

# Equality Impact Assessment



## 1. Topic of assessment

<b>EIA title:</b>	Surrey County Council Child & Adolescent Mental Health Service (CAMHS) re-procurement
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## 2. Approval

	<b>Name</b>	<b>Date approved</b>
<b>Approved by</b>	Head of Children's Social Care and Well-being Commissioning	06/10/2015

## 3. Quality control

<b>Version number</b>	V 2.8	<b>EIA completed</b>	06/10/2015
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## 4. EIA team

<b>Name</b>	<b>Job title (if applicable)</b>	<b>Organisation</b>	<b>Role</b>
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CSF Directorate Equalities Group		SCC	Edited and approved EIA (05/10/2015)

## 5. Explaining the matter being assessed

**What policy, function or service is being introduced or reviewed?**

Targeted Child and Adolescent Mental Health services(CAMHS) are commissioned by Surrey County Council on behalf of the six Clinical Commissioning Groups (CCGs) in Surrey and Surrey County Council (SCC). Funding for these services is included within a pooled budget, the budget of which for 2015/16 is £3,842k.

In December 2014, SCC made a commitment at the Children and Young People’s Strategic Partnership to match / align fund CCG new investment into CAMHS as part of the re-procurement. SCC will invest and additional £1.9m per annum from April 2016 into the CAMH service areas listed in the table below.

Investment area and value	Expected outcome
“Behavioural pathway” for identification, advice, training, resilience building and treatment of children with neurodevelopmental disorders and enhancing the CAMH service for children with learning disabilities <u>SCC Investment: £1.1m</u>	Strengthening of the capacity of professionals working with children and young people to support the early intervention of mild to moderate mental health needs, therefore reducing demand for acute services. An improved experience for children and young people presenting with emotional and behavioural problems/disorders who need to access CAMHS.
Sustainability of Extended HOPE <u>SCC Investment: £200k</u>	This is a partial contribution to the total funding requirements for Extended HOPE to continue to secure improved out of hours response for young people in mental health crisis. Will lead to a reduction in inappropriate out of county placements, psychiatric hospital admissions, A&E admissions and paediatric ward admissions as well as placement breakdowns.
Looked After Children <u>SCC Investment: £200k</u>	Increased capacity in the Children in Care (3Cs) service to meet the high demand for Looked After Children requiring CAMHS support. Enable Looked After Children placed out of county within 20 mile radius to receive CAMHS support from the Surrey 3Cs service.
Sexually exploited young people <u>SCC Investment: £250k</u>	Deliver intensive group work programme and one to one support across the county to support sexually exploited children and young people and their parent/carers.
Prospective adopters and adoptive parents including Special Guardianships orders and residence orders <u>SCC Investment:£150k</u>	Children and young people will be supported through pre and post adoption period and prospective adopters / adoptive parents / kinship carers will have timely access to support young people’s emotional wellbeing and mental health needs.

This paper assesses the impact of the additional investment, as well as the re-procurement of as-is services on Surrey’s children and young people, their families and staff. This paper focuses on the re procurement

	<p>of targeted CAMHS (tier 2 services), a similar paper has been produced for specialist CAMHS tier 3 services by G&amp;W CCG.</p>
<p><b>What proposals are you assessing?</b></p>	<p>Following tier 2 CAMHS areas are being procured:</p> <ol style="list-style-type: none"> <li>1. <b>Primary Mental Health Service</b> – to provide a combination of a) direct therapeutic time-limited intervention to children and young people with mild to moderate mental health problems and their families, b) consultation, training, joint working with universal services and community CAMHS teams with the aims of strengthening the capacity and ability of all professionals working with children with mild to moderate mental health needs, supporting the early identification by offering consultancy.             <ol style="list-style-type: none"> <li>a. Support Schools and Educational Settings</li> <li>b. Support Specialist Schools and Specialist Centres</li> <li>c. Work closely with Learning Disability Service</li> <li>d. Work closely with Youth Support Service</li> <li>e. Work closely with CAMHS Extended Hours Service</li> </ol> </li> <li>2. <b>CAMHS for Looked After Children</b> – to work with children and young people on interim care orders and to provide a service to those children looked after placed in neighbouring authorities</li> <li>3. <b>CAMHS for Adopted Children / Special Guardianship Orders</b> – to provide CAMHS specific assessment and intervention service for children and young people post order, and support for prospective adopters, adoptive parents and kinship carers.</li> <li>4. <b>CAMHS for Care Leavers</b> – to offer support and interventions to care leavers and act as an interface between professionals working with care leavers and adult mental health services.</li> <li>5. <b>Mental Health component of HOPE and Extended HOPE</b> - to prevent or shorten young peoples’ admission to inpatient units and to prevent children in care from needing to be placed out of county.</li> <li>6. <b>Sexual Trauma and Recovery Support</b> – to offer support and intervention to children, young people and their families that were subject of sexual abuse, including interventions for sexually exploited children and young people.</li> <li>7. <b>Parent Infant Mental Health</b> - to ensure optimum relationships between parents and infants where these relationships are at risk, working collaboratively with expectant parents and parents to enhance relationships within the family and prevent a long term sequence of disorganised or insecure attachments</li> <li>8. <b>Behaviour Pathway for Children and Young People with Neurodevelopmental Disorders</b> - To support and work with children and young people with neurodevelopmental disorders (ADHD and/or high functioning autism) and their families.</li> </ol>
<p><b>Who is affected by the proposals</b></p>	<p>1. Children and young people (CYP) with emotional well being and mental health needs</p>

