

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

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| 1. Name of Activity (EQIA Title): | School Health service |
| 2. Directorate | Adult social care and health |
| 3. Responsible Service/Division | Public Health |

Accountability and Responsibility

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| 4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App. | Nathalie Reeves |
| 5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA. | Wendy Jeffreys |
| 6. Director of Service Note: This should be the name of your responsible director. | Dr Anjan Ghosh |

The type of Activity you are undertaking

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| 7. What type of activity are you undertaking? | |
| Tick if Yes | Activity Type |
| Yes | Service Change – <i>operational changes in the way we deliver the service to people.</i> |
| Yes | Service Redesign – <i>a revised approach from a defined counselling model to a flexible, varied therapeutic offer</i> |
| No | Project/Programme – |
| Yes | Commissioning/Procurement – <i>requires commissioning activity needing commercial judgement.</i> |
| No | Strategy /Policy – <i>includes review, refresh or creating a new document</i> |
| | Other – Please add details of any other activity type here. |

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Kent County Council (KCC) Public Health is leading a Public Health Services Transformation Programme to ensure that services are efficient, achieving best value, evidence-based and delivering the right outcomes for the people of Kent. The Public Health service transformation programme aims to remodel the school public health service, enhancing its positive impact at both individual and school levels through screening programmes, health assessments, and care packages, ensuring that the service is both robust and responsive to the evolving public health landscape, while achieving optimal outcomes for Kent's young population. This EQIA is intended to assess the potential impact of the proposed changes to the School Health Service.

Kent County Council's (KCC) Public Health division currently partners with Kent Community Health Foundation Trust (KCHFT) to deliver the Kent School Public Health Service, which provides critical health support for children and young people (CYP) aged 4-19. This program, structured around primary and adolescent specifications, includes a comprehensive range of services such as health screenings, the National Child

Measurement Programme (NCMP), vision and hearing checks, online health assessments, and a Chat Health text service.

Originally designed in 2016 to align with earlier Healthy Child Programme (HCP) guidance, the service is now in need of review to incorporate the updated HCP standards from 2023. The KCC-KCHFT partnership, valued at £5.4 million per year (including approximately £1 million for counselling services), has been effective since 2018 and is set to extend through March 2026. This agreement aligns with regulatory standards under the Health Care Services (Provider Selection Regime) Regulations 2023 and is structured to operate on an academic-year timetable.

The Kent school Public Health Service is a universal service, which is currently delivered through a co-operation agreement between KCC and Kent Community Health Foundation NHS Trust (KCHFT) and ends on the 31 March 2026. It is available to children upon school age entry to 19 years old, who are residents in the KCC area or attend a school within the KCC area.

Since 2017, KCC has commissioned Kent Community Health NHS Foundation Trust (KCHFT) to deliver targeted emotional wellbeing support as part of the School Public Health 5-19 Service.

In 2021, NHSE announced the introduction and funding of Mental Health Support Teams in Schools, known locally as Emotional Wellbeing Teams. As of January 2025, approximately 55 - 60% of schools in Kent have access to an Emotional Wellbeing Team, as part of the nationally funded Mental Health Support Teams (MHSTs). These teams provide additional capacity in schools to promote good mental health through whole school approaches, to deliver evidence-based interventions for children and young people with mild to moderate mental health needs, and to provide guidance to schools where it is felt that additional support may be needed for individual children and young people. Announcements are currently being awaited from central Government on potential future funding for the national MHST programme.

In February 2023, KCC became one of 75 upper-tier local authorities to receive Family Hub funding. The Family Hub model supports the delivery of a range of services for children, young people and families, including:

- parenting guidance and support
- services for children aged between 0 and 19
- services for children aged up to 25 with special educational needs and disabilities (SEND)
- support for young people and local youth groups
- support for parents of children and young people

In November 2023, a local implementation model was agreed to join up and enhance services delivered through Family Hubs in Kent, ensuring all parents and carers can access the support they need when they need it.

