Integrated Impact Assessment: Summary Report Template

Each of the numbered sections below must be completed

<table>
<thead>
<tr>
<th>Interim report</th>
<th>Final report</th>
<th>✓</th>
</tr>
</thead>
</table>

(Tick as appropriate)

1. **Title of plan, policy or strategy being assessed**

Edinburgh Health Inequalities Fund 2019-2022 People Know How Positive Transitions Service Action Plan

2. **What will change as a result of this proposal?**

Children and young people in North-East Edinburgh who engage with the service will grow up to be healthy, confident and resilient so they can fulfil their potential. The service delivers on the following outcomes for children and young people:

- children and young people **have improved wellbeing**
- children and young people **are less stressed**
- children and young people **are more resilient**
- children and young people **have increased positive involvement in their community**

3. **Briefly describe public involvement in this proposal to date and planned**

Not applicable

4. **Date of IIA: 14th May 2019**

5. **Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Date of IIA training</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sabina McDonald</td>
<td>Senior Health Promotion Specialist –</td>
<td>7th June 2016</td>
<td><a href="mailto:sabina.mcdonald@nhslothian.scot.nhs.uk">sabina.mcdonald@nhslothian.scot.nhs.uk</a></td>
</tr>
<tr>
<td>and Report Writer)</td>
<td>NHS Lothian</td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>Luisa Walker</td>
<td>Senior Health Promotion Specialist – NHS Lothian</td>
<td><a href="mailto:luisa.walker@nhslothian.scot.nhs.uk">luisa.walker@nhslothian.scot.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td>(Stakeholder – NHS Lothian Contract)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glenn Liddell</td>
<td>Founder/ Chief Executive, People Know How</td>
<td><a href="mailto:glenn.liddall@peopleknowhow.org">glenn.liddall@peopleknowhow.org</a></td>
<td></td>
</tr>
<tr>
<td>(Lead Officer and Stakeholder – Service Provider)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miren Ochoa</td>
<td>Project Manager, People Know How</td>
<td><a href="mailto:miren.ochoa@peopleknowhow.org">miren.ochoa@peopleknowhow.org</a></td>
<td></td>
</tr>
<tr>
<td>(Stakeholder – Service Provider)</td>
<td></td>
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</tr>
</tbody>
</table>

6. Evidence available at the time of the IIA

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Available?</th>
<th>Comments: what does the evidence tell you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data on populations in need</td>
<td>✓</td>
<td>North-East Edinburgh is an area of deprivation. Scottish Index of Multiple Deprivation (SIMD) data shows: The locality has neighbourhoods which are in the top 5% most deprived in Scotland. The locality has the highest percentage of people with long-term health problems that limit employment. Over 30% of the population present poverty related issues. The locality has neighbourhoods with the highest number of children in Edinburgh (26%) living in low income households. There are higher levels of risk associated with poor health (i.e. admission rates for alcohol or drug taking or prescriptions for anxiety, depression or psychosis). Focusing on low educational</td>
</tr>
<tr>
<td>Data on service uptake/access</td>
<td>✓</td>
<td>We supported over 1000 children and young people and families in 2018/19. We did not refuse any referrals. 2 children and young people declined our recommended intervention (Art Therapy) but were supported with alternatives. Our most established referral route is through our partner schools; teachers identify children and young people who meet our referral criteria and then refer on to us. Many of the children, young people and families we work with are not engaged with any other service and are otherwise ‘hidden’. By working closely with teachers, we can identify children, young people and families who may otherwise suffer in silence. We find this the most effective way to reach vulnerable and hard to reach groups. We also welcome referrals from Police, GP Surgeries, Social Work Services and other third sector agencies. We also welcome self-referrals from children and young people and we carry our engagement work in schools to promote our service and raise awareness.</td>
</tr>
<tr>
<td>Data on equality outcomes</td>
<td>✓</td>
<td>Equalities monitoring data shows that we are delivering an inclusive service to children and young people and families from a diverse range of backgrounds, offering equality of access. We capture Equalities Monitoring Data on our referral form. This includes details of age, ethnicity, religion, gender identity, sexuality, and disability. We also record any additional data which emerges through ongoing treatment and support.</td>
</tr>
<tr>
<td>Research/literature evidence</td>
<td>✓</td>
<td>Difficulties adjusting to secondary school can lead to young people achieving lower grades, poor attendance, increased anxiety and disruptive behaviour (Anderson et al, 2000). Poor adaptation to secondary school can affect psychological adjustment and academic</td>
</tr>
</tbody>
</table>
attainment beyond the school years, affecting self-esteem and increasing the likelihood of young people suffering mental health issues, including depression, self-harming and eating disorders (West et al., 2008). Half of mental health problems are established by the age of 14 (Kessler et al.). Whilst we have experience of working with children and young people aged 5-18, we know that the transition from primary to secondary school is a key time for effective intervention, so we primarily target young people aged 10-14.

