<p>No.</p>																														
<p>Stage 2: Evidence / Data Collation</p>																															
<p>4. What evidence / data have you reviewed to assess the potential impact of your proposals? Include the actual data, statistics reviewed in the section below. This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys; complaints etc. Where possible include data on the nine Protected Characteristics. (Where you have gaps (data is not available/being collated), you may need to include this as an action to address in your Improvement Action Plan at Stage 7)</p>																															
<p>Age (including carers of young/older people)</p>	<p>All the pupils attending the schools at the time of amalgamation would transfer to the combined school, and there would be a similar staffing need. The school buildings would continue to be used by the combined school. See Appendix A of this EqIA for data about the profile of pupils attending the schools.</p>																														

Disability (including carers of disabled people)	<p>The schools are mainstream schools, which make appropriate provision for pupils with SEN who attend mainstream schools. Welldon Park Infant and Nursery School has specialist resourced provision for children with specific language impairment and no change in this is proposed under these proposals. Currently, any accessibility issues would be dealt with by the schools under a management principle of meeting needs at a ground floor level should there be access issues. This issue would be considered to see whether any access issues could be addressed as part of the building works if the amalgamation and expansion proceeds.</p> <p>See Appendix A of this EqIA for data about the profile of pupils attending the schools.</p>
Gender Reassignment	Not applicable in the context of the amalgamation of these schools.
Marriage / Civil Partnership	Not applicable in the context of the amalgamation of these schools.
Pregnancy and Maternity	Not applicable in the context of the amalgamation of these schools.
Race	<p>There is no change to school category in the proposal. These are community schools that are inclusive of children from all races, and this would continue in a combined school. The schools draw pupils from their local area and the pupil profiles reflect the ethnicity of their area. The October 2014 School Census data demonstrates that the schools have an ethnically diverse pupil population. See Appendix A of this EqIA for data about the profile of pupils attending these schools.</p> <p>See Appendix C of this EqIA for the ethnic groups in the main wards from which children attend these schools.</p>
Religion and Belief	There is no change to the school category as a result of amalgamation. These are community schools which draw pupils from their local area and the pupil profiles reflect the religions and beliefs of their area.
Sex / Gender	There is no change to co-educational school category as a result of amalgamation. These are community schools which draw pupils from their local area and the pupil profiles reflect the gender of their area. See Appendix A of this EqIA for data about the profile of pupils attending these schools.
Sexual Orientation	Not applicable in the context of the amalgamation of these schools.
Socio Economic	Not applicable in the context of the amalgamation of these schools.
5. What consultation have you undertaken on your proposals?	
Who was consulted?	What do the results show about the impact on different groups / Protected Characteristics?
What actions have you taken to address the findings of the consultation? (This may include further consultation with the affected	

<p>Statutory consultation was held with the schools, their communities of parents, staff and governors and interested parties about the amalgamation proposal between 29 September and 14 November 2014.</p>	<p>Consultation information was widely distributed including to neighbouring Local Authorities, local MPs, Councillors, Union representatives, Diocesan Bodies, voluntary organisations, and Harrow Youth Parliament. Information was put on the Harrow Council website, together with a facility for online response to the consultation for residents. The Council distributed a letter to local residents to inform them of the consultation and to invite them to the consultation meetings at the schools. The schools distributed information and response forms to their parents, staff and governors and arranged open consultation meetings for parents and residents to enable</p>	<p>Consultation about the proposal to expand and combine Welldon Park Infant and Nursery School and Welldon Park Junior School was held between Monday 29 September 2014 and Friday 14 November 2014. Separate consultation questions were given to the school communities from those given to local residents. Local residents were only consulted about the expansion proposal because the amalgamation proposal was not relevant to the residents without children attending the schools.</p> <p>Officers attended open consultation meetings during the consultation period at the schools about the amalgamation and expansion proposals to give a presentation and answer questions.</p> <p>Consultation responses</p> <p>94 responses were received to the consultation questions for the school communities. A number of comments were included with the responses and the two main themes are summarised below together with officer response to the themes.</p> <p>Responses from the school communities to the consultation questions about amalgamation and expansion</p> <p>Questions were asked in the consultation about the two proposals. They were:</p> <ul style="list-style-type: none"> • "Proposal One: Welldon Park Infant and Nursery School and Welldon Park Junior School are joined together to form one combined school on 1 April 2015." • "Proposal Two: To expand the combined school to four forms of entry (120 places) with effect from 1 September 2016." <p>Both questions offered the option to respond 'Yes', 'No', or 'Not Sure' to each question. Opportunity was given for comments to be added after each question if the respondent wished to do so. The following tables provide overall responses to the consultation questions.</p> <p>Proposal One: Welldon Park Infant and Welldon Park Junior School are joined together to form one combined school on 1 Sept. 2015.</p> <table border="1" data-bbox="1177 510 1310 1603"> <thead> <tr> <th></th> <th>Junior</th> <th>Infant</th> <th>Total (94)</th> </tr> </thead> <tbody> <tr> <td>I support combining the two schools</td> <td>16</td> <td>18</td> <td>34 (36%)</td> </tr> <tr> <td>I want the schools to stay separate</td> <td>21</td> <td>33</td> <td>54 (57%)</td> </tr> <tr> <td>I am not sure</td> <td>5</td> <td>1</td> <td>6 (7%)</td> </tr> </tbody> </table> <p>Proposal Two: To expand the school(s) to three forms of entry (90 places) with effect from 1 September 2015.</p>		Junior	Infant	Total (94)	I support combining the two schools	16	18	34 (36%)	I want the schools to stay separate	21	33	54 (57%)	I am not sure	5	1	6 (7%)	<p>groups, revising your proposals).</p> <p>On 11 December 2014, Harrow Cabinet considered the outcome of the consultation about the proposed expansion and decided to publish statutory proposals to effect the amalgamation.</p> <p>Additional resource has been committed to ensure an appropriate profile to all the school expansion projects in particular.</p> <ul style="list-style-type: none"> • Transport <p>Assessments are being undertaken at each of the schools proposed for expansion. The assessments provide an independent view of the proposals by reviewing baseline information about current traffic volumes and current issues and make recommendations about any impact as well as setting out any actions required. The assessments take account of the consultation responses already received.</p> <ul style="list-style-type: none"> • A Transport and Travel Planner Officer for the
	Junior	Infant	Total (94)																
I support combining the two schools	16	18	34 (36%)																
I want the schools to stay separate	21	33	54 (57%)																
I am not sure	5	1	6 (7%)																

discussion about the proposals.

	Junior	Infant	Total (91)
I support expansion to three forms of entry as either combined or separate schools	25	28	53 (58%)
I do not support expansion to three forms of entry as either combined or separate schools	10	14	24 (26%)
I am not sure	6	8	14 (15%)

Respondents were invited to indicate their interest by ticking **all** applicable boxes:

	Junior	Infant	Total
Infant School parent	6	34	40 (34%)
Junior School parent	20	2	22 (18%)
Parent in both schools	13	13	26 (22%)
Member of staff in Infant School	3	6	9 (8%)
Member of staff in Junior School	13	4	17 (14%)
Other interested stakeholder	3	2	5 (4%)
<i>Note: Some multiple interests were indicated</i>	58	61	119

36% of responses supported the amalgamation proposal; 57% opposed it and 7% were unsure.

58% supported expansion to 3FE; 26% opposed it and 15% were unsure.

Other responses to the consultation
Governing Body

The Governing Body of Welldon Park Infant and Nursery School and the Governing Body of Welldon Park Junior School made a joint formal statement to the statutory consultation. In the joint statement the Governing Bodies recommend that the schools should not be combined and recommend that in principle the schools should be expanded.

Staff of Welldon Park Infant & Nursery School

A letter was received from the staff of Welldon Park Infant & Nursery School stating disagreement with the proposal for amalgamation as a split site primary school and disagreeing that consultation should be taking place regarding expansion at the same time. The staff strongly believes alternative school models should be considered. Their preferred model for the infant school is an all through primary school with specialist provision for SEN on the present school site. The justification for their views is set out in the letter.

Officer response to the consultation comments

The six main themes in consultation comments and responses relate to:

- Lack of information about buildings and implications for residents;
- Other alternatives should be considered;
- The schools do well as they are - preference that they remain separate schools;
- The schools are already full to capacity;

expansion projects works with schools to develop and implement effective travel strategies in conjunction with the schools. This is a key role in influencing and engaging with all stakeholders to change attitudes to travel through the review and the development of School Travel Plans in order to minimise the use of private car travel to the school, particularly by parents. This role also liaises with the Highways, Traffic Management and Enforcement teams to ensure that any necessary engineering work and enforcement action, including Safer Neighbourhood Teams, is provided in line with the travel plans developed. This officer is also involved in the pre-planning engagement activities and input into the planning applications.

- The Transport Assessment and School Travel Plans are submitted as part of the planning applications.

