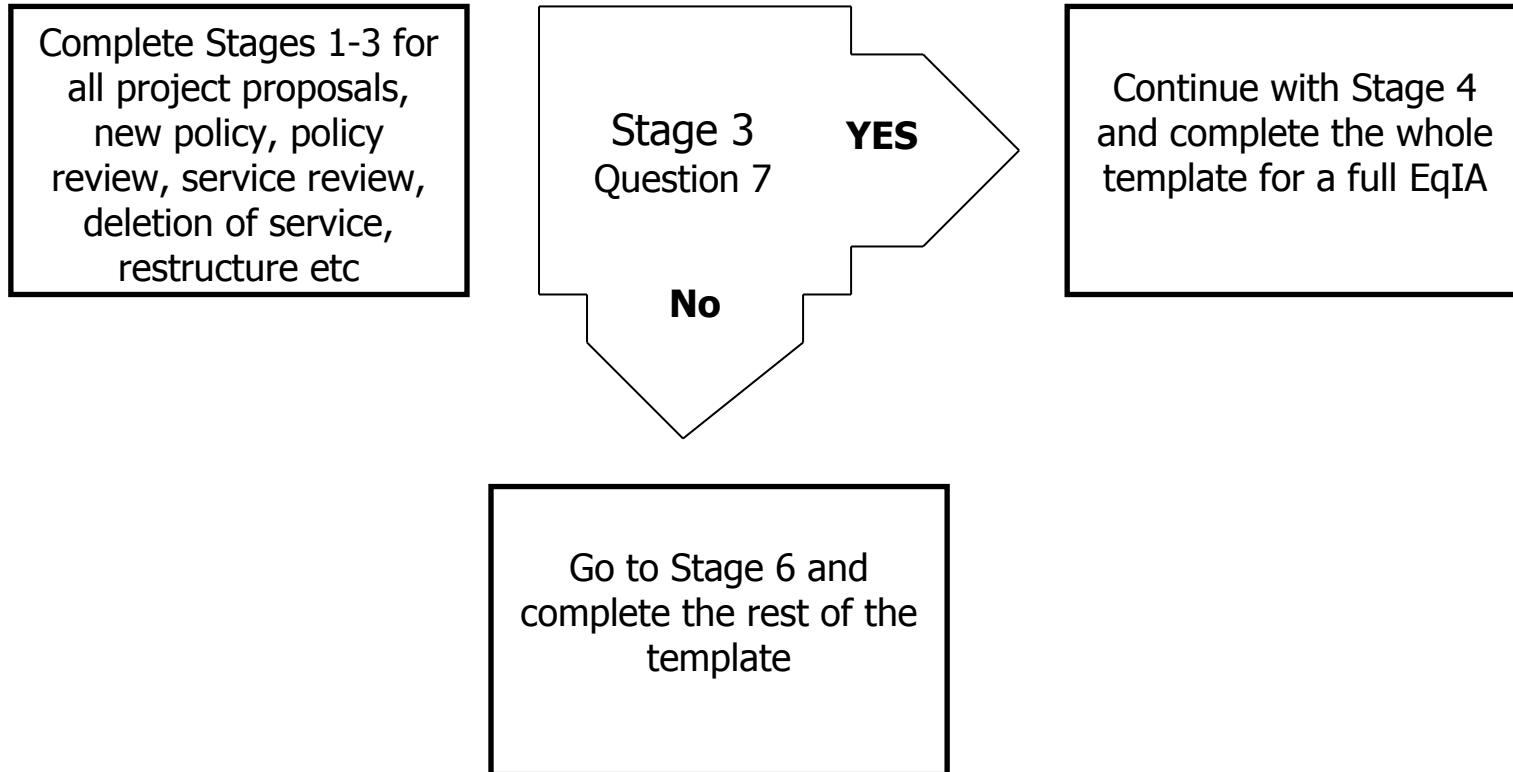


Equality Impact Assessment Template

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 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"/>
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		

<p>policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)</p>	<p>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).</p> <p>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.</p> <p>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.</p>					
<p>2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</p>	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>					

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.

Stage 2: Evidence / Data Collation

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>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

- The Bercow Review of Speech, Language and Communication Services for Children and Young People (CYP) and subsequent action plan 2008;

<p>assessment?</p> <p>List the Title of reports / documents and websites here.</p>	<ul style="list-style-type: none"> • 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).
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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	✓	✓	✓	✓	✓	✓	✓	✓	✓

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

<p>8. What additional data / evidence have you considered in relation to your proposals as a result of the analysis at Stage 3?</p> <p>(include this evidence, including any data, statistics, titles of documents and website links here)</p>	
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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, 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.	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> <p>If yes, which Protected Characteristics could be affected and what is the potential impact?</p>	Yes		No	
	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> <p>If yes, what is the potential impact and how likely is to happen?</p>	Yes		No	
	Please go to stage 6			

12. Is there any evidence or concern that the potential adverse impact identified may result in a Protected Characteristic being disadvantaged?									
	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual 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 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.

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.

(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
<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>	<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