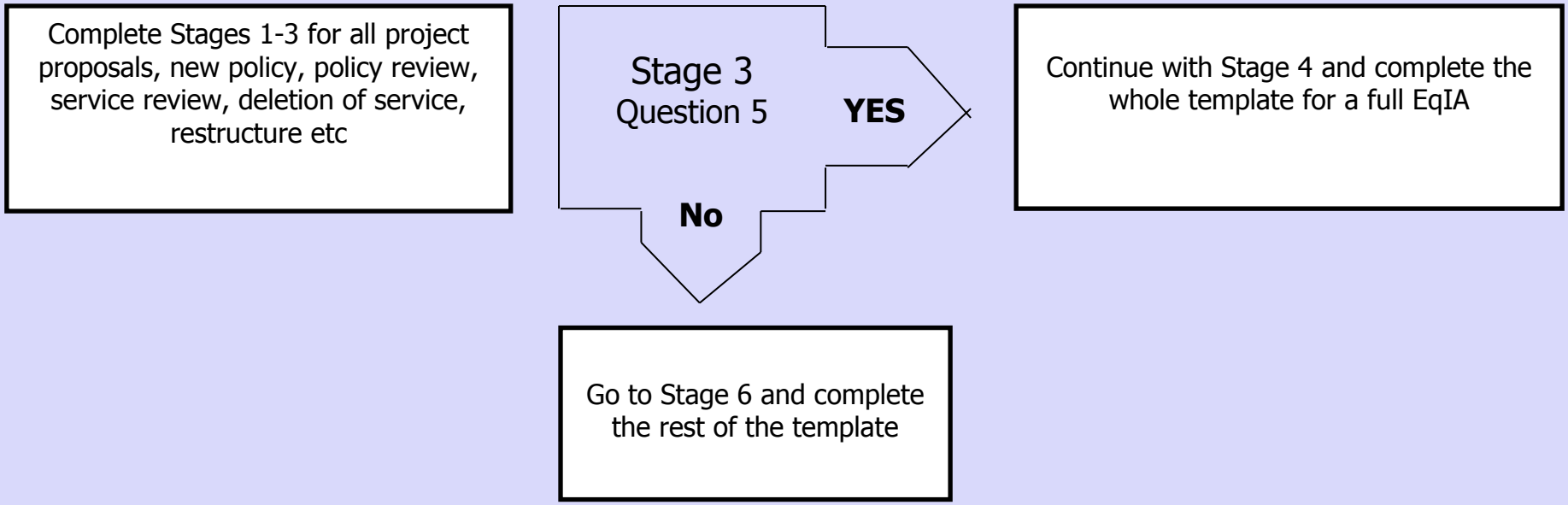
Equality Impact Assessment Template

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



- In order to complete this assessment, it is important that you have read the Corporate Guidelines on EqIAs and preferably completed the EqIA E-learning Module.
- You are also encouraged to refer to the EqIA Template with Guidance Notes to assist you in completing this template.
- SIGN OFF: All EqIAs need to be signed off by your Directorate Equality Task Groups. EqIAs relating to Cabinet Reports need to be submitted to the EqIA Quality Assurance Group at least one month before your Cabinet Report date. This group meets on the first Monday of each month.
- Legal will NOT accept any reports without a fully completed, Quality Assured and signed off EqIA.

The EqIA Guidance, Template and sign off process is available on the Hub under Equality and Diversity

Equality Impact Assessment (EqIA) Template

Type of Decision: Tick ✓		Cabinet		Portfolio Holder		Other (explain)		
Date decision to be taken:								
Value of savings to be made (if applicable):	£100K							
Title of Project:	**Young Peoples Public Health – Cessation of Schools Programme**							
Directorate / Service responsible:	People / Public Health							
Name and job title of Lead Officer:	Carole Furlong, Consultant in Public Health							
Name & contact details of the other persons involved in the assessment:	Laura Waller, Health Improvement Officer							
Date of assessment (including review dates):	August 2015 Updated 2 Feb 2016							

Stage 1: Overview

1. What are you trying to do?

(Explain your proposals here e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)

The aim of the proposal is to end the Public Health funded portion of the Harrow Healthy Schools programme after one year.

The Harrow Healthy Schools Programme allows schools to access specialist support for the public health topic areas listed below. It is proposed that schools will no longer be able to access this support free of charge.

- Healthy eating support for Primary Schools, increasing uptake of school meals, involving parents with healthy eating, increasing the number of staff who feel able to deliver and engage with children regarding healthy eating
- Physical activity audits for Primary Schools, to help schools identify opportunities for increased physical activity
- Emotional wellbeing and resilience support for Secondary Schools including Personal, Social, Health, Education (PHSE) support
- Emotional wellbeing and resilience support for Primary Schools particularly regarding the transition from Year 6 to 7 where pupils enter Secondary school.
- Allows schools to access a pupil led tobacco and smoking prevention project.
- Supports schools to fulfil set criteria regarding health and wellbeing and thus

<table>
<tr><td></td><td colspan="6">achieve Healthy Schools London accreditation, either Bronze, Silver or Gold.

