APPENDIX 1
Equalities Impact Assessment

Brent Council Equality Analysis Form

1. Roles and Responsibilities:	
Directorate: **Children & Families** **Service Area:** Commissioning	**Person Responsible:** Name: GEORGE SELVANERA Title: CONSULTANT Contact No: 079 7685 3491 Signed:
Name of policy: **Semi Independent Policy &Procedures**	**Date analysis started: MARCH 2014** **Completion date APRIL 2014** **Review date:**
Is the policy: New □ Old ☑	**Auditing Details:** Name :Elizabeth Bryan Title: Partnership Equality Policy Officer Date Contact No: Signed:
Signing Off Manager: responsible for review and monitoring Name: GRAHAM GENONI Title: OPERATIONAL DIRECTOR Date: APRIL 2014 Contact No: Signed:	**Decision Maker:** Committee: **Executive** Date:

2. Brief description of the policy. Describe the aim and purpose of the policy, what needs or duties is it designed to meet? How does it differ from any existing policy or practice in this area?

A Tier Three The Child and Adolescent Mental Health Service for looked after children and children with disabilities is currently delivered on behalf of Brent Council by CNWL. This EIA is in respect of the development and tendering of a Tier Two Child and Adolescent Mental Health Service for looked after children and children with disabilities. Appendix One provides an overview of the demographic profile of looked after children and children with disabilities, taking account particularly of protected characteristics relevant to gender, age, disability and ethnicity.

As a result of wider health sector and organisational reforms, the Clinical Commissioning Group (CCG) will offer the more specialist therapeutic service for looked after children and children with disabilities living in the community that require Tier Three (specialist support); and the Brent Learning and Development Team will provide training to foster carers. These services previously had been delivered through Brent Council by CNWL. Other areas of the new Tier Two service are broadly similar to existing provision which included advice, guidance and support for practitioners working with looked after children and children and young people with disabilities and direct work with children and young people with disabilities and their families as it relates to behavioural management strategies.

The focus of the new Tier Two service is predominantly providing support for practitioners that work with children and young people with emotional and behavioural difficulties and/or disabilities that are accessing support through the Children with Disabilities (CWD) Team and the Care Planning and Placements Service, Brent Council Children and Families. This is largely advice, guidance and consultation to build the confidence and skills of multiagency practitioners and foster carers to provide low level interventions for children and young people at risk of escalating problems. This includes through regular surgeries, clinical supervision of practitioners and bespoke training programmes. These include practitioners working across Brent in health, education, family support and social care.

In addition, there is some direct therapeutic work expected by the CAMH service with disabled children and young people aged 0-14 years and their families. The key purpose is building the skills and confidence of parents to manage their children's complex and sometimes very challenging behaviours and so ensure that children and young people with disabilities at risk of becoming looked after remain safely within the community. This is likely to include a range of evidence based interventions delivered by appropriately qualified staff to build the resilience and emotional wellbeing of disabled children and their families. The range of interventions must include play therapy for disabled children and young people and parenting programmes. Where direct work is taking place, this is expected to be delivered on the basis of a personalised needs led assessment of individual children and young people and their families (where relevant).

3. Describe how the policy will impact on all of the protected groups:

The service continues to impact positively on protected groups particularly in relation to disability, age, sex and ethnicity. To some extent, the service will also positively impact (where relevant) on religious affiliation and sexual orientation, although broadly speaking the service would be described as neutral with respect to these characteristics. Given the age profile of the end user, the service is not expected to have any role in relation to marriage/civil partnerships, gender reassignment or pregnancy/maternity.

The service is intended to sustain support, advice and guidance to practitioners working with looked after children and children with disabilities that have emotional and mental health and wellbeing needs, as well as provide ongoing bespoke direct support to children with disabilities and their families to build resilience. In this way, the service is characterised as an early intervention service in so much as it seeks to build emotional resilience and coping skills for looked after children and children with disabilities that are at risk of escalating problems. The advice and support offered is bespoke and takes account of children's age, disability and ethnicity and, where appropriate to the circumstances, the sex, sexual orientation and faith of the child or young person. For example:

(a) Different age appropriate evidence based interventions e.g. provision of play therapy for younger children
(b) Advice in relation to different needs of boys and girls in relation to emotional, physical and social development
(c) Culturally sensitive provision with access to interpreter and translation support to support participation of families from minority ethnic communities
(d) Direct work with families with disabled children with particular specialism in securing positive outcomes for children with autism and other learning disabilities/ difficulties.

