Section 4 Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

Interim report		Final report	✓	(Tick as appropriate)

1.   Title of plan, policy or strategy being assessed

Commencement of Nae Worries Group – Health Opportunities Team (HOT)

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

Young people aged 12 – 18 in North East, South East and South West Edinburgh will have access to community-based accessible, preventative, therapeutic groups to improve their emotional/mental health and resilience in relation to anxiety, through HOT and the Nae Worries Groups.

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

There has been no public involvement to date, however services have been contacted in relation to the Nae Worries Group referrals and advertising.

4.   Date of IIA

16/05/2019

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)

Name	Job Title	Date of IIA training	Email
Tammy Rudduck (Lead Officer, facilitator and report writer)	Senior Health Promotion Specialist	09/05/2019	Tammy.rudduck@nhslothian.scot.nhs.uk
Robbie Snowden (scribe and support)	Senior Health Promotion Specialist	09/05/2019	Robbie.snowden@nhslothian.scot.nhs.uk
Niki Powers	Managing Director – HOT	NA	niki@health-opportunities.org.uk
Abigail Jackson	Deputy Director – HOT	NA	abigail@health-opportunities.org.uk
Amy McNamara	Project Worker - HOT	NA	Amy@health-opportunities.org.uk

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need	Yes Locality Improvement Plans[1]	• The current population of the **North East** is 110,905. 16,038 children under the age of 16 live in the NE Locality. The North East has the highest number of children (26%) in the city living in low income households. One in four children compared to the city average of one in five. In addition, 27% of the city's total numbers of 'looked after children' live in the North East. The small area of Greater Craigmillar (Portobello/Craigmillar Ward) aims to improve local provision of sexual health, mental health and alcohol misuse services and education for young people. • The current population of the **South East** is 125,975 and is expected to increase by around 5% in the next 15 years. 16,085 children under the age of 16 live in the SE Locality. It has the second highest rate of child poverty, and most children that are in the lowest income households live in the Liberton/Gilmerton area. Liberton/Gilmerton is diverse and includes areas where we need to focus on reducing inequality and disadvantage, including Southhouse, Burdiehouse, Moredun and Gracemount. Poor standards of health and low levels of professional and educational qualifications are amongst the greatest challenges in these areas. Local residents have asked for services that will improve outcomes for children and families and enhance the quality of the environment in which they live. • The **South West** accounts for 22% of Edinburgh's overall population, with a population of 114,077. The population is set to increase by 18% by 2037 (+21,000 people). The level of economic deprivation also provides a challenge. The South West, as a whole, has a slightly higher rate of income deprivation than Edinburgh as a whole, with 9.8% of people in the South West deemed income deprived according to the 2016 Scottish Index of Multiple Deprivation (SIMD). Amongst areas of the highest deprivation[1] in the South West, the rate of income deprivation is 19.8%, compared to 5.2% of the South West population that do not live in one of these areas. Child poverty in South West Edinburgh is the second highest of all four localities in Edinburgh, with one in five children living in low income households. A key priority for the SW is to improve early access to mental health support within local communities for children and young people.
Data on service uptake/access	Yes HOT Business Plan	*Pages 9 – 10* https://www.health-opportunities.org.uk/aims-objectives/
Data on equality	Yes	• Areas of Portobello and Craigmillar fall within the bottom 5% of the Scottish Index for Areas of Multiple Deprivation

[1] https://www.edinburgh.gov.uk/info/20017/our_main_offices/1663/locality_improvement_plans