Whilst schools would not be able to access this support for free this will be mitigated in the following ways:

• By the time the service is removed, school staff would have completed training in relation to the various public health work streams. It is hoped that school staff will continue to use their knowledge and skills to support young people.

• Schemes of work including lesson plans will be left as a legacy from the programme for school staff to continue to use.

• It is hoped that where schools require further support they can purchase this from the providers when required or through a traded service arrangement with the School Improvement Partnership.</td></tr>
<tr><td>2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</td><td colspan="6"><table>
<tr><td>Residents / Service Users</td><td>✓</td><td>Partners</td><td>✓</td><td>Stakeholders</td><td>✓</td></tr>
<tr><td>Staff</td><td>✓</td><td>Age</td><td>✓</td><td>Disability</td><td>✓</td></tr>
<tr><td>Gender Reassignment</td><td></td><td>Marriage and Civil Partnership</td><td></td><td>Pregnancy and Maternity</td><td></td></tr>
<tr><td>Race</td><td>✓</td><td>Religion or Belief</td><td></td><td>Sex</td><td></td></tr>
<tr><td>Sexual Orientation</td><td></td><td>Other</td><td>✓</td><td colspan="2"></td></tr>
</table></td></tr>
<tr><td>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?</td><td colspan="6">Public Health has overall responsibility for the programme but have commissioned the following organisations to deliver the work:

• The Health Education Partnership

• Harrow School Improvement Partnership

• The Deborah Hutton Campaign

These organisations were asked to incorporate sustainability into their initial project plans and were scored accordingly.</td></tr>
</table>

	Other partners include • Pupils and families at the schools involved in the programme (customers) • Specialist services such as CAMHs or the Young Peoples Drug and Alcohol Services (they may see increased/decreased referrals) • Vulnerable children (if this prevention and early intervention programme is removed then support may be removed for these children) • Commissioners- children's services and CCG

Stage 2: Evidence & Data Analysis

4. What evidence is available to assess the potential impact of your proposals? 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, press reports, letters from residents and complaints etc. Where possible include data on the nine Protected Characteristics.

(Where you have gaps (data is not available/being collated for any Protected Characteristic), you may need to include this as an action to address in your Improvement Action Plan at Stage 6)

Protected Characteristic	Evidence	Analysis & Impact
Age (including carers of young/older people)	• Harrow children (5-18yrs) are less physically active when compared to the England average for participation in at least 3 hours of sport/PE per week. • Compared with the England average, Harrow has a similar percentage in Reception year (age 4/5) and a worse percentage in Year 6 (age 10/11) classified as obese or overweight. • See Child Health Profile for above information • The Obesity Needs Assessment 2014 demonstrated that there is no weight	• Although actual pupil numbers have not been recorded, in July 2015, 11 secondary schools and 5 primary schools were accessing regular consultancy support. Young people in Primary and Secondary schools (4-16 years) will be affected if this service finishes and schools do not continue this work. • Without a coordinated approach to healthy eating and physical activity there is a strong possibility of an increase in childhood obesity in the future, particularly in older children (Y6). This will have a devastating effect on children's health leading to increased rates of Type 2 Diabetes and other life limiting diseases in later life.

	management service in Harrow for overweight and obese children and their families to access. • Evidence shows that there is a link between school-based programmes to promote health such as those that focus on increasing physical activity and improving nutrition and improved academic attainment[12].	• Increased cost due to conduct disorders such as antisocial behaviour. • Increased number of children and young people within the education and social care system with troubled and troublesome behaviours • Increased number of children and young people with less healthy eating habits undertaking less physical activity with a consequent increase in child hood obesity. Over a third of children in year 6 are overweight or obese. • The termination of the programme will have a negative impact on educational attainment
Disability (including carers of disabled people)	• Mental health problems in young people can result in lower educational attainment (for example, children with conduct disorder are twice as likely as other children to leave school with no qualifications) and are strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour. This is well documented in the Children and Young People's Mental Health and Wellbeing Taskforce. • Also noted in this document is that 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Failure to support children and young people with mental health needs costs lives and money. Early intervention avoids young	• If the programme finishes and schools do not continue the work as suggested, there is a risk that the termination of the programme will have an adverse effect on those with a disability. Particularly those with a mental health problem or those who may be predisposed to develop a mental health problem in the future. • Those with a learning disability are more likely to have long term physical problems caused by unhealthy lifestyles that start in childhood. • A measure for the increase in mental health problems in young people could be an increase in hospital admissions for self harm which is included

[1] Powney J, Malcolm H, Lowden K (2000) Health and attainment: a brief review of recent literature. Glasgow: SCRE Centre, University of Glasgow.