Evidence shows that young people who are supported at this stage are more likely to achieve positive mental health and educational outcomes and achieve their potential in school and beyond. The transition can be managed by supporting young people to feel involved in their school (School Transition and Adjustment Research Study, Rice et al.). Well-crafted and individually tailored befriending interventions have been shown to have positive impact on the self-esteem of young people (DeBois & Silverthorn 2005) by creating strong social bonds and access to supportive networks (social capital) correlated with positive subjective reports of well-being (Meyers 2000). Greater physical activity promotes better mental health, and a sedentary childhood leads to more mental health problems. Sallis, James, quoted in Louv, R. (2005) Last Child in the Woods, p.32. We keep our service under review to ensure we are continuing to follow best practice, including aligning our service to the Mental Health Strategy 2017-2027. We are focussed on a preventative/early intervention approach and we work closely with schools to facilitate early referrals where children and young people are displaying one or more of from our list of early risk indicators. As well as schools, we also work with other partners to develop systems and multi-agency pathways that work in a co-ordinated way to support
| Public/patient/client experience information | ✓ | Our monitoring and evaluation data shows that:  
- 90% of children & young people had improved wellbeing and were less stressed;  
- 82% of children & young people were more resilient;  
- 81% of children & young people had increased positive involvement in their community.  
An unexpected outcome was that 90% of children and young people expressed a desire to help others.  
Additional benefits reported by children and young people in their feedback and evaluation responses were:  
- Reduced social isolation.  
- Enhanced skills for forming and maintaining relationships with others.  
- Increased feeling of support by someone who is consistent and reliable.  
- Increased opportunity to experience some purely social interaction on a regular basis.  
- Improved attitude towards life-long learning. Increased capacity to challenge educational disadvantage.  
- Interpersonal skills development.  
- Increased self-knowledge. |

| Evidence of inclusive engagement of service users and involvement findings | ✓ | Equalities monitoring data shows that we are delivering an inclusive service to children and young people and families from a diverse range of backgrounds, offering equality of access and inclusion in activities. This also applies to our Volunteers, Interns and Placement students. We capture Equalities Monitoring Data on our referral form. This includes details of age, ethnicity, religion, gender identity, sexuality, and disability. We also record any additional data which emerges through ongoing treatment and support.  
Many of the children, young people and families we work with are not engaged with any other service and are otherwise |
‘hidden’. By working closely with teachers, we can identify children, young people and families who may otherwise suffer in silence. We find this the most effective way to reach vulnerable and hard to reach groups. We also welcome referrals from Police, GP surgeries, Social Work Services and other third sector agencies.

We have a Monitoring and Evaluation framework to consistently track progress. We capture case studies in various formats i.e. video, cartoon, etc. We gather 360-degree feedback, and throughout the process we measure children and young people’s development and engagement across the outcome indicators we have identified. We employ the following methods to capture evidence:

- Self-report: data is gathered on a one-to-one basis by assessment with the child.
- Participant observation: Befrienders observe children and young people;
- Third-party feedback: we gather evidence from school, police, social work and others;
- We use forms to gather information from schools and support this with conversations;
- Befrienders share information as part of support & supervision and at teammeetings;
- We gather data from parents/carers (etc) through dialogue and simple forms;
- We use more creative methods with children and young people, e.g. quizzes and games.