16

**outlined above?**

National estimates predict that there are 11,000-16,000 children and young people with a mental health disorder in Surrey<sup>1</sup>. A large number of children and young people are supported through universal services with only a minority receiving support from targeted, specialist and acute services. The recommendations put forward in the paper are intended to increase targeted support in those areas which engagement data demonstrated there was unmet need.

2. Parents, Carers and siblings

The recommendations will also have an impact on family members of children and young people. Parents and carers during the engagement process were vocal about their need for additional support to help them support the needs of their child.

3. Staff of Current Mental Health Services

The expansion of services will have an impact on staff, who may need additional training to meet the requirements of the new service. There will be new opportunities for staff development and more staff will be employed.

**6. Sources of information**

**Engagement carried out**

A broad range of stakeholders were invited to share their views and to give feedback about the current emotional wellbeing and mental health needs of children and young people in Surrey, the existing service provision and what is needed for the future. Consultation activities included four online surveys aimed at, Children and Young people, Parent/Carers, Multi-professionals and GPs as Commissioners and a number of engagement events held for a variety of different stakeholders. The engagement period ran from 30 July until 14 October 2014.

Stakeholders gave a detailed picture on the current need, how current services were performing to meet that need and ideas that could improve meeting the emotional well-being and mental health needs of children and young people in Surrey. In total 428 stakeholders responded to the surveys. This was made up 237 to the multi multi-professional survey, 97 to the GP as Commissioners Survey, 68 parents and carers and 26 children and young people. 68 stakeholders attended one of six engagement events.

<sup>1</sup> The Office for National Statistics Mental health in children and young people in Great Britain, 2005

## 7. General Impacts of Re-Procurement

Recommendation	Need/ Impact	Evidence
<p><b>Primary mental health – schools and settings (1a)</b></p>	<ul style="list-style-type: none"> <li>• Schools and colleges will receive more support and training from primary mental health workers</li> <li>• Emotional well being is better supported in schools and colleges</li> <li>• Educational attainment is closely linked emotional well being. By meeting the emotional well being needs of children and young people at school educational attainment will improve.</li> </ul>	<ul style="list-style-type: none"> <li>• During the engagement, many professionals said they would value the opportunity to understand and increase awareness about emotional well being and mental health issues through training so they are less reliant on the referring into CAMHS</li> </ul>
<p><b>Primary mental health – specialist schools, specialist centers and learning disability (1b,c)</b></p>	<ul style="list-style-type: none"> <li>• Young people with learning disabilities have an increased incident of mental health conditions</li> <li>• Children and Young people’s emotional well being is better supported in special schools</li> <li>• Staff at special schools feel better equipped to meet the emotional well being needs of children and young people</li> </ul>	<ul style="list-style-type: none"> <li>• CAMHS support for children and young people with Autistic Spectrum Disorder or a learning disability was seem as a current weakness by many respondents,</li> <li>• Young people with learning disabilities have an increased incidence of a wide range of physical and mental health conditions. Children with physical or learning disabilities are more vulnerable to the full range of mental health disorders and the additional social, family and emotional stresses of everyday life.</li> <li>• Parent and young carers play a key role in improving the emotional wellbeing and mental health of those they care for and services need to routinely provide an assessment of their needs in order to support them to continue in their caring role. Increase the resilience of emotional wellbeing and mental health in families of children with Autistic Spectrum Disorder and teenagers through targeted parenting programmes.</li> </ul>
<p><b>CAMHS for Looked After Children (2)</b></p>	<ul style="list-style-type: none"> <li>• There is a growing demand from social work area teams to work with children and young people on interim care orders and demand for young people placed out of</li> </ul>	<ul style="list-style-type: none"> <li>• Over half of GPs that responded to the engagement survey felt the current provision for looked after children was inadequate.</li> </ul>