	<ul style="list-style-type: none"> • Traffic and congestion issues; • Concerns about split site. <p>Lack of information about buildings and implications for residents Information about the proposed expansion of the Welldon Park schools was sent to 500 residents in properties adjoining the school sites and along approach streets and included invitation to attend the consultation meeting for residents on 23 October 2014. This action was taken deliberately to give early information to residents about the proposal and so residents' perspectives can be taken into account from the outset. Inevitably, detailed information could not be given about the building arrangements if expansion is approved because site scoping work needs to be undertaken. However, the comments and issues stated by residents have been noted for consideration by Cabinet and these would inform the building design proposals should the expansion be approved.</p> <p>The initial site scoping will be completed by the end of term, undertaken by the Council with the schools. Options will be developed to address the additional requirements. This process will be undertaken in partnership with the school.</p> <p>Other alternatives should be considered Comments were made that it has been confusing to have consultation about the amalgamation and expansion proposals at the same time. Also, that there are alternative proposals that could be considered.</p> <p>It is important to have clear proposals so that the consultation is not confusing. Harrow Council has an Amalgamation Policy and the consultation proposal is to amalgamate the two schools in accordance with the policy. The Council believes this is the best model for a primary school. The Steering Group included additional information about other models of school organisation for example, federation, and academy status.</p> <p>Harrow Council also has a School Expansion Programme. Harrow Cabinet has approved that Phase 3 school expansion proposals be brought forward to meet the increased demand for places in 2015 and 2016. It is expedient to consult about both proposals at the same time rather than in close proximity to each other. Consultation at the same time on amalgamation and expansion proposals has occurred also at the Weald schools.</p> <p>Some preference has been expressed for two separate primary schools to be created at the Welldon Park school sites to meet the increasing demand for school places. Although two additional forms of entry are projected to be needed in the South West Primary Planning Area within which the Welldon Park schools are located, there is not the demand for these additional forms of entry to be provided at the one location. Additional places are opened as local to the demand as possible to minimise any need for parents to use cars to take their children to and from school, and expansion by a form of entry at a different school location will be sought. Additional considerations are: two community primary schools beside each other would have the potential to introduce unhelpful competition; concerns have been</p>	<ul style="list-style-type: none"> • There is a communication strategy for the expansion projects which includes raising the profile of school travel planning. • Additional Communications officer time will be commissioned to give communication and engagement work a high profile. • Parking enforcement officers visit the areas of all schools in Harrow and issue tickets when applicable. Two automatic number plate recognition CCTV cars have been introduced to reinforce enforcement work. • They are dedicated to schools exclusively.
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raised in consultation responses about the congestion on the road infrastructure for the proposed expansion of one form of entry, which can be expected to be heightened if a doubling of pupils was proposed; the capital costs of creating two primary schools are likely to be comparatively high.

The proposal that one of the schools could be a one form entry is not considered to be the most efficient form of school organisation. Although small schools do perform well, they are very susceptible to changes to funding and have little capacity to develop economies of scale as single entities.

For transparency, other school organisation options were outlined in the consultation document distributed to parents and staff that the working group had investigated. Also, at the parent consultation meetings, addresses giving alternative perspectives were made by the Headteacher of Welldon Park Infant and Nursery School and by the Chair of Governors of Welldon Park Junior School. During the consultation it was pointed out that comments on other models could be made and responses in other formats e.g. email or letters would also be accepted. This has occurred, and all consultation responses will be made available to Cabinet in the decision making process.

The schools do well as they are - preference that they remain separate schools

Amalgamation is about combining two schools organisationally while preserving and building on what works well at each school. Achieving high educational standards and preserving ethos that is in the children's interests will be key focus of the governing body and leadership team of a combined school. A combined school enables the curriculum for the whole primary phase to be planned and delivered under one leadership. This provides continuity for the pupils throughout their primary education. It is of note that the governing bodies of the two schools have put forward options around extending the age range of each school to provide a primary school, therefore the concern does not appear to be about primary provision under one head teacher and governing body, but more about the individual schools amalgamating.

The schools are already full to capacity

Site scoping work has started and architects are undertaking an assessment of the current buildings and comparing them to the government's area guidance for a three form entry school and for the proposed amalgamation. This work would ensure that there is sufficient and appropriate space for additional children on the school sites. The two schools sites are very different in their current buildings and accommodation and therefore the solutions will be site specific.

Points were made at the infant school parent consultation meeting that only two additional classrooms would be needed at the infant school site. Architects could perhaps look into the possibility of a second storey. The school were able to work around the hall space when there were 60 more children at the school before the changes in the age of transfer in

September 2010 that led to the move from first and middle schools in Harrow.
The architects gave further feed back to the schools about site scoping options before the end of the autumn term.

Traffic and congestion issues

The concerns expressed about traffic congestion, parking and road safety in the area are fully recognised and are the consistent major theme arising from the expansion consultations. To minimise the impact of the additional pupils attending the schools proposed for expansion, a cross-council approach is being implemented. This approach brings officers together from Children and Families, Enterprise and Environment and Communications to co-ordinate work.

This proposal would require a building programme, for which planning permission would be needed. If an application is submitted, a decision on this will be a matter for the Planning Committee. This committee will consider highways and traffic concerns and the impact of the development on the local area. Residents and parents who believe they are impacted by this decision are entitled to make representations to the planning committee during the statutory planning consent timescales.

Concerns about split site

The governing bodies raised a concern about an amalgamated school on split sites and in particular the funding for this. Whilst it is true that all other amalgamations of primary schools in Harrow have been on one site, there is evidence of one head teacher and one governing body leading schools on different sites. Specifically, the hard federation of Heathland and Whitefriars worked successfully prior to conversion of the schools to academy status. Other schools in London and other areas have amalgamated on separate sites.

A combined school would receive a budget calculated in accordance with Harrow's funding formula, which is primarily based on an amount per pupil. In accordance with the Schools Funding Formula, as a combined school, there would be the loss of one 'lump sum' which currently totals £154,230 annually.

This would put the combined school in the same position as existing all-through primary schools over time. If the schools were to combine, in the first year, the two separate school budgets would be brought together.

In the year following the proposed amalgamation (2016/17) the combined school would receive the equivalent of 85% of two lump sums. This would allow time for the Governing Body to plan for this change which represents a comparatively small amount of the combined school budget (about 5%). Funding efficiencies arising from combining the schools can be used to offset this reduction. The Governing Body and leadership team of a combined school should be able to plan strategically in a cost effective manner in the best

	interests of the children in order to achieve positive outcomes for the children in the long term.	<p>It should also be noted that there is currently no provision in the School Funding Formula for split site schools as this is not relevant to Harrow. However, the Schools Forum will consider this funding element from April 2017 when it would be required after the lump sum reduction has been implemented.</p> <p>Over time, other amalgamated schools (on shared sites) have found that there have been efficiencies generated as a combined school including one Headteacher salary and shared back office functions. In general larger schools have greater economies of scale and capacity to deal with financial pressures and to be more flexible and creative with their funding although some of these savings will be more difficult to achieve on a split site.</p>
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6. What other (local, regional, national research, reports, media) data sources that you have used to inform this assessment?
 List the Title of reports / documents and websites here.

The GLA School Roll Projections Service draws on a range of available national and regional data to inform its projections.

A regional approach is an important aspect of meeting the needs of children and young people with special educational needs. Discussions are held with free school proposers, and with neighbouring local authorities through the West London Alliance, to inform work to meet the need.

Stage 3: Assessing Potential Disproportionate Impact

Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No	✓	✓	✓	✓	✓	✓	✓	✓	✓

YES - If there is a risk of disproportionate adverse Impact on any **ONE** of the Protected Characteristics, continue with the rest of the template.

- **Best Practice:** You may want to consider setting up a Working Group (including colleagues, partners, stakeholders, voluntary community sector organisations, service users and Unions) to develop the rest of the EqIA
- It will be useful to also collate further evidence (additional data, consultation with the relevant communities, stakeholder groups and service users directly affected by your proposals) to further assess the potential disproportionate impact identified and how this can be mitigated.

NO - If you have ticked 'No' to all of the above, then go to **Stage 6**

- Although the assessment may not have identified potential disproportionate impact, you may have identified actions which can be taken to advance equality of opportunity to make your proposals more inclusive. These actions should form your Improvement Action Plan at Stage 7

Stage 4: Collating Additional data / Evidence

8. What additional data / evidence have you considered in relation to your proposals as a result of the analysis at Stage 3?
(include this evidence, including any data, statistics, titles of documents and website links here)

Note: Please go to Stage 6.



What further consultation have you undertaken on your proposals as a result of your analysis at Stage 3?

Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).
Note: Please go to Stage 6.			

Stage 5: Assessing Impact and Analysis

10. What does your evidence tell you about the impact on different groups? Consider whether the evidence shows potential for differential impact, if so state whether this is an adverse or positive impact? How likely is this to happen? How you will mitigate/remove any adverse impact?

Protected Characteristic	Adverse	Positive	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur. Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 9	What measures can you take to mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 7)
Age (including carers of young/older people)	✓	✓	Note: Please go to Stage 6.	
Disability (including carers of disabled people)				
Gender Reassignment				
Marriage and Civil Partnership				
Pregnancy and Maternity				

	(including carers)	(including carers)	Reassignment	and Civil Partnership	Maternity	Belief	Orientation
Yes							
No							

If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a below - link this to the aims of the proposal and whether the disadvantage is proportionate to the need to meet these aims. (You are encouraged to seek legal advice, if you are concerned that the proposal may breach the equality legislation or you are unsure whether there is objective justification for the proposal)

If the analysis shows the potential for serious adverse impact or disadvantage (or potential discrimination) but you have identified a potential justification for this, this information must be presented to the decision maker for a final decision to be made on whether the disadvantage is proportionate to achieve the aims of the proposal.

- If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. **(select outcome 4)**
- If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. **(select outcome 4)**

Stage 6: Decision

13. Please indicate which of the following statements best describes the outcome of your EqIA (✓ tick one box only)

Outcome 1 – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and opportunities to advance equality are being addressed.

Outcome 2 – Minor adjustments to remove / mitigate adverse impact or advance equality have been identified by the EqIA. *List the actions you propose to take to address this in the Improvement Action Plan at Stage 7*

Outcome 3 – Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. **(Explain this in 13a below)**

Outcome 4 – Stop and rethink: when there is potential for serious adverse impact or disadvantage to one or more protected groups. (You are encouraged to seek Legal Advice about the potential for unlawful conduct under equalities legislation)

13a. If your EqIA is assessed as **outcome 3 or you have ticked 'yes' in Q12**, explain your justification with full reasoning to continue with your proposals.

