

Guidance is available on [Compass](#). Completion of an EqIA should be proportional and relevant to the anticipated impact of the project on equalities. The form can be tailored to your project and should be completed before decisions are made. Key EqIAs should be reviewed by the Business Manager or Service Head, signed off by your department’s Equality Action Group (EAG) and sent to the Equality and Diversity team to publish on HertsDirect. For support and advice please [contact equalities@hertfordshire.gov.uk](mailto:contact.equalities@hertfordshire.gov.uk).

STEP 1: Responsibility and involvement

Title of proposal/ project/strategy/ procurement/policy	Family Centre Services commissioning	Head of Service or Business Manager	Sue Beck, Public Health Sally Orr, Children’s Services
Names of those involved in completing the EqIA:	Mel Donnelly Sue Beck Jane Banbury Sally Orr Sue Matthews	Lead officer contact details:	Jim McManus, Director of Public Health Jenny Coles, Director of Children’s Services
Date completed:	21 August 2017	Review date:	August 2018

STEP 2: Objectives of proposal and scope of assessment – what do you want to achieve?

<p>Proposal objectives: – what you want to achieve – intended outcomes – purpose and need</p>	<p>Objectives</p> <p>The overarching objective of this programme of work is to procure a Family Centre Service comprising of high quality public health nursing services and children’s centres services to improve outcomes for children, young people and their families across Hertfordshire.</p> <p>The programme objectives are to;</p> <ul style="list-style-type: none"> • focus on outcomes for children and families • re-evaluate and agree what the core offer will be for Health Visitors, Children’s Centres and School Nurses • work towards creating better alignment of children centres, health visitors and school nursing to ensure a more cohesive approach to delivering services • create an opportunity to integrate approaches to prevention and early help • identify new ways of working • establish a whole system approach to planning and commissioning, re-engineering existing business processes where appropriate • reduce silo-working, duplication, and make best use of resources available
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- identify efficiency savings and obtain best value for money
- create clear accountability for any new commissioning arrangements
- to meet the Public Health Outcomes Framework
- to deliver the Health Visiting mandated contacts
- to deliver the children centre core purpose
- to support the Families First programme for early help

This document therefore provides an Equality Impact Assessment (EQIA) on the commissioning of a Family Centre Service.

The Equality Act 2010 requires a public authority to have due regard to the nine protected characteristic groups in its decision making and whether there is a disproportionate impact on such groups.

We anticipate mitigation of this impact through developing greater workforce skill mix, reduction in duplication, better use of the resources available leading to more aligned services and integrated point at delivery.

Background

The Childcare Act 2006 places Hertfordshire County Council under a duty, so far as reasonably practical, to provide sufficient children's centres to meet local need. A children's centre is defined as a place or group of places where, collectively, the early childhood services are provided alongside activities for young children. The early childhood services are:

- Early years provision (early education and childcare)
- Children's social care
- Health services for children
- Assistance for employment and training opportunities for parents or prospective parents
- Provision of Information and assistance for parents

The Children Act 2006 places the following duties on local authorities.

Section 1: To improve the well-being of young children in their area and reduce inequalities between them

Section 3: To make arrangements to secure that early

childhood services in their area are provided in an integrated manner in order to facilitate access and maximise the benefits of those services to young children and their parents.

Section 4: Duty on commissioners of local health services and Jobcentre Plus (as 'relevant partners') to work together with local authorities in their arrangements for improving the well-being of young children and securing integrated early childhood services.

Section 5A: An obligation on local authorities to make the necessary arrangements so that there are sufficient children's centres, so far as reasonably practicable, to meet local need.

Section 5D: To ensure there is consultation before any significant changes are made to children's centre provision in their area.

Section 5E: An obligation on local authorities, local commissioners of health services and Jobcentre Plus to consider whether the early childhood services they provide should be provided through children's centres in the area Healthy Child Programme 0-19 years.