The Kent Children and Young People's Outcome Framework developed in 2024 by families reflects what is important to children and young people and their families, seeking to ensure that all children and families in Kent receive high quality, inclusive and integrated services, delivered as close to home as possible.

The proposed changes to the Kent School Health service delivery includes:

A new standalone EHWB Therapeutic Service

The proposal for the Kent School Public Health service is the removal of the Children and Young People's Counselling Service which currently delivers support for children and young people aged 4 —19 years, mainly through a one-to-one counselling. It is suggested that a new standalone Therapeutic Support Service is developed to meet increased demand, increase choice of support and align with the developing NHS Kent and Medway system model for emotional wellbeing and mental health. This programme is looking to provide a flexible offer to support the mild to moderate emotional health and wellbeing needs of CYP aged 4-19 years,

ensuring that this includes provisions for those with neurodiversity.

The overarching aim of the new service was to ensure continued support to children and young people aged 4-19 years old with mild to moderate emotional wellbeing needs across Kent and Medway. The offer included more creative and therapeutic approaches, including more group activities and peer support opportunities to enable access to the right support to meet their emotional and mental health needs and to ensure help from the right service more quickly. The new service proposed to do this by offering more creative and therapeutic group sessions (which would be themed and age-appropriate) and fewer one-to-one counselling sessions. Introducing more group sessions could:

- Allow more flexibility in the number of sessions available to each child/young person to meet their desired goals.
- Offer greater choice in the type of support engaged with.
- Offer opportunities for children and young people to receive support in more active and creative ways
- Enable more children and young people in Kent to access the new service and be assessed and offered a start date in a shorter time period
- Provide flexible support for neurodivergent children and young people and those awaiting assessment with mild to moderate mental health needs.

Offering more interventions within group setting was proposed to support a greater number of children and young people, meet needs more quickly and offer greater choice in the type of support engaged with.

Proposed changes to the service specification will also ensure alignment with the national Healthy Child programme; the six high impact areas¹ as well as the implementation of the Kent Family Hub model², findings of the Kent 5-11 years Health Needs Assessment³ and emerging Secondary School Age health needs assessment. The proposed new service would support the reduction of child health inequalities through a holistic approach to identifying and addressing the health needs of children.

Changes to the Online Health Assessment (TLM)

Proposed changes to target cohorts for Online Health Assessments (TLM) include amendments to the year groups for when the online health assessments are undertaken. The proposed change is from year 6 to year 5 so support transitioning to secondary school, and from years 10 and 12 to year 9, as previous uptake in these year groups has been lower than anticipated. This change has the potential to offer more targeted provision where needed before GCSE's.

The parent/carer review before school entrant will remain universal.

All reviews are to be targeted at schools in areas of higher deprivation where there is probable greatest need, whilst remaining a universal offer.

Whole School Approach to mental health

To focus activity in non MHST schools so there is no duplication of activity. To have reported outcomes and demonstration of impact from this approach on mental health and wellbeing.

Emotional Wellbeing Package of Care

A review of the pathway, model, accessibility and impact of the EHWP package of care, avoiding duplication with the MHST schools, to better target need, and improve outcome reporting.

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

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| <p>9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No</p> | yes |
| <p>10. Is it possible to get the data in a timely and cost effective way? Answer: Yes/No</p> | yes |
| <p>11. Is there national evidence/data that you can use? Answer: Yes/No</p> | https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england |
| <p>12. Have you consulted with Stakeholders? Answer: Yes/No Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</p> | yes |

13. Who have you involved, consulted and engaged with?
Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

NHS Kent and Medway have undertaken a range of engagement activity during 2023 with children, young people, families and carers, professionals and providers to understand what they think is important to support emotional wellbeing and mental health

Through this engagement, young people said they would like:

- Support that is available without needing a referral, making it more accessible.
- Support delivered at an earlier stage to prevent difficulties getting worse.
- Reducing waiting times so that support can be accessed more quickly.
- Support that is non-judgmental and tailored to individual needs.
- Support services that are innovative and open-minded in their delivery.
- Support that helps to build resilience and confidence in children, young people and families so that they have tools in place to help them respond and manage those needs going forward.
- Opportunities to meet other young people who are going through similar experiences and to support each other.
- Improved communication and partnership working between services.