Stage 7: Improvement Action Plan

14. List below any actions you plan to take as a result of this Impact Assessment. This should include any actions identified throughout the EqIA.

Area of potential adverse impact e.g. Race, Disability	Action required to mitigate	How will you know this is achieved? E.g. Performance Measure / Target	Target Date	Lead Officer	Date Action included in Service / Team Plan
Age. Insufficient school places for children in Harrow.	Work has been undertaken to maximise funding from the Government to create additional school places. This has included applications to the Priority School Building Programme and the Targeted Basic Need Programme, as well as work to maximise the annual basic need allocations.	Delivery, affordability and value for money will be monitored by the corporate Programme Board. Key milestones will be reported with RAG ratings to monitor progress.	1 September 2015.	Chris Spencer, Corporate Director Children & Families, through the Programme Board.	1 September 2013
Age. Insufficient school places for children in Harrow.	Work has been undertaken to maximise funding from the Government to create additional school places. This has included applications to the Priority School Building Programme and the Targeted Basic Need Programme, as well as work to maximise the annual basic need allocations.	Delivery, affordability and value for money will be monitored by the corporate Programme Board. Key milestones will be reported with RAG ratings to monitor progress.	1 September 2015.	Chris Spencer, Corporate Director Children & Families, through the Programme Board.	1 September 2013

<p>Disability. Mobility access.</p>	<p>Access issues will be considered throughout the design and construction processes.</p>	<p>As far as possible, the approach is to build towards an accessible school. It may be possible to address any access issues as part of the building works if the expansion proceeds.</p>	<p>1 September 2015.</p>	<p>Russell Eacott, Head of Capital Project Team</p>	<p>18 February 2014 (access issues raised at weekly update meeting)</p>
<p>Insufficient education provision to meet the needs of children with special educational needs.</p>	<p>This area of potential adverse impact of the increased number of children in the borough has been considered. Harrow Cabinet agreed its Special School and SEN Placements Planning Framework in July 2013 and, following successful applications to the Government's Targeted Basic Need Programme, new places are being created at special schools and through new additionally resourced provision places in Harrow's mainstream schools from September 2015.</p>	<p>Completion of the projects to expand Harrow's special schools and to create units for more additionally resourced provision places in Harrow's mainstream schools.</p>	<p>1 September 2015.</p>	<p>Chris Spencer, Corporate Director Children & Families, through the Programme Board.</p>	<p>1 March 2013</p>
<p>Residents / Service Users. Many concerns about the impacts of traffic congestion.</p>	<p>Measures are being put in place to address the traffic and congestion issues arising from the creation of additional school places. See Stage 2 Section 5 above.</p>	<p>Traffic Assessment and School Travel Plan will be submitted as part of the Planning Application.</p>	<p>June 2015.</p>	<p>Russell Eacott, Head of Capital Project Team.</p>	<p>November 2013.</p>

Stage 8 - Monitoring

The full impact of the proposals may only be known after they have been implemented. It is therefore important to ensure effective monitoring measures are in place to assess the impact.

15. How will you monitor the impact of the proposals once they have

The School Organisation Officer Group, comprised of representatives

<p>been implemented? What monitoring measures need to be introduced to ensure effective monitoring of your proposals? How often will you do this? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>from relevant corporate departments, meets monthly and will monitor the impact of proposals and the continuing levels of need.</p>
<p>16. How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>Regular reports are presented to Cabinet on school organisation matters, including quarterly update reports on the school expansion programme. These reports are published on the Harrow Council website.</p> <p>The School Expansion Stakeholder Reference Group has been established and meets monthly. The School Expansion Stakeholder Reference Group is a cross party representative group to provide advice and guidance on the implementation of the school expansion programme. The meetings are minuted.</p> <p>The Programme Board of senior corporate officers and the constructor meets regularly to monitor the construction programme to ensure appropriate accommodation is provided at the schools for the additional pupils.</p>
<p>17. Have you received any complaints or compliments about the proposals being assessed? If so, provide details.</p>	<p>A range of views and comments were received in support and opposed to the amalgamation proposal (see section 5 in Stage 2 above).</p> <p>36% of responses supported the amalgamation proposal; 57% opposed it and 7% were unsure.</p> <p>Having considered the points made by the Governing Bodies and comments in the consultation in the relevant Policy contexts, the officer view is that the reasons stated for the recommendation that the schools should not be combined do not constitute compelling and overriding reasons not to amalgamate the schools. It is considered that whilst the Governors raise a number of points, including the split site nature of the combined school, with appropriate support and planning they will be addressed and the educational benefits of a combined school operating over two sites will be achieved.</p>

Stage 9: Public Sector Equality Duty

18. How do your proposals contribute towards the Public Sector Equality Duty (PSED) which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.

(Include all the positive actions of your proposals, for example literature will be available in large print, Braille and community languages, flexible working hours for parents/carers, IT equipment will be DDA compliant etc)

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	Advance equality of opportunity between people from different groups	Foster good relations between people from different groups
By acting to ensure all children in Harrow have access to a high quality school place, Harrow is promoting equality of opportunity for all children and young people.	By acting to ensure all children in Harrow have access to a high quality school place, Harrow is promoting equality of opportunity for all children and young people.	By acting to ensure all children in Harrow have access to a high quality school place, Harrow is promoting equality of opportunity for all children and young people.

Stage 10 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)

The completed EqIA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.

9) Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?

The corporate Equality Impact Assessment Quality Assurance Group.			
Signed: (Lead officer completing EqIA)	<i>Chris Melly</i>	Signed: (Chair of DETG)	<i>Roger Rickman</i>
Date:	29 th December 2014	Date:	30 th December 2014
Date EqIA presented at the EqIA Quality Assurance Group	5 th January 2015	Signature of ETG Chair	<i>Mohammed Ilyas</i>

October 2014 School Census	Welldon Park Infant & Nursery School
AGE as at 31st August 2014	
3	19.8%
4	22.9%
5	23.3%
6	34.0%
Grand Total	262
GENDER	
Female	48%
Male	52%
Grand Total	262
ETHNICITY	
Bangladeshi	2.3%
Indian	9.2%
Asian Other	27.5%
Pakistani	5.0%
Chinese	0.4%
Black African	7.3%
Black Caribbean	3.1%
Black Other	1.5%
Mixed Other	4.6%
Mixed White/Asian	0.8%
Mixed White/Black African	1.1%
Mixed White/Black Caribbean	0.8%
Refused	0.4%
White British	5.3%
Any Other Ethnic Group	1.1%
White Irish Traveller	0.0%
White Irish	0.4%
White Other	8.4%
Unknown	21.0%
Grand Total	262
SEN	
No SEN	79.8%
School Action	6.9%
School Action Plus	8.4%
Statement of SEN	5.0%
Grand Total	262

Source: Collect export: all schools Blade-Export_06-11-2014_pupilonroll.xls

October 2014 School Census	Welldon Park Junior School
AGE as at 31st August 2014	
7	22.8%
8	22.8%
9	31.7%
10	22.8%
Grand Total	268
GENDER	
Female	40%
Male	60%
Grand Total	268
ETHNICITY	
Bangladeshi	2.6%
Indian	9.3%
Asian Other	34.7%
Pakistani	6.0%
Black African	10.8%
Black Caribbean	4.9%
Black Other	2.6%
Chinese	0.4%
Mixed Other	2.6%
Mixed White/Asian	3.0%
Mixed White/Black African	2.2%
Mixed White/Black Caribbean	0.7%
Refused	0.4%
White British	4.1%
Any Other Ethnic Group	1.9%
White Irish Traveller	0.0%
White Irish	1.9%
White Other	11.2%
Unknown	0.7%
Grand Total	268
SEN	
No SEN	82.5%
School Action	6.3%
School Action Plus	7.5%
Statement of SEN	3.7%
Grand Total	268

Source: Collect export: all schools Blade-Export_06-11-2014_pupilonroll.xls

KS201EW - Ethnic group

Appendix C

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South West Primary Planning Area

