

Equality Analysis Evidence Document					
Title: What are you completing an Equality Analysis on?					
Re-commissioning of Child and Adolescent Mental Health Services (CAMHS)					
Why are you completing the Equality Analysis? (please tick any that apply)					
Proposed New Policy or Service √	Change to Policy or Service	MTFS (Medium Term Financial Strategy)		Service Review	
Version Control					
Version control number	1.0	Date	15/04/2016	Reason for review (if appropriate)	N/A
Risk Rating Score (use Equalities Risk Matrix and guidance)					
**If any of these are 3 or above, an Impact Assessment must be completed. Please check with equalities@wiltshire.gov.uk for advice					
Criteria		Inherent risk score on proposal		Residual risk score after mitigating actions have been identified	
Legal challenge		6		3	
Financial costs/implications		6		3	
People impacts		8		4	
Reputational damage		6		3	
Section 1 – Description of what is being analysed					
<p>Primary and Specialist Child and Adolescent Mental Health Services (CAMHS) are provided by Oxford Health NHS Foundation Trust. The Primary Mental Health Service (PCAMHS) is funded by Wiltshire Council to provide interventions and treatment for children and young people assessed as having mild to moderate mental health needs. Specialist CAMHS is funded by the Wiltshire Clinical Commissioning Group (CCG) to provide interventions and treatment for those with more severe mental health difficulties. The two services are currently provided under separate but linked contracts. These commenced in April 2009 and are due to expire on 31 March 2017. Consequently, a new service will need to be commissioned from 1 April 2017 in order to ensure the continuity of a safe and effective local Child and Adolescent Mental Health Service to meet the needs of Wiltshire’s children and young people.</p> <p>Taking into account the new national vision for child and youth mental health (<i>Future in Mind</i>) and the local CCG transformation plan for children and young people’s mental health and wellbeing, it is recognised that a new CAMHS delivery model is required in order to meet the changing needs of children and young people. To achieve this, the proposal is for Wiltshire Council to align its resources with the Wiltshire Clinical Commissioning Group (through a co-commissioning arrangement) and to work together with a range of stakeholders to develop a new integrated primary and specialist CAMHS service delivery model. It is intended that the new service will improve the life outcomes and overall experience for children, young people and their families and help to reduce health inequalities.</p> <p>This Equality Impact Assessment (EIA) is a working document and is the first version to be completed. It details the equality analysis work undertaken so far and identifies the future work needing to be undertaken to ensure that Wiltshire Council meets its statutory obligations under the Public Sector Equality Duty.</p>					

This EIA will be updated following consultation with key stakeholders on the development of the new CAMHS service delivery model.

The focus of the EIA is to inform the proposal being made to Cabinet on 17 May 2016 as outlined above and in the accompanying Cabinet report. This includes a recommendation to Cabinet on the commissioning process to adopt in order to secure the service required.

Section 2A – People or communities that are currently **targeted or could be affected** by any change (please take note of the Protected Characteristics listed in the action table).

Primary and Specialist CAMHS services are available for 0-18 year olds who are referred by a wide range of professionals including their GP, health visitor, school or hospital doctor. Referrals are made into the service via a Single Point of Access.

CAMHS also offers further support to Looked After Children via an extended 18-25 service for care leavers (Outreach Service for Children and Adolescents). This is routinely offered to all young people leaving care at 18 who would continue to benefit from CAMHS interventions into early adulthood where their needs don't meet the threshold for adult mental health services.

Changes to the service may therefore affect all children and young people covering the full range of protected characteristics.

Data taken from the performance assessment frameworks provided by Oxford Health NHS Foundation Trust show that similar to the national picture, locally there is a high and growing demand for child and youth mental health services, with over two thousand children and young people accessing Wiltshire CAMHS per year.

	2012-13	2013-14	2014-15
Routine referrals into Single Point of Access	1892	2062	2138
All referrals	2828	2740	2742

A recent data snapshot taken in April 2016 revealed that there were a total of 1562 cases currently open to the CAMHS Tier 2 and 3 service.

The new service will continue to be available for all children and young people aged 0-18 (up to 25 for care leavers).

Section 2B – People who are **delivering** the policy or service that are targeted or could be affected (i.e. staff, commissioned organisations, contractors)

The information and data below has been provided by Oxford Health NHS Foundation Trust.

Primary and Specialist CAMHS are currently provided by Oxford Health NHS Foundation Trust. The primary service is staffed by 9.85 Whole Time Equivalents (WTE) offering assessment and short-term interventions for children and young people with mild to moderate mental health problems. The primary service also includes the provision of counselling – delivered through a partnership between Oxford Health and the local charity Relate. 60 WTE staff are employed by the Trust in specialist CAMHS (Community CAMHS and the Outreach Service for Children and Adolescents) addressing more complex and severe mental health problems.

