

Equality Impact and Needs Analysis (EINA) Template

Directorate:	Education, Children's and Cultural Services
Service Area:	Protective and Preventative Services
Name of service/ function/ policy/ being assessed:	Emotional Wellbeing and Mental Health (EWMH) Strategy 2012
Officer leading on assessment:	Paul Cosens
Other staff involved:	EWMH Programme Board (email consultation)

PREPARATION FOR THE EQUALITY IMPACT AND NEEDS ANALYSIS

1. Briefly describe the service/ function/ policy:

1. This EWMH strategy outlines the strategic priorities for promoting and improving the emotional well-being and mental health of children and young people in Richmond over the next five years. It updates the previous strategy which covered the period 2008 to 2011 and is based on an updated needs assessment which includes a review of evidence based interventions, local epidemiological data, and current service provision and access. It also takes into account the views of children, young people and their families and carers gathered through extensive engagement. It has also been developed with all key partners involved in commissioning and providing services.
2. This strategy is relevant to *all* services that contribute to the emotional well-being, resilience and mental health care of children and young people. This definition includes;
 - Universal services, including GPs and schools,
 - Targeted and specialist services whose primary function is not necessarily mental health such as youth workers, and
 - Targeted and specialist mental health services.
3. The strategy identifies five key priorities for Richmond and provides an outline of the actions which need to be taken to achieve these priorities. It will also inform what services will need to be commissioned or decommissioned over the coming five years, to ensure a co-ordinated and coherent system of provision in Richmond offering timely, evidence based interventions. The strategy has been developed at a time of economic challenge and it is essential now more than ever that commissioning priorities are systematically identified and acted upon, and that all services current and future are challenged to ensure maximum effectiveness and efficiency.

2. Why is the equality impact and needs analysis being undertaken?

The EWMH strategy and implementation plan is likely to lead to changes in the following

areas in some cases:

- New services / function/ policy;
- Review of existing services / functions / policies;;
- Change to existing services / policies;
- Commissioning and procurement of services / function / policies.

Local EWMH priorities include ensuring there is:

- Equitable access to services irrespective of gender, ethnicity, disability, language, culture etc. is a priority for ensuring our whole community is enabled to experience and live emotional wellbeing in their daily lives.
- Barriers are eliminated to people accessing appropriate services which could otherwise lead to crisis with the possibility of having been addressed at an earlier age and / or stage.

3. Has this service/ function/ policy undertaken a screening for relevance?

If so, which protected characteristics and parts of the duty were identified as of high or medium relevance and why? Please attach screening for relevance as an appendix to this EINA.

If not, make an assessment of which protected characteristics and parts of the duty are of high or medium relevance and explain why:

The EWMH programme board has identified the EWMH strategy implementation as being highly relevant to ensure that equitable access within Richmond to EWMH services.

Of particular importance, there is a need to ensure that service user profile data is analysed, collected and implications built into ongoing service planning systematically.

4. What sources of information have been used in the preparation of this equality impact and needs analysis? For example, this could include equalities monitoring information, performance data, consultation feedback or needs assessment. Please provide the details in the table below:

<i>Information source</i>	<i>Description and outline of the information source</i>
CAMHS HNA	A comprehensive analysis of local EWMH services, best practice according to national information and an evaluation of local need (this HNA draws on information sources from provider organisations, service specifications, performance monitoring information and external consultancy advice from a national expert as well as local demographic data)

ANALYSING IMPACT, NEEDS AND EFFECTS

It is important that the analysis addresses each part of the duty assessed as relevant to the area being examined (see further Guidance on RIO).

5. Key questions to consider:

- a. What does the data tell you about the groups identified as relevant to the area being assessed?**

b. What does customer feedback, complaints or discussions with stakeholder groups tell you about the impact of the service/ function/ policy on the protected characteristic groups, where assessed as relevant to area being examined?

