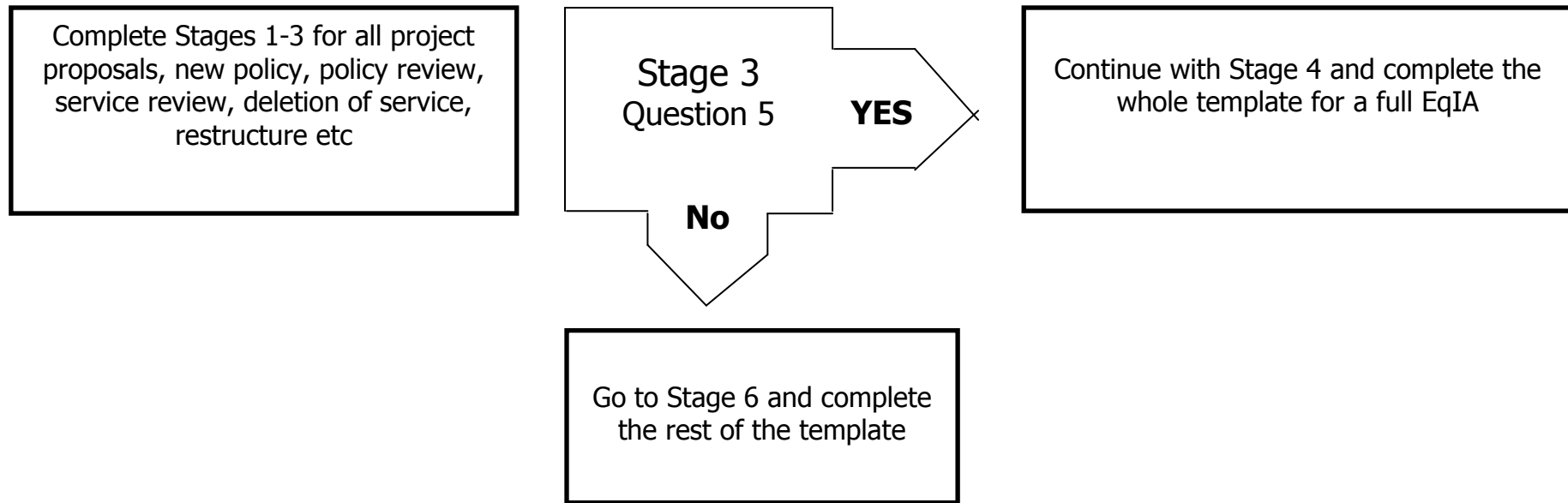


Equality Impact Assessment Template

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.
- Legal will NOT accept any report 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 ✓	<input checked="" type="checkbox"/> Cabinet <input type="checkbox"/> Portfolio Holder <input type="checkbox"/> Other (explain)
Date decision to be taken:	13 October 2016
Value of savings to be made (if applicable):	
Title of Project:	Future in Mind – Children & Young People’s Emotional, Health & Well-Being Service
Directorate / Service responsible:	People Directorate/Children and Young People Services
Name and job title of Lead Officer:	Paul Hewitt Divisional Director Children & Young People Service
Name & contact details of the other persons involved in the assessment:	Priya Ganatra, Priya.ganatra@harrow.gov.uk Paul Hewitt, paul.hewitt@harrow.gov.uk Elizabeth Streeter, Harrow CCG, e.streeter@nhs.net Tara Curtis, Engagement Officer, Harrow CCG t.ara.curtis@nhs.net
Date of assessment (including review dates):	

