



Derby City Council

Equality impact assessment form

Directorate: Public Health

Service area: Public Health Nursing

**Name of policy, strategy, review or function
being assessed:**

**Children and Young peoples (0-19 years)
Public Health Services**

Date of assessment: 27.04.15

Signed off by

**Cabinet, Personnel Committee or Chief Officer
Group's decision**

Derby... *Achieving*

Equality impact assessment – please read this section first before you do the assessment

This is our equality impact assessment form to help you equality check what you are doing when you are about to produce a new policy, review an older one, write a strategy or plan or review your services and functions. In fact you need to do an equality impact assessment whenever a decision is needed that affects people and **before** that decision is made.

So why do we need to do equality impact assessments? Although the law does not require us to do them now, the courts still place significant weight on the existence of some form of documentary evidence of compliance with the **Public Sector Equality Duty** when determining judicial review cases. This method helps us to make our decisions fairly, taking into account any equality implications, so yes we still need to do them.

The Public Sector Equality Duty is part of the Equality Act 2010 and this Duty requires us as a public body to have '**due regard**' to eliminating discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act. It requires us to advance equality of opportunity and foster good relations between people who share a '**relevant protected characteristic**' and people who don't.

Having 'due regard' means:

- removing or minimising disadvantages suffered by people due to their protected characteristics
- taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people
- encouraging people with certain protected characteristics to participate in public life or in other activities where the participation is disproportionately low.

The protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

This completed form should be attached to any Chief Officer Group, Cabinet or Personnel Committee report to help elected members make their decisions by taking the equality implications into account. Equality impact assessments **must be done before** decisions are made. Include the Cabinet or Personnel Committee's decision on the front sheet when you know it.

You'll find that doing these assessments will help you to:

- understand your customers' and communities needs
- develop service improvements
- improve service satisfaction
- demonstrate that you have been fair and open and considered equality when working on re-structuring
- make sure you pay due regard to the requirements of the Public Sector Equality Duty.

Don't do the form by yourself, get a small team together and make sure you include key people in the team such as representatives from our Diversity Forums and employee networks and you could invite trade union representatives too – the more knowledge around the table the better. You also need to decide how and who you will consult with to help inform the equality impact assessment. Our Lead on Equality and Diversity can help with useful contacts – we have a team of people who are used to doing these assessments and can help with information on barriers facing particular groups and remedies to overcome these barriers.

You'll need to pull together all the information you can about how what you are assessing affects different groups of people and then examine this information to check whether some people will be negatively or positively affected. Then you'll need to look at ways of lessening any negative effects or making the service more accessible – this is where your assessment team is very useful and you can also use the wider community.

Agree an equality action plan with your assessment team, setting targets for dealing with any negative effects or gaps in information you may have found. Set up a way of monitoring these actions to make sure they are done and include them in your service business plans.

When you have completed the assessment, get it signed by your Head of Service or Service Director and send it to our Lead on Equality and Diversity for checking and to publish on our website. It is a public document so must not contain any jargon and be easy to understand.

Remember, we need to do these assessments as part of our everyday business, so we get our equality responsibilities right and stay within the law – Equality Act 2010.

Equality groups and protected characteristics

These are the equality groups of people we need to think about when we are doing equality impact assessments and these people can be our customers or our employees and job applicants...

- Age equality – the effects on younger and older people
- Disability equality – the effects on the whole range of disabled people, including Deaf people, hearing impaired people, visually impaired people, people with mental health issues, people with learning difficulties and people with physical impairments
- Gender reassignment – the effects on trans people
- Marriage and civil partnership equality
- Pregnancy and maternity equality - women who are pregnant or who have recently had a baby, including breast feeding mothers
- Race equality – the effects on minority ethnic communities, including newer communities, gypsies and travellers and the Roma community
- Religion and belief or non-belief equality – the effects on religious and cultural communities, customers and employees
- Sex equality – the effects on both men and women and boys and girls
- Sexual Orientation equality – the effects on lesbians, gay men and bisexual people

In addition, we have decided to look at the effects on families and people on low incomes too as we feel this is very important.