Taking the above into account, around 70 Whole Time Equivalent staff who are employed by Oxford Health NHS Foundation Trust would be affected by any changes to the service. Staff employed by Relate who provide counselling to children and young people would also be affected.

Oxford Health CAMHS Staff Profile

Gender	
Female	88%
Male	12%

Age band	
Under 30	10.2%
30-39	22.9%
40-49	21.5%
50-59	38.5%
60 and over	7.0%

Ethnicity	
White - British	92.2%
White - Irish	1.7%
White – Any Other Background	3.0%
Mixed – White and Black Caribbean	1.4%
Mixed – White and Asian	1.7%

Disability	
Yes	4.6%
No	70.2%
Not declared	25.2%

Religious belief	
Atheism	6.6%
Buddhism	2.4%
Christianity	34.5%
Other	6.4%
I do not wish to disclose my religion/belief	50.1%

Section 3 –The underpinning **evidence and data** used for the analysis (Attach documents where appropriate)

Prompts:

- What data do you collect about your customers/staff?
- What local, regional and national research is there that you could use?
- How do your Governance documents (Terms of Reference, operating procedures) reflect the need to consider the Public Sector Equality Duty?
- What are the issues that you or your partners or stakeholders already know about?
- What engagement, involvement and consultation work have you done? How was this carried out, with whom? Whose voices are missing? What does this tell you about potential take-up and satisfaction with existing services?
- Are there any gaps in your knowledge? If so, do you need to identify how you will collect data to fill the gap (feed this into the action table if necessary)

Wiltshire Child and Adolescent Mental Health Service (CAMHS) data

The following data is taken from the performance assessment frameworks provided by Oxford Health NHS Foundation Trust. It provides an analysis of the Wiltshire primary and specialist CAMHS caseload. This is a snapshot which has been taken in April 2016.

Caseload broken down by age

Age group	No	%
0-4	7	0.4%
5-11	344	22%
12-15	660	42.3%
16-18	549	35.1%
19+	2	0.1%
Total	1562	100%

The data shows that adolescents make up the bulk of the CAMHS caseload. The numbers of children aged 0-4 years accessing the service are low.

Caseload broken down by gender

	No	%
Male	640	41%
Female	922	59%

The data shows that females make up the majority of the CAMHS caseload.

Caseload broken down by ethnicity

Type	No	%
Asian or Asian British	5	0.3%
Mixed – White and Asian	4	0.3%
Black or Black British	9	0.6%
Mixed – White and Black Caribbean	4	0.3%
Mixed – Other Mixed Background	7	0.4%
White British	1148	73.5%
White English	8	0.5%
White Irish	4	0.3%
White – Other/unspecified	7	0.4%
White – Mixed White	7	0.46%
White – Traveller	1	0.1%
Other Ethnic Groups	11	0.7%
Not Known	347	22.2%
Total	1562	100%

The data shows that in respect of referrals to CAMHS, where ethnicity is disclosed the majority of children and young people accessing the service are White – British. The numbers of children and young people from Black and Minority and/or other ethnic groups appear to be low. There is only 1 White-Traveller currently accessing the service. There is a significant number of children and young people whose ethnicity is not known which indicates a need to improve recording of this protected characteristic.

% of total caseload with learning disabilities

No	%
66	4%

The numbers of children and young people with learning disabilities accessing the CAMHS service appear low.

The data provided below on Looked After Children has been taken from the Oxford Health Performance Assessment Framework at the end of Quarter 3 (2015/16).

Looked After Children accessing CAMHS in the quarter

	Number	%
Primary CAMHS	9 out of 436 LAC	2% of LAC population
Specialist CAMHS	41 out of 436 LAC	9% of LAC population

Looked After Children accessing CAMHS previously		
	Number	%
Primary CAMHS	56 out of 436 LAC	13% of LAC population
Specialist CAMHS	86 out of 436 LAC	20% of LAC population

The numbers of Looked After Children accessing CAMHS appear low, particularly when taking into account national research which shows this group of children is more likely to experience emotional wellbeing and mental health problems.

The prevalence of child and youth mental health problems in Wiltshire

Using national research, the [Child and Maternal Health Intelligence Network](http://www.chimat.org.uk) (www.chimat.org.uk) provides a range of helpful information for local areas on the emotional wellbeing and mental health needs of children and young people. Key data and findings in relation to Wiltshire are given below:

- Mental health problems feature highest amongst adolescents.
- Boys are more likely to develop a mental health disorder than girls, particularly in the younger years.
- Conduct and emotional disorders are the most common, largely affecting teenagers.
- Boys are most likely to experience conduct disorders whilst girls are more likely to suffer from emotional disorders including depression and anxiety.
- Neurotic disorders are most prevalent amongst 16-19 year old females, with mixed anxiety and depression disorder the most common.

