## Cheshire West & Chester Council

### **Equality screening and Full Impact Assessment template**

Note: Please delete guidance notes (in italics) after completing the form

Name of a policy / procedure / function / project: Emotional Health and

Wellbeing strategy

Date: 9<sup>TH</sup> September

Carried out by: Gareth Jones

Name	Role				
Gareth Jones	Integrated Emotional Health and Well Being				
	Commissioning Manager				

## Aims of the policy / procedure / function / project:

The aim of the Emotional Health and Well Being Strategy is to assess the mental health needs of the population of Cheshire West and Chester.

The strategy will then commission appropriate services for the population of the area.

### Stakeholders:

Child and Adolescent Mental Health Providers (CAMHS), GP's, Paediatricians. Children and young people whom access CAMHS, NHS Western Cheshire, Cheshire West and Chester, Adult Mental Health Services, voluntary agencies, Police, Drug and Alcohol Services

Considering the purpose of the Equality Impact Assessment process, is the policy (function, procedure etc.) relevant?

Yes √ No□

Potential impact on target groups:				
Target group	Potential impact Please describe	Measures currently in place		



Potential impact on target groups:					
Target group	Potential impact Please describe	Measures currently in place			
Race (also ethnicity, nationality and associated aspects such as culture and language) Gypsies and Travellers	It has been recognised that children and young people from Black and Minority Ethnic (BME) Background have poor access to mental health service provision and there is an increased training need for service provision. Local data re children from BME background and Gypsy and traveller community have been established and will be put into strategy.	Strategy to inform and promote access to comprehensive CAMHs service. Including voluntary and faith sector in development of strategy			
<b>Disability</b> (consider full rainbow of mental and physical impairments: mobility, manual dexterity, speech, hearing, learning, understanding, visual sight, MS, cancer, HIV etc.)	Research demonstrates that children with disability have increased mental health needs with 1 in 3 children with a learning disability having diagnosable mental health disorder	Learning disability designated CAMH service provision is in place and the team are based with the children's service disability team			
Gender (consider associated aspects e.g. safety, single-parenting, caring responsibility, potential for bullying and harassment, Transgender	Currently accessing Data				
Sexual orientation (includes heterosexual, lesbian, gay, bi-sexual)	Although the majority of Lesbian Gay and Bisexual people do not experience poor mental health, research suggests that some Lesbian Gay and Bisexual people are at higher risk of mental disorder, suicidal behaviour and substance misuse.	Lesbian, gay and bisexual group established within the local authority to support at risk individuals.			
Age (including all groups - children, young people, working age, elderly)	The strategy will include all ages of children and young people	The strategy will be developed to support children 0-19 years of age 16-19 service established to meet the needs of young adults.  Transition policies and pathways in place to ensure smooth transition into adult services			
Religion and belief (the most common religions include Hinduism, Judaism, Buddhism, Christianity, Islam, Sikhism, Shinto, Nonconformists)	The Policy promotes inclusion of all and can be considered to have a neutral impact on religion and belief.	Faith sector to be included during the development of the strategy			
Rural issues					
Socio-economic issues	Children from deprived backgrounds are more at risk from developing mental health disorder	Children in care pathway is being developed and incorporated within the strategy. There will be a designated children in care			

Potential impact on target groups:				
Target group	Potential impact Please describe	Measures currently in place		
	Children in care are known to have increased mental health needs	emotional health and well being service commissioned to meet the needs of these vulnerable young people.		
Other (there may be other target groups relevant to your service)				

## Is the Policy/Function likely to have an impact on Human Rights?

We all have basic human rights which must be upheld. Human rights are about ensuring Fairness, Respect, Equality, Dignity and Autonomy (FREDA) for everyone. Everyone has the right to enjoy their basic human rights such as right to life and not be treated in an inhuman or degrading manner, protected by the Human Rights Act 1998.

The Strategy adheres to the Human Rights principles.

#### **Evidence:**

Evidence to support the above answers. Customers' equality data monitoring and how the results inform service provision. Please consider quantitative, qualitative research, national and international evidence, results of any consultations you might have carried out. Please refer to the Equality Monitoring Guidelines on the intranet (or contact the E&D Managers) when considering introducing equality monitoring initiatives.

### **Proposed actions** (to be reflected in the Service plans):

Actions emerging from the "Potential impact on target groups" and the "Evidence" sections in order to address any gaps

Action	Target date	Responsibility
Children in Care pathway	October 2010	GJ
being developed. This		
pathway will also establish		
closer links between		
CAMHS and Children's		
services		

#### Rating:

In light of the above how would you rate the impact of your policy/function etc. on any of the target groups, for guidance please see footnotes.

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High <sup>1</sup>								
Please continue below								
Medium <sup>2</sup>								Х
Please exit the process								^
Low <sup>3</sup>	V	V	v	v	v	v	v	
Please exit the process	X	X	X	X	X	X	X	

#### IMPORTANT!

Only policies (functions, procedures etc.) rated as high have to be fully Impact Assessed. Full Impact Assessment requires consultation with members from the target groups highlighted as being at the receiving end of any potential impact. EIA consultation exercises will be undertaken by relevant service with the help and support of the Research and Intelligence team and Equality and Diversity Officers.

<sup>&</sup>lt;sup>1</sup> High = significant potential impact, risk of exposure, history of complaints, no mitigating measures in place or no evidence available, urgent need for consultation with service users, general public, employees

<sup>&</sup>lt;sup>2</sup> Medium = some potential impact, some mitigating measures in place but no evidence available how effective they are, would be beneficial to consult with service users, general public etc. but not urgent

<sup>&</sup>lt;sup>3</sup> Low = almost bordering with non relevance to the EIA process (heavily legislation led - very little discretion exercised, limited public facing aspect)

# **Full Equality Impact Assessment part:**

Affected target group (e.g. people with disabilities)	Race	Disability	Gender	Age	Religion & belief	Rural
Any particular segment within the target group (e.g. people with learning disabilities)	Х	X		X	Х	
Specific issues to be a subject of consultation (e.g. how could the Council make its annual financial results understandable to people with learning disabilities, what support needed etc.?) Please contact the Research and Intelligence team						
Outcomes of consultation						
What changes have been made as a result of the consultation outcomes						
Feedback given to the consultees? Yes/No						

Gareth Jones	
Lead person responsible the EIA	Approved by Head of Service

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Date: 24 September 2010

Next review of the EIA, measures put in place, changes:

(high – 1 year, medium – 2 years, low – 3 years)