Contact for help

Ann Webster – Lead on Equality and Diversity

ann.webster@derby.gov.uk

Tel 01332 643722

Minicom 01332 640666

Mobile 07812 300079

The form

We use the term 'policy' as shorthand on this form for the full range of policies, practices, plans, reviews, activities and procedures.

Policies will usually fall into three main categories...

- Organisational policies and functions, such as recruitment, complaints procedures, re-structures
- Key decisions such as allocating funding to voluntary organisations, budget setting
- Policies that set criteria or guidelines for others to use, such as criteria about school admissions, procurement methods, disabled facilities grants, on street parking bays

If in doubt - do one! You never know when we may get a legal challenge and someone applies for Judicial Review.

What's the name of the policy you are assessing?

Children and Young Peoples (0-19 years) Public Health Services

The assessment team

Team leader's name and job title – Richard Mullings
Senior Public Health Manager

Professionals invited to the meeting:

Name	Job title	Organisation	Area of expertise
Kathryn Milward	Public Health Manager	Derby City Council	Children and young people's public health
Michelle Robinson	Public Health Manager	Derby City Council	Children and young people's public health
Marie Cowie	Senior Public Health Manager	Derby City Council	Children and young people's public health - Lead Commissioner
Su Ann Lim	Head of Service -YOS	Derby City Council	

Steve Barr	Board member Derbyshire Friend (LGBT)	Derbyshire Friend	Lesbian Gay Bisexual and Transgender
Sandra Dawkins	Engagement, Healthwatch Derby	Healthwatch Derby	Health and wellbeing
Brenda Flint	Assistant Head of Pupil Referral Unit	Kingsmead School	Educational needs of vulnerable young people
Janet Beasley	Learning Disability Nurse		Health needs of disabled children and young people
Arwen Green	Emotional Literacy Consultant Targeted Mental Health in Schools	Derby City Council	Emotional/Mental health for CYP
Alison Hicking	Secretary to the Derby Deaf Forum	Derby Deaf Forum	Deaf Community
Sajda Kauser/ Surinder Mehan	Public Health Community Engagement Managers	Derby City Council	Health and Wellbeing
Pam Hallam	Children and young people Network Rep		
Sandra Bennett + parent rep	Acting Operational Lead – Health Visiting	Derbyshire Healthcare Foundation Trust	Health and Wellbeing 0-5
Bev Plested	School Nurse	Derbyshire Healthcare Foundation Trust	Health and wellbeing 5-19
Family Nurse Partnership – Parent rep Ask Alicia to identify	Alicia Marcroft		
Julia Mitton	Public Health Project Support Coordinator	Derby City Council	

People present at EIA team meeting 27th April 2015:

Pam Hallam	CYP Network
Heather Peet	Health Visiting
Brenda Flint	People Referral Unit
Julia Crane	Youth Offending Service
Arwen Green	Targeted Mental Health Service
Adem Repesa	New Communities

Michelle Robinson Public Health
Marie Cowie Public Health
Kathryn Milward Public Health
Richard Mullings Public Health (chair)
Julia Mitton Public Health (minutes)

Emailed responses from:

- Hannah Yeomans, Parent Participation Lead, Ripplez CIC Family Nurse Partnership who consulted with a young parent.
- Sadja Kauser, Community Development Manager, Public Health, Derby City Council.
- Steve Barr, Derbyshire Friend

Step 1 – setting the scene

Make sure you have clear aims and objectives on what you are impact assessing – this way you keep to the purpose of the assessment and are less likely to get side tracked.

- 1 What are the main aims, objectives and purpose of the policy? How does it fit in with the wider aims of the Council and wider Derby Plan? Include here any links to the Council Plan, Derby Plan or your Directorate Service Plan.**

This Equality Impact Assessment forms part of the local decision making process for implementing proposed changes to 0-19 Public Health Services which are/will be local authority functions (commissioned by the Public Health team). The key services include: 0-5 Health Visiting, 5-19 School Nursing service, Family Nurse Partnership, vision and hearing, and young people's specialist substance misuse service.