[2] Murray, N. G., Low B. J., Hollis, C., Cross, A. W., and Davis, S. M. (2007) Coordinated school health programs and academic achievement: A systematic review of the literature. Journal of School Health, 77, 9, 589-600

	people falling into crisis and avoids expensive and longer term interventions in adulthood. • Increased loss of lifetime earnings in each one year cohort of 10-15 year olds who experience bullying, in Harrow this has been estimated at £72.2m. Net savings if each one year cohort of 5-16 year olds received school based anti-bullying interventions has been estimated at £38.2m for Harrow[3] • Evidence shows social and emotional learning programmes to prevent conduct disorder for reach one year cohort of 10 year olds showed net savings over 5 years in Harrow of £17.4m • Data for Harrow from the Hospital Episode Statistics, Health and Social Care Information Centre shows the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is lower than the England average.	in the Child Health Profile.
Gender Reassignment	Not relevant	
Marriage / Civil Partnership	Not relevant	
Pregnancy and Maternity	• In 2013, under 18 conceptions was lower than the regional average and the England average (ONS).	• The emotional wellbeing part of the programme addresses decision making and risky behaviours. Without on-going support, there could be a potential increase in teen pregnancies and sexually transmitted diseases. This will burden both the NHS and the Local Authority.

[3] Knapp M, McDaid D, Parsonage M (eds) (2011) Mental health promotion and mental illness prevention: the economic case. Department of Health

Race	• Nationally, obesity prevalence is significantly higher than average for children in the ethnic groups 'Asian or Asian British' (10.4% in reception and 23.8% in year 6), 'Any Other Ethnic Group' (11.3% and 24.3%), 'Black or Black British' (15.6% and 27.4%) and for the 'Mixed' ethnic group (10.0% and 21.4%)[4]. • In Harrow 22,858 children come from the above minority ethnic Groups, which is 83.5% of all children in the borough [5]	• Minority ethnic groups have a higher than average risk of obesity, and the majority of children in Harrow are from a minority ethnic group. Therefore the termination of this programme will have a direct negative impact on those from BAME groups.
Religion and Belief	Not relevant	
Sex / Gender	Not relevant	
Sexual Orientation	Not relevant	

Stage 3: Assessing Potential Disproportionate Impact

5. 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	Disability (including	Gender Reassignment	Marriage and Civil	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation

[4] Health and Social Care Information Centre

[5] Child Health Profile 2014, PHE

	carers)	carers)		Partnership					
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 6

Stage 4: Further Consultation / Additional Evidence

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? E.g. revising your proposals
Harrow Council Public Health Consultation ran from the 16 Nov 2015 until the 16 Jan 2016. In addition to an on line an paper consultation document and questionnaire being widely circulated and send directly to stakeholders three focus groups were organised on different days of the week and at different times of the day.	A total of 15 individual responses were received and a full report detailing the outcome from the consultation is appended to this EqiA. 3 individuals agreed with this proposal and 11 disagreed.	none

Stage 5: Assessing Impact					
7. What does your evidence tell you about the impact on the different Protected Characteristics? Consider whether the evidence shows potential for differential impact, if so state whether this is a positive or an adverse impact? If adverse, is it a minor or major impact?					
Protected Characteristic	Positive Impact ✓	Adverse Impact		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 7**	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 6)**
		Minor ✓	Major ✓		
Age (including carers of young/older people)		✓		Removing this service may be a negative impact on the health and attainment of children and young people**.** If the programme is removed school staff may well lose momentum in its delivery. As a result, children's weight (measured at Reception and Year 6) will increase. This is particularly relevant as there is limited support for overweight children in the borough. Adults in the borough can be referred by their GP to a series of exercise sessions **but there is no similar service for GPs to refer children who are overweight or obese.** Consequently, this population wide programme based in schools is a valuable tool in the fight against childhood obesity. This will have a devastating effect on children's health leading to increased rates of Type 2 Diabetes and other life limiting diseases in later life. The termination of the programme will have a negative impact on educational attainment	Whilst schools would not be able to access this support for free this will be mitigated in the following ways: By the time the service is removed, school staff would have completed training in relation to the various public health work streams. It is hoped that school staff will continue to use their knowledge and skills to support young people. Schemes of work including lesson plans will be left as a legacy from the programme for school staff to continue to use. It is hoped that where schools require further support they can purchase this from the providers when required or through a traded service arrangement with the School Improvement Partnership