Young people are greatly involved in the monitoring and evaluation of the service. We have designed, and continue to develop a monitoring and evaluation framework for children and young people to ensure that we meet their needs effectively and project outcomes. All participants who have used our service
| Evidence of unmet need | ✓ |

- We are aware of unmet need as the schools report this to us and there is significant demand for our service. However, we do not currently have a waiting list and we do not have statistics of how many children and young people are waiting to be referred by our partner schools.

- We are an established presence in every school and have strong relationships with teaching staff who see the need, relevance and impact of our service and make appropriate referrals. We ensure our referral system keeps pace with local issues and identifies every child, young person and family in need of support.

- We have aligned our service to the NHS Lothian Strategy for Children & Young-People 2014-2020; the Edinburgh Children's Partnership Children's Services Plan 2017-2020; and the North-East Locality Improvement Plan 2017. Our service will work to support the action of The Edinburgh Children's Partnership, Children's Services Plan, 2017 to 2020 to 'Improve mental health services for children and young people'. As per the Mental Health Strategy 2017-27 children and young people who have mental health problems but are not necessarily ill, or who have behavioural or emotional issues, may benefit from preventative or less intensive services, such as those offered by our service (improved support at tiers 1 and 2 of the Child and Adolescent Mental Health Services (CAMHS) model could have the potential to tackle such issues earlier and stem the flow of referrals to the more intensive tiers 3 and 4.) We are
accustomed to supporting children, young people and families who do not meet the CAMHS eligibility criteria, or who are currently on a waiting list. Our interventions can support children and young people who are CAMHS Tier 1, 2, or 3. Our early-interventions are designed to be preventative/mitigatory.

We are the only organisation in our area offering our combination of services that directly encourage simultaneous family and community connectedness targeted at young people experiencing mental health challenges against a backdrop of inequality.

Many of the children, young people and families we work with are not engaged with any other service and are otherwise 'hidden'. By working closely with teachers, we can identify children, young people and families who may otherwise suffer in silence. We find this the most effective way to reach vulnerable and hard to reach groups. We also welcome referrals from Police, GP surgeries, Social Work Services and other third sector agencies.

We promote early intervention/preventative work and as we continue to focus on this, we are aware that this is likely to identify increased numbers of children and young people in need of support. We are likewise aware of the CAMHS waiting list, and we know that some of the other organisations we work with are also managing waiting lists.

<table>
<thead>
<tr>
<th>Good practice guidelines</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Our training materials are constantly updated and refreshed to keep pace with best practice. We hold the Quality in Befriending Award. Some of our services are delivered by students who are closely supervised by academic staff and who work to the very latest good practice guidelines.</td>
</tr>
<tr>
<td>Environmental data</td>
<td>✗</td>
</tr>
<tr>
<td>Risk from cumulative impacts</td>
<td>✗</td>
</tr>
</tbody>
</table>
Other (please specify) | ✓ | Benefits to Volunteers, Interns and Placement Students (VIPs). 80% said volunteering with us helped them achieve their goals. 90% of former VIPs went on to paid employment. 60% reported improved confidence. 75% learned new skills and gained valuable experience relevant to their career. 90% would recommend the experience to others.