The decision to review and re-commission these services is a result of the transition of Public Health services from NHS to local authority responsibility. Currently, existing services are commissioned separately, however with the incoming 0-5yrs services and family nursing (October 2015) there is an opportunity to develop an Integrated Child Public Health model for universal services and early intervention. It is anticipated that moving to such a model will offer notable benefits over the current delivery model. The Integrated Child Public Health model will be developed to maximise these benefits.

The overarching aim is to create an integrated children and young people's (CYP) public health system to improve health outcomes in Derby City, for those aged 0-19 years and their families. This integrated system will have universal service provision at its core, including some targeted public health interventions.

The system and subsequent interventions delivered within it will:

- be high quality, evidence based and accessible with a focus on prevention of ill health and provision of early help
- maximize the health and wellbeing of CYP and their families in Derby City
- reduce health inequalities
- ensure the safeguarding of children.

The service will contribute to the specific outcomes in the Derby CYP plan:-

More children and young people being safe

Better educational attainment

Improved health and wellbeing for Children and Young People

The service will also contribute to the Public Health Outcomes framework see appendix A.

2 Who delivers/will deliver the policy, including any consultation on it and any outside organisations who deliver under procurement arrangements?

The current primary providers of these functions are:

- 0-5 years Health Visiting service, commissioned by NHS England, provided by Derbyshire Healthcare Foundation Trust.
- 5-19 years school-age health service, commissioned by Derby City Council, provided by Derbyshire Healthcare Foundation Trust.
- Family Nurse Partnership (FNP), commissioned by NHS England, provided by Ripplez Social Enterprise.
- Vision Screening, commissioned by Derby City Council, provided by Derby Hospitals Foundation Trust in community clinics.
- Young People's Substance Misuse Service (for children and young people with drug or alcohol problems), commissioned by Derby City Council, provided by Derbyshire Healthcare Foundation Trust.

All of these contracts will end on March 31st 2016.

At the time of completing this assessment the Children and Young Peoples (0-19 years) Public Health Service is due to be tendered over the Summer 2015 and therefore it is unknown who the successful bidder(s) will be.

3 Who are the main customers, users, partners, employees or groups affected by this proposal?

The commissioned service will primarily provide public health elements of the Healthy Child Programme for all children and young people 0-19 years and their families who are resident in Derby City (awaiting confirmation from National Health Service England). These elements comprise the provision of universal reviews, health promotion, early identification of need (including vision screening) and delivery of targeted services that respond to the needs identified.

Children and young people (11-19 years) identified with problematic substance misuse will be provided with specialist treatment to reduce their risk of harm from substance misuse.

Step 2 – collecting information and assessing impact

- 4. Who have you consulted and engaged with so far about this policy, and what did they tell you? Who else do you plan to consult with? – tell us here how you did this consultation and how you made it accessible for the equality groups, such as accessible locations, interpreters and translations, accessible documents.**

Public Health Children and Young People commissioners have embarked upon an extensive consultation programme, through a series of events, focus groups and a wider public consultation through Your Derby Your City and including consultation on social value. The consultation can be found here. <http://www.derby.gov.uk/council-and-democracy/consultations/your-city-your-say-latest-consultations/derby-city-universal-health-services-review/>.

This has included over twenty five meetings with key stakeholders and critical partners across the health and social care spectrum including children and young people, the local authority children's social care and schools', Special Educational Needs Co-ordinators, currently commissioned service providers, Clinical Commissioning Group and other primary and secondary care commissioners and services. Over 130 responses were received from the 'Your City Your Say' consultation either via the internet or on paper. Over 90 paper consultation responses were received from New Communities as a result of proactive community engagement work by the Public Health team working with faith and community groups. This work included informing groups and individuals about the consultation and assisting individuals in completing the consultation documentation.