Other questions to consider:

- How well are diverse needs met?
- Have any differences in access to services/functions been identified for any group?
- Has the area identified any disadvantages experienced by groups, which need to be addressed?
- Have there been any complaints about a failure to receive an appropriate and fair service?
- Is there any other evidence of differential impact or different outcomes which needs to be addressed?
- Is there any evidence that participation in areas of public life is disproportionately low for any particular relevant protected characteristic group?
- Have the needs of disabled people been identified and addressed where these are different from the needs of non-disabled people?
- Have you identified any need to tackle prejudice or promote understanding between different relevant protected characteristic groups?

Remember that equality analysis is not simply about identifying and removing negative effects of discrimination but it is also an opportunity to identify ways to advance equality of opportunity and to foster good relations.

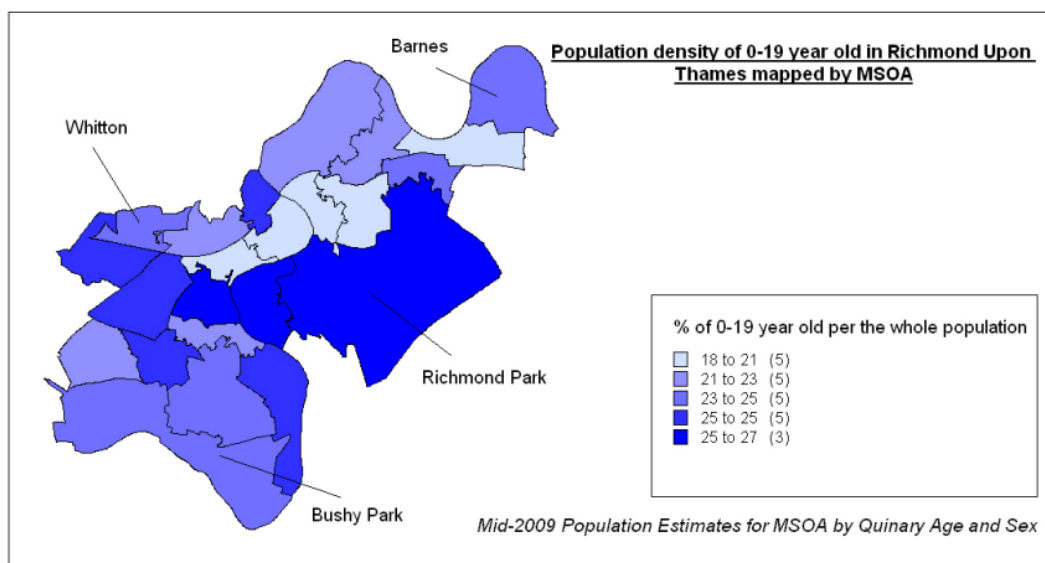
Protected Group	Findings												
Age	<p>Comprehensive demographic profiling has been completed to inform the targeting of emotional wellbeing / mental health activities within the CAMHS HNA:</p> <p>1.1.1 Profile of children and young people living in the borough of Richmond</p> <p>There are an estimated 44,300 children and young people aged 0-19 years of age currently resident in the London Borough of Richmond upon Thames. Table 5.1.1a highlights the breakdown of 0-19 year olds by selected age group and gender and indicates that 0-4 year olds make up the largest proportion of the population aged 0-19 years in Richmond.</p> <p>Table 5.1.1a: Number of Under 19 Year Olds by Gender and Selected Age Groups</p> <table border="1"> <thead> <tr> <th>Age Group</th> <th>Total</th> <th>% of the 0-19 population</th> <th>% of the Total Richmond population</th> </tr> </thead> <tbody> <tr> <td>0-4 years</td> <td>13,174</td> <td>29.73%</td> <td>6.96%</td> </tr> <tr> <td>5-9 years</td> <td>11,637</td> <td>26.26%</td> <td>6.16%</td> </tr> </tbody> </table>	Age Group	Total	% of the 0-19 population	% of the Total Richmond population	0-4 years	13,174	29.73%	6.96%	5-9 years	11,637	26.26%	6.16%
Age Group	Total	% of the 0-19 population	% of the Total Richmond population										
0-4 years	13,174	29.73%	6.96%										
5-9 years	11,637	26.26%	6.16%										

10-14 years	10,302	23.25%	5.45%
15-19 years	9,196	20.75%	4.86%
Total 0-19 years	44,309	100%	23.43%
Total Population	188,962		

Source: ONS Mid 2009 Population Estimates

The following map shows the density of the 0-19 year age group by Middle Super Output Area (map 5.1.1) in Richmond. Heathfield has the highest proportion of its total population in the 0-19 year age group with 1 in 4 (25.4%) people being in that age group. South Richmond has the lowest proportion of young people aged 0-19 years (19.2%).