		Aged 5-10	Aged 11-16
Conduct disorders	Boys & Girls	1,515	1,940
	Boys	1,095	1,215
	Girls	420	730
Emotional disorders inc depression and anxiety	Boys & Girls	715	1,580
	Boys	325	645
	Girls	395	940
Hyperkinetic (hyperactivity) disorders	Boys & Girls	515	440
	Boys	440	360
	Girls	80	80
Other (less common disorders, such as ASD and eating disorders)	Boys & Girls	435	400
	Boys	330	270
	Girls	110	135

Vulnerable and disadvantaged children

National research shows that there are some children and young people who have a greater vulnerability to mental health problems, including for example looked after children, those with special educational needs and/or disabilities, those in contact with the youth justice system and those living in poverty.

Other groups of children and young people (including those listed above and below) which are more likely to be more vulnerable to mental health problems may also include those who are lesbian, gay, bisexual or transgender, refugees or asylum seekers, those in gypsy and traveller communities and those who have been sexually exploited and/or abused.

These children, young people and their families may find it more difficult to access appropriate help and support because of their more complex lives and personal circumstances.

Local data on vulnerable and disadvantaged groups is provided below. This has been taken from the needs assessment within the Wiltshire CCG Transformation Plan for Children and Young People's Mental Health and Wellbeing. This is available at www.wiltshirepathways.org.uk

- There are just over 12,717 children with **SEN**; 1,775 have a Statement/Education, Health and Care Plan (EHCP). The majority of SEN pupils are in primary schools (above the national average). Learning Difficulties is the main reason for statementing. Speech and language and behavioural difficulties both account for around a fifth of EHCPs. Autism accounts for 12.5% of plans but also often appears as a secondary diagnosis. The rate of pupils with Autism in primary schools is above the national figure.*
- At the end of March 2014 there were 395 **Looked After Children** compared to 445 in the previous year.**
- The rate of **youth offending** is low. The majority of young people who do formerly enter the youth justice system are aged 17.**
- 11.4% of children live in **poverty**, with highest levels located in the towns of Trowbridge, Melksham, Chippenham, Salisbury, Calne and Amesbury.***
- 5.3% of children are from **minority ethnic groups** (most are Other White or Mixed Background).#
- 8.2% of the school population are from **military families**. #
- At least 1,306 children under 18 are at risk of alcohol and/or drug related harm because they **live with a parent with a substance misuse problem** #
- Hospital admissions for **drugs and alcohol misuse** are above the national average.#
- Estimated 2,723 **young carers** aged 24 and under (2011 ONS Census)
- **Teen pregnancy** is below the national average (19 girls in 2013) (2013 ONS)

* [Wiltshire 2015-18 SEN Strategy](#)

** [Wiltshire Service Snapshot - CAMHS](#), ChiMat, 2014,

*** [Wiltshire Child Poverty Needs Assessment](#), 2014

[Wiltshire Joint Strategic Assessment](#), 2013/14

The views of stakeholders

The Wiltshire Children's Trust has undertaken extensive consultation with children, young people, parent/carers and professionals to hear their voice in relation to the availability and quality of local services. Children have also been asked about their own mental health and wellbeing. The outcome of consultation with stakeholders (including children, young people and families) has been used to shape the local strategy and commissioning intentions for children and young people's emotional wellbeing and mental health. It has also been used more recently to inform the vision, priorities and outcomes within the local CCG transformation plan for children and young people's mental health and wellbeing.

What children and young people say?

The Pupil Health and Wellbeing Survey, completed in 2015 by approx 7,000 children in local primary and secondary schools found that 69% of children and young people were satisfied with their life. Whilst it is positive that the majority of children and young people are happy, around 1 in 3 surveyed were not satisfied. Furthermore, the data highlighted inequalities, for example, only 57% of Free School Meal children (Yr 8+) and 50% of Year 10 girls reported being satisfied or happy with their life. Sleep is an important behaviour to protect health – the survey found that Wiltshire's children are not getting enough sleep across all age ranges and that 37% of secondary and Yr 12 pupils are often so worried about something that they cannot sleep at night.

Generally wellbeing fell in a range of measures as children got older:

- 12% of primary and 30% of secondary pupils said they had no one to talk to.
- 71% of pupils said they are proud of what they have achieved in their life, decreasing to 51% for Yr 12's.
- 56% felt stressed about their school work.
- 76% of primary age pupils felt confident about their future, falling to 47% by post-secondary school age.
- 9% of secondary and post-16 pupils said they had self-harmed daily, weekly or monthly. The rate was significantly higher for young carers and those with SEND.