The consultation collected information on a responder's ethnicity where this was provided. 17% of responders were from Pakistani communities, 11% Indian, 10% Roma and a further 10% from other minority ethnic groups.

Key themes identified through our engagement and consultation work have been included in the service specification. These are that:

Specialities within universal services are important but with a recognition of the value of skill mix and sharing roles

Mental health support – pre-specialist support needs to be strengthened

Prevention and early intervention should form a key part of universal services

Location of teams and services should promote integrated working

Problems across the City with children not being develop[mentally 'ready for school'

Visibility of staff needs to be improved to increase ease of access to services

Information sharing is still problematic

Shared responsibilities were seen as positive, but there is need to consider the existing skill mix and requirements for additional training to deliver integrated model.

Gaps were identified in delivery of some services and capacity within others.

Services should be accessible at a variety of times and locations.

Information should be given and received in a range of ways to meet the needs of individuals.

Services should work proactively with communities and other partners to engage CYP and their families in services.

There needs to be some level of individual support offered for children who do not meet the thresholds of intensive or specialist support.

5 Using the skills and knowledge in your assessment team, and from any consultation you have done, what do you already know about the equality impact of the policy on particular groups? Also, use any other information you know about such as any customer feedback, surveys, national research or data. Indicate by a tick for each equality group whether this is a negative impact, a positive one or if you are not sure

Equality groups	What do you already know?	No impact	Positive impact	Negative impact	Not sure
<p>Age</p>	<p>Almost a quarter (64,034) of the population of Derby is made up of children and young people. There is an increase in under 20 year olds, particularly aged 0-5 years.</p> <p>Health is generally worse than the England average, particularly:</p> <ul style="list-style-type: none"> • Health Inequalities • Breastfeeding, low birth weight, smoking in pregnancy • Higher A&E attendances for 0-4 years • Prevention of Ill health – rates of vaccinations and Immunisations • Oral health • Obesity – average levels compared to the rest of England but generally high • rate of under 18 conceptions • Higher emergency admissions – particularly for self harm <p>The service will use the core universal contacts (touch points) for Public Health nursing to achieve health outcomes. The touch points are based on age related mandated and non-mandated assessments.</p>		<p>X</p> <p>X</p> <p>X</p>		

	<p>There is national and local evidence to indicate developmental issues around readiness for school such as children's fine and gross motors skills, physical, social and emotional readiness etc.</p> <p>Participation in risky behaviours starts at a young age. To prevent escalation of these forms of behaviour work should focus on the start of teenage years if not before.</p> <p>Conceptions in teenagers are a cause of major concern. Teenage parents are prone to poor antenatal health, and their babies often have lower than average birth weight and higher infant mortality rates. Having children at a very young age can damage young women's health and wellbeing and severely limit their education and career prospects. While young people can be competent parents, longitudinal studies show that children born to teenagers are more likely to experience a range of negative outcomes in later life, and are up to three times more likely to become a teenage parent themselves</p> <p>The proposed Public Health nursing service 0-19 years doesn't have the same age group in line with the SEND policy 0-24 years.</p> <p>Settings and provision need to be age appropriate otherwise may prevent teenage parents from engaging with the service.</p>		<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>		
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	<p>Service locations need to be in suitable places as this may prevent some young people accessing support from the services.</p> <p>Information and resources used by the service need to be age appropriate otherwise there is a risk that children and young people will not understand the content delivered/provided.</p> <p>The service needs to be visible and accessible for all children and young people (0-19 years) wherever they maybe for example in education, training or employment, Not in Education or Employment. In addition the service needs to reach young people who may require interventions/signposting/referral to other services to prevent further escalation of harm to themselves.</p>		X		
			X		
			X		
Disability	<p>Complex health needs need to be considered and offered support and reviewed regularly.</p> <p>Families need to be treated with sensitivity when comparing their child to the "normal" developmental stage of a child.</p> <p>When a family relocate to this country and they have a disabled child how are they picked up by the service?</p> <p>Cultural, political, health misunderstandings of those coming to reside in this country and may have language barriers, high levels of illiteracy and no experience of accessing any services in</p>		X		
			X		
				X	
			X		