				The evidence clearly shows that well designed and implemented interventions within schools can have significant benefits in terms of life-long health, educational attainment, social, emotional and economic wellbeing and reduced involvement in crime for children and young people in society.	
Disability (including carers of disabled people)		✓		If the programme finishes and schools do not continue the work as suggested, this will have an adverse effect on those with a disability. Particularly those with a mental health problem or those who may be predisposed to develop a mental health problem in the future Increased cost due to conduct disorders such as antisocial behaviour. Increased number of children and young people within the education and social care system with troubled and troublesome behaviours	See above In addition, the provider for this programme has developed a very comprehensive Emotional Wellbeing and PHSE Framework This framework aims to support schools to integrate the development of social and emotional skills within the curriculum in all subject areas. PSHE could be used as a platform to deliver some of the messages and materials covered in this framework; however, it is primarily intended to support the delivery of emotional health and wellbeing in schools. The content is designed to be flexible so that you can select the parts relevant to your individual / schools needs. The link to this comprehensive piece of work is below: As part of the programme there is a peer support element. To date, 8 secondary schools have trained key staff members to run emotional wellbeing mentoring programmes. From September 2015 these schools will begin training pupils to become peer mentors and support their fellow pupils.

					This will help to ensure that vulnerable pupils will have a mentor with whom they can discuss any emotional issues.
Gender Reassignment				n/a	
Marriage and Civil Partnership				n/a	
Pregnancy and Maternity					
Race		✓			
Religion or Belief					
Sex		✓		The emotional wellbeing part of the programme addresses decision making and risky behaviours. Without on-going support, there could be a potential increase in teen pregnancies and sexually transmitted diseases. This will burden both the NHS and Local Authority.	The Emotional Wellbeing and PHSE Framework provides detailed lesson plans regarding risky behavior and safety included in PHSE. Teachers can access this framework when planning sessions.
Sexual orientation					

8. 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? If yes, which Protected Characteristics could be affected and what is the potential impact?	Yes		No		
	Any other programmes affecting children would add to the impact of the loss of this programme In particular, the review of CAMHs and scaling down of clinic in a box may impact negatively.				
9. 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? If yes, what is the potential impact and how likely is it to happen?	Yes	✓	No		
	The termination of this programme could potentially impact on health inequality. There is a possibility of children in some communities becoming obese and developing the associated long term health risks. The nutrition element of the programme focuses on schools with above average obesity rates in order to improve health inequalities. Without the programme there is a danger that these inequalities will be exacerbated.				

Stage 6 – Improvement Action Plan

List below any actions you plan to take as a result of this Impact Assessment. These should include:

- Proposals to mitigate any adverse impact identified
- Positive action to advance equality of opportunity
- Monitoring the impact of the proposals/changes once they have been implemented
- Any monitoring measures which need to be introduced to ensure effective monitoring of your proposals? How often will you do this?

Area of potential adverse impact e.g. Race, Disability	Proposal to mitigate adverse impact	How will you know this has been achieved? E.g. Performance Measure / Target	Lead Officer/Team	Target Date
Age Race sexuality	• By the time the service is removed, school staff would have completed training in relation to various public health work streams. As a result staff will continue to use their knowledge and skills to support young people. • Schools will continue to use the resources left as a legacy from the programme. • If schools require further support they can purchase this from the providers when required. • The above points have been written into each service providers contract but will be there will be a greater focus on sustainability as well as health outcomes in the foreseeable monitoring meetings • The Healthy Schools London scheme is continuing until March 2017. Schools can still receive accreditation until then • Other boroughs have offered support as part of a traded service, this is something that needs to be investigated in Harrow- particularly with Harrow School Improvement	• Number of staff attended training and percentage of staff achieving learning outcomes. This may need to be monitored via telephone calls from the PH team. • Number of schools actively using the resources at the end of the programme • Number of schools engaged in self funded programme • Number signed up to Healthy Schools London; • Number achieving HSL Bronze, Silver, Gold awards	Laura Waller & Carole Furlong Public Health	TBA

	Partnership (HSIP)			

Stage 7: Public Sector Equality Duty	
10. How do your proposals meet the Public Sector Equality Duty (PSED) which requires the Council to: 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010 2. Advance equality of opportunity between people from different groups 3. Foster good relations between people from different groups	

Stage 8: Recommendation	
11. 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 of opportunity are being addressed.	
Outcome 2 – Minor Impact: Minor adjustments to remove / mitigate adverse impact or advance equality of opportunity have been identified by the EqIA and these are listed in the Action Plan above.	x
Outcome 3 – Major Impact: Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality of opportunity. 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 Q12 below)**	

12. If your EqIA is assessed as **outcome 3** explain your justification with full reasoning to continue with your proposals.	

Stage 9 - Organisational sign Off	
13. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?	

Signed: (Lead officer completing EqIA)	Carole Furlong/ Laura Waller	Signed: (Chair of DETG)	Carol Yarde
Date:	25.8.15	Date:	2. 2. 2016
Date EqIA presented at the EqIA Quality Assurance Group (if required)		Signature of DETG Chair	