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	<p>county to receive support within CAMHS.</p> <ul style="list-style-type: none"> <li>Increasing capacity will better meet the emotional well being and mental health needs for those children and young people on interim care orders and looked after children placed out of county who currently do not receive a Looked After Children service.</li> </ul>	<ul style="list-style-type: none"> <li>Not all Local authorities have a dedicated CAMHS for children in care and even if they do the child and young person placed by Surrey will not be prioritized and could wait up to 18 weeks for a service. Therefore there is a need for out of county support.</li> </ul>
<b>CAMHS for Adopted Children / SGOs (3)</b>	<ul style="list-style-type: none"> <li>Most adoption disruptions occur during the teenage years especially for children with mental health problems associated with past histories of sexual abuse, neglect and exposure to domestic violence.</li> <li>Adoption disruption can have a significant negative effect on a child or young person’s mental health.</li> </ul>	<ul style="list-style-type: none"> <li>The prevention of adoption disruption has been identified as a key priority for SCC.</li> </ul>
<b>CAMHS for Care Leavers (4)</b>	<ul style="list-style-type: none"> <li>Care leavers have poor educational attainment, experience high levels of unemployment; are over represented in the prison population, amongst those who are homeless or those with both physical and mental health problems, including substance misuse and mental health issues.<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>The continued support for care leavers as they transition into adulthood, has been identified as a key priority for SCC.</li> </ul>
<b>Additional Investment in the Hope Service (5)</b>	<ul style="list-style-type: none"> <li>Young people in mental health crisis end up inappropriate settings: A&amp;E, Adult Psychiatric Ward, Police Cell</li> <li>A review of past cases demonstrate a significant need for an Assessment and Support Service (79 young people April to November 2014) and respite service (18 young people April to November 2014.)</li> </ul>	<ul style="list-style-type: none"> <li>We have received feedback from young people who have told us that they need a place where they can go to calm down and come out of the trauma of their mental health crisis. For example, one young person who has had a number of psychiatric hospital admissions recently said of our proposal “.../ think it would be a good idea, it would help more than going straight into hospital... Sometimes you want to be on your own for a bit for quiet time, would be nice to have a nice room to stay in...”</li> </ul>
<b>Sexual, Trauma and Recovery Support (6)</b>	<ul style="list-style-type: none"> <li>Victims of child sexual exploitation often experience mental health problems</li> <li>By increasing the capacity of the service more children</li> </ul>	<ul style="list-style-type: none"> <li>Child sexual exploitation can have a profound impact on the social, economic and well being young people. Victims of child sexual</li> </ul>

<sup>2</sup> Couldn’t Care less (2007) – The Centre for Social Justice, <http://www.centreforsocialjustice.org.uk/publications/couldnt-care-less>

	<p>and young people that are victims of sexual exploitation can have their emotional well being needs met</p> <ul style="list-style-type: none"> <li>• Better geographical coverage for the service</li> </ul>	<p>exploitation often experience isolation from family and friends, dropping out of education altogether, mental health problems, addictions, and criminal behaviours. Children who are missing from home, school or care are at greater risk of sexual exploitation. Poor emotional health, self-harm, are highlighted as factors that increase the likelihood of children and young people going missing from care.<sup>3</sup></p>
<p><b>Parent Infant Mental Health (7)</b></p>	<ul style="list-style-type: none"> <li>• Depression is the most common mental health problem during the peri-natal period experienced by 10 – 14% of all mothers nationally.</li> <li>• Perinatal depression is associated with poorer mother–infant interaction, which has implications for children’s emotional growth and development. There is also evidence to suggest that perinatal depression contributes to psychological morbidity in children, which can persist into adulthood.<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Early help and prevention to avoid family breakdown and poor mental health outcomes in children is a key priority for SCC.</li> </ul>
<p><b>Behaviour Pathway (8)</b></p>	<ul style="list-style-type: none"> <li>• Neurodevelopmental conditions are associated with widely varying degrees of difficulty which may have significant mental, emotional, physical, and economic consequences for individuals, and in turn their families and society in general.</li> <li>• Demand for support for children and young people with neurodevelopmental conditions and their families has risen during the past number of years</li> </ul>	<ul style="list-style-type: none"> <li>• 60% of professionals felt that support for children and young people with Autistic Spectrum Disorder or ADHD should be a high priority</li> </ul>