Population - All usual residents
Units - Persons
Date - 2011

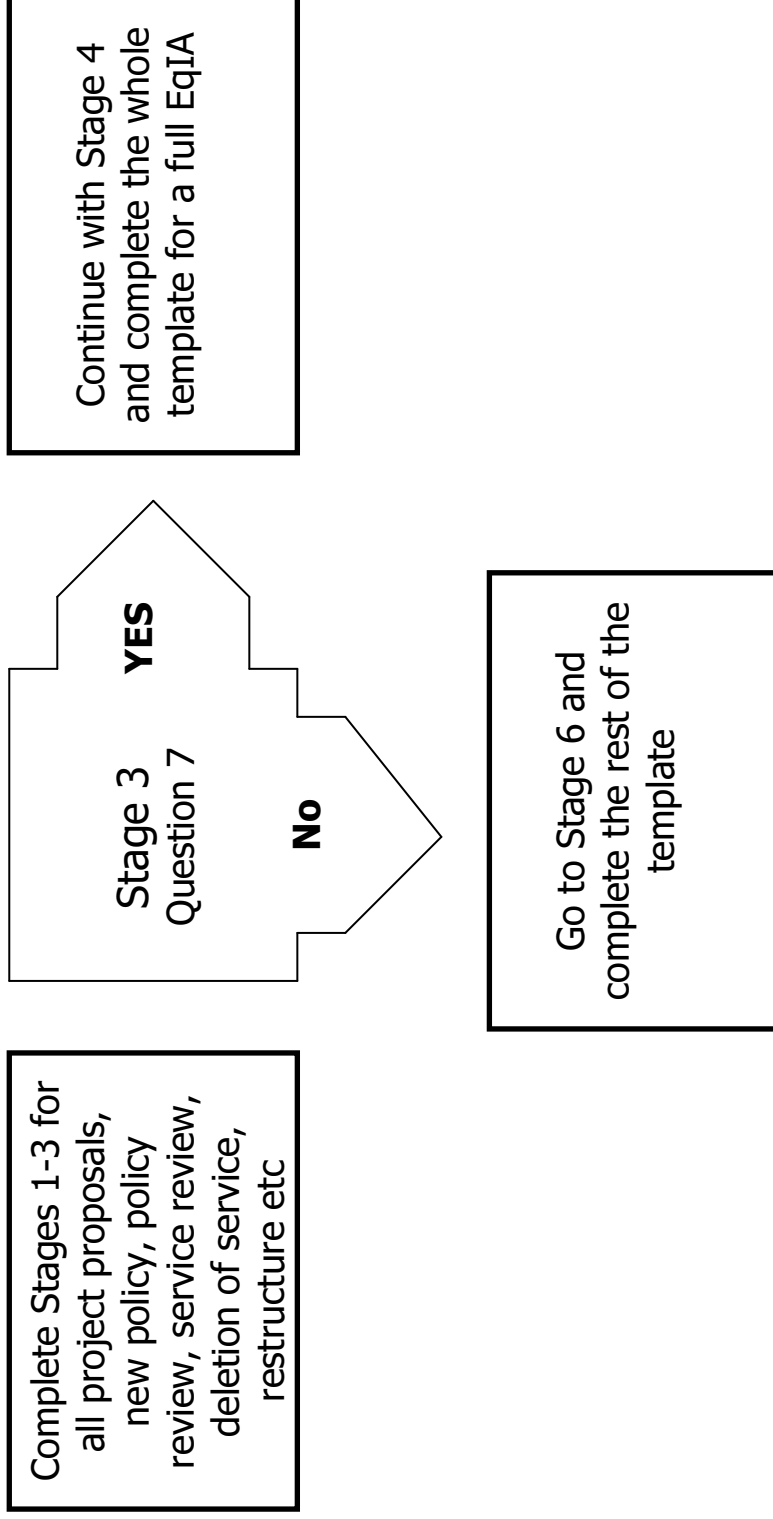
Main Wards for the South West Primary Planning Area
(Over 40% of pupils in these Wards attend schools in the planning area)

Ethnic Group	Harrow on the Hill		Rayners Lane		Roxbourne		Roxeth		West Harrow	
	number	%	number	%	number	%	number	%	number	%
All usual residents	12,270	100.0	11,124	100.0	12,828	100.0	11,663	100.0	10,373	100.0
White: English/Welsh/Scottish/Northern Irish/British	4,224	34.4	2,954	26.6	3,182	24.8	2,701	23.2	3,351	32.3
White: Irish	404	3.3	208	1.9	241	1.9	334	2.9	365	3.5
White: Gypsy or Irish Traveller	11	0.1	10	0.1	13	0.1	23	0.2	1	0.0
White: Other White	1,174	9.6	668	6.0	887	6.9	878	7.5	873	8.4
Mixed/multiple ethnic groups: White and Black Caribbean	157	1.3	103	0.9	194	1.5	135	1.2	97	0.9
Mixed/multiple ethnic groups: White and Black African	68	0.6	21	0.2	72	0.6	66	0.6	44	0.4
Mixed/multiple ethnic groups: White and Asian	259	2.1	119	1.1	173	1.3	225	1.9	199	1.9
Mixed/multiple ethnic groups: Other Mixed	162	1.3	118	1.1	140	1.1	138	1.2	125	1.2
Asian/Asian British: Indian	2,339	19.1	3,096	27.8	2,383	18.6	2,301	19.7	2,343	22.6
Asian/Asian British: Pakistani	344	2.8	392	3.5	447	3.5	415	3.6	378	3.6
Asian/Asian British: Bangladeshi	40	0.3	130	1.2	99	0.8	116	1.0	56	0.5
Asian/Asian British: Chinese	200	1.6	140	1.3	80	0.6	122	1.0	131	1.3
Asian/Asian British: Other Asian	1,423	11.6	2,306	20.7	2,836	22.1	2,529	21.7	1,235	11.9
Black/African/Caribbean/Black British: African	413	3.4	210	1.9	827	6.4	498	4.3	364	3.5
Black/African/Caribbean/Black British: Caribbean	415	3.4	258	2.3	518	4.0	511	4.4	300	2.9
Black/African/Caribbean/Black British: Other Black	211	1.7	120	1.1	392	3.1	321	2.8	202	1.9
Other ethnic group: Arab	237	1.9	111	1.0	179	1.4	174	1.5	180	1.7
Other ethnic group: Any other ethnic group	189	1.5	160	1.4	165	1.3	176	1.5	129	1.2
Main Ethnic Groups										
White	5,813	47.4	3,840	34.5	4,323	33.7	3,936	33.7	4,590	44.2
Mixed/multiple ethnic groups	646	5.3	361	3.2	579	4.5	564	4.8	465	4.5
Asian/Asian British	4,346	35.4	6,064	54.5	5,845	45.6	5,483	47.0	4,143	39.9
Black/African/Caribbean/Black British	1,039	8.5	588	5.3	1,737	13.5	1,330	11.4	866	8.3
Other ethnic group	426	3.5	271	2.4	344	2.7	350	3.0	309	3.0

In order to protect against disclosure of personal information, records have been swapped between different geographic areas. Some counts will be affected, particularly small counts at the lowest geographies.

Equality Impact Assessment Template

The Council has revised and simplified its Equality Impact Assessment process. There is now just one Template. Project Managers will need to complete **Stages 1-3** to determine whether a full EqIA is required and the need to complete the whole template.



Equality Impact Assessment (EqIA) Template

In order to carry out this assessment, it is important that you have completed the EqIA E-learning Module and read the Corporate Guidelines on EqIAs. Please refer to these to assist you in completing this assessment.

It will also help you to look at the EqIA Template with Guidance Notes to assist you in completing the EqIA.

Type of Project / Proposal:	Tick ✓	Type of Decision:	Tick ✓
Transformation	✓	Cabinet	✓
Capital		Portfolio Holder	
Service Plan		Corporate Strategic Board	
Other		Other	
100 Title of Project:		Implementing school expansion programme. Permanent expansion of the following community school(s): Welldon Park Infant and Nursery School Kingsley Road Harrow, HA2 8LT and Welldon Park Junior School Wyvenhoe Road Harrow, HA2 8LS	
Directorate / Service responsible:		At its meeting on 19 February 2015, Harrow Cabinet is recommended to approve the statutory proposals to expand permanently the Welldon Park infant and junior schools, or the combined primary school if the schools are amalgamated, by one form of entry (30 pupils) on 1 September 2015, which will fill incrementally from the point of admission into the school.	
Name and job title of lead officer:		Children & Families	
Name & contact details of the other persons involved in the assessment:		Johanna Morgan, Education Lead School Organisation Chris Melly, Senior Professional, School Organisation Ranjit Matharu, Acting Headteacher of Welldon Park Infant and Nursery School James Simmons, Acting Headteacher of Welldon Park Junior School	

<p>Date of assessment:</p> <p>Stage 1: Overview</p>	<p>29 December 2014</p>
<p>1. What are you trying to do?</p> <p>10 Explain proposals e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)</p>	<p>Two sets of statutory proposals have been published in relation to Welldon Park Infant and Nursery School and Welldon Park Junior School. It is proposed to:</p> <ul style="list-style-type: none"> • Combine the schools to create a combined primary school from 1 September 2015; • Expand the school(s) from 1 September 2015. <p>The two sets of statutory proposals are separate and not linked. This EqIA relates to the proposal to expand the school(s).</p> <p>It is proposed to permanently expand Welldon Park Infant and Nursery School and Welldon Park Junior School, or the combined primary school if the schools are amalgamated, from 1 September 2015 to become three forms of entry school(s) (90 places) from the current two forms of entry (60 places).</p> <p>Education school expansion statutory processes are being undertaken. On 11 December 2014, Harrow Cabinet considered the outcome of the consultation about the proposed expansion and decided to publish statutory proposals to effect the expansion. The statutory proposals were published from 5 January to 2 February 2015. One representation by a resident objecting to the statutory expansion proposals was received by Harrow Council by the closing date of the representation period on 2 February 2015. The representation by the resident made a number of points about the planning processes in relation to the expansion decision. The joint response by the Governing bodies objects to the amalgamation proposal but made no reference to the expansion of the two schools. In their joint response to the consultation, the Governing Bodies recommended that in principle the schools should be expanded. The representation and officer comments will be reported to Harrow Cabinet when determining the statutory proposals on 19 February 2015.</p> <p>The permanent expansion of Welldon Park Infant and Nursery School and Welldon Park Junior School, or the combined primary school if the schools are amalgamated, is proposed as part of the Primary School Expansion Programme within Harrow Council's School Place Planning Strategy. Cabinet agreed its School Place Planning Strategy in February 2010 to meet the increasing demand for school places that is primarily birth rate driven. In July 2011, Cabinet agreed on</p>