The service will also support practitioners and families, where appropriate, to make referrals via GPs and through health leads working as part of multiagency care teams for assessment to more specialist services available through the CCG. Again, the earlier this identification of higher levels of need occurs the greater the likelihood of securing positive mental health and wellbeing outcomes for looked after children and children with disabilities.

Please give details of the evidence you have used:

The legislation and statutory guidance sit within a policy framework which reinforces the importance the Government places on the provision of good emotional and mental health services across the lifespan of an individual taking account the specific needs and circumstances of the individual.

- The Joint Commissioning Panel for Mental Health *Guidance for Commissioners of CAMHS*
- *Brent Corporate Strategy* with prioritisation of early intervention to secure positive health and wellbeing outcomes for children most vulnerable to escalating problems.
- *Support and aspiration: A new approach to special educational needs*

  and disability Children Act 1989 – remains the major piece of legislation for children's social care and prioritises steps to reduce the risk of escalation of problems amongst more vulnerable children and young people. The Children and Families Bill, published on 5 February 2013, contains provisions to improve services for vulnerable children and support strong families, including with more focus on early intervention.

- *Children and Young Persons Act 2008* – implements the provisions within Care Matters to improve outcomes for looked-after children, or those at risk of being looked after; amending aspects of the Children Act 1989

- *Promoting the Quality of Life for Looked After Children and Young People, NICE and SCIE,* October 2010 - sets out how agencies and services in a complex, multi-agency environment can improve the quality of life for looked-after children and young people through more effective collaboration that places them at the heart of all decision making.

4. Describe how the policy will impact on the Council's duty to have due regard to the need to:

(a) Eliminate discrimination (including indirect discrimination), harassment and victimisation;

For each individual child, we take opportunities to reduce the risk of, and exposure to harassment and victimisation as part of our approach to care and placement planning for looked after children and children with disabilities.

Given that we work with some of the most vulnerable children and young people in Brent, we recognise that many of our young people have experienced isolation, racism and victimisation. This invariably contributes to anger, behavioural difficulties, frustration and other adverse impacts on a child or young person's mental health and wellbeing. This service seeks to build practitioner skills and confidence to address the mental health and wellbeing aspects associated with discrimination, harassment and victimisation. For children with disabilities, the service works with parents, children and young people and practitioners so that effective and bespoke behavioural management strategies are put in place that can address impacts arising from the mental health and wellbeing aspects associated with discrimination, harassment and victimisation.

It is an expectation of the Service Provider to ensure staff are appropriately skilled and qualified to address the mental health and wellbeing aspects that arise from discrimination, harassment and victimisation. We have been explicit in our service specification that the Service Provider must meet the requirements of the Equality Act 2010 and that the Provider shall deploy staff which are appropriately qualified, competent, trained, skilled and experienced, and these staff shall ensure that all staff are properly instructed and supervised in the provision of the Service.

(b) Advance equality of opportunity

The CAMH Service is structured to be highly personalised responding to the requests of individual foster carers, social workers and other multiagency practitioners for advice, guidance and consultation about addressing effectively the mental health and wellbeing needs of individual looked after children or in providing direct work to address the mental health and wellbeing needs of children and young people with disabilities and their families. As a highly personalised service, this takes account of relevant protected characteristics particularly disability, ethnicity, age and where relevant, sex, religious affiliation and sexual orientation.

In this way, we are ensuring that all children (irrespective of any protected characteristics) are equally able to take up particular opportunities relevant to their needs, interests and capabilities. This Service provides something extra for those looked after children and children with disabilities with emotional and mental health and wellbeing needs so they can participate on an equal basis and are assisted to prevent the escalation of problems,.

(c) Foster good relations

The service is intended to support behaviour management and minimise the risk of escalation of emotional health and wellbeing problems for especially vulnerable children and young people in Brent. In so doing, the CAMH service works as part of a multiagency approach to foster good relations between different groups in the community. Where a young person is demonstrating challenging behaviours in their interactions with other members of the community e.g. homophobia, racism etc., the CAMH service is expected to support the young person develop more healthy attitudes and positive community relationships.

5. What engagement activity did you carry out as part of your assessment?

i. Who did you engage with?