A range of consultation activity with children and young people has been undertaken by the Wiltshire Council Children's Services voice and influence team over the last 3 years. This has involved Wiltshire Assembly of Youth, the Children in Care Council (representing Looked After Children), the Wiltshire Youth Disabled Group and CAMHS service users. Common messages for children and young people are given below.

- *Better mental health awareness, education and support (including counselling) is needed in schools;*
- *Help and support should be easier to access, as close to home as possible;*
- *Having someone to talk to in confidence is important;*
- *They need protection from bullying (particularly cyber-bullying);*
- *Information about local support and services and how this can be accessed could be improved;*
- *Good access to positive activities helps to promote wellbeing;*
- *More needs to be done to raise awareness of mental health and tackle stigma;*
- *More help could be given to help children and young people build their self-esteem and confidence.*

The voice of those that work with or care for children, including parents and carers

40 professionals from across the whole system (including education, health, social care and the voluntary and community sector) attended a local workshop in March 2014 on the refresh of the Emotional Wellbeing and Mental Health Commissioning Strategy for children and young people. They told us...

- *Pathways and access to services are not clear. Services are patchy;*
- *There is a gap in support for under 5's and those with autism;*
- *Improved capacity and support is needed in schools;*
- *Young people would benefit from self-help resources;*
- *Agencies need to work better together, particularly re: parents with mental health problems;*
- *More investment should be made in promotion, prevention and early intervention;*
- *Vulnerable children and young people require better care and support during key transitions;*
- *More children and young people should have access to CAMHS and school counselling services;*
- *There should be a focus on building resilience in children and families;*
- *More needs to be done to tackle bullying.*

A survey of parents/carers was undertaken by the Wiltshire Parent Carer Council in March 2015. This revealed concerns in relation to CAMHS, including ineffective joint working, underrated customer experience, poor access and long waiting times.

***Section 4 – Conclusions** drawn about the impact of the proposed change or new service/policy

Prompts:

- What actions do you plan to take as a result of this equality analysis? Please state them and also feed these into the action table
- Be clear and specific about the impacts for each Protected Characteristic group (where relevant)
- Can you also identify positive actions which promote equality of opportunity and foster good relations between groups of people as well as adverse impacts?
- What are the implications for Procurement/Commissioning arrangements that may be happening as a result of your work?
- Do you plan to include equalities aspects into any service agreements and if so, how do you plan to manage these through the life of the service?
- If you have found that the policy or service change might have an adverse impact on a particular group of people and are **not** taking action to mitigate against this, you will need to fully justify your decision and evidence it in this section

Key conclusions from the Equalities Impact Assessment are given below:

- The new service will continue to be available for all children and young people aged 0-18 (up to 25 for care leavers).
- In respect of human resources, any changes to the service would affect women more than men.
- Demand for child and adolescent mental health services is rising and without additional capacity in the system the right help for children, young people and their families cannot be provided. Demand is highest amongst teenagers.
- There are low numbers of children aged 0-4 accessing the current service. Professionals have also highlighted this as a gap in support.
- The majority of children and young people accessing the service are female yet national research shows that in Wiltshire it is boys who are more likely to develop a mental health disorder than girls, particularly in the younger years.
- Boys are more likely to experience conduct disorders whilst girls are more likely to suffer from emotional disorders including depression and anxiety. Neurotic disorders are most prevalent amongst 16-19 year old females, with mixed anxiety and depression the most common.
- Conduct and emotional disorders are the most common mental health problem for children and young people in Wiltshire, largely affecting teenagers.
- The majority of children and young people accessing the current service are White-British. The numbers of children and young people from Black and Minority Ethnic and/or Other Ethnic Groups appear to be low. There is only 1 White-Traveller currently accessing the service and this is a group which is more likely to experience mental health problems. There is a significant number of children and young people whose ethnicity is not known which perhaps indicates a need to improve recording for this protected characteristic group.
- There are some children and young people who have greater vulnerability to mental health problems e.g. Looked After Children. These children, young people and their families may find it more difficult to access appropriate help and support because of their personal circumstances. Taking this into account, the numbers of Looked After Children and children and young people with learning disabilities accessing the current service appear low.
- Not enough is understood about CAMHS service users in respect of some protected characteristics e.g. disability, gender reassignment, pregnancy and maternity and sexual orientation.
- A local survey of children and young people has revealed some health inequalities for particular groups, including Year 10 girls, those on Free School Meals, young carers and those with special educational needs and/or disabilities. Wellbeing falls as children get older across a range of measures. Those with Special Educational Needs and/or Disabilities and young carers are more likely to self-harm.

- Children and young people tell us they want better information, improved support in schools and community settings and more help to improve their self-esteem and resilience.
- Professionals and parents/carers tell us that pathways need to be clearer, more support is needed in schools, joint working between agencies should be better and more emphasis is required on early intervention and prevention approaches.