Stage 1: Overview

<p>1. What are you trying to do?</p> <p>(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)</p>	<p>Introduction of a new service, to develop integrated Emotional Health and Wellbeing Targeted Service for Children & Young People living in Harrow.</p> <p>In March 2015 the government published Future in Mind, their strategy for promoting, protecting and improving children and young people’s mental health and wellbeing. The report made 49 recommendations to improve young people’s mental health services over the next five years, grouped under five themes:</p> <ul style="list-style-type: none"> • Promoting resilience, prevention, and early intervention • Improving access to effective support – a system without tiers • Care of the most vulnerable • Accountability and transparency • Developing the workforce
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Accompanying the guidance was funding to invest in children and young people's mental health services. In order to access this funding, NHS Clinical Commissioning Groups (CCG) facilitated the development of local transformation plans, in collaboration with key stakeholders, including the Local Authority and Schools, outlining the way in which this money will be invested. Harrow CCG together with the North West London CCG's collegiate wrote a joint plan with 8 priority areas, all with their local objectives which was approved by NHS England in December 2015.

Priority 5 of our Future in Mind Transformation Plan: Transforming Pathways – A Tier free system, Harrow's local priority is to develop an integrated Emotional Health and Wellbeing Targeted Service). This will be an early intervention/prevention provision, targeted at young people with an identified need. Working to target identified vulnerable children and young people in Harrow such as: Children in Need, Children Looked After, and children and young people with challenging behaviour, bereavement, life events, school exclusion, obsessive compulsive disorder, difficulties with eating/sleeping, attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD).

The proposed service jointly funded by the Local Authority and Health will include community outreach and provision in schools. There are an estimated 3695 children and young people (aged 0-18) in Harrow who may be eligible for this provision. The service is to be innovative and flexible, offering short to medium term intervention, preventing further escalation of the child/young person's needs and enabling them to be empowered and more resilient. The service will offer a range of therapeutic short to medium term interventions including but not exhaustive of:

- Direct clinical 1:1 therapy Cognitive Behavioural Therapy/Psychotherapy/Dialectical Behaviour Therapy
- Group counselling
- Music/art/drama therapy
- Advice/support to parents/carers/professionals involved with the children and

	<p>young people</p> <p>Therefore we are seeking approval from Cabinet to:</p> <ol style="list-style-type: none"> 1. Enter into agreement with the Harrow CCG with the anticipation of awarding a contract for 3 years to the appointed provider with the option to extend for a further 2 years. The expected service commencement date is 1st March 2017. 2. Give approval for an extension up to 6 months from December 2016 to the current service provider to ensure there is no gap in service provision to Children Looked After. 3. Delegate authority to the Corporate Director for People Services in consultation with the Portfolio Holder for Children, Schools and Young People, together with the Portfolio Holder for Finance and Major Contracts to award an Agreement for the Future in Mind – Children & Young People’s Emotional, Health & Well-Being Service. This will ensure that the tendering process is undertaken without delay and that new services are commissioned as soon as possible. 					
<p>2. Who are the main groups / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</p>	Residents / Service Users	✓	Partners	✓	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>Harrow Clinical Commissioning Group (CCG) are the lead Partner agency that will be leading on the procurement and have the overall responsibility for this new service. Local needs analysis, mental health in young people prevalence data and other material relevant to this assessment has been shared by The Future in Mind Project Manager and Participation Officer from Harrow CCG.</p>					

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 should 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)	According to the Office of National Statistics mid-year estimate 2015 the overall population of Harrow is 247,130 of which 58,611 are aged 0-19 years old. The service provider would therefore be offering a service to those 58,611 children and young people and their parents/carers living in Harrow that meet the criteria for referral.	The service will be for children and young people aged 0-19 of which approximately 3695 are potentially eligible and will have direct access into the new service. Furthermore, approximately 1,900 children and young people are known to the council's young people services department and will have direct access into the new proposed service.
Disability (including carers of disabled people)	There are 4,570 children & young people with special educational needs of which: 421 Access special schools 708 have Moderate Learning Disabilities and 414 have Autistic Spectrum Disorder	The service will meet the current gap for children and young people who have a moderate emotional, mental health need in addition to their learning disability/difficulty.
Gender Reassignment	No evidence currently available	The potential impact will be monitored