Map 5.1.1: The density of young people aged 0-19 years in Richmond by ward, mid 2009 estimates



Source: ONS Middle Layer Super Output Area population estimates for England and Wales, mid-2009 (experimental statistics)

When we compare the Richmond 0-19 population structure with neighbouring Kingston and London, we see that Richmond has a slightly higher proportion of 0-19 year olds compared to Kingston and a similar proportion of 0-19 year olds as London (table 5.1.1b) at just over 23%. In Richmond, 0-4 year olds make up the largest proportion of the population aged 0-19 years, this is also the case for Kingston and London. Richmond has a slightly higher proportion of 5-14 year olds compared to Kingston and London, but a slightly lower proportion of 15-19 year olds compared to Kingston and London.

Table 5.1.1b: Mid-2009 Population estimates of the resident 0-19 year old population in Richmond, Kingston and London

Age (years)	Richmond		Kingston		London	
	Number	% of the All Age population	Number	% of the All Age population	Number	% of the All Age population
0-4	13,174	6.97	10,681	6.41	569,169	7.34
5-9	11,637	6.16	9,010	5.40	440,574	5.68
10-14	10,302	5.45	8,563	5.14	408,226	5.27

15-19	9,196	4.87	9,591	5.75	426,579	5.50
Total 0-19	44,309	23.45	37,845	22.70	1,844,548	23.79
Total All Ages	188,962	100	166,742	100	7,753,555	100

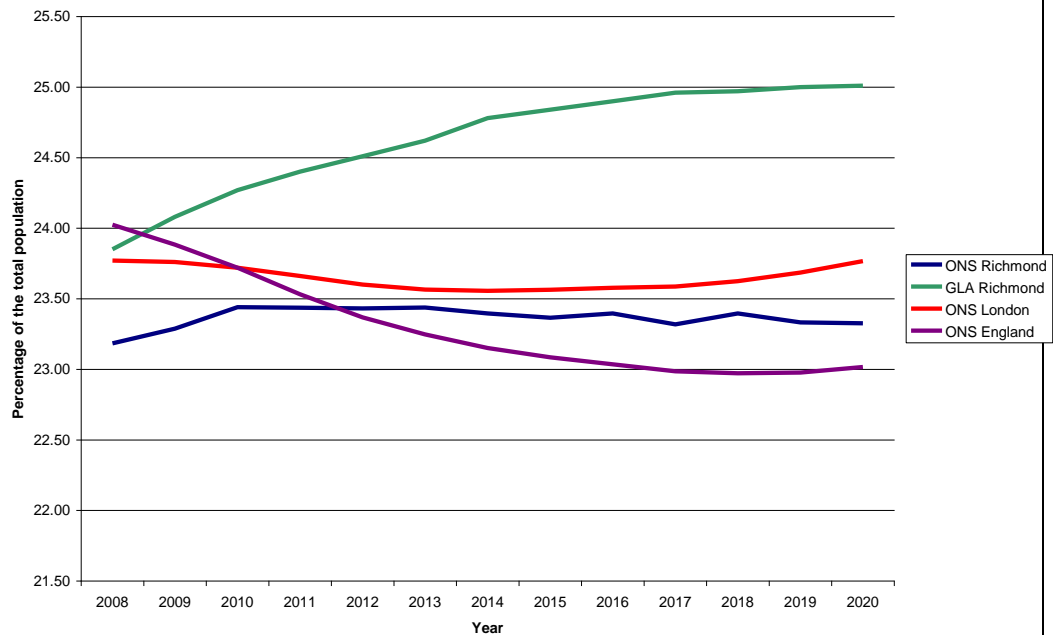
Source: ONS Mid-2009 Population Estimates

1.1.2 Population Projections for 0-19 Year Olds

In relation to the trends in the proportion of 0-19 year olds in the whole population, ONS population projections indicate that in England, the proportion of 0-19 year olds in the whole population is projected to decrease between 2008 and 2020, but in Richmond it is projected to remain fairly stable. In London the proportion of 0-19 year olds in the whole population is projected to dip slightly between 2008 and 2013 before increasing between 2017 and 2020 to similar levels found in 2008 (figure 5.1.2a).