	<p>a Primary School Expansion Programme as part of the School Place Planning Strategy. The strategy aims to secure sufficient primary school places through the creation of additional permanent places, supplemented by planned bulge classes and contingency bulge classes, opened if required.</p>																														
<p>2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</p>	<table border="1"> <thead> <tr> <th data-bbox="277 958 363 1294">Residents / Service Users</th> <th data-bbox="277 896 363 958">✓</th> <th data-bbox="277 542 363 896">Partners / Schools</th> <th data-bbox="277 241 363 542">✓</th> <th data-bbox="277 94 363 241">Stakeholders</th> <th data-bbox="277 94 363 94">✓</th> </tr> </thead> <tbody> <tr> <td data-bbox="363 958 411 1294">Staff</td> <td data-bbox="363 896 411 958">✓</td> <td data-bbox="363 542 411 896">Age</td> <td data-bbox="363 241 411 542">✓</td> <td data-bbox="363 94 411 241">Disability</td> <td data-bbox="363 94 411 94">✓</td> </tr> <tr> <td data-bbox="411 958 533 1294">Gender Reassignment</td> <td data-bbox="411 896 533 958"></td> <td data-bbox="411 542 533 896">Marriage and Civil Partnership</td> <td data-bbox="411 241 533 542"></td> <td data-bbox="411 94 533 241">Pregnancy and Maternity</td> <td data-bbox="411 94 533 94"></td> </tr> <tr> <td data-bbox="533 958 580 1294">Race</td> <td data-bbox="533 896 580 958"></td> <td data-bbox="533 542 580 896">Religion or Belief</td> <td data-bbox="533 241 580 542"></td> <td data-bbox="533 94 580 241">Sex</td> <td data-bbox="533 94 580 94"></td> </tr> <tr> <td data-bbox="580 958 619 1294">Sexual Orientation</td> <td data-bbox="580 896 619 958"></td> <td data-bbox="580 542 619 896">Other</td> <td data-bbox="580 241 619 542"></td> <td data-bbox="580 94 619 241"></td> <td data-bbox="580 94 619 94"></td> </tr> </tbody> </table>	Residents / Service Users	✓	Partners / Schools	✓	Stakeholders	✓	Staff	✓	Age	✓	Disability	✓	Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity		Race		Religion or Belief		Sex		Sexual Orientation		Other			
Residents / Service Users	✓	Partners / Schools	✓	Stakeholders	✓																										
Staff	✓	Age	✓	Disability	✓																										
Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity																											
Race		Religion or Belief		Sex																											
Sexual Orientation		Other																													
<p>3. Is the responsibility shared with another directorate, authority or organisation? If so:</p> <ul style="list-style-type: none"> 1 Who are the partners? 2 Who has the overall responsibility? • How have they been involved in the assessment? 	<p>There is a statutory responsibility on the local authority to ensure sufficient school places in its area. Children & Families is the lead directorate, though the school expansion programme has to be delivered corporately with the involvement of officers from other directorates e.g. Environment and Enterprise, Finance, Performance, Legal.</p> <p>The school expansion programme is delivered in partnership between the local authority and schools.</p>																														
<p>Stage 2: Evidence / Data Collation</p>																															
<p>4. What evidence / data have you reviewed to assess the potential impact of your proposals? Include the actual data, statistics reviewed in the section below. This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys; complaints etc. Where possible include data on the nine Protected Characteristics.</p> <p>(Where you have gaps (data is not available/being collated), you may need to include this as an action to address in your Improvement Action Plan at Stage 7)</p>	<p>The Greater London Authority (GLA) prepares the pupil projections for Harrow Council. The GLA uses a range of information and data to prepare the projections including the number of births, number of pupils in Harrow schools, migration to Harrow and new housing development. Across London the population is growing, and the main reason for this is increasing birth rate. The demand for Reception class places (for pupils reaching 5 years of age) in Harrow schools is increasing:</p>																														
<p>Age (including carers of young/older people)</p>	<p>The Greater London Authority (GLA) prepares the pupil projections for Harrow Council. The GLA uses a range of information and data to prepare the projections including the number of births, number of pupils in Harrow schools, migration to Harrow and new housing development. Across London the population is growing, and the main reason for this is increasing birth rate. The demand for Reception class places (for pupils reaching 5 years of age) in Harrow schools is increasing:</p>																														

	<ul style="list-style-type: none"> • In January 2006 there were 2,224 Reception aged pupils in Harrow schools; • In January 2013 there were 2,879 Reception aged pupils in Harrow schools; • In January 2014 there were 3,030 Reception aged pupils in Harrow schools; • In January 2016 it is projected there will be 3,463 Reception aged pupils in Harrow schools. <p>In September 2012 there were a total of 2,550 permanent Reception class places in Harrow's primary sector schools. To ensure sufficient school places to meet the increased demand, temporary additional Reception classes have been opened since 2009. In order to meet the actual and predicted increased demand in the next few years there is a need to increase the number of permanent school places, in the primary sector initially and in the secondary sector in due course. Additional places are also required to meet increased demand for provision to meet special educational need. Phase 1 of the primary school expansion programme was implemented in September 2013 with 8 schools in the borough permanently increasing their Reception intakes. In September 2015, when all the Phase 2 schools are expanded, there will be 3,240 permanent Reception places. In order to ensure sufficient school places to meet the predicted increased demand by September 2016, Harrow needs to increase the number of permanent Reception places by at least a further 300 places to a total of 3,540. The Phase 3 proposals, that include Welldon Park Infant and Nursery School and Welldon Park Junior School, or the combined primary school if the schools are amalgamated, aim to ensure sufficient school places at the right time and in the right location to meet the increased demand up to 2016/17. Full information about the projected demand for school places and the planning to increase school places across Harrow can be viewed in the 17 July 2014 Cabinet papers (item 21 School Expansion Programme Appendix B) at http://www.harrow.gov.uk/www2/ie/ListDocuments.aspx?CId=249&MId=62354&Ver=4</p>
<p>Disability (including carers of disabled people)</p>	<p>See Appendix A of this EqIA for data about the profile of pupils attending the schools.</p> <p>The schools are mainstream schools, which make appropriate provision for pupils with SEN who attend mainstream schools. Welldon Park Infant and Nursery School has specialist resourced provision for children with specific language impairment and no change in this is proposed under these proposals. Currently, any accessibility issues would be dealt with by the schools under a management principle of meeting needs at a ground floor level should there be access issues. This issue would be considered to see whether any access issues could be addressed as part of the building works if the expansion proceeds.</p> <p>An increase in children of school age can be expected to include increased numbers of children with disability and special educational needs. The total number of statements of special educational need in Harrow has increased by 93 (or 9%) between 2006 and 2011 calendar years. In addition, the percentage of children with a statement placed in a special school (Harrow, other local authority, independent or non-maintained) has increased from 35% to 43% during the same period. This represents continued pressure</p>

	<p>and demand for more special school places. On 18 July 2013, Harrow Cabinet approved the Special School SEN Placements Planning Framework for bringing forward proposals over the next 3-5 years to increase provision for children and young people with special educational needs. Following successful applications in accordance with this framework to the Government's Targeted Basic Need Programme, 151 additional new SEN school places will be provided from 2015.</p> <p>See Appendix A of this EqIA for data about the profile of pupils attending the schools.</p> <p>See Appendix B of this EqIA for the profile of respondents to the statutory consultation.</p> <p>Consultations about expansion proposals at schools in the School Expansion Programme have identified concerns from residents about emergency services being unable to respond to urgent resident needs during school drop off and collection times. This is recognised as a potential issue and traffic mitigation measures, and the school travel plan work to reduce car use, will reduce the risk of this eventuality arising.</p>
	Not applicable in the context of the expansion of these schools.
Gender Reassignment	Not applicable in the context of the expansion of these schools.
Marriage / Civil Partnership	Not applicable in the context of the expansion of these schools.
Pregnancy and Maternity	Not applicable in the context of the expansion of these schools.
	<p>These are community schools which draw pupils from its local area and the pupil profiles reflect the ethnicity of their area. The October 2014 School Census data demonstrates that the school has an ethnically diverse pupil population. See Appendix A of this EqIA for data about the profile of pupils attending these schools.</p> <p>See Appendix B of this EqIA for the profile of respondents to the statutory consultation.</p> <p>See Appendix C of this EqIA for the ethnic groups in the main wards from which children attend these schools.</p>
104 ice	
Religion and Belief	<p>These are community schools which draw pupils from their local area and the pupil profiles reflect the religions and beliefs of their area.</p> <p>See Appendix B of this EqIA for the profile of respondents to the statutory consultation.</p>
Sex / Gender	<p>These are community schools which draw pupils from their local area and the pupil profiles reflect the gender of their area. See Appendix A of this EqIA for data about the profile of pupils attending these schools.</p>
Sexual Orientation	Not applicable in the context of the expansion of these schools.
Socio Economic	Not applicable in the context of the expansion of these schools.
5. What consultation have you undertaken on your proposals?	
Who was consulted?	What do the results show about the impact on different groups / Protected Characteristics?
What consultation methods were	What actions have you taken to address the