<sup>3</sup> Reference: [Ofsted document on child sexual exploitation, It couldn't happen here, could it?, November 2014](#)

<sup>4</sup> National Perinatal Mental Health Project (2011) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215718/dh\\_124880.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215718/dh_124880.pdf)



### 7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
<p><b>Age</b></p>	<p>The provider is expected to deliver continued support for Care Leavers (up to 25). This extra support will have a positive impact on the emotional well being and mental health outcomes of care leavers.</p>	<p>None</p>	<p>About 60% of looked after children have been reported to have emotional and mental health problems and a high proportion experience poor health, educational &amp; social outcomes after leaving care. Care leavers often face difficulties around the transition from CAMHS to adult services.<sup>5</sup></p> <p>Clinical evidence demonstrates that brain development continues to 25 years old, therefore problems may become apparent from the age 18 -25<sup>6</sup></p>
<p><b>Disability</b></p>	<p>The procured services will specifically support special schools and specialist centres, as well as Learning Disability Service so they can address the emotional and mental health needs of their clients.</p> <p>As the evidence column suggests there is a strong link between the prevalence of Mental Health problems and physical or learning disabilities.</p>	<p>None</p>	<p>14% (52,300) of Children in Need (CIN) in England (at 31 March 2013) had a recorded disability. Children with a long-lasting physical illness are twice as likely to suffer from emotional problems or disturbed behaviour.</p> <p>Emerson and Hatton (2007) report that 36% of children and young people with learning disabilities (one in three) will have a diagnosable mental health problem compared with 8% of non-disabled children. Children with learning disabilities are:</p> <ul style="list-style-type: none"> <li>• 33 times more likely to have an autistic spectrum disorder</li> <li>• 8 times more likely to have Attention deficit hyperactivity disorder (ADHD)</li> </ul>

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<sup>5</sup> Surrey Emotional Wellbeing and Mental Health Services for Children and Young People Needs Assessment Refresh (2014), <http://www.surreyi.gov.uk/Resource.aspx?ResourceID=1350>

<sup>6</sup> Public Health, Surrey County Council (2014) - Does the current neuroscience evidence surrounding brain development indicate that extending the age of children’s and adolescents mental health services would provide better mental health outcomes for young people



By offering further support to special schools and the introduction of the new neurodevelopmental disorders pathway it is intended that the inequalities that currently exist can be negated.

- 6 times more likely to have a conduct disorder
- 4 times more likely to have an emotional disorder
- 1.7 times more likely to have a depressive disorder

Nearly 8 out of 10 young people with learning disability have experienced bullying.

The Foundation for People with Learning Disabilities' project found that the complex needs of this group of children are not always understood as professionals do not always recognise mental health problems, often seeing them as related to learning disability and not making specialist referrals; services are often not available, inappropriate with long delays before receiving assessment and young people being shunted between mainstream and specialist services. For those aged between 16 and 18 years it is unclear if they are seen by local mental health or learning disability services and often not seen by any service, a particular issue for those with mild or moderate learning disabilities.<sup>7</sup>

Consultation feedback:

Support for children with disabilities and their families was a key theme running through all the consultation data. 60% of parents/ carers and professionals felt that support for parents with behavioural needs of children and young people should be a high priority. From the workshop data, a gap in the current service was often stated of support for children with ASD and ADHD. Some stakeholders even stated that the service often used ASD and ADHD as a reason not to accept a referral.