Engagement has been with:

(a) Social workers based on their experience of direct work with foster carers and disabled children and young people and their families
(b) LAC as part of Care in Action
(c) Children's Social Care Senior Management and Heads of Service, specifically the Operational Director, Head of Localities and CWD and Head of Care Planning and Placements Service
(d) Brent Council Legal Department
(e) CCG lead responsible for commissioning the Tier Three CAMH service.

ii. What methods did you use?

A mixed method engagement strategy that has included directly consulting LAC through Care in Action (supported by LAC participation officers), meetings with CWD social workers, Legal and Social Care Management and Heads of Service, and preparation and provision of draft service specifications for an iterative process of comment/review/re-drafting. There have been three revisions to the draft specifications on the basis of engagement with stakeholders.

iii. What did you find out?

Crucial has been that the predominant purpose of the direct work with children and young people with disabilities and their families is behaviour management strategies that build family resilience and so keep children at risk of becoming looked after within the community. Social workers are also especially concerned to ensure that there is adequate provision of advice, guidance and consultation services to build their skills and confidence in working proactively with children and young people with disabilities and with looked after children (which will also include as relevant children and young people with disabilities).

All the LAC consulted had either accessed or were accessing CAMHS. Their experiences varied with several children and young people identifying very positive experiences. Key characteristics of 'positive' experiences were consistency and reliability in who provided support, friendly, non-judgemental staff, tailored approaches that reflected the individual needs of children and young people (e.g. use of play therapy, drama therapy and counselling), respect for confidentiality and privacy and being able to access support at varied non-clinical surroundings including in foster care placements, at school and in community centres.

Conversely, several children and young people identified that their experiences have not been so positive. This is the mirror of the strengths and concerns where there is inconsistent

and unreliable staff, staff that are 'too quick to assess' rather than build trust and a relationship with the young person, only wanting to use one method of engagement and support that is accessible only in clinical settings.
Children and young people also identified that with social workers, foster carers, teachers, youth workers, school nurses, LAC nurses and other multiagency practitioners they engage with, they would generally prefer addressing any emotional health and wellbeing needs with these adults rather than being referred to other service providers.

iv. How have you used the information gathered?

The findings have all fed into the development and finalisation of the service specification.

v. How has it affected your policy?

These elements have all been integrated into the service specification for the Provider. Outcome measures have also been established in the service specification that specifically relate to ensuring children and young people with disabilities remain within the community on a sustained basis post intervention (i.e. the support has been effective at least 6-months post intervention for keeping children at risk of becoming looked after staying within the community); and to reflect that the skills and confidence of multiagency practitioners must demonstrably improve to evidence that the specification has been properly implemented.
The service specification also specifically requires the Provider to offer support that is wholly built around the needs of their clients i.e. individual children and young people and their families (where relevant) and multiagency practitioners. This includes specifying that service should be accessible from a range of venues and that a suite of evidence based interventions must be available e.g. play therapy, cognitive behavioural therapy etc.
At the very heart of the service specification is also that the adults that are already engaged with LAC and disabled children and young people should be skilled and confident in identifying and supporting young people with emotional health and wellbeing and behavioural management needs.

6. Have you identified a negative impact on any protected group, or identified any unmet needs/requirements that affect specific protected groups? If so, explain what actions you have undertaken, including consideration of any alternative proposals, to lessen or mitigate against this impact.
Not applicable.
Please give details of the evidence you have used:

7. Analysis summary
Please tick boxes to summarise the findings of your analysis.

Protected Group	Positive impact	Adverse impact	Neutral
Age	✓		
Disability	✓		
Gender re-assignment			✓
Marriage and civil partnership			✓
Pregnancy and maternity			✓
Race	✓		
Religion or belief			✓
Sex	✓		
Sexual orientation			✓

8. The Findings of your Analysis
Please complete whichever of the following sections is appropriate (one only).

No major change

Your analysis demonstrates that:

- *The policy is lawful*
- *The evidence shows no potential for direct or indirect discrimination*
- *You have taken all appropriate opportunities to advance equality and foster good relations between groups.*

Please document below the reasons for your conclusion and the information that you used to make this decision.

The service provision will:

- Improve resilience and behaviour management and coping skills amongst families with disabled children and young people and so ensure that disabled children and young people remain with their families in the community
- Improve the skills and confidence of multiagency practitioners in working alongside looked after children and children and young people with disabilities in community settings and so reduce risk of escalating mental and emotional health and wellbeing problems amongst this most vulnerable group of children and young people.