Marriage / Civil Partnership	No evidence currently available	The potential impact will be monitored																																																																		
Pregnancy and Maternity	No evidence currently available	The potential impact will be monitored																																																																		
Race	<p>The number of children and young people in Harrow's schools as at the January 2016 school census by the characteristics of Race are as follows:</p> <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Bangladeshi</td> <td>309</td> <td>0.9%</td> </tr> <tr> <td>Indian</td> <td>7276</td> <td>20.6%</td> </tr> <tr> <td>Asian Other</td> <td>7137</td> <td>20.2%</td> </tr> <tr> <td>Pakistani</td> <td>1777</td> <td>5.0%</td> </tr> <tr> <td>Black African</td> <td>2478</td> <td>7.0%</td> </tr> <tr> <td>Black Caribbean</td> <td>1119</td> <td>3.2%</td> </tr> <tr> <td>Black Other</td> <td>430</td> <td>1.2%</td> </tr> <tr> <td>Chinese</td> <td>178</td> <td>0.5%</td> </tr> <tr> <td>Mixed Other</td> <td>1126</td> <td>3.2%</td> </tr> <tr> <td>Mixed White Asian</td> <td>863</td> <td>2.4%</td> </tr> <tr> <td>Mixed White Black African</td> <td>322</td> <td>0.9%</td> </tr> <tr> <td>Mixed White Black Caribbean</td> <td>591</td> <td>1.7%</td> </tr> <tr> <td>Information not obtained</td> <td>191</td> <td>0.5%</td> </tr> <tr> <td>Any other ethnic group</td> <td>1588</td> <td>4.5%</td> </tr> <tr> <td>Refused</td> <td>257</td> <td>0.7%</td> </tr> <tr> <td>White British</td> <td>4290</td> <td>12.1%</td> </tr> <tr> <td>White Irish</td> <td>421</td> <td>1.2%</td> </tr> <tr> <td>White Irish Traveller</td> <td>81</td> <td>0.2%</td> </tr> <tr> <td>White Other</td> <td>4876</td> <td>13.8%</td> </tr> <tr> <td>White Gypsy Roma</td> <td>9</td> <td>0.0%</td> </tr> <tr> <td>Grand Total</td> <td>35319</td> <td>100%</td> </tr> </tbody> </table>	Ethnicity	Number	%	Bangladeshi	309	0.9%	Indian	7276	20.6%	Asian Other	7137	20.2%	Pakistani	1777	5.0%	Black African	2478	7.0%	Black Caribbean	1119	3.2%	Black Other	430	1.2%	Chinese	178	0.5%	Mixed Other	1126	3.2%	Mixed White Asian	863	2.4%	Mixed White Black African	322	0.9%	Mixed White Black Caribbean	591	1.7%	Information not obtained	191	0.5%	Any other ethnic group	1588	4.5%	Refused	257	0.7%	White British	4290	12.1%	White Irish	421	1.2%	White Irish Traveller	81	0.2%	White Other	4876	13.8%	White Gypsy Roma	9	0.0%	Grand Total	35319	100%	The potential impact will be monitored
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Religion and Belief	No evidence currently available	The potential impact will be monitored
Sex / Gender	The number of children and young people in Harrow's school's as at the January 2016 school census by the characteristics of Gender are as follows: Girls – 17,883 Boys – 17,436	The potential impact will be monitored
Sexual Orientation	No evidence currently available	The potential impact will be monitored

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

YES - If there is a risk of disproportionate adverse Impact on any **ONE** of the Protected Characteristics, complete a FULL EqIA.

