

Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

- I. help decision makers fulfil their duties under the Equality Act 2010 and
- II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:-

- (i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
- (ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
- (iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
- (iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an Impact Analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision making process.

The Lead Officer responsibility

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision making report and attach this Equality Impact Analysis to the report.

Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” “Which protected characteristics might be affected?” and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

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Proposals for more than one option If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background Information

Title of the policy / project / service being considered	Early Years and Children's Health Services – Emotional Wellbeing and 6-19 Health Services	Person / people completing analysis	v2.0 Kevin Johnson
Service Area	Children's Services Strategic Commissioning Team	Lead Officer	Charlotte Gray
Who is the decision maker?	Executive	How was the Equality Impact Analysis undertaken?	v2.0 Internal review team workshop exercise and engagement feedback from public and professionals
Date of meeting when decision will be made	01/11/2016	Version control	v2.0
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	LCC directly delivered, commissioned, re-commissioned or de-commissioned?	Re-commissioned
Describe the proposed change	<p>We are reviewing the early childhood and children's health services offered to all children, young people and their families. This includes Health Visiting, Antenatal Weight Management, School Nursing and services linked to Children's Centres. We must review what is provided to families in Lincolnshire to ensure good quality, effective and efficient support. This Equality Impact Assessment focuses on services for school-aged children and young people (up to 25 for those with Special Educational Needs or Disabilities)</p> <p>The key changes for school-aged children and young people (up to 25 for those with Special Educational Needs or Disabilities) are:</p> <ul style="list-style-type: none"> • Instead of a separate Health Visiting and School Nursing service these services will be combined into a single health service for young people from 0-19 (up to 25 for those with Special Educational Needs or Disabilities) although staff will work with specific age groups based on their training • Staff that currently work with children aged 0-5 in the Health Visiting service will also cover children up to the end of Reception year instead of transferring them to the School Nursing Service • No hearing screening in Reception Year for all children • No anaphylaxis presentation for all schools • No drop in sessions in schools 		

- No presentation to all school pupils in Year 7
- Health needs assessment will not be for all school children in Reception and Year 7 but will be done as needed where there is a possible health issue that may need extra support
- An enhanced online advice and counselling service will be available for children from secondary school age
- A new emotional wellbeing service will be available to children, young people and families that need extra support but may not meet the criteria to access other specialist services such as Child and Adolescent Mental Health Services
- An enhanced countywide sexual health and relationship service will be available for young people

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics. To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: <http://www.research-lincs.org.uk> If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the [Council's website](#). As of 1st April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using Agresso.

Positive impacts

The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state 'no positive impact'.

Age	<p>Potential positive impacts identified.</p> <p>The model developed as part of the review proposes that:</p> <ul style="list-style-type: none">• Staff that currently work with children aged 0-5 in the Health Visiting service will also cover children up to the end of Reception year instead of transferring them to the School Nursing Service<ul style="list-style-type: none">○ Evidence from our engagement suggests people felt that the transition to Reception year at school is one of the most important times for children's health support. Increasing Health Visiting support to the end of Reception year will mean that families have greater consistency during this transition period, particularly vulnerable families that may have had a named Health Visitor since before birth. The service will work with schools to help them support families that may need extra support during the transition to school.• An enhanced online advice and counselling service will be available for children from secondary school age<ul style="list-style-type: none">○ Evidence from the engagement survey suggests that both parents and professionals feel that emotional and mental health support is one of the most important areas for children and young people but also that there are currently some gaps in services.○ The online approach to providing advice and support has already proven successful with Lincolnshire young people. The aim is to increase the offer to young people and broaden the types of concerns they can receive support with. <p>These changes are identified as having potential positive impacts for children and young people, particularly those in Reception year and those aged 11-19, and their families.</p>
Disability	<p>Potential positive impacts identified.</p> <p>The model developed as part of the review proposes that:</p> <ul style="list-style-type: none">• An enhanced online advice and counselling service will be available for children from secondary school age• A new emotional wellbeing service will be available to children, young people and families that need extra support but may not meet the criteria to access specialist services such as Child and Adolescent Mental Health Services<ul style="list-style-type: none">○ Evidence from the engagement survey suggests that both parents and professionals feel that emotional and mental health support is one of the most important areas for children and young people but also that there are currently some gaps in services.○ The online approach to providing advice and support has already proven successful with Lincolnshire young people. The aim is to increase the offer to young people and broaden the types of concerns they can receive support with. <p>These changes are identified as having potential positive impacts for children and young people, who may have a disability, to access advice and support.</p>