The development of a new integrated primary and specialist service delivery model for CAMHS is intended to have a positive impact on all children and young people covering all the protected characteristics.

Key actions that will be taken as a result of the this equalities impact assessment:

- Children and young people will be consulted on the development of the new service and their views taken into account in the drafting of the service specification. This will involve a series of consultation workshops that will be facilitated by the Wiltshire Council Children's Services Voice and Influence Team working with Healthwatch Wiltshire, schools, local child/youth participation groups and the Wiltshire Parent Carer Council. The workshops will involve targeting all the key groups of vulnerable and disadvantaged children and young people who are at more risk of developing emotional wellbeing and mental health problems. Consultation will also be targeted at ethnic and/or minority groups in order to ensure their needs are taken into account. This Equalities Impact Assessment will be updated with the outcome of the consultation activity.
- Staff employed by Oxford Health NHS Foundation Trust (and/or any incoming provider) will be consulted on any changes to the service. This Equalities Impact Assessment will be updated with the outcome of this consultation activity.
- The new service will be required to ensure that a robust system is in place for collecting demographic and protected characteristic information about its service users. This will help commissioners and the service to better monitor access in respect of key groups, and where required tailor service delivery in order to remove any barriers to access that may exist.
- Recognising the link between living in poverty/deprivation (e.g. children and young people living in low income families/accessing Free School Meals) and the increased likelihood of developing emotional wellbeing and mental health problems, support will be targeted in areas of greatest poverty and deprivation.
- In order to address increased demand for emotional wellbeing and mental health services, the new service will include a focus on early help and build capacity in universal settings to provide lower level interventions. This will involve improving CAMHS links with schools, particularly secondary schools.
- The service specification will seek to enhance the outreach service for children and adolescents so that interventions and treatment are available in community settings, as close to home as possible. This will help to remove barriers to access for children and young people who have complex lives, for example, Looked After Children and Care Leavers.
- The service provider will be required to ensure that an up-to-date equality and diversity policy is in place. Equality and diversity training for all staff working with children and young people will be mandatory so that they have the knowledge and skills required to address the specific needs of vulnerable and disadvantaged children. The provider will also be required to demonstrate what steps they will take to ensure their workforce is reflective of the local population.
- As part of the re-commissioning process, providers shall be required to make explicit what action they will take to tackle health inequalities and promote equalities and diversity. This will include action that will be taken to tailor service delivery in order to meet the specific needs of vulnerable and disadvantaged groups.
- The service specification will include an increased emphasis on interventions and support for 0-4 year olds (perinatal, infant and child mental health) in partnership with the Wiltshire Perinatal & Infant Mental Health Network.
- As part of the commissioning process the providers shall be asked to demonstrate what evidence based interventions shall be provided and approaches that will be used to engage specific genders.
- The service specification shall include the provision of a comprehensive training programme for children's services professionals and parents/carers covering the identification of common mental health problems (to include emotional, neurotic and conduct disorders) and signposting children and young people to the right service.

- Providers shall be required to demonstrate what steps they will take to improve access for Black and Minority Ethnic and Other Ethnic Groups as well as children and young people living in traveller communities.

***Section 5 – How will the outcomes from this equality analysis be monitored, reviewed and communicated?**

Prompts:

- Do you need to design performance measures that identify the impact (outcomes) of your policy/strategy/change of service on different protected characteristic groups?
- What stakeholder groups and arrangements for monitoring do you have in place? Is equality a standing agenda item at meetings?
- Who will be the lead officer responsible for ensuring actions that have been identified are monitored and reviewed?
- How will you publish and communicate the outcomes from this equality analysis?
- How will you integrate the outcomes from this equality analysis in any relevant Strategies/Polices?

The Children’s Trust Emotional Wellbeing and Mental Health Sub Group will oversee the development of the new service, with support from the Wiltshire Council Children’s Services Joint Commissioning Team and Public Health Team. This group is accountable to the multi-agency Children’s Trust Commissioning Executive, Wiltshire CCG (Governing Body and Clinical Executive) and Health and Wellbeing Board.

The Group includes representatives from across education, health, social care and importantly children, young people and their parents/carers. The Group is chaired by the Wiltshire Council Children’s Services Associate Director (Joint with CCG) for Children’s Services Commissioning, Performance and School Effectiveness.

A record of children, young people and parent/carer participation in the development of the service specification shall be maintained. This will provide a breakdown per protected characteristic group to ensure all vulnerable, disadvantaged and hard to hear groups are represented.

Contract review meetings with the new service provider shall include a focus on tackling health inequalities, including reporting against Key Performance Indicators which monitor the numbers of children and young people from protected characteristic groups that are accessing the service.

