

# Equality Impact Assessment of Child and Family Therapy Service

## Child and Adolescent Mental Health Service

### Background

The Child and Family Therapy service provides a comprehensive child and adolescent mental health service for children and young people aged 0 – 16 throughout Tameside and Glossop.

Additionally, in line with National Service Framework for Children, the service is planning provision for young people aged 16 -18 and also for children with learning disabilities and mental health issues aged 0- 18. Such children, young people and their families typically experience a range of difficulties which include psychiatric problems, complex developmental disorders, significant emotional distress and may be at increased risk of mental health problems due to "looked after" status.

### Degree of Relevance

**Age (Medium relevance)** - Evidence from research (Mental Health of Children and Young People in Gt. Britain 2004) indicates that 20% of 0 – 16 yr olds have some level of emotional and/or mental health difficulty. Within the target age group, evidence from audit processes demonstrate that the age distribution is in keeping with national norms (annual Department of Health mapping figures)

Provision for 16 – 18 yr olds is currently being planned as this has been identified in the National Service Framework for Children as a gap in service provision nationally as well as locally.

For 0 – 5 year olds part of the Child and Adolescent Mental Health Service Link Work Service attempts to address another shortfall as again, the National Service Framework has identified early intervention as a key area for development.

**Ethnicity (High Relevance)** - The service is of high relevance to children and young people from all backgrounds. The level of referrals from Black and Minority Ethnic communities indicates that this is a "hard to reach" group. The service has a "minority service group" which aims to improve the level of referrals from this group and also promote the shared understanding of Child and Adolescent Mental Health issues within different communities.

The Child and Adolescent Mental Health Service Link Work Service has a worker appointed with a specific remit to improve access for the Black and Minority Ethnic communities and assess whether these communities have a negative perception of the service. This will be further supported by the

appointment of two Primary Care Trust ethnic development workers to work across Tameside and Oldham child and adolescent mental health service.

**Disability (High Relevance)** - The service is of high relevance to any child or young person with a learning and/or physical disability who also experiences emotional or mental health problems. A specific, dedicated learning disability service for children with mental health issues is in the planning process.

A new clinic building (2004) provides purpose built resources for physically disabled users. The building is fitted with a Minicom and an induction loop system and the staff have been trained to use both pieces of equipment to assist hearing impaired service users.

**Sexual Orientation (Medium Relevance)** – Although there is no dedicated service for lesbian, gay or bisexual young people, the principles underpinning the service are aimed at treating all service users with respect.

A number of young people use the service to discuss issues related to their sexuality. Therefore, for those LGB individuals with emotional and/or mental health problems, the service is of some relevance. There is, however, no evidence to support the view that that this group is, or feels itself to be, differently affected by the services provided by Child and Adolescent Mental Health Service.

Data is not formally collected relating to the sexual orientation of service users: the use of monitoring forms could be considered to help address this issue.

**Gender (Medium Relevance)** - There is an unequal take-up in terms of numbers of male and female service users. It is accepted that mental health problems in children and young people have a different gender distribution, and also that adolescents tend to have different attitudes towards accessing “talking” therapies. However, there is no evidence to suggest that either gender is a particularly hard to reach group; gender distribution is constantly monitored via both a Service annual audit and the Department of Health annual mapping exercise. Both the annual audit and the Department of Health annual mapping exercise indicate that this is in line with national norms.

**Religion: (medium relevance)** some information is currently available: Potential issues (religious festivals, religious observance, gender of staff member) are considered when planning work and all Children’s Social Care staff undertake cultural competence training to ensure appropriate awareness of issues.

### **Scope of the Impact Assessment**

The Pennine Care Trust provides Child and Adolescent Mental Health Services in partnership with, Tameside Council's Services for Children and Young People and Education service. The Pennine Care Trust is the body that links all mental health services including: adult mental health services, older peoples mental health services and substance misuse services across Tameside and Glossop, Bury, Rochdale, Oldham and Stockport. Service users are clearly identified through the auditing process of Pennine Care NHS Trust.

The Tameside Child & Family Therapy Service is part of the Child and Adolescent Mental Health Service provision of Pennine Care Trust. This assessment is focussed on this (multi-agency, multi-disciplinary) service alone & within that acknowledges that different parts of the service are governed by different processes, for example Pennine Care protocols and Tameside Children's Social Care protocols. Thus, while issues for further development may be identified, any proposals will require discussion in the form of recommendations to the Pennine Care Trust.

The service recognises that not all groups are accessing it in proportionate numbers when compared to the population of Tameside and strives to rectify this shortfall through the Cultural Diversity Group, which has representation from the Child and Adolescent Mental Health Service team.

### **Reference materials/data source(s)**

Census 2001

Annual Audit to identify strengths, gaps and thus inform future service developments

Mapping Exercise to inform commissioners and government ministers of the efficacy of service development / financial investments of the previous year.