<sup>7</sup> <http://www.learningdisabilities.org.uk/content/assets/pdf/publications/feeling-down-report-2014.pdf?view=Standard>



<p style="text-align: center;"><b>Gender reassignment</b></p>	<p>Increased investment throughout the whole service will have a positive impact on all service users.</p> <p>Primary Mental Health workers in schools and educational settings will be key in the early identification of, and awareness raising amongst professionals on, children and young people that are more vulnerable to bullying / discrimination and subsequent mental health problems due to their protected characteristic.</p>	<p>None</p>	<p>Transgender / transsexual children and young people are at higher risk of mental health problems including alcohol and substance misuse, suicide and self-harm. Greater awareness of the problems faced by this group by health and social care staff including mental health staff is critical to improving outcomes. The DoH recognises that a truly personalised approach that identifies the needs of each individual will ensure that there is a comprehensive understanding of the mental health needs of all people including transgender people. This will ensure they have access to prevention and health promotion services.<sup>8</sup></p>
<p style="text-align: center;"><b>Pregnancy and maternity</b></p>	<p>Service provision will continue to have a positive impact on expectant and new mothers and their babies by creating strong and secure attachment.</p>	<p>None</p>	<p>Over the last couple of decades, a strong evidence base has emerged which highlights:</p> <ul style="list-style-type: none"> <li>• The importance of the early years of a child's life, including the establishment of secure attachments.</li> <li>• The impact of trauma and parental mental illness on a child's wellbeing.</li> <li>• The need for interventions that are designed to minimize risk and increase protective factors.</li> <li>• The need for an integrated approach to the delivery of services provided to high-risk infants and families.</li> </ul> <p>The Maternity chapter of the Surrey JSNA (2011) provides an estimate of the number of women in</p>

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<sup>8</sup> DoH, EIA on No Health Without Mental Health (2011) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213763/dh\\_123989.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213763/dh_123989.pdf)

			<p>Surrey who would be suffering from peri natal mental health problems of between 900 and 2,000.<sup>9</sup></p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 377</p> <p><b>Race/ Ethnicity</b></p>	<p>Increased investment throughout the whole service will have a positive impact on all service users.</p> <p>Primary Mental Health workers will be key in the early identification of, and awareness raising amongst professionals on, children and young people that are more vulnerable to bullying / discrimination and subsequent mental health problems due to their protected characteristic. This includes reaching people that might have limited ability to read / understand English.</p> <p>The Public Health agenda regarding the GRT community will also inform the delivery of health services to the GRT community, including linking to mental health services.</p>	<p>None</p>	<p>Evidence provided in the 2009 CAMHS Healthcare Needs Assessment (HNA) showed that the prevalence and presentation of child and adolescent mental health disorders varies between ethnic groups and there was no consistent pattern across subgroups.<sup>10</sup> The 2009 CAMHS HNA also provided evidence that:</p> <ul style="list-style-type: none"> <li>• Children of Asian origin have a comparable or slightly lower rate of psychiatric disorder than White children</li> <li>• There is a 'statistically significant bias in relation to the referral route to CAMHS and ethnicity of children'. This results in lower referral rates from black and ethnic minorities compared with white peers.</li> </ul> <p><u>Gypsy, Roma and Traveller (GRT):</u>                  GRT communities collectively represent a significant ethnic minority group in Surrey. It is estimated that we have around 10-12,000 GRT residents, which would mean that Surrey has the fourth largest GRT population of any local authority. There are approximately 1,400 children and young people on roll in Surrey schools from English Gypsy, Travellers of Irish Heritage and Fairground communities. In addition to Surrey's housed population, there are 19 public GRT sites and also numerous private sites.<sup>11</sup></p> <p>Despite notable achievements in some Surrey</p>

<sup>9</sup> Surrey Emotional Wellbeing and Mental Health Services for Children and Young People Needs Assessment Refresh (2014), <http://www.surreyi.gov.uk/Resource.aspx?ResourceID=1350>

<sup>10</sup> CAMHS HNA (2009), <http://www.surreyi.gov.uk/Resource.aspx?ResourceID=41>

<sup>11</sup> JSNA, Gypsy Roma Traveller (2011), <http://www.surreyi.gov.uk/Resource.aspx?ResourceID=712>

			<p>schools, educational outcomes for Surrey’s GRT children and young people overall are significantly poorer than those of their non-GRT peers. School attendance tends to fall off, as children get older. Experiences of bullying and racial discrimination are commonly cited.</p> <p>Social issues impacting on GRT communities include high levels of domestic abuse; cultural expectations for females to take on significant domestic and caring responsibilities at a young age, and experiences of discrimination and low trust in services</p> <p>The physical and mental health of GRT children and young people and adults is significantly poorer than in the population as a whole. GRT life expectancy is ten years lower than the national average and infant mortality is twenty times higher than in the rest of the population.</p> <p>Child poverty disproportionately affects GRT children and young people, and many families experience economic exclusion.</p> <p><u>Language:</u><sup>12</sup></p> <p>According to the 2011 Census:</p> <ul style="list-style-type: none"> <li>• English was the main language of 94% of Surrey residents.</li> <li>• Polish and Chinese languages were the most common other languages.</li> <li>• 88.5% of people whose main language is not English could speak English well or very well.</li> <li>• 1,000 residents of Surrey could not speak English at all.</li> </ul>
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<sup>12</sup> 2011 Census in Surrey – Main language and proficiency in English, <http://www.surreyi.gov.uk/ViewPage1.aspx?C=Resource&ResourceID=1067>