This type of service provision is necessary to promote equal access to the service and to ensure we do everything we can to remove barriers and eliminate adverse impact on any specific group.

Justification for taking these measures also stems from:

- *Brent Corporate Strategy* with prioritisation of early intervention to secure positive health and wellbeing outcomes for children most vulnerable to escalating problems.
- *Care Planning, Placement and Review Regulations (2012)* – consolidates all requirements on these topics – emphasis on effective assessment, planning, intervention and review, with a focus on the child's voice and experience. It is based on the child's journey through care, helping them to get the right support and good outcomes.
- *Short Breaks Guidance* – clarification of the statutory framework for disabled children and young people having short breaks, amending the Children Act 1989

- *Children Act 1989* – remains the major piece of legislation for children's social care and prioritises steps to reduce the risk of escalation of problems amongst more vulnerable children and young people. The Children and Families Bill, published on 5 February 2013, contains provisions to improve services for vulnerable children and support strong families, including with more focus on early intervention. The bill began committee stage in the House of Lords on 9 October 2013.

- *Children and Young Persons Act 2008* – implements the provisions within Care Matters to improve outcomes for looked-after children, or those at risk of being looked after; amending aspects of the Children Act 1989.

Adjust the policy
This may involve making changes to the policy to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential adverse effect on a particular protected group(s).

Remember that it is lawful under the Equality Act to treat people differently in some circumstances, where there is a need for it. It is both lawful and a requirement of the public sector equality duty to consider if there is a need to treat disabled people differently, including more favourable treatment where necessary.

If you have identified mitigating measures that would remove a negative impact, please detail those measures below.
Please document below the reasons for your conclusion, the information that you used to make this decision and how you plan to adjust the policy.

NOT APPLICABLE

Continue the policy
This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not amount to unlawfully discrimination, either direct or indirect discrimination.

In cases where you believe discrimination is not unlawful because it is objectively justified, it is particularly important that you record what the objective justification is for continuing the policy, and how you reached this decision.

Explain the countervailing factors that outweigh any adverse effects on equality as set out above:

NOT APPLICABLE

Please document below the reasons for your conclusion and the information that you used to make this decision:

Stop and remove the policy

If there are adverse effects that are not justified and cannot be mitigated, and if the policy is not justified by countervailing factors, you should consider stopping the policy altogether. If a policy shows unlawful discrimination it must be removed or changed.

Please document below the reasons for your conclusion and the information that you used to make this decision.

NOT APPLICABLE

9. Monitoring and review

Please provide details of how you intend to monitor the policy in the future.
Please refer to stage 7 of the guidance.

The Provider is expected to provide monthly and quarterly reports that provide details about individual cases and the aggregate caseload. The service specification emphasises that the Provider will provide details of:

- Demographic characteristics of Service Users with specific reference to Equality Act 2010 protected characteristic requirements. (see Service Specification 6.4)
- Length of interventions
- Additional issues/actions (including concerning levels of DNA's/Cancellations)
- Details about outcomes at end of intervention and 6-months post intervention for children, young people, families and practitioners.

These reports will be complemented with monthly and quarterly meetings between the Provider and the relevant Heads of Service where in depth discussions regarding cases and reviews of performance/ addressing any lessons learned from implementation of the service specification generally will occur.

The Provider is also expected to have an externally audited quality assurance framework in place. This quality assurance framework will emphasise key objectives in terms of equality of access, including making provision for different types of engagement to enable equal access (e.g. working from schools, community facilities and outreach to locations accessed by harder to reach young people). The Provider is expected to provide reports about compliance with all elements of the quality assurance framework.

10. Action plan and outcomes

At Brent, we want to make sure that our equality monitoring and analysis results in positive outcomes for our colleagues and customers.

Use the table below to record any actions we plan to take to address inequality, barriers or opportunities identified in this analysis.