In contrast the GLA population projections show a rising trend in the proportion of 0-19 population in Richmond over the period 2008-2020 (figure 5.1.2a). The GLA projections differ from the ONS projections due to differing models used. The GLA figures attempt to model internal migration by incorporating the Strategic Housing Land Availability Assessment (SHLAA) into their model to allow for internal migration.

Figure 5.1.2a: Projected percentage of the population aged 0-19 years in Richmond, London and England 2008-2020



Source: ONS 2008 Based National and Subnational Population Projections & GLA 2010 Round Projections

According to the ONS population projections, the population of 0-19 year olds in Richmond is projected to increase by 8.53% by 2018 and by 20.1% by 2033 (2011 to 2033). Neighbouring Kingston's 0-19 population is projected to increase at a slightly higher rate by both 2018 and 2033. In comparison the London 0-19 population is projected to increase by 5.81% by 2018 and 15.6% by 2033 and the England 0-19 population is projected to increase by 2.57% by 2018 and 10.3% by 2033 (table 5.1.2b).

Table 5.1.2b: Population projections for 0-19 year olds in Richmond, London and England

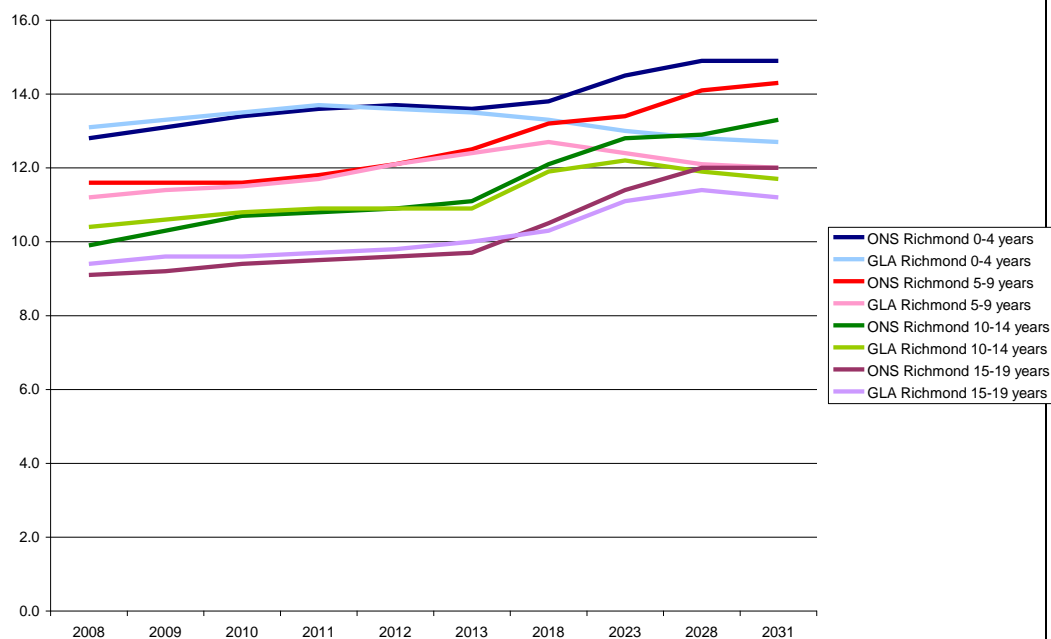
Area	2011	2018	% Change (from 2011)	2023	% Change (from 2018)	2028	% Change (from 2023)	2033	% Change (from 2028)	Overall % Change (from 2011)
Richmond	45,700	49,600	8.53%	52,100	5%	53,900	3.45%	54,900	1.85%	20.13%
Kingston	39,200	42,900	9.44%	45,900	6.99%	47,600	3.70%	48,500	1.89%	23.72%
London	1,861,700	1,969,800	5.81%	2,073,300	5.25%	2,125,200	2.50%	2,151,300	1.23%	15.61%
England	12,373,000	12,691,000	2.57%	13,261,000	4.49%	13,538,000	2.09%	13,645,000	0.79%	10.28%