	<p>Having a single 0-19 health service (up to 25 for those with Special Educational Needs or Disabilities), a named Health Visitor up until 6-8 weeks or longer for those with additional needs, and extending Health Visiting until the end of Reception year could all have a positive impact on providing greater continuity of care, particularly for children and young people with a special educational need or disability.</p>
Gender reassignment	<p>Potential positive impacts identified.</p> <p>The model developed as part of the review proposes that:</p> <ul style="list-style-type: none"> • An enhanced online advice and counselling service will be available for children from secondary school age • A new emotional wellbeing service will be available to children, young people and families that need extra support but may not meet the criteria to access other specialist services such as Child and Adolescent Mental Health Services <ul style="list-style-type: none"> ○ Evidence from the engagement survey suggests that both parents and professionals feel that emotional and mental health support is one of the most important areas for children and young people but also that there are currently some gaps in services. ○ The online approach to providing advice and support has already proven successful with Lincolnshire young people. The aim is to increase the offer to young people and broaden the types of concerns they can receive support with. <p>This change is identified as having potential positive impacts for children and young people, who may be curious about gender reassignment, to access confidential advice and support.</p>
Marriage and civil partnership	<p>No potential positive impacts currently identified.</p>
Pregnancy and maternity	<p>No potential positive impacts currently identified.</p>
Race	<p>Potential positive impacts identified.</p> <p>The model developed as part of the review proposes that:</p> <ul style="list-style-type: none"> • An enhanced online advice and counselling service will be available for children from secondary school age • A new emotional wellbeing service will be available to children, young people and families that need extra support but may not meet the criteria to access other specialist services such as Child and Adolescent Mental Health Services <ul style="list-style-type: none"> ○ Evidence from the engagement survey suggests that both parents and professionals feel that emotional and mental health support is one of the most important areas for children and young people but also that there are currently some gaps in services. ○ The online approach to providing advice and support has already proven successful with Lincolnshire

	<p>young people. The aim is to increase the offer to young people and broaden the types of concerns they can receive support with.</p> <p>This change is identified as having potential positive impacts for children and young people, who may be curious about or affected by racial issues, to access confidential advice and support.</p>
Religion or belief	<p>Potential positive impacts identified.</p> <p>The model developed as part of the review proposes that:</p> <ul style="list-style-type: none"> • An enhanced online advice and counselling service will be available for children from secondary school age • A new emotional wellbeing service will be available to children, young people and families that need extra support but may not meet the criteria to access other specialist services such as Child and Adolescent Mental Health Services <ul style="list-style-type: none"> ○ Evidence from the engagement survey suggests that both parents and professionals feel that emotional and mental health support is one of the most important areas for children and young people but also that there are currently some gaps in services. ○ The online approach to providing advice and support has already proven successful with Lincolnshire young people. The aim is to increase the offer to young people and broaden the types of concerns they can receive support with. <p>This change is identified as having potential positive impacts for children and young people, who may be curious about or affected by religious or belief issues, to access confidential advice and support.</p>
Sex	<p>Potential positive impacts identified.</p> <p>The model developed as part of the review proposes that:</p> <ul style="list-style-type: none"> • An enhanced online advice and counselling service will be available for children from secondary school age • A new emotional wellbeing service will be available to children, young people and families that need extra support but may not meet the criteria to access other specialist services such as Child and Adolescent Mental Health Services <ul style="list-style-type: none"> ○ Evidence from the engagement survey suggests that both parents and professionals feel that emotional and mental health support is one of the most important areas for children and young people but also that there are currently some gaps in services. ○ The online approach to providing advice and support has already proven successful with Lincolnshire young people. The aim is to increase the offer to young people and broaden the types of concerns they can receive support with. <p>This change is identified as having potential positive impacts for children and young people, who may be curious about or affected by sexual discrimination, to access confidential advice and support</p>
Sexual orientation	<p>Potential positive impacts identified.</p> <p>The model developed as part of the review proposes that:</p> <ul style="list-style-type: none"> • An enhanced online advice and counselling service will be available for children from secondary school age • A new emotional wellbeing service will be available to children, young people and families that need extra support

but may not meet the criteria to access other specialist services such as Child and Adolescent Mental Health Services

- Evidence from the engagement survey suggests that both parents and professionals feel that emotional and mental health support is one of the most important areas for children and young people but also that there are currently some gaps in services.
- The online approach to providing advice and support has already proven successful with Lincolnshire young people. The aim is to increase the offer to young people and broaden the types of concerns they can receive support with.