Additional evidence required | Not applicable

7. In summary, what impacts were identified and which groups will they affect?

**Equality, Health and Wellbeing and Human Rights**

**Positive:** This service intends to support children and young people in North-East Edinburgh who engage with them to grow up to be healthy, confident and resilient so they can fulfil their potential. The service delivers on the following outcomes for children and young people:

- children and young people **have improved wellbeing**
- children and young people **are less stressed**
- children and young people **are more resilient**
- children and young people **have increased positive involvement in their community**

The service is designed to support disadvantaged and vulnerable children, young people and families and comprises evidenced-based, therapeutic early-interventions which promote positive mental wellbeing and resilience as a means of overcoming challenges to equity in education and attainment. The geographical focus of the service is the North-East locality of Edinburgh service, which in terms of SIMD criteria, is an area where people are "less likely to access or achieve positive outcomes". Many of the children, young people and families the service works with are not engaged with any other service and are otherwise ‘hidden’. By working closely with teachers, the service can identify children, young people and families who may otherwise suffer in silence. The service finds this the most effective way to reach vulnerable and hard to reach groups. The service also welcome referrals from Police, GP surgeries, Social Work Services and other third sector agencies.

**Affected populations**

All population groups potentially other than rural/semi-rural communities, however primarily children and young people and their families/ carers will be affected by this proposal.
<table>
<thead>
<tr>
<th>Negative</th>
<th></th>
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</thead>
</table>

### Environment and Sustainability

**Positive**: This service overall has minimal impact on the environment and sustainability, however they endeavour to minimise waste and encourage recycling, work environmentally efficiently and encourage the use of public transport by their staff, students and volunteers when possible.

**Negative**

<table>
<thead>
<tr>
<th>Affected populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
</tr>
</tbody>
</table>

### Economic

**Positive**: This service supports children and young people to improve attainment levels and enter positive destinations which in turn can have a positive impact upon their future economic situation as well as the wider economic situation for the communities within which they live and work. The service can support income maximisation for the ‘family units’ it is working with as and when appropriate. The service pays its staff the Living Wage as a minimum.

**Negative**

<table>
<thead>
<tr>
<th>Affected populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>All population groups potentially other than rural/ semi-rural communities, however primarily children and young people and their families/ carers will be affected by this proposal.</td>
</tr>
</tbody>
</table>

8. **Is any part of this policy/service to be carried out wholly or partly by contractors and how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?**

No, the service is only delivered by People Know How staff, students being hosted on placement by People Know How and/ or by People Know How volunteers.

9. **Consider how you will communicate information about this policy/service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**
The service works in partnership with local schools who help them to identify and reach disadvantaged and vulnerable children, young people and families who need support. The service has an established presence in every school within which it works, and has strong relationships with teaching staff whom make appropriate referrals. The service ensures its referral system keeps pace with local issues and identifies every child, young person and family in need of support. Many of the children, young people and families the service works with are not engaged with any other service and are otherwise ‘hidden’. By working closely with teachers, the service can identify children, young people and families who may otherwise suffer in silence. The service finds this the most effective way to reach vulnerable and hard to reach groups. The service also welcomes referrals from Police, GP surgeries, Social Work Services and other third sector agencies. The process does not rely solely on teaching staff identifying referrals however, and the service is a visible presence in the schools it works with. The service carries out engagement activities which serve to raise awareness in children and young people of the services they offer, and to demystify the process. The service welcomes self-referrals and aims never to refuse a referral. Participation is entirely voluntary for the child or young person and they are supported to make an informed decision. The service referral criteria is designed to identify children and young people who may be at risk of poorer mental health and educational outcomes by reason of inequality or protected characteristics.

If a communication issue arises, such as English as a second language or learning difficulties, the service will respond as best it can to the issue and/ or indeed if possible, such as by use of translation services or working in partnership with other agencies who is/ are working with the child or young person, such as a learning disabilities nurse. The service will also seek/ actively recruit volunteers with relevant language skills as necessary.

10. Does the policy concern agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use? If yes, an SEA should be completed, and the impacts identified in the IIA should be included in this.

Not applicable

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.
The following evidence is required to be included in the Integrated Impact Assessment Evidence Table:
- further evidence as to what Equalities Monitoring Data that the service collects
- further evidence as to how the service is meeting an unmet need
- further evidence as to how people access the service
- further evidence as to how participant feedback, monitoring and evaluation is collected

The service will provide this evidence as per the table below under point 13.