In addition to the above, the Emotional Wellbeing and Mental Health Sub Group will undertake the following actions:

- Raise awareness of protected characteristic groups and make equality everyone’s business. This will be achieved through the inclusion of a standing agenda item on equality and diversity.
- Ensuring that all staff within commissioned services for mental health and wellbeing receive appropriate training and develop the knowledge and skills required to address the specific needs of vulnerable and disadvantaged children.
- Undertake a comprehensive EIA prior to the re-commissioning and/or procurement of services.
- Understanding the needs of the local population and identifying those experiencing the poorest health outcomes.
- Establishing specific Key Performance Indicators which are focused on monitoring health inequalities.
- Including a standing item on children and young people’s participation and involvement in the development of emotional wellbeing and mental health services.

***Copy and paste sections 4 & 5 into any Committee, CLT or Briefing papers as a way of summarising the equality impacts where indicated**

Completed by:	James Fortune, Lead Commissioner, Wiltshire Council Children’s Services
Date	15 April 2016
Signed off by:	Julia Cramp, Associate Director (Joint with CCG), Commissioning, Performance and School Effectiveness
Date	
To be reviewed by:	

Review date:	
--------------	--

Equality Impact Issues and Action Table (for more information on protected characteristics, see [page 7](#))

Identified issue drawn from your conclusions (only use those characteristics that are relevant)	Actions needed – can you mitigate the impacts? If you can how will you mitigate the impacts?	Who is responsible for the actions?	When will the action be completed?	How will it be monitored?	What is the expected outcome from the action?
Age					
Teenagers make up the bulk of the CAMHS caseload and mental health problems feature highest amongst adolescents. Levels of wellbeing fall as CYP get older.	Consultation with teenagers on the development of the new service specification. Service spec to include focus on early intervention and prevention and building capacity in schools to support CYP e.g. through improved partnership working between CAMHS and secondary schools.	James Fortune	July 2016	Record of consultation activity with children and young people maintained by Wiltshire Council Children's Services Voice and Influence Team	The views and needs of teenagers are taken into account, to shape the new service and improved access to the right support for teenagers.
Low numbers of 0-4 year olds accessing the current service.	Service spec to include increased emphasis on perinatal, infant and child mental health in consultation with public health commissioners, community health and early years professionals.	James Fortune	July 2016	Record of consultation activity with public health, community health and early years professionals maintained by Wiltshire Council Commissioning Team.	The views and needs of 0-4 year olds are taken into account, to shape the new service and improved access to the right support for 0-4 year olds.
In respect of human resources, any changes to the service will affect women more than men.	Consultation with Oxford Health NHS staff on any changes (and/or any incoming provider).	Michelle Maguire / James Fortune	July 2016	Record of consultation activity with staff maintained by Oxford Health NHS Foundation Trust (and/or any incoming provider)	The views of staff are considered as part of any change.
	As part of the commissioning process providers will be required to demonstrate how they will tackle health inequalities. Providers shall be required to have an up to date equalities and diversity policy in place (note that this action is applicable to all protected characteristic groups in this	James Fortune	Ongoing	Results of any evaluation process undertaken as part of the commissioning process. Requirement within service specification.	Clear steps identified to improve access for vulnerable and disadvantaged/hard to hear groups and reduce health inequalities.

Disability					
Children and young people with special educational needs and/or disabilities are more likely to experience emotional wellbeing and mental health problems.	Consultation with children and young people with special educational needs and/or disabilities on the development of the new service specification as well as their parents/carers via the Wiltshire Parent Carer Council.	James Fortune	July 2016	Record of consultation activity with children and young people and their parents/carers is maintained by Wiltshire Council Children's Services Voice and Influence Team	The views and needs of children and young people with special educational needs and/or disabilities are taken into account, to shape the new service. Access to the right support is improved.
Not enough is understood about CAMHS service users in respect of disability.	Recording of information service users and protected characteristics will be a requirement in the new service specification.	James Fortune	September 2016	Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement within service specification.	Access to CAMHS and barriers are better understood for all protected characteristic groups.
Gender Reassignment					
Not enough is understood about CAMHS service users in respect of gender reassignment.	Recording of information service users and protected characteristics will be a requirement in the new service specification.	James Fortune	September 2016	Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement within service specification.	Access to CAMHS and barriers are better understood for all protected characteristic groups.