Evidence	Available?	Comments: what does the evidence tell you?
outcomes	Good Health for All (2016)	(SIMD), and have a school exclusion rate of 45 per 1000. • Craigmillar areas have lower levels of people: 1. within education 2. moving into further education 3. performing well at school and has a higher proportion of unemployed young people compared to other areas of Scotland. • Areas of Liberton and Gilmerton are in the bottom 10% of SIMD and have low educational achievement compared to the rest of Scotland with a school exclusion rate of 37 per 1000. • Portobello, Craigmillar and Liberton/Gilmerton areas also have a higher risk associated with poor health (eg, admission rates for alcohol and drug taking and prescriptions for depression, anxiety and psychosis). • The Viewfinder 3 survey found that 42% of young people in Craigmillar/ Portobello and in Liberton/ Gilmerton would like to have support or help managing their emotions. Demand for this increases to 45% of those living in the most deprived areas (compared to 35% of those in the least deprived areas), and 61% of those not at school (compared to 41% of those at school). • More than one in five (21%) young people in Craigmillar/ Portobello and Liberton/ Gilmerton say that they often feel lonely. Disabled people, young people who do not use English as their main language at home and young people not at school are most likely to feel lonely (44%, 35% and 33% respectively). • 293 young people (16 – 24) are homeless in the EH15,16 and 17 areas of Edinburgh (figures collected by Strategy and Research Department, City of Edinburgh Council). • Suicide rates are 4 times higher in areas of deprivation (Scottish Public Health Observatory 2014).
Research / literature evidence	Yes	• GPs consultations involving mental health are twice as prevalent in areas which experience poverty (Barnett K, Mercer SW, Norbury M et al. (2012). • Social, education, health and employment outcomes are poorer in areas which experience disadvantage (McCulloch A, Goldie I. 2010).
Public / patient / client experience information	Yes Deputy Head at Gracemount High School	*"The benefits of a quick response to referrals and early intervention to support young people is immeasurable. Without support the emotional wellbeing and mental state of many youngsters could become quite extreme. We have an increasing number of young people who have indicated they have had suicidal feelings and HOT support has helped them safely through this. HOT workers are able to offer advice and support to teaching staff who do not have the depth of knowledge and expertise to fully support pupils' emotional*

Evidence	Available?	Comments: what does the evidence tell you?
	HOT Business Plan 2017-2020 (page 3)	*wellbeing. The work contributes to the whole school improvement plan supporting initiatives such as the S1 resilience building project. Group work has been used in a variety of ways to help pupils foster more positive relationships and improved social skills this benefits the whole school community as well as the individual, helping amongst other things to reduce the incidents of bullying. The SE+ group work has been particularly valuable in helping some of our most vulnerable young people gain confidence and cope with change/transition".* • 96% of young people said our groups and sessions made them think and/or they learned something new. • 87% of young people who had completed our Turn Around Therapeutic 1-1 support showed a decrease in their distress levels. • 90% of young people participating in groups and 1-1 support reported positive changes such as understanding themselves better, feeling calmer and not getting so angry. • 100% of referrers noticed positive changes in young people they had referred.
Evidence of inclusive engagement of service users and involvement findings	Yes	• HOT collect quantitative information on age, disability, gender, race/ethnic group, religion, sexual orientation, employment/education/training, housing situation, looked after/homeless and young carer status of those who have participated in groups. • HOT collect YP(Core) scores at the beginning and end of support and use a pre and post Getting It Right For Every Child (GIRFEC) measure (developed by HOT) to see any progress against SHANARRI indicators (safe, healthy, achieving, nurtured, active, respected, responsible and included). • A qualitative questionnaire asks the young person to describe any emotional health changes that have taken place as a result of being involved in the groups. • HOT ask referrers to say if the young person has benefited, learned or changed how they deal with things, as a result of being in the group.
Evidence of unmet need	No	
Good practice guidelines	Yes	HOT believe that the SE+ Anxiety groups will meet the criteria laid out in the Scottish Government's Mental Health Strategy (2017-2027) because they will allow fast, effective service provision to children and young people who are beginning to struggle with anxiety.

Evidence	Available?	Comments: what does the evidence tell you?
		HOT staff • Headed by a Chartered Child Psychologist • Project Workers have a wealth of experience, knowledge, skills and a range of qualifications in counselling, sexual/emotional health, substance misuse and working with vulnerable young people with complex needs. All are SHARE trained. • All workers and volunteers are trained to provide trauma-informed services. Staff are provided with trauma training, monthly supervision, a peer supervision meeting for all those who deliver therapeutic services and a range of ongoing development and training opportunities. • Mentors in Violence Prevention (MVP) training. • Currently working towards the Healthy Working Lives Bronze Award. **HOT work** • Meets many of the Curriculum for Excellence Health and Wellbeing Experiences and Outcomes (e.g. HWB 3.01a – 3.09a + 3.14a; HWB 4.01a – 4.09a + 4.14a). • Reflects and has embedded the GIRFEC approach. • Support young people to achieve the eight indicators of well-being (SHANARRI - safe, healthy, achieving, nurtured, active, respected, responsible and included). • Accredited to LGBT Charter – Bronze, working towards Silver. • Risk analysis is completed for all activities and procedures are in place to safely manage when difficulties arise.
Environmental data	No	
Risk from cumulative impacts	No	
Other (please specify)	No	
Additional evidence required	No	