			<p>Woking Borough Council topped the list with 10% of residents speaking a non-English language as their main language.</p> <p>According to the School Census 2014, however, the proportion of pupils speaking a first language other than English has continued to rise in Surrey. Urdu and Polish have over 1,000 speakers each, and other languages with over 500 speakers were Portuguese, Panjabi, Spanish, Bengali, Tagalog/Filipino and French.<sup>13</sup></p> <p>People that do not speak English often come from a migrant background. This group tends to also have higher rates of deprivation, poor health, inadequate housing and limited educational attainment. These factors produce an environment where it is more likely that mental health issues occur.</p>
<p>Page 379</p> <p><b>Religion and belief</b></p>	<p>The provider will be expected to develop an understanding of the religion / belief of each individual using the service, and to provide or source relevant, appropriate support (such as same sex/ gender specific workers to work with children/young people with religious and cultural needs).</p> <p>Increased investment throughout the whole service will have a positive impact on all service users.</p>	<p>None</p>	<p>There is evidence that the religious dimension is very important to many people suffering from mental disorders and should not be ignored by health professionals.<sup>14</sup></p> <p>People who hold religious or other beliefs may have poorer experiences of services because core aspects of their identity are overlooked or they have no means of religious expression (for example, prayer rooms). This may cause anxiety and prove detrimental to their recovery.</p> <p>The role of religion or belief can also be important in people's explanations for their mental health problems – different conceptualisations and language</p>

<sup>13</sup> School Census (March 2014) Department for Education / Babcock 4S

<sup>14</sup> Chapple, EP, Mental Health and Religion: A Guide for Service Providers,

<http://www.rcpsych.ac.uk/pdf/E.%20Paul%20Chapple%201.11.03%20Mental%20Health%20and%20Religion%20-%20a%20Guide%20for%20Service%20Providers.pdf>

			between an individual and services will affect engagement and success of treatment and care. <sup>15</sup>	
Page 380	<b>Gender</b>	<p>An understanding of gender differences will enable the provider to ensure that they can meet the different needs of boys and girls, and young men and women. The provider will be expected to offer support and advice to schools and other professionals to better understand / respond to the differences between genders.</p> <p>Increased investment throughout the whole service will have a positive impact on all service users.</p>	None	<p>The current CAMHS provider reported in Quarter 3 of 14/15 that 45% of service users were male and 55% female. It is recognised that rates of mental health problems are generally higher in boys compared to girls. Also, the type of mental health problem varies between sexes. For example, boys are four times more likely to be diagnosed with a behavioural, emotional or social difficulty.<sup>16</sup></p>
	<b>Sexual orientation</b>	<p>Primary Mental Health workers will be key in the early identification of, and awareness raising amongst professionals on, children and young people that are more vulnerable to bullying / discrimination and subsequent mental health problems due to their protected characteristic.</p> <p>There are currently CCG /</p>	None	<p>Many young people discover that they are lesbian, gay or bisexual (may have feelings of being different) from the age of 11. However, a number of young people do not 'come out' until the age of 16. The age range of 11 to 16 is a critical period for most young people who are LGBTQ (Lesbian, Gay, Bi-sexual, Transgender, Questioning)<sup>17</sup>.</p> <p>LGBTQ young people are likely to experience some degree of identity-related stigma, which contributes to in increased risk of:</p> <ul style="list-style-type: none"> <li>• Bullying and social exclusion – 34% of LGBTQ</li> </ul>

<sup>15</sup> DoH, EIA on No Health Without Mental Health (2011) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213763/dh\\_123989.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213763/dh_123989.pdf)

<sup>16</sup> DoH, EIA on No Health Without Mental Health (2011) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213763/dh\\_123989.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213763/dh_123989.pdf)

<sup>17</sup> Surrey JSNA Chapter: Lesbian, Gay, Bisexual and Transgender, Surrey, 2011