The 0 – 19 Healthy Child Programme (HCP) is the Department of Health universal programme for improving the health and wellbeing of children and young people. The programme is divided into two parts 0-5 years and 5-19 years. The programme is commissioned by local authorities with some elements being mandatory. The programme is mainly delivered through public health nursing services (health visitors and school nurses) working in partnership with other services/agencies

Health Visiting Service is a universal service i.e. it is offered to all families with children aged pre-birth to 5 years. There is additional targeted work with families with specific needs. There are six high impact areas where health visitors make a significant contribution in terms of health and wellbeing and improving outcomes for children, families and communities:

- Transition to parenthood and the early weeks
- Maternal mental health (perinatal depression)
- Breastfeeding (initiation and duration)
- Healthy weight, healthy nutrition and physical activity

- Managing minor illness and reducing hospital attendance and admission
- Health, wellbeing and development of the child age 2 – 2 1/2 year old and support to be 'ready for school'.

There are five mandated contacts for families with new babies that form part of the Healthy Child Programme – an antenatal health promoting contact; a new baby review; an assessment of the baby at 6-8 weeks old; an assessment at 1 year old and an assessment when the child is 2- 2 1/2 years old.

The School Nursing service will work with other partner agencies who contribute to the HCP across a range of settings using the Healthy Child Programme as a progressive universal programme, i.e. it is a universal service offered to all with additional preventive services for those with specific needs and risks that have been identified and are recognised as having a potential impact on future health and well-being.

The School Nursing service delivers the Healthy Child Programme for those in mainstream schools aged 5 - 19 years. The universal prevention and early intervention programme for children and young people is designed to enhance a child's or young person's life chances and is a continuum of the programme that began in pregnancy; "The Healthy Child Programme - Pregnancy and the first five years of life".

The school nursing service is a county wide service and provides a service for all maintained schools and academies. There is a school nurse team for each school, and school nursing is a visible and flexible service. The service will continue to work with individuals, families and communities to promote the health of children and young people within Hertfordshire. Thus, the School Nursing Service will work in partnership with children, young people and their families in an integrated way across general practice, community health services, schools, youth services and third sector providers that support the delivery of the Healthy Child Programme.

All 3 services prioritise safeguarding of children and young people.

	<p>Outcomes</p> <p>The key outcomes to be derived from this programme of work are set out below;</p> <ol style="list-style-type: none"> 1. Sustainable and effective Family Centre Services i.e. Health Visitor, School Nursing and Children’s Centre Services 2. Collaborative commissioning approaches and alignment of Health Visitors and Children’s Centres specifications 3. Delivery of these services within a reduced financial envelope 4. Achievement of the County Council’s statutory responsibilities and ambitions for Children and Young People (responsibilities of both Director of Public Health and Director of Children’s Services) 5. Achievement of the Hertfordshire 6 Bs high level outcomes across Family Centre Services to ensure services are focused on delivering those outcomes for children and young people, known as the 6 Bees 6. To ensure a consistent quality of service for all children in Hertfordshire <p>There is a commitment amongst commissioners from both the Public Health and Children Services within the County Council to work together to transform and align services for children and young people where this delivers better outcomes for children, young people and their families. The Early Childhood Board will be responsible for overseeing the procurement of an aligned family centre service. The Board meets regularly to review progress and to ensure that timescales are met.</p> <p>A new contract will be in place for October 2018 for a 6-year period with the option to extend the contract by 2 years.</p>
<p>Stakeholders: Who will be affected: the public, partners, staff, service users, local Member etc</p>	<p>Stakeholder groups have been identified as;</p> <ul style="list-style-type: none"> • Families/carers with children and young people from pre-birth up to the age of 19 years (25 years for young people with SEND) • Maternity services • Families First workforce • Health Watch • Maintained Schools and Academies • Local Schools Partnerships • Carers groups

	<ul style="list-style-type: none"> • Parents groups • Schools • Acute trusts • Children’s Social Care teams • Early education and childcare providers • Citizens Advice Bureau • Food banks • GPs • Community NHS Trusts • Voluntary and Community Sector groups • Clinical Commissioning Groups • District/Borough Councils • Elected members • Staff groups (children’s centres, school nurses and health visitors) • Small and medium enterprises
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STEP 3: Available data and monitoring information