This change is identified as having potential positive impacts for children and young people, who may be curious about sexual orientation, to access confidential advice and support.

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

- There is potentially a positive impact for all children and young people that access to more specialist support will be better than the more general health advice and support currently provided.
- There is potentially a positive impact that more emotional wellbeing advice and support for children and their families will support them better with issues such as bullying and anxiety.
- There is potentially a positive impact for children and young people who most need help and support but wouldn't necessarily ask for it via an assessment questionnaire.
- There is potentially a positive impact for all school aged children to have equal opportunities for access to sexual health services across the county.
- A new mental health service promoting good mental health in schools and offering individual support where needed could have a positive impact on young people and their families who need good, evidenced support, such as face-to-face group meetings, which raise awareness of self-esteem and positive mental health. It could also have a positive impact for all young people and their families by improving access to specialist support beyond what school nurses can offer.
- Making more health information available online would have a positive impact by making it easier to find information and access support.
- Offering anaphylaxis training to schools only as and when needed could have a positive impact by ensuring it is timely, for example when new children start or with changes in staffing.

Adverse/negative impacts

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.

If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state 'No mitigating action identified'.

Age

Potential perceived adverse impacts identified.

The model developed as part of the review proposes that:

- Staff currently working with children aged 0-5 in the Health Visiting service will also cover children up to the end of Reception year instead of transferring them to the School Nursing Service. Health needs assessment will not be carried out for all school children in Reception and Year 7 but will be done as needed where there is a possible health issue that may need extra support.
 - Evidence from the engagement questionnaire suggests that people feel the transition to Reception and first year at primary school is one of the most important times for children's health support. Anecdotally although health needs assessments are currently available for completion for all children and young people in Reception and Year 7 return rates have not been significantly high. The impact of this change is that instead of a one-off health needs assessment undertaken by a new service (previously School Nursing), children at Reception age will have been continually supported from birth to the end of Reception year and have their needs assessed throughout, particularly if there are any specific concerns. Most families take their children to their GP if there are any physical health concerns and GPs will still be able to refer to School Nursing if they feel a health needs assessment is needed. Similarly Teachers, other professionals, parents/carers and young people can request/complete a health needs assessment at any time if they have any concerns and not just at either Reception or Year 7.
 - Continued Health Visiting support until end of Reception Year will mitigate no longer carrying out a universal health needs assessment. Any health needs should already be known and the Health Visitor can work with the school during the first year to make sure any additional needs are catered for, or assessments can be carried out as required if there are any concerns. Health Visitors can continue to advise and encourage parents and children to attend a vision screening for amblyopia at age 4-5.

- No longer continue the hearing screening carried out by School Nurses in Reception year.
 - Evidence from the engagement questionnaire suggests that people feel the transition to Reception and first year at primary school is one of the most important times for children's health support. Responses to the engagement questionnaire from professionals did not identify hearing checks as an important part of the service.
 - All children currently entering Reception year should have had access to new-born hearing screening which is very successful at identifying very early if a child may have any hearing concerns. Likewise other checks carried out by Health Visiting earlier in childhood can help identify if a child may have hearing concerns. The impact of this is if a child arrives in Reception and it is felt that they may have an undiagnosed hearing concern then it will be recommended that they access their GP who can then arrange a referral for specialist screening as appropriate.
- No anaphylaxis presentation for all schools
 - The impact of this could be that schools are not trained every year to manage anaphylaxis.
 - To mitigate this, anaphylaxis training will still be available on a case by case basis. If a school identifies that they need to have training they will be able to request this directly.
- No longer continue the presentation carried out by School Nurses in Year 7 (ages 11-12).
 - The impact of this could be that young people might not know what health services are available to them and how to them.
 - To mitigate this any services that are commissioned for school aged children will be required to promote and advertise in schools and to school aged children the services that are available. There will also need to be a clear route for schools staff to refer children and young people to the nurses working in the single 0-19 health service and other health services as appropriate, or take concerns through the Early Help assessment route.
- No longer continue drop-in clinics in secondary schools carried out by School Nurses. An enhanced online advice and counselling service will be available for children from secondary school age
 - The impact of this is that children might not know how to access health services **and might not be able to access online services.**
 - Drop in sessions are not currently regularly delivered in all schools and often if children and young people need advice and support they have to wait until the next available drop in session in their school.
 - To mitigate this, an enhanced online advice and counselling service will be available for secondary school age children for extended hours including evenings and weekends where they can access direct support immediately or book appointments at a time to suit them. If face to face services are needed a referral can be supported. For primary school aged children there will need to be a clear route for schools staff to refer children and young people to the nurses working in the single 0-19 health service and other health services as appropriate, or take concerns through the Early Help assessment route. Any services that are commissioned for school aged children will be required to promote and advertise in schools and to school aged children the services that are available.