The engagement reports and a short video of the findings is available from the [Kent and Medway Integrated Care System website](#)⁴.

KCC commissioned additional insights activity during Summer 2024 exploring young people's experiences of social media and its impacts upon their emotional and mental health, with 164 young people responding

The proposed service model has undergone a thorough process of review including stakeholder engagement, options development and appraisal to ensure that services meet the needs of the people of Kent whilst balancing increasingly challenging financial and demand pressures.

A public consultation on Children and Young People’s Emotional Wellbeing Support ran between 25.09.24 – 12.11.24. This was widely promoted to children, young people and families through mainstream primary and secondary schools as well as Special Schools and community networks. In addition, copies of the consultation documents and promotion materials were available through Family Hubs and libraries, and targeted activities took place to gather feedback from protected groups, in line with the Equalities Impact Assessment. The public consultation received 382 responses including 72 responses from young people. Several additions have been made to the proposal following the consultation feedback.

Providers were asked about proposed changes to the online health assessments and were in agreement.

Emotional Wellbeing Packages of care evidence; providers were in agreement that having a better understanding of what they do and how and what the impact is for children and young people was important.

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| 14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i> | yes |
| 15. Do you have evidence/data that can help you understand the potential impact of your activity? <i>Answer: Yes/No</i> | Yes but it is not in the public domain |
| Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i> | |

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

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| Service users/clients <i>Answer: Yes/No</i> | yes | Residents/Communities/Citizens <i>Answer: Yes/No</i> | No |
| Staff/Volunteers <i>Answer: Yes/No</i> | no | | |

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No*

Yes

18. Please give details of Positive Impacts

Healthy child programme 5-19 years: School Health Service
 Continuing the provision of a School Health Service will ensure that there is minimal change and disruption for service users and key stakeholders with regards to accessing the well-established service. Continuity of service may also minimise risks such as destabilisation of the workforce and continuity of care for children, young people and their families.

Proposed new EHWP Therapeutic Support Service
 The aim of the proposed new service is to ensure continued support to children and young people aged 4-19 years old with mild to moderate emotional wellbeing needs across Kent and Medway. The offer included more creative and therapeutic approaches, including more group activities and peer support opportunities. A separate EqIA is undertaken for this proposed service with update following the public consultation on the

proposed service.

Proposed changes to the Online Health Assessment (TLM)

The suggested change is for age cohorts year 6 to year 5, in order for longer term support for transitioning to secondary school as it can be accessed earlier, and from years 10 and 12 to year 9 so that targeted support can be offered before the majority of GCSE's commence helping to support their health and wellbeing.

To identify and enable mainstream schools in more deprived areas or in populations with greater differing needs to utilise TLM.

Proposed changes Whole School Approach on mental health

Improved insight of the impact of this model across the school community – and clearer detail on the schools that are being worked with. No duplication across MHST schools. Target as above. Too focus activity in non MHST schools so there is no duplication.

Proposed changes to the monitoring of the Emotional Wellbeing Package of Care

A review and adaptation of the Emotional Wellbeing Package of Care to avoid duplication with MHST schools, better targeted need and improved outcome reporting, so ensue improved outcomes for emotional wellbeing and improved understanding of the difference and impact that these make.