	<p>their country of origin.</p> <p>If parents cannot or choose not to attend service assessments and support offered then impairments could be missed.</p> <p>Where there are mental health issues services need to work in partnership with key stakeholders for example schools, to ensure issues are dealt with effectively and relevant support is provided to children and families.</p> <p>Changes in the process of providing children with a statement, now includes a bigger emphasis on health which will require the support of this service.</p> <p>Disabled children and young people sometimes are located in settings other than mainstream education which may mean they are hidden from this service.</p> <p>Low levels of literacy and language barriers may prevent attendance for core assessments (touch points).</p> <p>Issues around use of non-accredited interpreters/BSL signers increase the risk of misuse of communication. Extended appointments may be needed if using an interpreter.</p> <p>Groups such as visually impaired people, people with learning difficulties and hearing</p>		<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p>	
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	<p>impaired people will need resources fit for purpose.</p> <p>Families and children and young people with mental health issues may require a tailored approach to access and engage with the service to achieve the best outcomes possible.</p> <p>Issues around accessing the location of the service may prevent attendance for core assessments and appropriate support.</p> <p>The physical environment of assessment locations needs to be accessible to wheelchair users and people with restricted mobility.</p> <p>There is an inequitable service for children and young people who do not or are not accepted as meeting thresholds for specialist services.</p> <p>Lack of/inadequate information sharing can impact on achieving the best outcomes possible for disabled children and young people</p> <p>Locally, the increasing number of children (aged 2-3 years) with speech and language development problems is a growing concern.</p> <p>Derby City is significantly worse than the national average for young people attending hospital as a result of self harm.</p> <p>All disabled children and young people are</p>		<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p>	
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	entitled to and will receive the Healthy Child Programme including the NCMP element				
Gender reassignment - trans	<p>Staff will need to communicate appropriately with people undergoing gender re-assignment such as sensitive use of titles - Mr/Mrs/Miss/Ms and so on.</p> <p>The service provider needs to have the knowledge, ability and confidence around this area so the service is accessible to transgender-reassignment people.</p>		X		
Marriage and civil partnership	<p>People need to be treated with respect and involve partners in care if appropriate.</p> <p>Regardless of marital status, it is important to consider the impact of good or bad relationships and domestic violence.</p>		X		
Pregnancy and maternity	<p>Derby City is significantly worse than the national average for breastfeeding initiation and breastfeeding prevalence (6-8weeks).</p> <p>Derby City is significantly worse than the national average for women smoking during pregnancy.</p> <p>Women are at greater risk of mental health problems during and after pregnancy, and the effects for families can last for a long time.</p>		X		

	<p>Around 12% of women experience depression and 13% experience anxiety at some point, many women will experience both. Depression and anxiety disorders also affect 1 in 5 women in the first year after childbirth</p> <p>Settings not being breastfeeding friendly, despite this being unlawful, may prevent women who breastfeed from attending.</p> <p>Settings not being baby friendly may prevent parents from attending core assessments and other relative support provided by this service.</p> <p>Family Nurse Partnership will need to share their learning with the provider of this service to ensure their expertise, experience and skills benefit the wider Public Health Nursing workforce.</p> <p>The mandated antenatal 28 week check that is now carried out by Health visiting has seen a massive impact on providing opportunity to identify need of early intervention.</p>		X		
			X		
			X		
			X		
Race	<p>Derby City is ethnically diverse – 182 nationalities and 72 languages.</p> <p>Language barriers maybe an issue for families to fully engage with the service</p> <p>There is added difficulty when one individual</p>		X		
			X		
			X		