<p>Statutory consultation was held with the schools, their communities of parents, staff and governors, local residents and interested parties about the expansion proposal between 1 September and 5 November 2014.</p>	<p>used?</p>	<p>Consultation about the proposal to expand and combine Welldon Park Infant and Nursery School and Welldon Park Junior School was held between Monday 29 September 2014 and Friday 14 November 2014.</p> <p>Officers attended open consultation meetings during the consultation period at the schools about the expansion proposal to give a presentation and answer questions.</p> <p>Consultation responses</p> <p>109 responses were received to the consultation. Separate consultation questions were given to the school communities from those given to local residents because the amalgamation proposal was not relevant to the local residents without children attending the schools.</p> <ul style="list-style-type: none"> • 94 responses were received to the consultation questions for the school communities. • 15 responses were received to the consultation questions for residents. <p>A number of comments were included with the responses and the main themes are summarised below together with officer response to the themes.</p> <p>Responses from the school communities to the consultation questions about amalgamation and expansion</p> <p>Questions were asked in the consultation about the two proposals. They were:</p> <ul style="list-style-type: none"> • “Proposal 1: that Welldon Park Infant School and Welldon Park Junior School should join together to form one combined school on 1st September 2015.” • “Proposal 2: that the combined school or the two schools (depending on the outcome of Proposal 1) should expand to three forms of entry (90 places per year) from 1st September 2015.” <p>Both questions offered the option to respond ‘Yes’, ‘No’, or ‘Not Sure’ to each question. Opportunity was given for comments to be added after each question if the respondent wished to do so. The following table provides overall responses to the consultation question about expansion.</p>	<p>findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).</p>
<p>105</p>	<p>Consultation information was widely distributed including to neighbouring Local Authorities, local MPs, Councillors, Union representatives, Diocesan Bodies, voluntary organisations, and Harrow Youth Parliament.</p> <p>Information was put on the Harrow Council website, together with a facility for online response to the consultation for residents. The Council distributed a letter to local residents to inform them of the consultation and to invite them to the consultation meetings at the schools. The schools distributed information and response forms to</p>	<p>On 11 December 2014, Harrow Cabinet considered the outcome of the consultation about the proposed expansion and decided to publish statutory proposals to effect the expansion.</p> <p>Additional resource has been committed to ensure an appropriate profile to all the school expansion projects in particular.</p> <ul style="list-style-type: none"> • Transport Assessments are being undertaken at each of the schools proposed for expansion. The assessments provide an independent view of the proposals by reviewing baseline information about current traffic volumes and current issues and make recommendations about any impact as well as setting out any actions required. The 	<p>On 11 December 2014, Harrow Cabinet considered the outcome of the consultation about the proposed expansion and decided to publish statutory proposals to effect the expansion.</p> <p>Additional resource has been committed to ensure an appropriate profile to all the school expansion projects in particular.</p> <ul style="list-style-type: none"> • Transport Assessments are being undertaken at each of the schools proposed for expansion. The assessments provide an independent view of the proposals by reviewing baseline information about current traffic volumes and current issues and make recommendations about any impact as well as setting out any actions required. The

their parents, staff and governors and arranged open consultation meetings for parents and residents to enable discussion about the proposal.

	Junior	Infant	Total (91)
I support expansion to three forms of entry as either combined or separate schools	25	28	53 (58%)
I do not support expansion to three forms of entry as either combined or separate schools	10	14	24 (26%)
I am not sure	6	8	14 (15%)

The responses made by respondents from the school communities to the consultation question about expansion indicate agreement with the Council's proposal to expand the Welldon Park schools.

Responses from local residents to the consultation questions about expansion

Two questions were asked in the consultation. They were:

- "Do you agree with the approach to creating additional school places in Harrow?"
- "Do you agree with the proposal to permanently expand the Welldon Park Schools?"

Both questions offered the option to respond 'Yes', 'No', or 'Not Sure' to each question. Opportunity was given for comments to be added after each question if the respondent wished to do so. The following tables provide overall responses to the consultation questions.

The overall responses to Question 1 were:

Question 1: "Do you agree with the approach to creating additional school places in Harrow?"

Response	Number	Percentage
Yes	8	53.33%
No	6	40.00%
Not Sure	1	6.67%
Total	15	100.00%

The overall responses to Question 2 were:

Question 2: "Do you agree with the proposal to permanently expand the Welldon Park Schools?"

Response	Number	Percentage
Yes	4	23.67%
No	10	66.67%
Not Sure	1	6.66%
Total	15	100.00%

assessments take account of the consultation responses already received.

- A Transport and Travel Planner Officer for the expansion projects works with schools to develop and implement effective travel strategies in conjunction with the schools. This is a key role in influencing and engaging with all stakeholders to change attitudes to travel through the review and the development of School Travel Plans in order to minimise the use of private car travel to the school, particularly by parents. This role also liaises with the Highways, Traffic Management and Enforcement teams to ensure that any necessary engineering work and enforcement action, including Safer Neighbourhood Teams, is provided in line with the travel plans developed. This officer is also involved in the pre-planning engagement activities and input into the planning applications.

	<p>Just over half the responses made to the first consultation question indicate agreement with the Council's approach to creating additional school places in Harrow.</p> <p>Two thirds of the respondents to the second consultation question disagree with the Council's proposal to expand the Welldon Park schools, and just over a quarter agree with the proposal.</p> <p>The low response level of 15 needs to be viewed in the context of 500 consultation papers distributed to local residents. Also the publicising of the online consultation response portal on the Harrow Council website.</p> <p>Other responses to the consultation Governing Body The Governing Body of Welldon Park Infant and Nursery School and the Governing Body of Welldon Park Junior School made a joint formal statement to the statutory consultation. In the joint statement the Governing Bodies recommend that the schools should not be combined and recommend that in principle the schools should be expanded.</p> <p>Staff of Welldon Park Infant & Nursery School A letter was received from the staff of Welldon Park Infant & Nursery School stating disagreement with the proposal for amalgamation as a split site primary school and disagreeing that consultation should be taking place regarding expansion at the same time. The staff strongly believes alternative school models should be considered. Their preferred model for the infant school is an all through primary school with specialist provision for SEN on the present school site. The justification for their views is set out in the letter.</p> <p>Officer response to the consultation comments The six main themes in consultation comments and responses relate to:</p> <ul style="list-style-type: none"> • Lack of information about buildings and implications for residents; • Other alternatives should be considered; • The schools do well as they are - preference that they remain separate schools; • The schools are already full to capacity; • Traffic and congestion issues; • Concerns about split site. <p>Lack of information about buildings and implications for residents Information about the proposed expansion of the Welldon Park schools was sent to 500 residents in properties adjoining the school sites and along approach streets and included invitation to attend the consultation meeting for residents on 23 October 2014. This action was taken deliberately to give early information to residents about the proposal and so</p>	<ul style="list-style-type: none"> • The Transport Assessment and School Travel Plans are submitted as part of the planning applications. • There is a communication strategy for the expansion projects which includes raising the profile of school travel planning. • Additional Communications officer time will be commissioned to give communication and engagement work a high profile. • Parking enforcement officers visit the areas of all schools in Harrow and issue tickets when applicable. Two automatic number plate recognition CCTV cars have been introduced to reinforce enforcement work. • They are dedicated to schools exclusively.
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	<p>residents' perspectives can be taken into account from the outset. Inevitably, detailed information could not be given about the building arrangements if expansion is approved because site scoping work needs to be undertaken. However, the comments and issues stated by residents have been noted for consideration by Cabinet and these would inform the building design proposals should the expansion be approved.</p> <p>The initial site scoping will be completed by the end of term, undertaken by the Council with the schools. Options will be developed to address the additional requirements. This process will be undertaken in partnership with the school.</p> <p>Other alternatives should be considered</p> <p>Comments were made that it has been confusing to have consultation about the amalgamation and expansion proposals at the same time. Also, that there are alternative proposals that could be considered.</p> <p>It is important to have clear proposals so that the consultation is not confusing. Harrow Council has an Amalgamation Policy and the consultation proposal is to amalgamate the two schools in accordance with the policy. The Council believes this is the best model for a primary school. The Steering Group included additional information about other models of school organisation for example, federation, and academy status.</p> <p>Harrow Council also has a School Expansion Programme. Harrow Cabinet has approved that Phase 3 school expansion proposals be brought forward to meet the increased demand for places in 2015 and 2016. It is expedient to consult about both proposals at the same time rather than in close proximity to each other. Consultation at the same time on amalgamation and expansion proposals has occurred also at the Weald schools.</p> <p>Some preference has been expressed for two separate primary schools to be created at the Wealdon Park school sites to meet the increasing demand for school places. Although two additional forms of entry are projected to be needed in the South West Primary Planning Area within which the Wealdon Park schools are located, there is not the demand for these additional forms of entry to be provided at the one location. Additional places are opened as local to the demand as possible to minimise any need for parents to use cars to take their children to and from school, and expansion by a form of entry at a different school location will be sought. Additional considerations are: two community primary schools beside each other would have the potential to introduce unhelpful competition; concerns have been raised in consultation responses about the congestion on the road infrastructure for the proposed expansion of one form of entry, which can be expected to be heightened if a doubling of pupils was proposed; the capital costs of creating two primary schools are likely to be comparatively high.</p> <p>The proposal that one of the schools could be a one form entry is not considered to be the most efficient form of school organisation. Although small schools do perform well, they are very susceptible to changes to funding and have little capacity to develop economies of</p>	
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scale as single entities.

For transparency, other school organisation options were outlined in the consultation document distributed to parents and staff that the working group had investigated. Also, at the parent consultation meetings, addresses giving alternative perspectives were made by the Headteacher of Welldon Park Infant and Nursery School and by the Chair of Governors of Welldon Park Junior School. During the consultation it was pointed out that comments on other models could be made and responses in other formats e.g. email or letters would also be accepted. This has occurred, and all consultation responses will be made available to Cabinet in the decision making process.

The schools do well as they are - preference that they remain separate schools

Amalgamation is about combining two schools organisationally while preserving and building on what works well at each school. Achieving high educational standards and preserving ethos that is in the children's interests will be key focus of the governing body and leadership team of a combined school. A combined school enables the curriculum for the whole primary phase to be planned and delivered under one leadership. This provides continuity for the pupils throughout their primary education. It is of note that the governing bodies of the two schools have put forward options around extending the age range of each school to provide a primary school, therefore the concern does not appear to be about primary provision under one head teacher and governing body, but more about the individual schools amalgamating.

The schools are already full to capacity

Site scoping work has started and architects are undertaking an assessment of the current buildings and comparing them to the government's area guidance for a three form entry school and for the proposed amalgamation. This work would ensure that there is sufficient and appropriate space for additional children on the school sites. The two schools sites are very different in their current buildings and accommodation and therefore the solutions will be site specific.

Points were made at the infant school parent consultation meeting that only two additional classrooms would be needed at the infant school site. Architects could perhaps look into the possibility of a second storey. The school were able to work around the hall space when there were 60 more children at the school before the changes in the age of transfer in September 2010 that led to the move from first and middle schools in Harrow.