Relevant equality information For example: Community profiles / service user demographics, data and monitoring information (local and national), similar or previous EqIAs, complaints, audits or inspections, local knowledge and consultations.	What the data tells us about equalities
Health Related Behaviour Questionnaire / Joint Strategic Needs Assessment https://www.hertshealthevide.nce.org/data/catalogue/topicmcy/	The Health Related Behaviour Questionnaire is a survey that is carried out in Hertfordshire on a bi-annual basis. In the most recent 2016 survey a total of 8531 pupils from 65 primary schools and 22 secondary schools took part across Herts. In primary schools the age group surveyed was 9-11 years and in secondary schools the age group surveyed was 12-15 year olds. 2% of primary school pupils who were surveyed and 9% of secondary school pupils said that they had nothing to drink or eat for breakfast on the day of the survey. 33% of primary school pupils and 23% of secondary school pupils had eaten the recommended portions of 5 fruit and vegetables per day. There is a decline

	<p>in physical activity levels from primary to secondary school. Together with the childhood obesity and poor childhood dental health there is a case for more advice and support in healthy eating and healthy weight.</p> <p>68% primary school pupils reported they would like their parents to talk to them about drugs. Parents may need support to do this.</p> <p>84% of boys and 90% of girls in primary school wanted their parents to talk to them about puberty. Again, parents may need support in doing this.</p> <p>Around 27% of Hertfordshire secondary pupils in the survey know where to get free condoms compared to 50% of pupils in the wider sample analysed by the School and Education Unit in Exeter.</p>
<p>Health Challenges for Herts http://atlas.hertsliis.org/IAS/Cu stom/Resources/HealthChallengesPDF.pdf</p>	<p>Overall Hertfordshire has a lower prevalence rate of childhood obesity than England.</p> <p>However, higher levels of obesity are found in Stevenage, Watford and Broxbourne and lower rates in East Hertfordshire, North Hertfordshire and St. Albans.</p> <p>There is a correlation between childhood deprivation and obesity. Therefore any changes to the level of support are more likely to affect those in areas of deprivation where they are more heavily reliant on support.</p>
<p>Needs Assessment of Teenage Pregnancy http://atlas.hertsliis.org/IAS/Cu stom/Resources/TeenagePregnancyDetailedPDF.pdf</p>	<ul style="list-style-type: none"> • The rate of teenage pregnancy (under 18 conceptions) in Hertfordshire is significantly lower than the rate in England and in 2015 was at its lowest level since 1998. • The most recent data which is from 2015 there were 315 conceptions to under 18 year olds in Hertfordshire, a rate of 15.3 per 1,000 females aged 15-17. This is a decrease of 14% from 2014 (17.7 per 1,000, 369 conceptions) and an overall decrease of 52% since 1998. • The under 16 conception rate decreased by 29% between 2015 and 2014 to 2.7 per 1,000 females aged 13-15 (53 conceptions) compared to 3.8 per 1,000 (78 conceptions) in 2014 and is at its lowest rate since 2009. • In 2015 the proportion of Hertfordshire's under 18 conceptions leading to abortions fell to 57%, compared to 63% the previous year and is the lowest since 2008, although it is still significantly

	<p>higher than the national average (51% in 2015).</p> <ul style="list-style-type: none"> • The proportion of Hertfordshire’s under 16 conceptions leading to abortions fell to 60% in 2015, compared to 73% the previous year and is the lowest since 2009, and is now similar to England (60% in 2015) whereas previously it was higher. • In 2015, district level data showed that Stevenage had the highest rates of teenage conception.
<p>Child Health Profile 2017</p>	<p>The health profile showed that the health of children and young people in Hertfordshire is generally better than in the East of England and the national average.</p>
<p>Children’s Centre profiles http://www.hertslis.org/homefeat/ccprofiles/</p>	<p>In Hertfordshire there are 77,711 children aged 0-4 years. 90.4% of these children are currently registered with a children’s centre and of these 43.7% of children and their families have accessed children’s centre services in the past twelve months.</p> <p>Children’s centres offer services to all children aged 0-4 years and their families. Centres are expected to target resources to those children and families who fall into the following categories where a need for support is identified:</p> <ul style="list-style-type: none"> • Lone parents, teenage mothers and pregnant teenagers • Children from low income backgrounds • Children living with domestic abuse, adult mental health issues and substance misuse • Children “in need” or with a child protection plan • Children of offenders and/or those in custody • Fathers (particularly those with an identified need e.g. teenage fathers) • Those with protected characteristics as defined by the Equality Act 2010 • Adopted children and adopter families • Children who are in the care of the local authority (looked after children) • Children who are being cared for by a member of their extended family • Families identified by the local authority as “troubled families” who have children under five • Transient families such as asylum seekers, armed forces personnel etc. • Any other vulnerable groups