<p>Page 381</p>	<p>SCC funded programmes that work on improving health outcomes for young people of the LGBTQ community (e.g. Outline), which are out of scope of this procurement.</p> <p>The provider is expected to record, collect and report on sexual orientation so that commissioners can understand access to services.</p>		<p>young people are estimated to have experienced homophobia whilst in school<sup>18</sup>. This is cited as a contributing factor in development of some of the other problems listed below. It should also be noted that homophobic bullying in school does not just affect those who are gay, but also other pupils who are perceived as being different.</p> <ul style="list-style-type: none"> <li>• Domestic abuse – a third of LGBTQ young people are estimated to have experienced bullying at home by a family member<sup>19</sup>.</li> <li>• Poor mental health – bullying, domestic abuse and social exclusion can result in the development of mental health disorders such as stress and psychotic behaviour.</li> <li>• Self-harm and suicide – young people who are not able to access appropriate support often develop their own strategy of coping with the stigma. This can involve self-harm and suicide is which are more common amongst LGBTQ young people compared to their peers.</li> <li>• Smoking and substance abuse – these behaviours may also be adopted as part of a coping strategy.</li> <li>• School absence – research has indicated that half of those who experience homophobic bullying have skipped school because of it.</li> </ul> <p>LGBTQ children and young people from Asian and Afro-Caribbean minority ethnic backgrounds may be at particular risk of social exclusion and experiencing homophobic behaviour from their respective communities, including being forced into arranged marriages.<sup>20</sup></p>
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<sup>18</sup> Surrey JSNA Chapter: Lesbian, Gay, Bisexual and Transgender, Surrey, 2011

<sup>19</sup> Surrey JSNA Chapter: Lesbian, Gay, Bisexual and Transgender, Surrey, 2011

<sup>20</sup> Surrey JSNA Chapter: Lesbian, Gay, Bisexual and Transgender, Surrey, 2011

			<p>In addition, children and young people with same sex parents or guardians are at risk of bullying and social exclusion in schools.<sup>21</sup></p> <p>Further, the DoH recognised that priority for action is to improve monitoring of access to services and experience and outcome by sexual orientation.<sup>22</sup></p>
<p><b>Marriage and civil partnerships</b></p>	<p>Increased investment throughout the whole service will have a positive impact on all service users.</p> <p>The provider is expected to have procedures and policies in place to deal with cases of Forced Marriages and support professionals where necessary.</p>	<p>None</p>	<p>Evidence suggests being married is associated with better mental health. There is less evidence on the benefits of being in a civil partnership; however, there is evidence that being in a good supportive relationship is beneficial for mental health.<sup>23</sup></p> <p>However, victims of forced marriage can experience significant abuse, which may lead to mental health problems. People with severe mental illness or intellectual disability may be at increased risk of forced marriage and more vulnerable to its negative consequences.<sup>24</sup></p>
<p><b>Young carers</b></p>	<p>The provider is expected to have an understanding of the particular challenges and risks that young carers face, and deliver services accordingly. The identification of young carers is important and data should be recorded, collected and reported. The provider should also have an understanding of the new</p>		<p>There are an estimated 14,000 young carers in Surrey, however, SCC is only working with 1,088 of them. The average age of a Surrey young carer is 12, the same as the national average.<sup>25</sup></p> <p>Being a young carer can have a severe, significant and long-lasting impact on a young person's health and wellbeing. The impact of caring can result in physical and mental health impacts such as tiredness and exhaustion, poor diet, interrupted sleep; back injury, stress and trauma. In addition depression, risk</p>

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<sup>21</sup> Surrey JSNA Chapter: Lesbian, Gay, Bisexual and Transgender, Surrey, 2011

<sup>22</sup> DoH, EIA on No Health Without Mental Health (2011) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213763/dh\\_123989.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213763/dh_123989.pdf)

<sup>23</sup> DoH, EIA on No Health Without Mental Health (2011) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213763/dh\\_123989.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213763/dh_123989.pdf)

<sup>24</sup> Rauf et al, Forced marriage: implications for mental health and intellectual disability services, *Advances in Psychiatric Treatment* Mar 2013, 19 (2) 135-143

<sup>25</sup> Surrey Emotional Wellbeing and Mental Health Services for Children and Young People Needs Assessment Refresh (2014),