The architects gave further feed back to the schools about site scoping options before the end of the autumn term.

Traffic and congestion issues

The concerns expressed about traffic congestion, parking and road safety in the area are fully recognised and are the consistent major theme arising from the expansion

	<p>consultations. To minimise the impact of the additional pupils attending the schools proposed for expansion, a cross-council approach is being implemented. This approach brings officers together from Children and Families, Enterprise and Environment and Communications to co-ordinate work.</p> <p>This proposal would require a building programme, for which planning permission would be needed. If an application is submitted, a decision on this will be a matter for the Planning Committee. This committee will consider highways and traffic concerns and the impact of the development on the local area. Residents and parents who believe they are impacted by this decision are entitled to make representations to the planning committee during the statutory planning consent timescales.</p> <p>Concerns about split site</p> <p>The governing bodies raised a concern about an amalgamated school on split sites and in particular the funding for this. Whilst it is true that all other amalgamations of primary schools in Harrow have been on one site, there is evidence of one head teacher and one governing body leading schools on different sites. Specifically, the hard federation of Heathland and Whitefriars worked successfully prior to conversion of the schools to academy status. Other schools in London and other areas have amalgamated on separate sites.</p> <p>A combined school would receive a budget calculated in accordance with Harrow's funding formula, which is primarily based on an amount per pupil. In accordance with the Schools Funding Formula, as a combined school, there would be the loss of one 'lump sum' which currently totals £154,230 annually.</p> <p>This would put the combined school in the same position as existing all-through primary schools over time. If the schools were to combine, in the first year, the two separate school budgets would be brought together.</p> <p>In the year following the proposed amalgamation (2016/17) the combined school would receive the equivalent of 85% of two lump sums. This would allow time for the Governing Body to plan for this change which represents a comparatively small amount of the combined school budget (about 5%). Funding efficiencies arising from combining the schools can be used to offset this reduction. The Governing Body and leadership team of a combined school should be able to plan strategically in a cost effective manner in the best interests of the children in order to achieve positive outcomes for the children in the long term.</p> <p>It should also be noted that there is currently no provision in the School Funding Formula for split site schools as this is not relevant to Harrow. However, the Schools Forum will consider this funding element from April 2017 when it would be required after the lump sum reduction has been implemented.</p>	
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	Over time, other amalgamated schools (on shared sites) have found that there have been efficiencies generated as a combined school including one Headteacher salary and shared back office functions. In general larger schools have greater economies of scale and capacity to deal with financial pressures and to be more flexible and creative with their funding although some of these savings will be more difficult to achieve on a split site.	
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6. What other (local, regional, national research, reports, media) data sources that you have used to inform this assessment?
List the Title of reports / documents and websites here.

The GLA School Roll Projections Service draws on a range of available national and regional data to inform its projections.
A regional approach is an important aspect of meeting the needs of children and young people with special educational needs. Discussions are held with free school proposers, and with neighbouring local authorities through the West London Alliance, to inform work to meet the need.

Stage 3: Assessing Potential Disproportionate Impact

7. Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No	✓	✓	✓	✓	✓	✓	✓	✓	✓

YES - If there is a risk of disproportionate adverse impact on any **ONE** of the Protected Characteristics, continue with the rest of the template.

- Best Practice:** You may want to consider setting up a Working Group (including colleagues, partners, stakeholders, voluntary community sector organisations, service users and Unions) to develop the rest of the EqIA
- It will be useful to also collate further evidence (additional data, consultation with the relevant communities, stakeholder groups and service users directly affected by your proposals) to further assess the potential disproportionate impact identified and how this can be mitigated.

NO - If you have ticked 'No' to all of the above, then go to **Stage 6**

- Although the assessment may not have identified potential disproportionate impact, you may have identified actions which can be taken to advance equality of opportunity to make your proposals more inclusive. These actions should form your Improvement Action Plan at Stage 7

Stage 4: Collating Additional data / Evidence

8. What additional data / evidence have you considered in relation to your proposals as a result of the analysis at Stage

Note: Please go to Stage 6.

3? (include this evidence, including any data, statistics, titles of documents and website links here)					
9. What further consultation have you undertaken on your proposals as a result of your analysis at Stage 3?					
Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).		
Note: Please go to Stage 6.					
Stage 5: Assessing Impact and Analysis					
10. What does your evidence tell you about the impact on different groups? Consider whether the evidence shows potential for differential impact, if so state whether this is an adverse or positive impact? How likely is this to happen? How you will mitigate/remove any adverse impact?					
11 Protected Characteristic	Adverse ✓	Positive ✓	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur. Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 9	What measures can you take to mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 7)	
Age (including carers of young/older people)			Note: Please go to Stage 6.		
Disability (including carers of disabled)					

people)									
Gender Reassignment									
Marriage and Civil Partnership									
Pregnancy and Maternity									
Race									
Religion or Belief									
Sex									
Sexual orientation									
11. Cumulative Impact – Considering what else is happening within the								Yes	No

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<p>Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic?</p> <p>If yes, which Protected Characteristics could be affected and what is the potential impact?</p>	<p>Note: Please go to Stage 6.</p>															
<p>11a. Any Other Impact – Considering what else is happening within the Council and Harrow as a whole (for example national/local policy, austerity, welfare reform, unemployment levels, community tensions, levels of crime) could your proposals have an impact on individuals/service users socio economic, health or an impact on community cohesion?</p> <p>If yes, what is the potential impact and how likely is to happen?</p>	Yes						No									
<p>12. Is there any evidence or concern that the potential adverse impact identified may result in a Protected Characteristic being disadvantaged? (Please refer to the Corporate Guidelines for guidance on the definitions of discrimination, harassment and victimisation and other prohibited conduct under the Equality Act) available on Harrow HUB/Equalities and Diversity/Policies and Legislation</p>	<p>Note: Please go to Stage 6.</p>															
<p>114</p>	Yes															
<p>If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a below - link this to the aims of the proposal and whether the disadvantage is proportionate to the need to meet these aims. (You are encouraged to seek legal advice, if you are concerned that the proposal may breach the equality legislation or you are unsure whether there is objective justification for the proposal)</p> <p>If the analysis shows the potential for serious adverse impact or disadvantage (or potential discrimination) but you have identified a potential justification for this, this information must be presented to the decision maker for a final decision to be made on whether the disadvantage is proportionate to achieve the aims of the proposal.</p> <ul style="list-style-type: none"> ▪ If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. (select outcome 4) ▪ If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. (select outcome 4) 																
<p>Stage 6: Decision</p>																
<p>13. Please indicate which of the following statements best describes the outcome of your EqIA (✓ tick one box only)</p>																
<p>Outcome 1 – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and</p>															✓	

all opportunities to advance equality are being addressed.	
Outcome 2 – Minor adjustments to remove / mitigate adverse impact or advance equality have been identified by the EqIA. <i>List the actions you propose to take to address this in the Improvement Action Plan at Stage 7</i>	
Outcome 3 – Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. (Explain this in 13a below)	
Outcome 4 – Stop and rethink: when there is potential for serious adverse impact or disadvantage to one or more protected groups. (You are encouraged to seek Legal Advice about the potential for unlawful conduct under equalities legislation)	
13a. If your EqIA is assessed as outcome 3 or you have ticked 'yes' in Q12 , explain your justification with full reasoning to continue with your proposals.	

Stage 7: Improvement Action Plan

14. List below any actions you plan to take as a result of this Impact Assessment. This should include any actions identified throughout the EqIA.					
Area of potential adverse impact e.g. Race, Disability	Action required to mitigate	How will you know this is achieved? E.g. Performance Measure / Target	Target Date	Lead Officer	Date Action included in Service / Team Plan
Age. Insufficient school places for children in Harrow.	Work has been undertaken to maximise funding from the Government to create additional school places. This has included applications to the Priority School Building Programme and the Targeted Basic Need Programme, as well as work to maximise the annual basic need allocations.	Delivery, affordability and value for money will be monitored by the corporate Programme Board. Key milestones will be reported with RAG ratings to monitor progress.	1 September 2015.	Chris Spencer, Corporate Director Children & Families, through the Programme Board.	1 September 2013

<p>Disability. Mobility access.</p>	<p>Access issues will be considered throughout the design and construction processes.</p>	<p>As far as possible, the approach is to build towards an accessible school. It may be possible to address any access issues as part of the building works if the expansion proceeds.</p>	<p>1 September 2015.</p>	<p>Russell Eacott, Head of Capital Project Team</p>	<p>18 February 2014 (access issues raised at weekly update meeting)</p>
<p>Insufficient education provision to meet the needs of children with special educational needs.</p>	<p>This area of potential adverse impact of the increased number of children in the borough has been considered. Harrow Cabinet agreed its Special School and SEN Placements Planning Framework in July 2013 and, following successful applications to the Government's Targeted Basic Need Programme, new places are being created at special schools and through new additionally resourced provision places in Harrow's mainstream schools from September 2015.</p>	<p>Completion of the projects to expand Harrow's special schools and to create units for more additionally resourced provision places in Harrow's mainstream schools.</p>	<p>1 September 2015.</p>	<p>Chris Spencer, Corporate Director Children & Families, through the Programme Board.</p>	<p>1 March 2013</p>
<p>Residents / Service Users. Many concerns about the impacts of traffic congestion.</p>	<p>Measures are being put in place to address the traffic and congestion issues arising from the creation of additional school places. See Stage 2 Section 5 above.</p>	<p>Traffic Assessment and School Travel Plan will be submitted as part of the Planning Application.</p>	<p>June 2015.</p>	<p>Russell Eacott, Head of Capital Project Team.</p>	<p>November 2013.</p>

Stage 8 - Monitoring

The full impact of the proposals may only be known after they have been implemented. It is therefore important to ensure effective monitoring measures are in place to assess the impact.