Pennine Care child and adolescent mental health service data (03/04)

National Service Framework for Children

Regular management and supervision processes

### **Conclusions drawn from reference materials/data sources**

Pennine Care child and adolescent mental health service data (03/04) indicates a disproportionate representation of Black and Minority Ethnic groups referred to and seen by the service when compared to the local population.

Provision for 16 – 18 yr olds is currently being planned as this has been identified in the National Service Framework for Children as a gap in service provision nationally as well as locally

0 – 5 year olds: Part of a small Tier 1 service attempts to address the shortfall as again the National Service Framework has identified early intervention as a key development

Lack of monitoring of use of service by lesbian, gay or bisexual young people; the data is not currently formally collected but information about service use by this group is available via the management processes of referral screening & also through the regular supervisory processes.

## Consultation

**Tameside community and religious centres** - part of an ongoing process of consulting and discussing child mental health issues with minority ethnic groups. The Black and Minority Ethnic project is audited as directed by the national project strategy.

Key recommendations from this process to date are the translation of service leaflets into other languages and provision of information/training sessions for ethnic minority community groups.

Current NHS financial constraints have not yet permitted the leaflet translation, but the Service utilises the Trust's interpreting services to ensure that all ethnic minority service users have access to all Service information.

The process of providing information/ training sessions to minority community groups is ongoing & is largely offered by the Child and Adolescent Mental Health Service Link Work Service, together with members of the Service's minority ethnic group.

**Service user postal questionnaire** – sent at the end of their involvement with the service, thus all users have an opportunity to provide their views on the service.

The child and adolescent mental health Service Improvement Group is currently looking at developing an outcome tool across the Trust that will be evidence-based and will involve user-carer feed back. An outcome tool is a method of measuring what helped, what didn't, and particular aspects of a service that a patient or customer liked or disliked.

Service user questionnaires are reviewed on a continual rolling programme; the child and adolescent mental health Service Improvement Group meets bi-monthly and has clear time-scales for completion within its annual plan. Satisfaction levels reported via the questionnaires are generally high and most criticisms/complaints do not relate to equalities issues. Consideration will be given to discussion with the Trust about the use of monitoring forms to further enhance the feedback process.

The **User Involvement Group** within the Child and Family Therapy Service is actively recruiting two groups to increase user involvement: one group of parents of children and young people and one group of children and young people themselves. The aim is to improve existing practice and also to incorporate user views within future planning processes.

A number of posts within the Service are recruited using a “children’s panel” in order to promote user involvement.

The outcomes to date from the user involvement group (“Your opinion matters”) mirror the outcomes from the user postal questionnaire; this group will continue to be an important element of monitoring user issues.

### **Assessment of Impact and Course of Action**

No specific adverse impacts have been identified. The actions listed below have been identified in the assessment in order to ensure that the potential for adverse impact in the future is reduced and to take reasonable steps to reduce or remove any barriers to these services for Young People.

- Low representation of BME service users

To utilise the BME project workers to assist in achieving this aim

- Development of 16-18 Service

Commissioners to identify financial resources and to agree to recruitment timetable

- Development of learning Disability Service

Commissioners to identify financial resources and to agree to recruitment timetable

- While leaflets etc cannot currently be provided in alternative formats due to NHS funding constraints (language, Braille) use of interpreting services ensures that BME/disabled service users are offered comparable services.
- Children’s Social Care staff attend cultural competence training & as part of the Service training strategy, disseminate knowledge/information thus gained to their colleagues.
- Consideration to be given to recommending to the Trust the development of monitoring forms to audit service use by Lesbian Gay and Bisexual, and religious groups; this would add to the existing information from current audit processes.

## Implementation

Implementation Action Plan					
Issue	Action	Lead Officer	Timescale	Resources	Further Comment
Low representation of BME service users.	To utilise the BME project workers to assist in achieving better awareness of services and representation amongst users. CAMHS Link Work Service to continue to offer sessions to ethnic community groups	Management team within Children and Family Therapy Service	2-year life of project.		Increasing uptake will place pressure on existing resource provision.
Translation of written documents	Use of interpreting services. Maintain awareness of need for translation to request Trust again when financial constraints may alter	Management Team, C & F.T.S.	Continuous	Interpreting service is currently available; translation of documents will require increased financial resources from Trust	
Development of 16-18 Service	Commissioners to identify financial resources and to agree to recruitment timetable	Annie Dodd and Pat McKelvey	April 06	As monitored by National Service Framework and Strategic Health Authority	
Development of learning Disability Service	Commissioners to identify financial resources and to agree to recruitment timetable	Annie Dodd and Pat McKelvey	April 06	As monitored by National Service Framework and Strategic Health	

				Authority	
Lack of information on service use by LGB young people	Consider recommendation to Trust re use of monitoring forms	Management Team, C.&F.T.S.	Dec 06	Staff time to prepare, administer & analyse information	

<b>Monitoring and Responsibilities</b>
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<b>Contact Officer(s)</b>
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