Action	**By when**	**Lead officer**	**Desired outcome**	**Date completed**	**Actual outcome**

Appendix One: Profile Of CWD And LAC

Children with disabilities (age and gender profile) as at March 2014

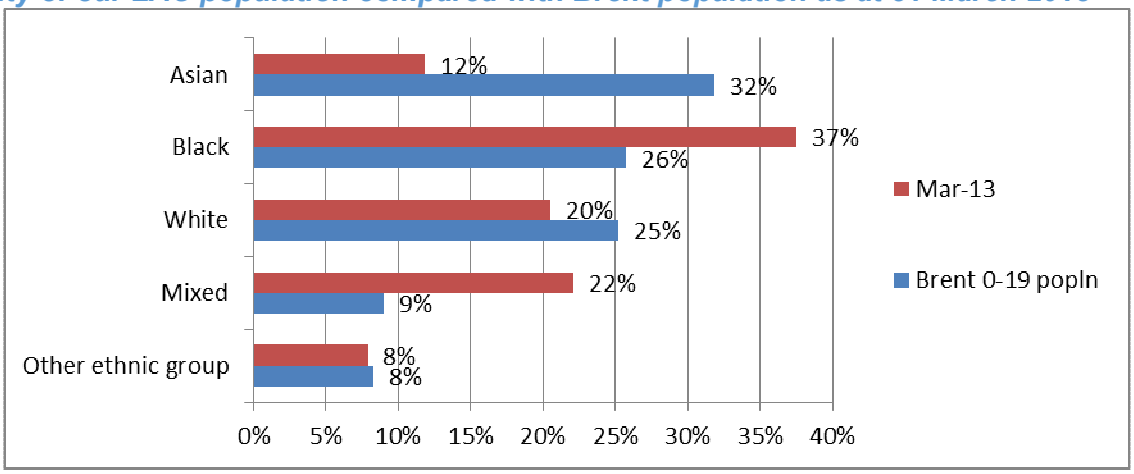
	Male	**F**emale	**Percentage**
0-4 years	28	14	19% 0-4 years
5-9 years	77	20	39.5% 5-9 years
10-15 years	69	34	39.5% 10-15 years
Total	**174**	**68**	**39% girls, 61% boys**

Children with disabilities (age and ethnicity profile) as at March 2014

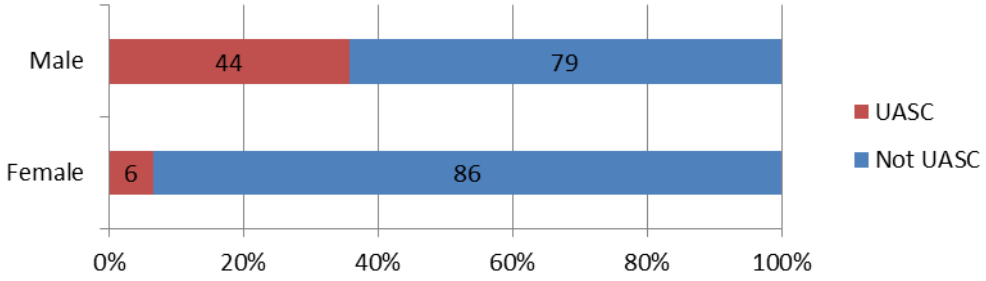
	Asian	**B**lack	**M**ixed	**O**ther	**W**hite	**N**ot stated
0-4 years	7	15	5	5	9	1
5-9 years	20	47	9	6	15	0
10-15 years	26	44	10	4	19	0
Total	**53**	**106**	**24**	**15**	**43**	**1**
Proportion	**28%**	**56%**	**13%**	**8%**	**`23%**	**0%**

CHILDREN WITH DISABILITIES WHO ARE ALSO LOOKED AFTER CHILDREN: 16

Ethnicity of our LAC population compared with Brent population as at 31 March 2013

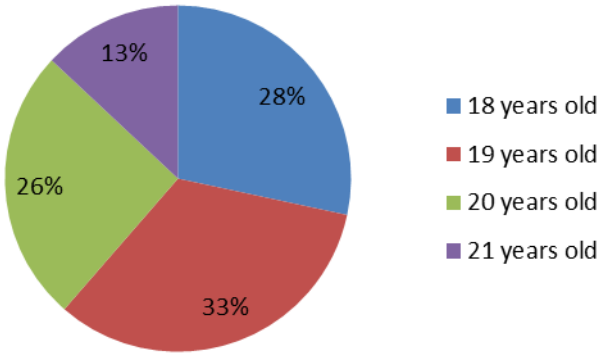


Unaccompanied Asylum Seeking Children



Age at 31st March 2013 of LAC

Female	92
Male	123
Total	215



Gender and age of LAC