<p>Children’s Centre user satisfaction survey 2016</p>	<p>The annual children’s centre user satisfaction survey in October 2016 showed that 98% of respondents were satisfied/very satisfied with the services at their local children’s centre, and 98% would recommend their children’s centre to other parents/carers.</p>
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STEP 4: Impact Assessment – Service Users, communities and partners (where relevant)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
<p>Age</p>	<p>Currently, Children’s Centres offer services to families with children aged 0-5 years. The new Family Support element of the Family Centre Services will offer services to families from pre-birth to the end of primary school (usually 11 years). Health Visitors will continue to provide a universal offer to families with children aged 0-5 years who live in the county. School nurse service will continue to offer a service to children and young people aged 5-19) who attend mainstream schools in the county.</p>	<p>It is not currently envisaged that any mitigations are required but the situation will continue to be monitored.</p>
<p>Disability Including Learning Disability</p>	<p>Children with disabilities are at specific and increased risk of needing safeguarding services Health Visitors will continue to offer support to families with children with disabilities. The School Nurse service for special schools is commissioned by the Herts Valley CCG and East & North Hertfordshire Clinical commissioning and is therefore not part of this procurement. Children with disabilities and special needs in mainstream schools will continue to be able to</p>	<p>There will continue to be close working with Children’s social care as needed and other NHS services Staff will attend appropriate training. All buildings that are provided by the service will be Disability Discrimination Act (DDA) compliant.</p>

	<p>access the School Nurse Service Children and/or parents with disabilities and special needs, are a target user group for children's centres and will continue to access services as they do at present.</p>	
Race	<p>BME children including Gypsy and Traveller Children, whose school attendance is affected. Children and families who do not have English as a first language and who may not understand the information being relayed to them.</p> <p>Children/young people from some cultures are more at risk of Female Genital Mutilation, than others.</p> <p>Access to children's centre services on the basis of race would be unlikely to change as a result of the proposed changes.</p>	<p>Where it is appropriate Health Visitors will offer outreach to Gypsy and Traveller families including immunisations where traditionally there has been low take up.</p> <p>These children will be considered as part of the school profile assessment that school nurses will carry out for each school. An interpreting and translation service is available for schools and children's centres to access on a traded basis. The health provider for health visiting and school nursing should also have access to interpreting services. School Nurses, Children's Centres and Health Visitors must be trained to be aware of these practises and the legal mitigation that is in place to support anyone adversely affected by cultural practises.</p> <p>Children's centres actively collaborate with local partners across the reach area to develop local knowledge of the families within the area. Many children's centres provide groups and services for particular minority ethnic groups. Parents from minority ethnic groups are encouraged to offer peer support to other parents.</p>
Gender reassignment	<p>Data is limited however we are aware of the emotional impact of this. No disproportionate impact</p>	<p>None have been identified but will be kept under review</p>

	<p>is anticipated.</p>	
<p>Pregnancy and maternity</p>	<p>Pregnant women, women and their families with young children under the age of five will continue to be a target group for the family centre, health visitors and family support workers.</p> <p>Perinatal mental health risk - Between 10% and 20% of women are affected by mental health problems at some point during pregnancy or the first year after childbirth. Evidence highlights low identification of need.</p> <p>Teenage pregnancy may result in young people missing school.</p> <p>Teenage parents may need more support.</p>	<p>A reduction in funding will require greater effort to ensure resources are targeted at those most in need. This should mean that those with protected characteristics are among the targeted services users experiencing earlier identification, and response to need.</p> <p>Required savings may impact upon the service's ability to deliver the full healthy child programme. In particular those who are not amongst the targeted service users may experience reduced services.</p> <p>We will work with the service provider to look at options to mitigate risks to vulnerable families and those with protected characteristics.</p> <p>Safeguarding will continue to remain a priority.</p> <p>We will develop more integrated approaches across Early Years settings to deliver services differently through the current Health Visitor and Children's Centres to reduce impact of these changes to the service.</p> <p>Both Health Visitors and GPs undertake a mental health assessment 6-8 weeks after the birth. Health Visitors provide evidence based support for those identified to have a mental health problem.</p> <p>There is a risk of mental health problems developing after this period so the specification does state this is routinely monitored</p>