Source: ONS 2008 Based National and Subnational Population Projections

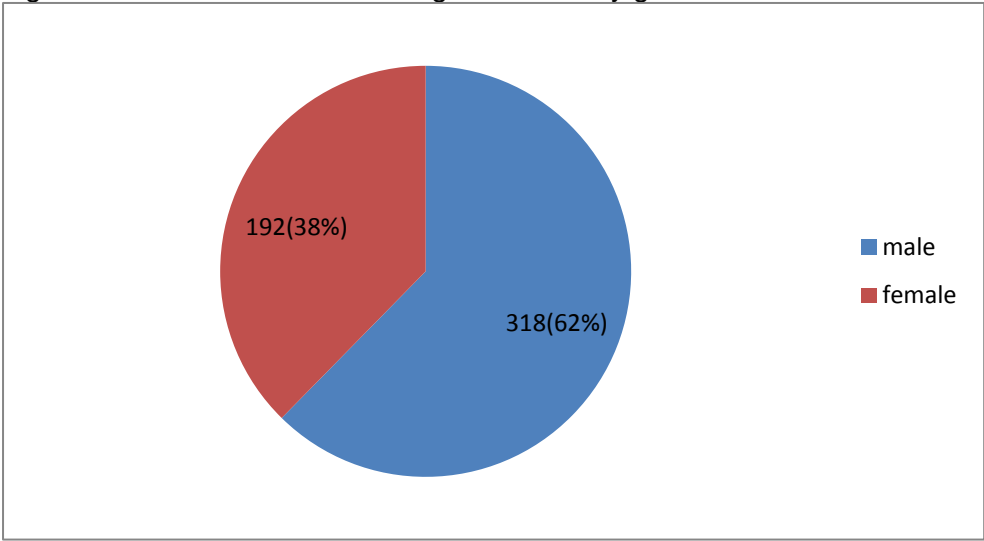
The trend in the actual numbers of young people in Richmond over the next 20 plus years can be seen in figure 5.1.2b and indicates that based on the ONS estimates all age groups are projected to increase, with the number of those aged 10-14 years projected to increase by the greatest proportion between 2008 and 2031 (34% increase projected in 10-14 year olds – from 9,900 to 13,300).

In contrast, the GLA estimates indicate that the 15-19 year age group is projected to increase by the greatest proportion over the period (19% increase projected from 9,400 to 11,200). This is followed by a 12.5% increase in the 10-14 year population and a 7% increase in the 5-9 year population. Those aged 0-4 years are projected to decrease by 3% (figure 5.1.2c)