15. How will you monitor the impact of the proposals once they have

The School Organisation Officer Group, comprised of representatives

<p>been implemented? What monitoring measures need to be introduced to ensure effective monitoring of your proposals? How often will you do this? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>from relevant corporate departments, meets monthly and will monitor the impact of proposals and the continuing levels of need.</p>
<p>16. How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>Regular reports are presented to Cabinet on school organisation matters, including quarterly update reports on the school expansion programme. These reports are published on the Harrow Council website.</p> <p>The School Expansion Stakeholder Reference Group has been established and meets monthly. The School Expansion Stakeholder Reference Group is a cross party representative group to provide advice and guidance on the implementation of the school expansion programme. The meetings are minuted.</p> <p>The Programme Board of senior corporate officers and the constructor meets regularly to monitor the construction programme to ensure appropriate accommodation is provided at the schools for the additional pupils.</p>
<p>17. Have you received any complaints or compliments about the proposals being assessed? If so, provide details.</p>	<p>A range of views and comments were received in support and opposed to the expansion proposal (see section 5 in Stage 2 above).</p> <p>School communities</p> <p>The responses made by respondents from the school communities to the consultation question about expansion indicate agreement with the Council's proposal to expand the Welldon Park schools.</p> <p>Residents</p> <p>Just over half the responses made to the first consultation question indicate agreement with the Council's approach to creating additional school places in Harrow.</p> <p>Two thirds of the respondents to the second consultation question disagree with the Council's proposal to expand the Welldon Park schools, and just over a quarter agree with the proposal.</p> <p>However, the low response level of 15 needs to be viewed in the context of 500 consultation papers distributed to local residents. Also</p>

the publicising of the online consultation response portal on the Harrow Council website.

Stage 9: Public Sector Equality Duty

18. How do your proposals contribute towards the Public Sector Equality Duty (PSED) which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.

(Include all the positive actions of your proposals, for example literature will be available in large print, Braille and community languages, flexible working hours for parents/carers, IT equipment will be DDA compliant etc)

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	Advance equality of opportunity between people from different groups	Foster good relations between people from different groups
By acting to ensure all children in Harrow have access to a high quality school place, Harrow is promoting equality of opportunity for all children and young people.	By acting to ensure all children in Harrow have access to a high quality school place, Harrow is promoting equality of opportunity for all children and young people.	By acting to ensure all children in Harrow have access to a high quality school place, Harrow is promoting equality of opportunity for all children and young people.

→ Stage 10 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)

∞ **ie completed EqIA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.**

19. Which group or committee The corporate Equality Impact Assessment Quality Assurance Group.

considered, reviewed and agreed the EqIA and the Improvement Action Plan?		
Signed: (Lead officer completing EqIA)	<i>Chris Melly</i>	Signed: (Chair of DETG)
Date:	29 th December 2014	Date:
Date EqIA presented at the EqIA Quality Assurance Group	5 th January 2015	Signature of ETG Chair
		30 th December 2014
		<i>Roger Rickman</i>
		<i>Mohammed Ilyas</i>

October 2014 School Census	Welldon Park Infant & Nursery School
AGE as at 31st August 2014	
3	19.8%
4	22.9%
5	23.3%
6	34.0%
Grand Total	262
GENDER	
Female	48%
Male	52%
Grand Total	262
ETHNICITY	
Bangladeshi	2.3%
Indian	9.2%
Asian Other	27.5%
Pakistani	5.0%
Chinese	0.4%
Black African	7.3%
Black Caribbean	3.1%
Black Other	1.5%
Mixed Other	4.6%
Mixed White/Asian	0.8%
Mixed White/Black African	1.1%
Mixed White/Black Caribbean	0.8%
Refused	0.4%
White British	5.3%
Any Other Ethnic Group	1.1%
White Irish Traveller	0.0%
White Irish	0.4%
White Other	8.4%
Unknown	21.0%
Grand Total	262
SEN	
No SEN	79.8%
School Action	6.9%
School Action Plus	8.4%
Statement of SEN	5.0%
Grand Total	262

Source: Collect export: all schools Blade-Export_06-11-2014_pupilonroll.xls

October 2014 School Census	Welldon Park Junior School
AGE as at 31st August 2014	
7	22.8%
8	22.8%
9	31.7%
10	22.8%
Grand Total	268
GENDER	
Female	40%
Male	60%
Grand Total	268
ETHNICITY	
Bangladeshi	2.6%
Indian	9.3%
Asian Other	34.7%
Pakistani	6.0%
Black African	10.8%
Black Caribbean	4.9%
Black Other	2.6%
Chinese	0.4%
Mixed Other	2.6%
Mixed White/Asian	3.0%
Mixed White/Black African	2.2%
Mixed White/Black Caribbean	0.7%
Refused	0.4%
White British	4.1%
Any Other Ethnic Group	1.9%
White Irish Traveller	0.0%
White Irish	1.9%
White Other	11.2%
Unknown	0.7%
Grand Total	268
SEN	
No SEN	82.5%
School Action	6.3%
School Action Plus	7.5%
Statement of SEN	3.7%
Grand Total	268

Source: Collect export: all schools Blade-Export_06-11-2014_pupilonroll.xls

Monitoring information

When completing their responses to the consultation, resident respondents were invited to provide information about how they perceive their social identity to assist with monitoring the effectiveness of the consultation outreach. Anonymous information was requested under the following categories: disability; ethnic group; and religion. The following tables show the responses received under these categories.

Respondents by Disability

	Number	Percentage
Not Disabled	15	100%
Disabled	0	0%
Not Stated	0	0%

Respondents by Ethnic Group

Ethnic Group	Number	% of total response
Asian Or Asian British	5	33.33%
Black or Black British	1	6.67%
Other Ethnic Group	0	0%
Mixed ethnic background	1	6.67%
White	8	53.33%
Did Not Specify	0	0%

Respondents by Religion

	Number	Percentage
Buddhism	0	0%
Christianity	6	40.00%
Hinduism	1	6.67%
Islam	1	6.67%
Jainism	0	0%
Judaism	0	0%
Sikh	0	0%
Zoroastrian	0	0%
Other	1	6.66%
No Religion	3	20.00%
Not Stated	3	20.00%

KS201EW - Ethnic group

Appendix C

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South West Primary Planning Area

Population - All usual residents
Units - Persons
Date - 2011

Main Wards for the South West Primary Planning Area
(Over 40% of pupils in these Wards attend schools in the planning area)

Ethnic Group	Harrow on the Hill		Rayners Lane		Roxbourne		Roxeth		West Harrow	
	number	%	number	%	number	%	number	%	number	%
All usual residents	12,270	100.0	11,124	100.0	12,828	100.0	11,663	100.0	10,373	100.0
White: English/Welsh/Scottish/Northern Irish/British	4,224	34.4	2,954	26.6	3,182	24.8	2,701	23.2	3,351	32.3
White: Irish	404	3.3	208	1.9	241	1.9	334	2.9	365	3.5
White: Gypsy or Irish Traveller	11	0.1	10	0.1	13	0.1	23	0.2	1	0.0
White: Other White	1,174	9.6	668	6.0	887	6.9	878	7.5	873	8.4
Mixed/multiple ethnic groups: White and Black Caribbean	157	1.3	103	0.9	194	1.5	135	1.2	97	0.9
Mixed/multiple ethnic groups: White and Black African	68	0.6	21	0.2	72	0.6	66	0.6	44	0.4
Mixed/multiple ethnic groups: White and Asian	259	2.1	119	1.1	173	1.3	225	1.9	199	1.9
Mixed/multiple ethnic groups: Other Mixed	162	1.3	118	1.1	140	1.1	138	1.2	125	1.2
Asian/Asian British: Indian	2,339	19.1	3,096	27.8	2,383	18.6	2,301	19.7	2,343	22.6
Asian/Asian British: Pakistani	344	2.8	392	3.5	447	3.5	415	3.6	378	3.6
Asian/Asian British: Bangladeshi	40	0.3	130	1.2	99	0.8	116	1.0	56	0.5
Asian/Asian British: Chinese	200	1.6	140	1.3	80	0.6	122	1.0	131	1.3
Asian/Asian British: Other Asian	1,423	11.6	2,306	20.7	2,836	22.1	2,529	21.7	1,235	11.9
Black/African/Caribbean/Black British: African	413	3.4	210	1.9	827	6.4	498	4.3	364	3.5
Black/African/Caribbean/Black British: Caribbean	415	3.4	258	2.3	518	4.0	511	4.4	300	2.9
Black/African/Caribbean/Black British: Other Black	211	1.7	120	1.1	392	3.1	321	2.8	202	1.9
Other ethnic group: Arab	237	1.9	111	1.0	179	1.4	174	1.5	180	1.7
Other ethnic group: Any other ethnic group	189	1.5	160	1.4	165	1.3	176	1.5	129	1.2

Main Ethnic Groups

White	5,813	47.4	3,840	34.5	4,323	33.7	3,936	33.7	4,590	44.2
Mixed/multiple ethnic groups	646	5.3	361	3.2	579	4.5	564	4.8	465	4.5
Asian/Asian British	4,346	35.4	6,064	54.5	5,845	45.6	5,483	47.0	4,143	39.9
Black/African/Caribbean/Black British	1,039	8.5	588	5.3	1,737	13.5	1,330	11.4	866	8.3
Other ethnic group	426	3.5	271	2.4	344	2.7	350	3.0	309	3.0

In order to protect against disclosure of personal information, records have been swapped between different geographic areas. Some counts will be affected, particularly small counts at the lowest geographies.