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

Equality, Health and Wellbeing and Human Rights	Affected populations
Positive	Young people attending groups, paid and unpaid staff.
This project will have a positive impact on parents/carers in reducing worry associated with child's emotional distress and anxieties, additionally shared learning will also be brought into the family unit for child's attendance. All locations and all participants are from areas of low socioeconomic status, therefore reducing health inequalities.	Secondary positive impact on family members/carers and other community members.
HOT has well established plans and policies in place for improved access and quality of service and adheres to all policies regarding discrimination and harassment. They are an LGBT Chartered organisation and regularly attend Professional Development session to uphold inclusiveness, respect and rights of children and young people.	
The Programme will be a resource in the community for young people, with it being inclusive for all aged between 12-18 years old regardless of background, open access to all. It is looking to build a peer based learning environment through empowering participants and the use of evidence based models and practice, building capacity within the individual and then in turn their family so communities as a whole are benefitted.	
Action plan and bid focus on protecting vulnerable children, and one to one interviews prior to group acceptance will assist in ensuring that all individual needs are met - including accessibility, literacy/numeracy, English as a second language, minority ethnic communities, Looked After Children, homeless young people, young carers, single parents, young people misusing substances and students. Carers and translators are welcomed to sessions. All materials are designed to be accessible for all: reading age and images.	
HOT signposts into other services and organisations to ensure a holistic approach to healthier lifestyles.	
Negative	
Participants are contacted via texts for arranging group, whose who can't afford mobile phone payments maybe disadvantaged.	
No carer leave financed.	
No service to veterans or adults (18+), due to age restriction.	

Environment and Sustainability	Affected populations
Positive	Young people attending groups, paid and unpaid staff.
Environmental conscience staff team. HOT recycles where possible, and is conscious of paper usage.	
HOT adheres to council and national governance on these matters.	Secondary positive impact on family members and other community members.
HOT has an in-depth and extensive policy set that covers all public safety issues. Staff training and induction includes and covers all aspects. All building used are safe and outdoor learning is promoted to reduce anxiety.	
Bus travel promoted for travel to and from groups.	
Negative	
Taxi used if necessary , to attend groups.	

Economic	Affected populations
Positive	Young people attending groups, paid and unpaid staff
Action plan and bid cover the impact of young participants reaching positive destinations. HOT looks to work in partnership with local business and employers to support participants of all projects they run.	Secondary positive impact on family members and other community members.
Project offers skills for life to prepare participants who are experiencing barriers to accessing paid or unpaid work.	
This project promotes skill building across a range of areas related to the skills required to support young person into the working world such as emotion regulation, resilience and communication skills.	
Organisation is a Living Wage employer and abides by statutory working practices.	
Skills and resources offered from project support individuals to access meaningful activities for themselves. Additionally, project offer volunteering and peer support opportunities.	
HOT is proactive in acquiring new funding streams and to promote sustainability to extend the reach of its effective programs	
Negative	
nil	

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?**

All aspects of Nae Worries will be carried out by HOT staff and trained volunteers, with no external contractors. All HOT staff (paid and unpaid) receive training in relation to equality, human rights including children's rights. GIRFEC and SHANARRI approaches are utilised in all HOT services and projects. HOT is an LGBT Charter – Bronze accredited service as well as a Healthy Working Lives Bronze Charter service.

Environmental and sustainability issues have been identified above and no issues have been identified.

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.**

An initial one to one interview will occur with every young person referred to Nae Worries. At this interview, all aspects of the individual's needs will be accounted for and measures put in place to meet the needs of the individual. This will incorporate support with impairments, literacy/numeracy and language barriers, as well as social and family implications.

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.

N/A

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.

N/A

12. **Recommendations (these should be drawn from 6 – 11 above)**
    - Broad referral methods to reach more vulnerable young people.
    - Thorough initial interviews to ensure all needs are met for all participants inc. accessibility.
    - Have alternate contact methods for those with no phone contact, or those that would prefer a different method (than SMS).
    - Flexibility in groups to meet the needs of all, including awareness of culture, religion, accessibility, mental and physical health.

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

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Scoping of suitable venues to hold groups to meet the needs of all young people	Amy McNamara Amy@health-opportunities.org.uk	07/06/2019	31/05/2019
Advertising and referral pathway to be sent to key services and access points for young people to promote Nae Worries group	Amy McNamara Amy@health-opportunities.org.uk	31/05/2019	31/05/2019

14. **How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?**

All young people attending groups will complete a baseline measure at first session, and another evaluation on completion of the 10 week programme. Informal interaction and trusted relationships will provide informal monitoring of the programme. Ongoing relationships with referral services will also provide feedback on programme.

15. **Sign off by Head of Service/ Project Lead**

   Name   Niki Powers - Managing Director

   Niki Powers

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   Date   12/6/19

16. **Publication**

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