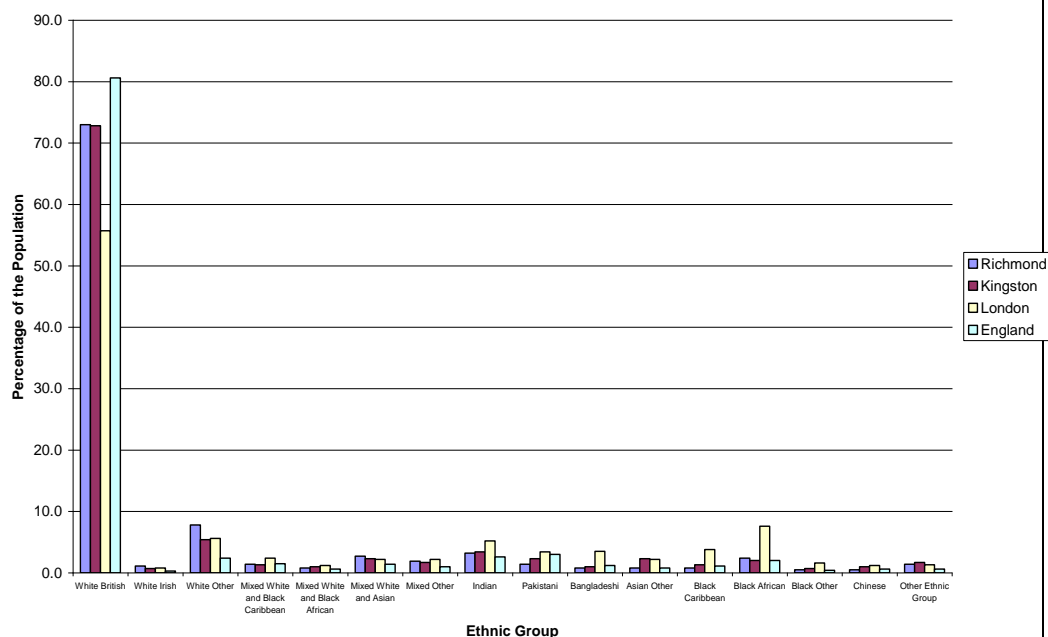
Figure 5.1.2c: Projected numbers of young people aged 0-19 years resident in Richmond and in selected age bands, ONS and GLA projections 2008-2031



Source: ONS 2008 Based National and Subnational Population Projections & GLA 2010 Round Projections”

	Source: CAMHS HNA 2012 (p.9-12)									
Disability	<p>As part of the EWMH strategy implementation we are re-specifying and commissioning a CWD counselling service to cater for children and young people with high counselling need.</p> <p>Information on care pathways relating to ADHD and ASD are to be further developed and disseminated widely to professionals in Richmond.</p> <p>The CAMHS HNA 2012 identifies that children and young people with SEN were 16 times more likely to have a persistent mental disorder and four times more likely to develop a mental disorder. Consequently, as part of the EWMH strategy implementation we will be doing some close engagement within schools to ensure that emotional wellbeing needs is identified and catered for.</p>									
Gender (Sex)	<p>Gender profiles are reported by Specialist CAMHS and current community CAMHS providers (e.g. School Counselling service / CWD counselling service):</p> <p>Example of Specialist CAMHS data from CAMHS HNA 2012: Between April 2011 and March 2012 an average of 510 children and young people accessed specialized services. Figure 6.3.5a shows the breakdown of these users by gender, 192 (38%) were female and 318 (62%) were male.</p> <p>Figure 6.3.5a: Numbers accessing the CCFC by gender in 2011/12</p>  <table border="1"> <caption>Data for Figure 6.3.5a: Numbers accessing the CCFC by gender in 2011/12</caption> <thead> <tr> <th>Gender</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>male</td> <td>318</td> <td>62%</td> </tr> <tr> <td>female</td> <td>192</td> <td>38%</td> </tr> </tbody> </table> <p>Figure 6.3.5b shows the ages of the children who accessed specialized services at CFCC. The highest number of children accessing it were within the 12-15 year age group (38%), followed by 6-11 year olds (32%), 16-17 year old (24%), 18-25 year olds (3.5%) and 0-5 year olds (2.5%).</p>	Gender	Number	Percentage	male	318	62%	female	192	38%
Gender	Number	Percentage								
male	318	62%								
female	192	38%								
Gender reassignment	<p>CAMHS T3 works with gender identity disorder – included as part of its eligibility criteria. Further information to be requested from Specialist CAMHS to identify number of cases encountered.</p> <p>As part of the Improving Access to Psychological Treatment (IAPT) we will be looking at how we can increase accessibility to CAMHS services whether specialist or community based.</p>									
*Marriage and civil	No specific issues identified.									