<http://www.surreyi.gov.uk/Resource.aspx?ResourceID=1350>



	assessment process for young carers.		<p>of bullying, potentially being disadvantaged at school and at risk behaviours such as self harm and eating disorders may be a factor.<sup>26</sup></p> <p>There are new duties for local authorities to support young carers from 2015, including the right to an assessment of need for support extended to those under 18, regardless of who they care for.<sup>27</sup></p>
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### 7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	No potential impacts specifically relating to staff's protected characteristics have been identified at this moment.	A potential change in CAMHS provider might cause some stress and uncertainty amongst the workforce. In the event of provider change, the TUPE process applies and the change will be managed fairly and transparently for all staff, including those with protected characteristics.	Evidence shows that organisational changes, such as change in management or ownership, can cause emotional stress, loss of loyalty and increased absenteeism amongst staff. Alternatively, when supported by robust change management, organisational changes can also be understood by employees as an opportunity for personal development, giving their work renewed focus and purpose. <sup>28</sup>
Disability			
Gender reassignment			
Pregnancy and maternity			
Race			
Religion and belief			
Sex			
Sexual orientation			
Marriage and civil partnerships	Additional investment will allow for increased staffing levels, more training and workforce development so that the workforce will meet more of the emotional well being and mental health need of the population.		

<sup>26</sup> Surrey Emotional Wellbeing and Mental Health Services for Children and Young People Needs Assessment Refresh (2014), <http://www.surreyi.gov.uk/Resource.aspx?ResourceID=1350>

<sup>27</sup> Surrey Emotional Wellbeing and Mental Health Services for Children and Young People Needs Assessment Refresh (2014), <http://www.surreyi.gov.uk/Resource.aspx?ResourceID=1350>

<sup>28</sup> Witting, C. (2012) Employees' reaction to organizational change, OD Practitioner Vol 44(2), pp 23-28, <http://c.ymcdn.com/sites/www.odnetwork.org/resource/resmgr/odp/odp-v44,no2-wittig.pdf>

### 8. Amendments to the proposals

Change	Reason for change
None	

### 9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
	No Actions Needed		

### 10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
None	

### 11. Summary of key impacts and actions

<p><b>Information and engagement underpinning equalities analysis</b></p>	<p>A broad range of stakeholders were invited to share their views and to give feedback about the current emotional wellbeing and mental health needs of children and young people in Surrey, the existing service provision and what is needed for the future. Consultation activities included four online surveys aimed at, Children and Young people, Parent/Carers, Multi-professionals and GPs as Commissioners and a number of engagement events held for a variety of different stakeholders. The consultation period ran 30 July to 14 October 2014.</p> <p>Stakeholders gave a detailed picture on the current need, how current services were performing to meet that need and ideas that could improve meeting the emotional well-being and mental health needs of children and young people in Surrey. In total 428 stakeholders responded to the surveys. This was made up 237 to the multi multi-professional survey, 97 to the GP as Commissioners Survey, 68 parents and carers and 26 children and young people. 68 stakeholders attended one of six engagement events.</p>
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<p><b>Key impacts (positive and/or negative) on people with protected characteristics</b></p>	<p>Age – Care Leavers up until 25 will receive CAMHS support.</p> <p>Disability – primary mental health services working closely with Learning Disability Service, special schools / centres. Also, behaviour pathway is specifically developed for children and young people with neurodevelopmental disorders, which will have a positive impact particularly for clients with ADHD and / or high functioning forms of autism.</p> <p>Other protected characteristics: Primary Mental Health workers will be key in the early identification of, and awareness-raising amongst professionals on, children and young people that are more vulnerable to bullying / discrimination / heightened stress and subsequent mental health problems due to their protected characteristic. This can apply to:</p> <ul style="list-style-type: none"> <li>• LGBTQ</li> <li>• CYP with gender reassignment</li> <li>• Race / ethnicity</li> <li>• Young Carers</li> </ul> <p>The provider is expected to record, collect and report data on protected characteristics and to understand and work with individual clients' particular needs. This includes reaching people that might have limited ability to read / understand English.</p> <p>Staff – in the event of a change in provider, TUPE applies and the change process will be planned and delivered in a fair and inclusive way.</p>
<p><b>Changes you have made to the proposal as a result of the EIA</b></p>	<p>None</p>
<p><b>Key mitigating actions planned to address any outstanding negative impacts</b></p>	<p>None</p>
<p><b>Potential negative impacts that cannot be mitigated</b></p>	<p>None</p>

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