		<p>both by Health Visitors during other contacts with the family. CC staff will also have sufficient training to identify parents who may be at risk.</p> <p>Support and signposting will be available through the school nurse.</p> <p>An enhanced offer by Health Visitors will be in place for young parents who need additional support and Children Centres will also prioritise this group through offering additional contacts by staff.</p>
<p>Religion or belief</p>	<p>We are aware that there may be conflicting views with some religions around health issues. Parents may be unable to access services due to commitments of their faith.</p>	<p>Parents can choose to opt out of any service that a school nurse service offers e.g. National Child Measurement Programme. Parents will be kept informed of activities that may be culturally sensitive.</p> <p>Services' staff teams pay attention to the religious calendars of faith groups in their locality and make appropriate adjustments e.g. recognising periods of fasting. Premises used for service delivery will be accessible to those with differing faiths.</p>
<p>Sex</p>	<p>Data is limited however we are aware that there may be gender differences.</p> <p>More users of children's centres are women and more lone parents are women. The way in which services are marketed may contribute to a lack of male awareness because the main channels for referral are from GPs, Midwives and Health Visitors.</p> <p>Males may perceive the children's</p>	<p>Children's centres provide specific groups to encourage the participation of fathers and male carers. Many centres offer sessions aimed at dads and male carers particularly on Saturdays</p> <p>Positive images of fathers and male carers are used by children's centres in their publicity materials and websites.</p> <p>Where appropriate/requested Health Visitors will provide</p>

	<p>centre to be for mothers only and be unwilling to access services. Low numbers of male workers within the children's centres can lead to environments being classed 'too female'. Working fathers may find the services more difficult to access owing to their working pattern.</p>	<p>support to male parents and carers. School nurses provide an open access service which will be available for all young people to attend regardless of their gender. We will also roll out digital platforms through social media to ensure that young people have access to the service– a texting service where the pupil will remain anonymous (except for safeguarding concerns). Health visitors, school nurses and children's centres provide an open access service which will be available for all children and young people to attend regardless of their gender. We will also roll out digital platforms through social media to ensure that all young people have access to services and know how to contact them. For example, a texting service for secondary school pupils where the pupil can choose to remain anonymous (except for safeguarding concerns).</p>
<p>Sexual orientation</p>	<p>Data is limited however we are aware that there may be gender differences around this subject. No disproportionate impact is anticipated.</p>	<p>Lesbian, Gay, Bisexual and Transgender (LGBT) parents are welcomed by children's centres. A centre in central Hertfordshire hosts a monthly LGBT parent group.</p>
<p>Marriage & civil partnership</p>	<p>Services are provided to parents regardless of relationship status.</p>	<p>It is not currently envisaged that any mitigations are required but the situation will continue to be monitored.</p>
<p>Carers (by association with any of the above)</p>	<p>Young Carers often miss more school than their peers. Caring responsibilities can have an emotional and educational impact. Carers of children can access all</p>	<p>Under the Children and Families Act and Care Act 2014, local authorities have a responsibility to meet their duty to identify, assess and support young carers, young</p>

	children’s centre services. No disproportionate impact is anticipated.	adult carers and their families. The school needs assessment will identify any requirements. We envisage a lead school nurse role with subject specialism for vulnerable children including young carers. This will be monitored and reviewed throughout the re-commissioning process.
Carers and CARE ACT 2014	From April 2015, carers will be entitled to an assessment of their own needs in the same way as those they care for. If the focus of your EqIA relates to care and support, consider carers new rights and see the Care Act pages on Compass for more guidance	

Opportunity to advance equality of opportunity and/or foster good relations (Please refer to the [guidance](#) for more information on the public sector duties)

Improving outcomes, modernising and making the service more visible and accountable. Text messaging service/website and being accessed by groups that otherwise would not have accessed the service.