	<p>spans two separate protected characteristics such as non-English speaking and has a sensory impairment.</p> <p>Cultural differences in health related knowledge, care of a babies/child's/young person's health and the health system and services in place to support children/young people's health impacts risk of black or minority ethnic communities or new communities not accessing and engaging with this service thus impacting on the health of their children.</p> <p>Cultural, political, health misunderstandings of those coming to reside in this country and may have language barriers, high levels of illiteracy and no experience of accessing any services in their country of origin.</p> <p>The service needs to ensure it is visible and accessible for all communities.</p> <p>There may be a negative impact on communities who are not registered with the GP and are unaware of how to access children's/young people's universal health services.</p> <p>There is an ever increasing new and emerging communities and travellers population within Derby City. Constant movement may result in children not getting assessments and support needed to address any health issues.</p>		<p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p>	
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	The history of families and children/communities need to be transferred to ensure the same high quality of care can be provided appropriately.		X		
Religion or belief or none	Interpreters need to be provided to ensure that all young people can access the service with freedom, privacy and the chance to make their own choices.		X		
	Service needs to be sensitive and understand different religious beliefs around some of the aspects of health that they will be expected to deliver and or support young people. For example, contraception, relationships and sex education, alcohol.		X		
	Service locations need to be in suitable places as this may prevent some young people accessing support from the services.		X		
	Treating people appropriately and with respect		X		
Sex	Service environment and activity needs to be family orientated and inclusive for males and females.		X		
	It is known that women are at risk of mental health problems during and after pregnancy (see earlier in pregnancy and maternity).		X		
	Sensitivity of the needs of boys and girls needs				

	<p>to be taken into account when providing information in specific areas of service delivery. Such as same sex group work for information around sexual health and so on</p> <p>Domestic violence needs to be identified within family unit to prevent children from living in a vulnerable situation and the risk of significant harm to them.</p>		X		
			X		
Sexual Orientation	<p>Health knowledge and broader knowledge of sexual orientation is needed and provision of clear and concise guidance and support for this group.</p> <p>Relationship and Sex Education varies according to the school in attendance. There needs to be assurance that all children and young people receive the same level of sexual health education.</p> <p>Staff need to work with people sensitively</p>		X	X	
			X		
Families and people on low income	<p>Teenage pregnancy is often a cause and a consequence of social exclusion and is more common in areas of deprivation. Difficulties in young people's lives such as poor family relationships, low self-esteem and unhappiness at school also put them at greater risk.</p> <p>The service needs to ensure that it is accessible for all for example cost of travel to</p>		X		
			X		

	<p>access a service maybe a barrier. Some areas of the City will require greater input than others.</p> <p>Health inequalities exist within the City. The service needs to take this into account in order to target this population and narrow the gap in health inequalities.</p> <p>The service need to understand childhood poverty and its impact and link into the Derby Child and Family Poverty Strategy to enable children and families to improve their circumstances and gain better outcomes that are maintained and sustainable.</p> <p>It is important to consider the value of a settings approach when working with families.</p> <p>Continuity of service provision across the phases will support the more vulnerable families to achieve better outcomes.</p>		<p>X</p> <p>X</p> <p>X</p> <p>X</p>		
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Important - For any of the equality groups you don't have any information about, then make it an equality action at the end of this assessment to find out. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. You can get lots of information on reports done from organisations' websites such as the Equality and Human Rights Commission, Stonewall, Press for Change, Joseph Rowntree Trust and so on. Please don't put down that the impact affects 'everyone the same' – it never does!

6 From the information you have collected, how are you going to lesson any negative impact on any of the equality groups? How are you going to fill any gaps in information you have discovered?