Marriage and Civil Partnership					
Not enough is understood about CAMHS service users in respect of marriage and civil partnership.	Recording of information service users and protected characteristics will be a requirement in the new service specification	James Fortune	September 2016	Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement within service specification.	Access to CAMHS and barriers are better understood for all protected characteristic groups.
Pregnancy and Maternity					
Pregnant teenage mothers and young parents are more likely to experience emotional wellbeing and mental health problems.	Consultation with pregnant teenage mothers and young parents on the development of the new service specification	James Fortune	July 2016	Record of consultation activity with children and young people maintained by Wiltshire Council Children's Services Voice and Influence Team	The views and needs of pregnant teenage mothers and young parents are taken into account, to shape the new service. Improved access to the right support for this group.
Not enough is understood about CAMHS service users in respect of pregnancy and maternity	Recording of information service users and protected characteristics will be a requirement in the new service specification	James Fortune	September 2016	Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement in service specification.	Access to CAMHS and barriers are better understood for all protected characteristic groups.

Race (including ethnicity or national origin, colour, nationality and Gypsies and Travellers)					
The numbers of children and young people accessing CAMHS from BME groups is low. This is also the case for CYP living in traveler communities.	Consultation with BME groups (including CYP living in traveler communities) on the development of the new service specification.	James Fortune	July 2016	Record of consultation activity with children and young people maintained by Wiltshire Council Children's Services Voice and Influence Team.	The views and needs of BME children and young people (inc CYP living in traveler communities) are taken into account, to shape the new service. Access to the right support is improved.
There are a significant number of CAMHS service users whose ethnicity is not known.	Recording is improved and is a requirement within the new service specification. As part of the commissioning process, providers shall be required to demonstrate what steps they will take to reduce barriers to access for this group.	James Fortune	September 2016	Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement within service specification. Results of any evaluation process undertaken as part of the commissioning process.	Any barriers for these groups is better understood and steps identified to tackle these and improve access.
Religion and Belief					
Not enough is understood about CAMHS service users in respect of religion and belief.	Consultation with children and young people from across faith groups on the development of the new service specification.	James Fortune	July 2016	Record of consultation activity with children and young people maintained by Wiltshire Council Children's Services Voice and Influence Team	The views and needs of faith groups are taken into account, to shape the new service. Any particular barriers to access for specific faith groups identified and actions established to address these.
Sex					
Satisfaction and happiness with life is lower amongst teenage girls in comparison to the overall CYP population. Boys are more likely to develop a mental health disorder than girls, particularly in younger years. Yet local data shows that the majority of CAMHS service users are girls.	Consultation with children and young people including males and females on the development of the new service specification.	James Fortune	July 2016	Record of consultation activity with children and young people maintained by Wiltshire Council Children's Services Voice and Influence Team.	The views and needs of both males and females are taken into account, to shape the new service. Steps agreed to improve access for boys.

Sexual Orientation					
Lesbian, Gay, Bisexual and Transgender children and young people are more likely to experience emotional wellbeing and mental health problems.	Consultation with LGBT children and young people on the development of the new service specification.	James Fortune	July 2016	Record of consultation activity with children and young people maintained by Wiltshire Council Children's Services Voice and Influence Team.	The views and needs of LGBT children and young people are taken into account, to shape the new service. Improved access to the right support.
Not enough is understood about CAMHS service users in respect of sexual orientation.	Recording of information service users and protected characteristics will be a requirement in the new service specification.	James Fortune	September 2016	Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement in service specification.	Access to CAMHS and barriers are better understood for all protected characteristic groups.

Other (including caring responsibilities, rurality, low income, Military Status etc)					
<p>Other groups of children and young people which are more likely to experience emotional wellbeing and mental health problems include:</p> <ul style="list-style-type: none"> • Young offenders • Those living in poverty • Refugees or asylum seekers • Those living in gypsy or traveler communities • Young carers • Those who are misusing drugs and alcohol • Those from military families • Those living with a parent/carer with a substance misuse problem 	<p>Consultation with these other groups children and young people on the development of the new service specification.</p>	James Fortune	June 2016	Record of consultation activity with children and young people maintained by Wiltshire Council Children's Services Voice and Influence Team	<p>The views and needs of other groups of children and young people who are more vulnerable to developing emotional wellbeing and mental health problems are taken into account, to shape the new service. Improved access to the right support for these groups and reduced health inequalities as a result.</p>
	<p>Service to be targeted in areas of greatest poverty and deprivation, to be included as part of service specification.</p>		September 2016	Requirement within service specification	
	<p>Outreach service for children and adolescents to be enhanced as part of service specification.</p>		September 2016	As above	
	<p>Providers shall be required to demonstrate what evidence based interventions they will provide and what approaches they will use in order to improve access for all these groups (including girls and boys).</p>		Ongoing	Results of any evaluation as part of commissioning process	
<p>Not enough is understood about CAMHS service users in respect of the other groups given above.</p>	<p>Recording of information service users and protected characteristics will be a requirement in the new service specification.</p>	James Fortune	September 2016	Contract review meetings with the Provider shall include a standing item on equalities and diversity.	<p>Access to CAMHS and barriers are better understood for all protected characteristic groups.</p>