Impact Assessment – Staff (where relevant)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
Age	If the age range is increased to deal with older children’s ages. New training requirements may be required for children centres	Staff training and awareness will be required in order to deal with any arising issues None have been identified but will be kept under review
Disability Including Learning Disability	None have been identified	None have been identified but will be kept under review
Race	None have been identified	None have been identified but will be kept under review
Gender reassignment	None have been identified	None have been identified but will be kept under review

Pregnancy and maternity	As this is a predominantly female workforce and a significant proportion of staff are younger there could be many instances where maternity cover is required.	Good HR policies and procedures need to be put in place to support pregnant staff. Policies will be in place to ensure a resilient and sustainable workforce.
Religion or belief	None have been identified	None have been identified but will be kept under review
Sex	None have been identified	None have been identified but will be kept under review
Sexual orientation	None have been identified	None have been identified but will be kept under review
Marriage & civil partnership	None have been identified	None have been identified but will be kept under review
Carers (by association with any of the above)	Staff who have caring responsibilities	Services will offer flexible approaches to working time as long as the service is able to be delivered

**Opportunity to advance equality of opportunity and/or foster good relations
(Please refer to the [guidance](#) for more information on the public sector duties)**

The County Council does not directly employ School Nurses, Health Visitors or Children’s Centre staff members as the services are provided by third party commissioned organisations.

HR advice has been sought and TUPE arrangements will be adhered to if required.

STEP 5: Gaps identified

<p>Gaps identified Do you need to collect more data/information or carry out consultation? (A ‘How to engage’ consultation guide is on Compass). How will you make sure your consultation is accessible to those affected?</p>	<p>Arrangements in colleges and independent schools will continue as they do currently. Specific issues will be addressed as and when they are identified and strategies will be put in to place to ensure the best outcomes in each given scenario.</p>
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STEP 6: Other impacts

Consider if your proposal has the potential (positive and negative) to impact on areas such as health and wellbeing, crime and disorder and community relations. There is more information in the guidance.

- Health outcomes tend to be worse in more deprived areas so service provision will take this into consideration.

- Community impact if Children’s Centres in the community close. Parents may have to travel further to access services.
- Some aspects of the Family Centre Services may be delivered on a targeted basis i.e. where there is increased need so that families receive the help they need early before problems escalate.
- If the current health provider is not successful in being awarded the new contract then this may impact on the Rapid Response Team in place. This service is provided by the current provider and is commissioned by the Clinical Commissioning Groups.
- New provider/s may not understand the size and geography of Hertfordshire. There will be a six month mobilisation period which should provide them with them time to familiarise themselves with the county and to put key operational processes in place.

STEP 7: Conclusion of your analysis

Select one conclusion of your analysis	Give details
<p>No equality impacts identified</p> <ul style="list-style-type: none"> - No change required to proposal. 	
<p>Minimal equality impacts identified</p> <ul style="list-style-type: none"> - Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate). - Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality. 	
<p>X Potential equality impacts identified</p> <ul style="list-style-type: none"> - Take ‘mitigating action’ to remove barriers or better advance equality. - Complete the action plan in the next section. 	<p>As the service has been reviewed and changes will be made in terms of service delivery, this process has identified groups that may be adversely affected.</p> <p>Please see Step 8, below, for mitigating actions.</p>
<p>Major equality impacts identified</p> <ul style="list-style-type: none"> - Stop and remove the policy - The adverse effects are not justified, cannot be mitigated or show unlawful discrimination - Ensure decision makers understand the equality impact 	

STEP 8: Action plan

Issue or opportunity identified relating to: – Mitigation measures – Further research – Consultation proposal	Action proposed	Officer Responsible and target date
Protected Characteristic – Age College pupils will not be covered.	Existing arrangements will continue to be applied.	Sue Beck September 2018
Disability Including Learning Disability Children with emotional behavioural difficulties (EBD) and moderate learning disabilities (MLD)	Health Visitor service and Children’s Centres will continue to provide a service to these children and young people. Children in mainstream schools will continue to access the school nursing service. (Note: School Nursing in special schools are commissioned by CCGs in Hertfordshire).	Sue Beck Sally Orr September 2018
Race BME children including Gypsy and Traveller Children.	Health Visitors will continue to undertake outreach as required. These children and young people will be considered as part of the needs assessment that school nurses will carry out in each school. CC have outreach workers who support vulnerable and hard to reach families available for schools to access on a traded basis.	Sue Beck Sally Orr September 2018
Race Children and families who do not have English as a first language.	Health visitors have access to translation services An interpreting and translation service is available for schools to access on a traded basis.	Sue Beck September 2018
Gender Reassignment Data is limited however we are aware of the emotional impact of this.	Data is not available however our intention is that the service is accessible to all. If a child requires support in this area who are school age, the school nurse will offer support and signpost to the relevant organisation that can help the child/family.	Sue Beck Sally Orr September 2018
Pregnancy and maternity Teenage pregnancy	Support and signposting will be available through the school nurse to pregnant young women in school. All families will be offered the 5 mandated health visitor contacts. Vulnerable young parents will have additional support offered to them by health visitors. New ways of working/skill mix will be developed	Sue Beck Sally Orr September 2018