The successful service provider(s) must ensure that:

- services are provided according to individual needs and that all staff are respectful and sensitive to the needs of all regardless of any protected characteristics and in accordance with legislation, policies and procedures and local and national good practice.
- all staff are trained to follow the Derby and Derbyshire Safeguarding Board Policy and Procedures
- all staff are trained in equality and diversity and competent to work with people who have protected characteristics.
- all staff are trained to know who, how and where to signpost or refer families/ children and young people to for specialist support.
- staff have access to and know how to effectively use interpretation and translation services to enable equity of access and understanding.
- all premises used for service delivery are accessible to disabled people and are well signposted.
- when planning locality working a range of community settings and venues are considered for suitability to maximise engagement from a range of communities and families, children and young people.
- settings are made as family/child/young person friendly as possible to prevent these being a barrier to access.
- resources including but not limited to for example service promotion, information leaflets and service correspondence are available in plain English/ easy read, a range of appropriate translated versions and age appropriate where necessary.
- it collects appropriate data, conducts regular equity audits and has provision to monitor their equality performance and agree actions plans to improve this where necessary.

Step 3 – deciding on the outcome

7 What outcome does this assessment suggest you take? – You might find more than one applies. Please also tell us why you have come to this decision?

Outcome 1		No major change needed – the EIA hasn't identified any potential for discrimination or negative impact and all opportunities to advance equality have been taken
Outcome 2		Adjust the policy to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you

		identified?
Outcome 3		<p>Continue the policy despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are:</p> <ul style="list-style-type: none"> • sufficient plans to stop or minimise the negative impact • mitigating actions for any remaining negative impacts • plans to monitor the actual impact.
Outcome 4		Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination

Our Assessment team has agreed Outcome number(s)

Outcome 3 was agreed.

Why did you come to this decision?

Impacts discussed in the assessment team meeting were mostly considered to be very positive. Where there were minor concerns raised, the team felt assured that commissioners and the successful provider(s) would be able to mitigate against them.

If you have decided on **Outcome 3**, then please tell us here the justification for continuing with the policy. You also need to make sure that there are actions in the Equality Action Plan to lessen the effect of the negative impact. This is really important and may face a legal challenge in the future.

If you have decided on **Outcome 4** then if the proposal continues, without any mitigating actions, it may be likely that we will face a legal challenge and possibly a Judicial Review on the process - it is really important that the equality impact assessment is done thoroughly, as this is what the Judge will consider.

Step 4 – equality action plan – setting targets and monitoring

8 Fill in the table (on the next page) with the equality actions you have come up with during the assessment. Indicate how you plan to monitor the equality impact of the proposals, once they have been implemented.

Equality action plan – setting targets and monitoring

What are we going to do to advance equality?	How are we going to do it?	When will we do it?	What difference will this make?	Lead officer	Monitoring arrangements
<p>Deliver a service which is sensitive to the needs of all regardless of any protected characteristics</p>	<p>Undertake staff training in equality and diversity and working with people with protected characteristics.</p> <p>Monitor and review equality performance of services.</p> <p>Undertake equity audits including service user/questionnaires /user experience feedback.</p>	<p>Annually</p> <p>Quarterly</p> <p>Annually</p>	<p>It will help to identify areas where further improvements are required and can inform the formulation of action plans.</p>	<p>Service manager/Children and Young people commissioner</p>	<p>Discuss during contract monitoring meetings</p>
<p>Service is provided according to individual needs.</p>	<p>Public health nurses and their teams will use their autonomy, clinical skills and professional judgment to improve the health and wellbeing of children and young people</p>	<p>On-going from service implementation</p>	<p>It will facilitate access and ensure all children and young people's needs are identified and supported accordingly</p>	<p>Provider(s) organisation</p>	<p>Discuss during contract monitoring meetings</p>