Robust reporting providing breakdown of those receiving and completing EHWB POCs by school type, age, gender, ethnicity, neurodivergent status, district, school and impact of the POC. Subsequent POCs for an individual by school type, age , gender, ethnicity, district, school and impact of the POC. This will help identify where there is more perceived or actual need to inform the continuation of this and the whole school approach.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19.Negative Impacts and Mitigating actions for Age

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| a) Are there negative impacts for age? <i>Answer: Yes/No (If yes, please also complete sections b, c,and d).</i> | TLM: yes Whole School Approach on mental health: No The monitoring of the Emotional Wellbeing Package of Care: No |
| b) Details of Negative Impacts for Age | TLM: Yes. Change to the age cohorts being worked with |
| c) Mitigating Actions for age | TLM: Promotion of the chat services for years 10 & 12. Improved engagement for those who have taken YR 5 survey as they go into Yr 6 with development of a resource which highlights |

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| | identified needs. |
| d) Responsible Officer for Mitigating Actions – Age | Dr Anjan Ghosh |
| 20. Negative Impacts and Mitigating actions for Disability | |
| a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i> | <p>TLM: Yes.</p> <p>Whole School Approach on mental health: No</p> <p>Monitoring of the Emotional Wellbeing Package of Care: Yes</p> |
| b) Details of Negative Impacts for Disability | <p>Neurodivergent children and young people, and children and young people may not articulate need or be able to respond to questions about how they feel. They may demonstrate challenges in social communication which may impact on the type of intervention that would benefit their needs.</p> <p>They may need alternatives or adaptation in the type of intervention, method of delivery of service, different methods of delivering the intervention or communication styles which would need to be considered and explored.</p> <p>TLM: Those who are EHE do not have the same opportunity to complete the TLM although there is offer to year 6 who are elective home educated to complete the TLM. Some CYP who have not been diagnosed may also be impacted as it may take longer to process the information presented.</p> <p>The Emotional Wellbeing Package of care: Those who are EHE will not have opportunity to benefit as they are not in an education setting.</p> |
| c) Mitigating Actions for Disability | <p>NICE guidance recommends that ‘adaptations are needed to make the overall experience of contact with services more accessible and acceptable, as well as to ensure that the structure, delivery, and content of interventions are appropriate...’ (NICE, 2021).</p> <p>Emotional wellbeing package of care: The service to make explicit the advice on access to packages of care to all parents of new entrants into mainstream school. To identify and implement the most effective communication to parents/carers who commence a mainstream school in Kent</p> |

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| | during key stage 2, 3, 4 & 5. TLM: To promote and encourage use of chat health to provide other ways for CYP to have their voice heard. |
| d) Responsible Officer for Mitigating Actions - Disability | Dr Anjan Ghosh |
| 21. Negative Impacts and Mitigating actions for Sex | |
| a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d). | TLM: No Whole School Approach on mental health: No The monitoring of the Emotional Wellbeing Package of Care: No |
| b) Details of Negative Impacts for Sex | |
| c) Mitigating Actions for Sex | |
| d) Responsible Officer for Mitigating Actions - Sex | |
| 22. Negative Impacts and Mitigating actions for Gender identity/transgender | |
| a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d). | TLM: No the Whole School Approach on mental health: No monitoring of the Emotional Wellbeing Package of Care: No |
| b) Details of Negative Impacts for Gender identity/transgender | To note: Mental health diagnoses are more common for transgender and gender-nonconforming children and young people than for those who identify with the gender assigned at birth. ⁵ |
| c) Mitigating actions for Gender identity/transgender | |
| d) Responsible Officer for Mitigating Actions - Gender identity/transgender | |
| 23. Negative Impacts and Mitigating actions for Race | |
| a) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d). | TLM: Yes Whole School Approach on mental health: No monitoring of the Emotional Wellbeing Package of Care: Yes |
| b) Details of Negative Impacts for Race | TLM Race / ethnicity are factors that may impact on access and take up of this service due to English as additional |