	with health visitors and children centres to minimise any current duplication and maximise access to families within the service budget that is available	
Pregnancy and maternity Perinatal mental health	<p>Robust pathway between antenatal to postnatal handover (midwifery and health visiting).</p> <p>All families will be offered the 5 mandated contact. The 6-8 week contact specifically includes a mental health assessment.</p> <p>Parents in known risk groups will have additional support offered to them by health visitors.</p> <p>New ways of working/skill mix will be developed with health visitors and children centres to ensure that all staff have relevant training on mental health awareness within the budget that is available.</p> <p>Services will network with other agencies in the county that also offer support on perinatal mental health.</p>	Sue Beck Sally Orr September 2018
Religion or belief We are aware that there may be conflicting views with some religions around some health issues.	<p>Parents can opt out of National Child Measurement Programme. We will work closely with the schools and faith leaders on these issues. Parents will be kept informed of activities that may be culturally sensitive.</p> <p>The school needs assessment will identify any requirements based on the school and catchment area.</p>	Sue Beck September 2018
Sex Data is limited however we are aware that there may be gender differences around this subject.	<p>All services are open access for all children, young people and families to attend regardless of their gender.</p> <p>The school nursing service will have a text service such as Chathealth (or equivalent) in where the pupil will remain anonymous (except for safeguarding concerns) as many young people value this anonymity when discussing health issues such as mental health, sexual health.</p>	Sue Beck Sally Orr September 2018

<p>Sexual orientation Data is limited however we are aware that there may be gender differences around this subject.</p>	<p>We provide an open access service which will be available for all young people to attend regardless of their gender. We will also ensure that the school nursing service has a text service such as Chathealth (or equivalent) in place where the pupil will remain anonymous (except for safeguarding concerns).</p>	<p>Sue Beck Sally Orr September 2018</p>
<p>Carers (by association with any of the above)</p>	<p>We envisage a lead school nurse role with subject specialism for vulnerable children including young carers The school needs assessment will identify any requirements based on the child and their needs.</p>	<p>Sue Beck September 2018</p>
<p>At Risk Groups Young people at college Young people in independent schools</p>	<p>Arrangements in colleges and independent schools will continue as they do currently. Specific issues will be addressed as and when they are identified and strategies will be put in to place to ensure the best outcomes in each given scenario.</p>	<p>Sue Beck September 2018</p>
<p>Children and Young People who experience mental ill health</p>	<p>The service specification will continue to prioritise maternal emotional and mental well-being. Health Visitors will continue to support women who experience poor mental health as evidence shows that maternal poor mental health can have a negative impact on a child's health and development. Children's Centre staff have also been upskilled to be able to raise the issue with parents and families. The core offer that is delivered by school nursing service will include raising awareness, and signposting to evidence based user friendly information on mental health amongst the under 19s and staff. The service will provide 1-1 support to those pupils who are experiencing mental ill health to support them and will make referrals to more specialist services as required. This also includes supporting primary school children and intervening early.</p>	

This EqIA has been reviewed and signed off by:

**Head of Service or Business Manager: Sue Beck
 Sally Orr**

Date:

**HCC's Diversity Board requires the Equality team to compile a central list of EqIAs so a random sample can be quality assured. Each Equality Action Group is encouraged to keep a forward plan of key service decisions that may require an EqIA, but please can you ensure the Equality team is made aware of any EqIAs completed so we can add them to our list. ([email: equalities@hertfordshire.gov.uk](mailto:equalities@hertfordshire.gov.uk)).
Thank you.**