12. **Recommendations (these should be drawn from 6 – 11 above)**

The service is to provide further evidence to be included in the Integrated Impact Assessment Evidence Table as listed above under point 11. The service is to note within their action plan that Equalities Monitoring issues (as highlighted via the Equalities Monitoring data collected) will be addressed as and when appropriate and/ or indeed possible, e.g. translation services will be sought for people engaging with the service for whom English is not their first language, and volunteers with relevant language skills will be sought/ actively recruited as necessary. The service is to engage with local School Nurses, GP Practices and Child and Adolescent Mental Health Services to ensure that these NHS-associated services are aware of this service so as to allow the NHS-associated services to make referrals to this service as and when appropriate.

13. **Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:**

<table>
<thead>
<tr>
<th>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</th>
<th>Who will take them forward (name and contact details)</th>
<th>Deadline for progressing</th>
<th>Review date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include some further evidence as to what Equalities Monitoring Data that the service collects in the Integrated Impact Assessment Evidence Table.</td>
<td>Glenn Liddell</td>
<td>31st May 2019</td>
<td>Completed</td>
</tr>
<tr>
<td>Include some further evidence as to how the service is meeting an unmet need in the Integrated Impact Assessment Evidence</td>
<td>Glenn Liddell</td>
<td>31st May 2019</td>
<td>Completed</td>
</tr>
<tr>
<td>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</td>
<td>Who will take them forward (name and contact details)</td>
<td>Deadline for progressing</td>
<td>Review date</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Include some further evidence as to how people access the service in the Integrated Impact Assessment Evidence Table.</td>
<td>Glenn Liddell</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; May 2019</td>
<td>Completed</td>
</tr>
<tr>
<td>Include some further evidence as to how participant feedback, monitoring and evaluation is collected in the Integrated Impact Assessment Evidence Table.</td>
<td>Glenn Liddell</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; May 2019</td>
<td>Completed</td>
</tr>
<tr>
<td>To note in service action plan that Equalities Monitoring issues (as highlighted via the Equalities Monitoring data collected) will be addressed as and when appropriate and/ or indeed possible, e.g. translation services will be sought for people engaging with the service for whom English is not their first language, and volunteers with relevant language skills will be sought/ actively recruited as necessary.</td>
<td>Glenn Liddell</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; May 2019</td>
<td>Completed</td>
</tr>
<tr>
<td>The service will engage with local School Nurses, GP Practices and Child and Adolescent Mental Health Services to ensure that these NHS-associated services are aware of this service so as to allow the NHS-associated services to make referrals to this service as and when appropriate.</td>
<td>Glenn Liddell</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; October 2019</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; November 2019</td>
</tr>
</tbody>
</table>
14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

The project captures equalities monitoring data on their referral form; this includes details of age, ethnicity, religion, gender identity, sexuality, and disability. The project also records any additional data which emerges through ongoing treatment and support. Quarterly reports will be submitted by the project to the project Link Officer and any issues regarding how the action plan is affecting different groups, including people with protected characteristics will be addressed as and when appropriate and/or indeed possible.

The service has a Monitoring and Evaluation framework to consistently track progress. It captures case studies in various formats i.e. video, cartoon, etc. The service gathers 360-degree feedback, and throughout the process it measures children and young people's development and engagement across the outcome indicators it has identified. The service employs the following methods to capture evidence:

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- We use more creative methods with children and young people, e.g. quizzes and games.

Young people are greatly involved in the monitoring and evaluation of the service. The service has designed, and continues to develop a monitoring and evaluation framework for children and young people to ensure that it meets their needs effectively and project outcomes.

15. Sign off by Head of Service/ Project Lead

Name: [Signature] Glenn Laddell
Date: 18/6/2019

16. Publication

Send completed IIA for publication on the relevant website for your organisation. See Section 5 for contacts.