	<ul style="list-style-type: none"> • No longer have School Nurses delivering sexual health services in schools. An enhanced countywide sexual health and relationship service will be available for young people <ul style="list-style-type: none"> ○ Lincolnshire County Council already has a wider contract for sexual health services, which offers sexual health support and advice to young people from age 13 onwards. ○ The impact is that routes for children to access this support may change. ○ To mitigate this we will work with Public Health to extend the wider Sexual Health contract for all school-aged children and young people, as part of this there will need to be clear communications and advertisement to young people for how to access these services. <p>These changes are all identified as potentially having perceived negative impacts for school-aged children and young people and their families.</p>
Disability	<p>Potential perceived adverse impacts identified.</p> <p>The model developed as part of the review proposes to:</p> <ul style="list-style-type: none"> • No longer continue drop-in clinics in secondary schools carried out by School Nurses. An enhanced online advice and counselling service will be available for children from secondary school age <ul style="list-style-type: none"> ○ There is potentially a negative impact on children with additional needs, who might not be able to access online services. Particularly autistic children as they don't often say things are bad until crisis and might not be able to access online services or the information available online. ○ Drop in sessions are not currently regularly delivered in all schools and often if children and young people need advice and support they have to wait until the next available drop in session in their school. ○ To mitigate this, if face to face services are needed a referral can be supported. For primary school aged children there will need to be a clear route for schools staff to refer children and young people to the nurses working in the single 0-19 health service, or take concerns through the Early Help assessment route.
Gender reassignment	No potential perceived adverse impacts currently identified.
Marriage and civil partnership	No potential perceived adverse impacts currently identified.
Pregnancy and maternity	No potential perceived adverse impacts currently identified.

Race	No potential perceived adverse impacts currently identified.
Religion or belief	No potential perceived adverse impacts currently identified.
Sex	<p>Potential perceived adverse impacts identified.</p> <p>The model developed as part of the review proposes to:</p> <ul style="list-style-type: none"> • No longer continue drop-in clinics in secondary schools carried out by School Nurses. An enhanced online advice and counselling service will be available for children from secondary school age <ul style="list-style-type: none"> ○ There is potentially a negative impact that boys in particular may be more reluctant to seek help without having access to drop-in sessions. ○ Drop in sessions are not currently regularly delivered in all schools and often if children and young people need advice and support they have to wait until the next available drop in session in their school. ○ To mitigate this, online advice and confidential counselling support will be available. Any services that are commissioned for school aged children will be required to promote and advertise in schools and to all school aged children the services that are available.
Sexual orientation	No potential perceived adverse impacts currently identified.