<p>partnership (*only in relation to first part of the duty: eliminate discrimination and harassment)</p>	
<p>Pregnancy and maternity</p>	<p>The CAMHS HNA 2012 has recommended that locally we focus on:</p> <ul style="list-style-type: none"> • Maternity and early years - promoting maternal mental health and reducing depression; early years education programmes; particular focus on disadvantaged families • Parenting - supporting parents and carers to parent effectively; particular focus on vulnerable / disadvantaged families. Continuing protective and family focused interventions to support parents through children's centres should be explored at a strategic level. <p>As a result, the new interim joint-CAMHS commissioner will link in more closely with children's centres and current support services related to the two areas above. Specific actions will be more fully defined within the EWMH strategy implementation plan.</p>
<p>Race/ethnicity</p>	<p>A comprehensive mapping of schools in Richmond will be completed by the end of August 2012 to explore the needs of out of borough children attending school in Richmond. As part of this, a mapping of the needs of BME pupils will be completed to inform future commissioning and resource allocation to fulfil local school population need with regard to emotional wellbeing and CAMHS.</p> <p>1.2 Ethnicity</p> <p>1.2.1 ONS Estimates of Ethnicity</p> <p>ONS experimental population estimates by ethnic group,ⁱⁱ indicate that 82% of 0-15 year olds in Richmond are White, compared to 79% of 0-15 year olds in Kingston, 62% in London and 83% in England. According to the ONS estimates a greater proportion of 0-15 year olds are in the White Other group (7.8%) compared to Kingston (5.4%), London (5.6%) and England (2.4% - figure 5.2.1). The Indian population are the largest Black and Minority Ethnic group after White Other in Richmond.</p> <p>Figure 5.2.1: Estimated % of the 0-15 year old population by ethnic group in Richmond, Kingston, London and England, 2009</p>



Source: ONS Experimental Population Estimates, 2009

1.2.2 GLA Estimates of Ethnicity

The GLA population projections 2010ⁱⁱⁱ provides estimates of the population by broad ethnic groups only, but indicates that in 2011 82.5% of 0-19 year olds in Richmond were estimated to be White. However, it also indicates that the diversity of the population decreases with age in that in those aged 0-4 years 77% are White, compared to 15-19 year olds where 85.5% are White (table 5.2.2). The Other Asian and Indian groups are the second and third largest groups within the 0-19 population in 2011 according to the GLA estimates.

Table 5.2.2: Estimated projections of the population aged 0-19 years by ethnic group in Richmond, 2011

Ethnic Group	All Ages	0-4 years	5-9 years	10-14 years	15-19 years	Total 0-19 years
White	88.14	77.83	80.51	85.61	85.57	82.52
Black Caribbean	0.38	0.32	0.38	0.45	0.41	0.39
Black African	0.63	1.26	1.19	0.81	0.80	1.04
Black Other	1.18	3.07	2.80	2.19	2.13	2.61
Indian	2.99	3.36	3.14	2.94	3.28	3.21
Pakistani	0.46	0.75	0.71	0.51	0.75	0.69
Bangladeshi	0.31	0.61	0.67	0.51	0.64	0.61
Chinese	0.67	0.50	0.47	0.47	0.58	0.51
Other Asian	2.10	4.61	3.97	3.04	2.74	3.70
Other	3.14	7.70	6.16	3.48	3.11	5.37
BAME	11.86	22.17	19.49	14.39	14.44	18.13

Source: GLA Round Ethnic Population Projections, 2010ⁱⁱⁱ

Source: CAMHS HNA (p.13 – 14)

Religion and belief including non-

There is an absence of data within the CAMHS HNA around religion. Also, see the section below re: LGBT and religious affiliation of community CAMHS organisations.

belief	
Sexual orientation	The EWMH strategy has been developed in conjunction with a representative from the LGBT forum and points around non-stigma, higher prevalence of mental health need and potential accessibility issues related to the perception of counselling organisations which may have a stated religious affiliation. There is the possibility that some individuals may perceive that they may be judged or discriminated against because of their sexual orientation.

6. Have you identified any data gaps in relation to the relevant protected characteristics and relevant parts of the duty? If so, how will these data gaps be addressed?

<i>Gaps in data</i>	<i>Action to deal with this</i>
Religion and belief including non-belief	Contact public health / build reporting requirements into all CAMHS service specifications to include religion. Data will be analysed to evaluate how representative service users accessing services are in relation to the Richmond demographic profile.