Calculating the Equalities Risk Score

You will need to calculate a risk score twice:

1. On the inherent risk of the proposal itself (without taking into account any mitigating actions you may identify at the end of the Equality Analysis (EA) process)
2. On the risk that remains (the residual risk) after mitigating actions have been identified

This is necessary at both points to:

- Firstly, identify whether an EA needs to be completed for the proposal and;
- Secondly, to understand what risk would be left if the actions identified to mitigate against any adverse impact are implemented

Stage 1 - to get the inherent risk rating:

1. Use the [Equalities Risk Criteria Table](#) below and score each criterion on a scale of 1 - 4 for the impact and 1 – 4 on their likelihood of occurrence. Multiply these 2 scores together (Likelihood x Impact) to get a score for that criterion (this will range from 1 – 16).
2. Record each of these scores in the [table](#) at the beginning of this document
3. Assess whether you need to carry out an EA using the guidance box below (stage 2).

Stage 2 - to identify whether an EA needs to be carried out:

If your inherent risk score (for any criteria) is:

12 – 16 or Red = High Risk. **An Equality Analysis must be completed.** Significant risks which have to be actively managed; reduce the likelihood and/or impact through control measures.

6 – 9 or Amber = Medium Risk. **An Equality Analysis must be completed.** Manageable risks, controls to be put in place; managers should consider the cost of implementing controls against the benefit in the reduction of risk exposure.

3 – 4 or Green = Low Risk. **An Equality Analysis must be completed**

1 – 2 or Green = Low Risk. **An Equality Analysis does not have to be completed**

Stage 3 - to get the residual risk rating:

1. Repeat the process above when mitigating actions have been identified and evidenced in the [table](#) on page 3 to calculate the **residual risk**
2. Make a note of the residual risk score in the [table](#) on the first page of the EA template

Equalities Risk Criteria Table

Impact Criteria	Low 1	Moderate 2	Substantial 3	Critical 4
Legal challenge to the Authority under the Public Sector Equality Duty	Complaint/initial challenge may easily be resolved	Internal investigation following a number of complaints or challenges	Ombudsman complaint following unresolved complaints or challenges	Risk of high level challenge resulting in Judicial Review
Financial costs/implications	Little or no additional financial implication as a result of this decision or proposal	Medium level implication with internal legal costs and internal resources	High financial impact - External legal advice and internal resources	Severe financial impact - legal costs and internal resources
People impacts	No or Low or level of impact on isolation, quality of life, achievement, access to services. Unlikely to result in harm or injury. Mitigating actions are sufficient	Significant quality of life issues i.e. Achievement, access to services. Minor to significant levels of harm, injury, mistreatment or abuse OR, low level of impact that is possible or likely to occur with over 500 people potentially affected	Serious Quality of Life issues i.e. Where isolation increases or vulnerability is greatly affected as a result. Injury and/or serious mistreatment or abuse of an individual for whom the Council has a responsibility OR, a medium level of impact that is likely to occur with over 500 people potentially affected	Death of an individual for whom the Council has a responsibility or serious mistreatment or abuse resulting in criminal charges OR High level of impact that is likely to occur, with potentially over 500 people potentially affected
Reputational damage	Little or no impact outside of the Council	Some negative local media reporting	Significant to high levels of negative front page reports/editorial comment in	National attention and media coverage

Equalities Risk Matrix

		Acceptable		Actively managed	
Impact	Critical (4)	4	8	12 Significant risk	16 Significant risk
	Substantial (3)	3	6	9	12 Significant risk
	Moderate (2)	2	4	6	8
	Low (1)	1	2	3	4
		Very unlikely (1)	Unlikely (2)	Likely (3)	Very likely (4)
		Likelihood of occurrence			

The protected characteristics:

Age - Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). This includes all ages, including children and young people and older people.

Disability - A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment - The process of transitioning from one gender to another.

Race - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion and belief - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Marriage and civil partnership - Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships' and from 29th March 2014, same-sex couples can also get married at certain religious venues. Civil partners must be treated the same as married couples on a wide range of legal matters.

Pregnancy and maternity - Pregnancy is the condition of being pregnant. Maternity refers to the period of 26 weeks after the birth, which reflects the period of a woman's ordinary maternity leave entitlement in the employment context.

Sex (this was previously called 'gender') - A man or a woman.

Sexual orientation - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

You are also protected if you are discriminated against because you are **perceived** to have, or are **associated** with someone who has, a protected characteristic. For example, the Equality Act will protect people who are caring for a disabled child or relative. They will be protected by virtue of their association to that person (e.g. if the Carer is refused a service because of the person they are caring for, this would amount to discrimination by association and they would be protected under the Equality Act)