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

- There is potentially a negative impact on children and young people in rural areas, who may find it difficult to access confidential face-to-face services outside the school setting without the school nurse drop-in sessions. Mitigation for this is that enhanced online advice and counselling will be available, along with bookable sessions where required for health or emotional wellbeing support.
- There is potentially a negative impact on all children and young people that without general information sessions they will not know who and what services are available. To mitigate this any services that are commissioned for school aged children will be required to promote and advertise in schools and to all school aged children the services that are available.
- There is potentially a negative impact on all children and young people due to the reduction of school nursing support. School nurses support health and wellbeing, ranging from safeguarding children to offering support around issues that other services do not cover. School nurses are also trained to a high level of child protection; they identify and deal with these sorts of issues, even if a child sees them about something unrelated. The mitigation for this is that a clear evidence-based 'pathway' for all children and families from 0-19 will be available. This single 0-19 health service will include staff with specialist expertise covering all age groups. Other specialist services will also be available to support children, such as a new emotional wellbeing service and sexual health services.
- There is potentially a negative impact of issues not being identified without universal screening. Parents may not know they have to ask and it could make them feel a nuisance if they do. Delays in diagnosis for some children could impact on their education in the early years, particularly if issues develop after starting school. Mitigation for this is that any professionals who have health concerns about a child, such as a teacher, could request a health assessment for the individual from the 0-19 health service.
- There is potentially a negative impact for children aged 6-19 if they have developed hearing issues – such as glue ear or resulting from ear infections – and these are not identified by parents. This could impact on their learning and achievement in school. The mitigation for this is that schools can raise any concerns related to hearing or other health issues and arrange assessment based on individual need from the single 0-19 health service.
- There is potentially a negative impact for more vulnerable children whose parents might not take them to the GP. Mitigation for this is that any health concerns could be raised to the 0-19 health service by schools or other professionals who may have contact with children.
- There is potentially a negative impact if GPs are unable to undertake hearing assessments, or parents cannot get an appointment. If they cannot refer to a school nurse they may be unwilling to refer to audiology. Mitigation for this is that parents or professionals would be able to request a hearing assessment from the 0-19 service if they have concerns about a child's hearing.
- There is potentially a negative impact for children and young people who may be more familiar and comfortable with a school nurse, that they may not access a more specialist service where they would not have had any chance to build a relationship and trust with them. Unfortunately this level of support is not offered consistently around the county, however all services will be provided by trained professionals with expertise in supporting children and young people.
- There is potentially a negative impact on children who would benefit more from face-to-face support. There is a potential to hide and mask feelings behind a computer, which could make any safeguarding issues more difficult to assess online. The mitigation for this is that, where children or professionals would prefer face-to-face support, this will be available on request. In addition, there is a clear evidence base that children like this medium to access support and online counsellors are specially trained to be able to understand, support and encourage young people to fully disclose any emotional problems online.
- Stopping drop-in clinics in school could reduce availability, confidentiality and face-to-face support. However, there is a clear evidence base that children like accessing support online and bookable appointments will be available where young people would prefer this type of support.
- There is a perceived potential negative impact that these changes would mean a loss of highly trained professionals and reliance on already stretched mental health services. The mitigation for this is that a new emotional wellbeing service would meet a gap in what is available for young people who do not meet thresholds for other services, such as CAMHS.
- There is a perceived potential negative impact that more reliance on online services could affect children who do not have access to the internet at home. The mitigation for this is that bookable appointments will be available for health or emotional wellbeing support where needed.



Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this and you can contact them at consultation@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e. Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics please state the reasons why they were not consulted/engaged.

Objective(s) of the EIA consultation/engagement activity

- To identify and understand the impacts, both positive and negative, that planned changes to these services would have on people based on the protected characteristics
- To identify and understand any impacts, both positive and negative, that planned changes to these services would have on other groups
- To determine the risk regarding any disadvantage to groups of people, particularly based on the protected characteristics, and look at how this could be reduced or avoided
- To engage with professionals and the public, who use these services, if they think they will be impacted, either positively or negatively, by the planned changes
- To make sure that we have considered the impacts the planned changes could have on groups based on the protected characteristics and, where this would result in a disadvantage to a particular group, that we have identified ways to avoid or reduce this impact to an acceptable level.

Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic

Age	The initial EIA was conducted with a small cohort of review team members, using professional expertise, knowledge of the services under review and information from background research, evidence and engagement with public and professionals; Charlotte Gray - LCC Children's Services Commissioning Team Manager, Kevin Johnson - LCC Children's Services Senior Commissioning Officer, Simon Murphy - LCC Children's Services Commissioning Officer, Joanne Fox - LCC Children's Services Commissioning Officer, Marie Jarret - Public Health Programme Manager (Children's Health). The EIA was then updated with impacts identified through online engagement questionnaires, which were available to be completed by all children and young people, public and professionals.
Disability	See above
Gender reassignment	See above
Marriage and civil partnership	See above
Pregnancy and maternity	See above
Race	See above

Religion or belief	See above
Sex	See above
Sexual orientation	See above
<p>Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way?</p> <p>The purpose is to make sure you have got the perspective of all the protected characteristics.</p>	Yes
<p>Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?</p>	A post-project review will be conducted to identify any benefits already achieved. New services will be subject to contract management against performance. This will involve tracking indicators designed to monitor the effectiveness of these services at meeting people’s needs, including feedback and views of service users.

Further Details

Are you handling personal data?	<p>No</p> <p>If yes, please give details.</p>
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Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going monitoring of impacts.			
Signed off by		Date	17/08/2016