SUMMARY OF THE KEY FINDINGS

7. Set out the key findings from the equality impact needs analysis of the service/ function/ policy. Key questions to consider when completing this section:

No negative impact identified on different EINA groups. However, more data is required and needs to be specified more precisely within provider service specifications.

Action: Planned E&D monitoring needs to be built into CAMHS provider monitoring. In particular, with community counselling, CWD counselling, DV intervention and Specialist CAMHS services being specified for Jan / Apr 2013.

Action: E&D can be built into the EWMH programme board as a standard agenda item so that E&D is systematically built into the thinking / planning / monitoring and implementation process of the EWMH strategy in Richmond.

CONSULTATION ON THE KEY FINDINGS

8. What consultation have you undertaken with stakeholders or critical friends about the key findings? What feedback did you receive as part of the consultation?

The EWMH strategy has been developed as a result of local stakeholder collaboration to develop strategic priorities reflecting the emotional wellbeing agenda.

Consultation to date includes the following:

- EWMH programme board, composed of key local stakeholders, have inputted and steered the development of the EWMH strategy
- A stakeholder event with approximately 50 people was successfully carried out with local professionals

- Local community forums with a special interest in equality and diversity priorities have been included in consultation (e.g. Equality Stakeholders Scrutiny Group, Inter Faith Forum, CVS, Parent Action Group);
- The Council E&D officer has given oversight and input into the process;
- The EWMH strategy has been made available on the council website for public consultation and interest groups contacted e.g. local parent action group; and
- A comprehensive EINA has been completed to quality assure and shape the final version of the strategy and guide the implementation and monitoring approach.

ACTION PLANNING

9. What issues have you identified that require actions? What are these actions, who will be responsible for them and when will they be completed?

Issue identified	Planned action	Lead officer	Completion Date
E&D data requirements to be consistently specified within all service specifications and contract monitoring.	PC to build into service of services currently underway.	Paul Cosens	July 2012
E&D needs to be built into the EWMH programme agenda	Add E&D onto agenda as standing item.	Paul Cosens	June 2012
Faith / religion information	PC to request more information around faith and religion to be incorporated into the CAMHS HNA 2012	Paul Cosens	July 2012
Transition of children with disabilities to accessing adult services (from EINA consultation with CVS representative)	PC to build in a standalone transition priority into the EWMH strategy.	Paul Cosens	July 2012
Children and young people and their families for whom English is a second language - particularly at primary level we have significant numbers of people needing language support and particularly for adults the services available to them are very limited as you have to be a certain standard to get on to college courses, and many don't meet the standard.	PC to incorporate into 'schools mapping exercise' requested by Robert Henderson.	Paul Cosens	August 2012

MONITORING AND REVIEW

- 10. How will the actions in the action plan be monitored and reviewed? For example, any equality actions identified should be added to business, service or team plans and performance managed.**

By the EWMH Programme Board on a bi-monthly basis.

Overall oversight by Robert Henderson Head of Preventative and Protective Services.

PUBLISHING THE COMPLETED ANALYSIS

- 11. When completed, the equality impact and needs analysis should be approved by a member of DMT and published on the Council's website. Please provide details below:**

Approved by	ECCS Equalities Working Group
Date of approval	12 July 2012
Date of publication	October 2012

DECISION-MAKING PROCESS

- 12. Has a copy of this EINA or summary of key findings been provided to key decision-makers to help inform decision making, for example as an appendix to a Cabinet or Committee report?**

- **If so please provide the details including the name of the report, the audience i.e. Cabinet/ Committee, the date it went, and the report author.**
- **Please also outline the outcome from the report and details of any follow up action or monitoring of actions or decision taken:**

N/A.

ⁱ Office for National Statistics. Mid-2009 Population Estimates

ⁱⁱ Office for National Statistics (2011). Experimental Population Estimates by Ethnic Group for local authority districts and higher administrative areas in England and Wales for 2009. Crown Copyright

ⁱⁱⁱ Greater London Authority (2011). GLA 2010 Round Ethnic Group Projections – SHLAA