- **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
<p>The Transformation Group was established (formerly Harrow's Emotional, Behavioural and Mental Health Group), to progress the implementation of the Local Transformation Plan. The Transformation Group meets monthly and includes the following members:</p> <ul style="list-style-type: none"> • Clinical Director with lead for Paediatrics (Chair) • Divisional Director Children and Young People Services • Children Services Commissioner, Harrow Council • Integrated Children's Commissioning Manager, Health and Social Care • Head of Service, Early Intervention, Children's Centres and YOT • Deputy Head, Canons High School • Head Teacher, Kingsley High School • Head of Alexandra School • Head Teacher, Roxeth Primary • Public Health Strategist – Children <p>The group have been involved in all aspects of service delivery, design of a service model, contributing to business case for the proposed</p>	<p>During the consultation it highlighted the gaps in local service provision for children and young people aged 0-19 years for emotional, mental health and well-being interventions.</p> <p>Schools identified that the particular group of young people who may not easily receive a service are those with moderate emotional, mental health need in addition to their learning difficulties and disabilities, therefore supporting the proposal for a new service.</p>	<p>The proposal and request for approval from cabinet members to allow the LA to commission services based on this need are actions taken to address this gap.</p> <p>Once approval is gained, the transformation group will be involved in designing the service specification and be involved in the tendering process.</p>

<p>new service.</p> <p>Children, Young People, parents/carers have been consulted to determine whether there is a need for the new service. The methods used were: focus groups, questionnaires, 1:1 engagement. The young people came from a diverse background, including age, disability, ethnic background, sexual orientation, gender and socio-economic deprivation.</p>	<p>The feedback received so far has been overwhelming in terms of an identified gap. This has been in reference to accessing emotional, mental health and well-being services in Harrow.</p>	<p>The new service will be targeted at young people with an identified need, such as: children in need, children looked after, and children and young people with challenging behaviour, bereavement, life events, school exclusion, OCD, difficulties with eating/sleeping, ADHD and ASD.</p>
<p>Upon approval, a range of partners/stakeholders will be consulted and involved in the tendering process.</p> <p>Focus groups with young people have been timetabled to design the service specification, be trained in the commissioning and procurement process.</p>	<p>The focus groups will highlight any impact on the protected characteristics as they take place.</p>	<p>The service specification will be designed with input from stakeholders, young people, professionals and parent/carers.</p>

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)					
Disability (including carers of disabled people)					
Gender Reassignment					
Marriage and Civil Partnership					
Pregnancy and Maternity					
Race					
Religion or Belief					

Sex					
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	√	
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	√	
	As above				
Stage 6 – Improvement Action Plan					
List below any actions you plan to take as a result of this Impact Assessment. These should include:					
<ul style="list-style-type: none"> 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	There is no adverse impact identified, only positive action to advance equality of opportunity.	The service with the performance targets will be formally monitored quarterly. Referrals and quality of the service will be monitored monthly.	CCG Harrow & LA People's Commissioning Team	On-going
Disability	There is no adverse impact identified, only positive action to advance equality of opportunity. Impact will be measured and monitored.	The service with the performance targets will be formally monitored quarterly. Referrals and quality of the service will be monitored monthly.	CCG Harrow & LA People's Commissioning Team	On-going
Gender	There is no adverse impact identified, only positive action to advance equality of opportunity. Any impact identified will be measured and monitored.	The service with the performance targets will be formally monitored quarterly. Referrals and quality of the service will be monitored monthly.	CCG Harrow & LA People's Commissioning Team	On-going
Race	There is no adverse impact identified, only positive action to advance equality of opportunity. Any impact identified will be measured and monitored.	The service with the performance targets will be formally monitored quarterly. Referrals and quality of the service will be monitored monthly.	CCG Harrow & LA People's Commissioning Team	On-going

Stage 7: Public Sector Equality Duty

- 10.** How do your proposals meet the Public Sector Equality Duty (PSED) 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

This proposal meets the Public sector duty by encouraging greater emotional, health & well-being for service users, improving quality of life and reducing reliance on council services in adulthood.

Stage 8: Recommendation

11. 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 included in the Action Plan to be addressed.	
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?	EQIA QA group		
Signed: (Lead officer completing EqIA)	Priya Ganatra	Signed: (Chair of DETG)	J.Morgan
Date:	25 August 2016	Date:	8 th September 2016.
Date EqIA presented at Cabinet Briefing (if required)	20 September 2016	Signature of DETG Chair (following Cabinet Briefing if relevant)	