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| | <p>language, lack of understanding of the service, low level of health literacy, lack of knowledge understanding and recognition of mental health of children and young people and a lack of translators.</p> <p>Monitoring of the Emotional Wellbeing Package of Care Expression of mental health needs among black ethnic populations may be presented differently i.e. somatic symptoms.</p> <p>Evidence suggests Gypsy, Roma and Traveller groups are less likely to seek support and access services in general due to stigma and discrimination.</p> |
| <p>c) Mitigating Actions for Race</p> | <p>For all proposed changes</p> <p>As part of the service specification KCC would require the provider to develop an inclusive service offer. The provider and KCC would monitor service user demographic data relating to ethnicity through contract management processes to ensure the service is engaging and meeting the needs of diverse communities within Kent. This would be the responsibility of a named KCC contract manager to oversee.</p> <p>TLM: The need to capture and respond to ethnic differences which support and enable their engagement in the TLM.</p> <p>Monitoring of the Emotional Wellbeing Packages of Care Having a flexible approach and response to meet the needs of those who may express emotional and mental wellbeing differently and utilising a trauma informed healing centred approach.</p> |
| <p>d) Responsible Officer for Mitigating Actions - Race</p> | <p>Dr Anjan Ghosh</p> |
| <p>24. Negative Impacts and Mitigating actions for Religion and belief</p> | |
| <p>a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p> | <p>TLM: No</p> <p>The Whole School Approach on mental health: No</p> <p>Monitoring of the Emotional Wellbeing Package of Care: no</p> |
| <p>b) Details of Negative Impacts for Religion and belief</p> | |
| <p>c) Mitigating Actions for Religion and belief</p> | |
| <p>d) Responsible Officer for Mitigating Actions - Religion and belief</p> | <p>Dr Anjan Ghosh</p> |

| 25. Negative Impacts and Mitigating actions for Sexual Orientation | |
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| a) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d). | <p>TLM: Yes</p> <p>The Whole School Approach on mental health: No</p> <p>Monitoring of the Emotional Wellbeing Package of Care: No</p> |
| b) Details of Negative Impacts for Sexual Orientation | <p>TLM: Maybe for older YP who do not know or have option to talk with Chat health and the sexual health online support</p> |
| c) Mitigating Actions for Sexual Orientation | <p>TLM: Provider to share information on relevant services on their website.</p> |
| d) Responsible Officer for Mitigating Actions - Sexual Orientation | Dr Anjan Ghosh |
| 26. Negative Impacts and Mitigating actions for Pregnancy and Maternity | |
| a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d). | <p>TLM: No</p> <p>the Whole School Approach on mental health: No</p> <p>The monitoring of the Emotional Wellbeing Package of Care: No</p> |
| b) Details of Negative Impacts for Pregnancy and Maternity | |
| c) Mitigating Actions for Pregnancy and Maternity | |
| d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity | |
| 27. Negative Impacts and Mitigating actions for marriage and civil partnerships | |
| a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d). | <p>TLM: No</p> <p>The Whole School Approach on mental health: No</p> <p>Monitoring of the Emotional Wellbeing Package of Care: No</p> |
| b) Details of Negative Impacts for Marriage and Civil Partnerships | The Marriage and Civil Partnership (Minimum Age) Act 2022, came into force 27/2/2023. This means that 16- and 17-year-olds are no longer allowed to marry or enter a civil partnership, even if they have parental consent. |
| c) Mitigating Actions for Marriage and Civil Partnerships | |
| d) Responsible Officer for Mitigating Actions - | |

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| Marriage and Civil Partnerships | |
| 28. Negative Impacts and Mitigating actions for Carer's responsibilities | |
| a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d). | <p>TLM: No</p> <p>The Whole School Approach on mental health: No</p> <p>The monitoring of the Emotional Wellbeing Package of Care: No</p> |
| b) Details of Negative Impacts for Carer's Responsibilities | |
| c) Mitigating Actions for Carer's responsibilities | |
| d) Responsible Officer for Mitigating Actions - Carer's Responsibilities | |