	<p>and reduce health inequalities. This will ensure all children and young people receive the Healthy Child Programme, including universal access and early identification of complex needs, with timely access to specialist services.</p> <p>Complex health needs to be considered and offered support and reviewed regularly.</p> <p>The core universal contacts 0-19 (Touchpoints) will provide an opportunity to assess, screen (in the appropriate setting) and respond appropriately to all identified needs.</p> <p>Children not in education or home tutored or situated in special schools shall</p>	<p>On-going from service implementation</p> <p>On-going from service implementation</p> <p>On-going from service implementation</p> <p>On-going from service</p>			
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	<p>receive the Healthy Child Programme, and unique packages of care to suit their individual circumstance</p> <p>Work in partnership with key stakeholders such as schools, GP's Social care, MAT teams, other health services, Derbyshire Friend.</p>	<p>implementation</p> <p>On-going from service implementation</p>			
The service will ensure access to appropriate translation and interpretation services.	Train staff so they know how to access and use translation and interpretation services for use by healthcare professionals.	On-going from service implementation	It will facilitate access and meet the needs of those with language barriers and sensory disabilities.	Provider(s) organisation	Discuss during contract monitoring meetings.
Ensure the service is visible and accessible for all communities.	<p>Identify community venues and establish locality working.</p> <p>Locations to be carefully considered according to the needs of service users.</p>	<p>On-going from service implementation</p> <p>On-going from service implementation</p>	It will facilitate equity of access and promote engagement from a range of communities.	Provider(s) organisation	Discuss during implementation period and going forward during contract monitoring meetings.

	<p>All locations to be compliant with the Equality Act</p> <p>Target localities where health inequalities are greatest.</p> <p>Develop bespoke community interventions specific to some community groups.</p> <p>Implement appropriate remote working solutions</p> <p>Communications strategy will : - address how the service will be promoted across the City. -Ensure there is continuity of how service information and key health messages are provided.</p>	<p>On-going from service implementation</p> <p>On-going from service implementation</p> <p>On-going from service implementation</p> <p>On-going from service implementation</p> <p>On-going from service implementation</p>			

Provide written literature which is accessible to all	All written literature will be available and accessible in plain English, Easy Read, translations and in other formats on request and are age appropriate.	On-going from service implementation	It will ensure good communication with service users particularly those with lower literacy levels.	Provider(s) organisation.	Discuss during contract monitoring meetings.
Engage with marginalised and hard to reach groups	<p>Service to be visible and accessible for all Children and Young People wherever they may be; for example, education, home-schooled, training, employment and not in education or employment.</p> <p>Service to link with the New Communities Manager to promote service awareness and increase service engagement with Roma and new emerging communities.</p> <p>Service to link into the Derby Child &</p>	On-going from service implementation	It will build knowledge and relationships with under-represented communities and facilitate a clearer understanding of needs.	Provider(s) organisation.	Discuss during contract monitoring meeting

	<p>Family Poverty Strategy</p> <p>Service to link with Priority Families Programme.</p> <p>Service to link with Community Development Managers.</p>				
<p>The service will have processes and procedures in place to safeguard children and young people from risk of harm.</p>	<p>All staff will access DSCB safeguarding training (minimum level 1).</p> <p>The service will develop and implement a risk assessment tool to assess for any safeguarding concerns.</p> <p>Staff know how and who to refer/signpost children and young people to in order to prevent further escalation of harm.</p> <p>Staff will know how to</p>	<p>On-going from service implementation</p>	<p>It will ensure that children and young people are kept safe from risk of harm</p>	<p>Provider(s) organisation</p>	<p>Discuss during contract monitoring meeting</p>

	further escalate a safeguarding concern in line with the DSCB policy and procedure documentation.				
<p>Ensure early intervention through IBA, Signposting & referral</p> <p>Support children and young people cases and to advocate on behalf of families, the inequitable service for children and young people who do not or are not accepted as meeting thresholds for specialist services.</p>	<p>All staff will be trained to confidently provide information and brief advice, and to know who, how and where to signpost or refer children and young people/families to for further targeted or specialist support.</p> <p>Develop robust and effective pathways to ensure that children and young people whose needs do not meet the thresholds of specialist services, are supported appropriately and do not fall through the gap.</p> <p>Service to link with the City behaviour pathway work.</p>	On-going from service implementation	This will facilitate children and young people health problems to be identified and supported early and appropriately.	Provider(s) organisation	Discuss during contract meeting

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Make sure you include these actions in your Directorate service business plans.