
Children's Mental Health and Emotional Wellbeing – Management Response to Task & Finish Group Recommendations

Committee considering report:	Executive
Date of Committee:	12 February 2026
Portfolio Member:	Councillor Heather Codling
Report Author:	Crystal Elkabbas
Forward Plan Ref:	EX4740

1 Purpose of the Report

The report written by the Children and Young People's Emotional Wellbeing and Mental Health Task and Finish Group, dated July 2025, was prepared to present the findings of a Health Scrutiny Committee Task and Finish Group established to review Children and Young People's Mental Health and Emotional Wellbeing in West Berkshire.

The review was undertaken in response to a clear and escalating trend of social, emotional, and mental health needs among children and young people, alongside rising demand, increasing complexity, and widening health inequalities.

Using the THRIVE framework, the Task and Finish Group examined the local system across three domains:

- assessment of need and current provision,
- prevention, early intervention, and community-based support, and
- specialist, crisis, and intensive mental health services.

Evidence was gathered over five sessions from a wide range of stakeholders, including public health, education, health services, voluntary organisations, schools, and young people themselves.

The findings highlight significant pressures across the system, including long waiting times for early help, CAMHS, and neurodiversity assessments; rising rates of anxiety, self-harm, and school-related distress; and the disproportionate impact of deprivation and poverty on children's mental health outcomes.

This report is written to set out the Council's management response to the Children's Mental Health and Emotional Wellbeing Task and Finish Group recommendations, clarifying respective responsibilities between the Council and health partners (ICB/BHFT), and outlining the limitations on implementation arising from the lack of available resources.

2 Recommendations

Note the management response and the delineation of responsibilities: CAMHS and wider health services are the responsibility of the Integrated Care Board (ICB) and Berkshire Healthcare NHS Foundation Trust (BHFT); school mobile phone policies are for individual schools.

Agree that the Council will continue to work in partnership with ICB/BHFT and schools to influence improvements, promote best practice, and seek external funding to progress recommendations where feasible.

Approve sharing of advisory guidance with schools on mobile phone best practice and continued promotion of trauma-informed approaches within Children’s Social Care, subject to resources.

3 Implications and Impact Assessment

Implication	Commentary
Financial:	Significant additional funding would be required; no budget is currently allocated. Joshua Ngeresa (Finance Manager – Education and DSG) 13/02/2026
Human Resource:	Current staffing levels do not allow delivery without reprioritisation or external support.
Legal:	No immediate legal implications from noting this response; commissioning of CAMHS rests with ICB/BHFT.
Risk Management:	Without additional resources, there is risk of continued health inequalities.
Policy:	Supportive in principle; implementation contingent on resource availability.

4 Executive Summary

The Task and Finish Group proposes actions to improve children’s mental health and wellbeing. The Council supports the ambition but cannot implement most recommendations without additional resources.

Responsibility split: (1) ICB/BHFT – CAMHS design and delivery, mental health workforce in primary care, specialist pathways; (2) Council – youth offer, Family Hubs, trauma-informed practice in Children’s Social Care, advisory guidance; (3) Schools – operational decisions incl. mobile phone policies.

Partnership approach: The Council will continue to collaborate with ICB/BHFT and schools to improve navigation, reduce inequalities, and align priorities, while exploring external funding and phased options.

5 Supporting Information

Introduction

Following the Health Scrutiny Committee review, this report sets out the Council’s position on the recommendations, highlighting the absence of resources and clarifying responsibilities with health partners and schools.

Background

The Task and Finish Group held multiple sessions with stakeholders (Council officers, ICB, BHFT, schools and VCS partners) and produced recommendations to improve early help, navigation, and specialist services across West Berkshire.

Proposal

Ref	Recommendation	Management Response
1	Local Youth Offer (mapping, access to facilities, subsidised leisure)	Supported in principle; not deliverable without additional funding. Collaboration opportunities will be explored through the development of family First agenda.
2	Improve communication/navigation incl. CAMHS overview and parent hub	Digital hub and streamlined comms require resource not currently available. CAMHS design/delivery sits with BHFT/ICB; Council will work in

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		partnership to improve clarity for families.
3	Convene professionals; system strategy; expand mental health workers in GP surgeries; Senior Mental Health Leads	Requires workforce and coordination beyond current capacity. Expansion of mental health workforce in primary care and CAMHS capacity is ICB/BHFT responsibility. Council will maintain partnership forums and advocate for focus on deprived areas.
4	Trauma-informed district (policies, training, workshops)	Council operates a trauma- informed model in Children's Social Care. National best practice emphasises leadership, six core principles, reflective supervision, and multi- agency collaboration. District- wide roll- out requires investment; awareness will continue via existing networks and funding will be explored.
5	Review smartphones/social media and online safety	Operational mobile phone policy is for individual schools. Council will share DfE best practice (prohibit use during school day; secure storage; reasonable exceptions; clear communication) and encourage annual review and online safety education.

6	HWB Board priority for CYP mental health	Supported; delivery actions depend on capacity and funding. Alignment with ICB priorities will be sought.
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6 Conclusion

In summary, this review underscores that while West Berkshire has a strong foundation of mental health support for children and young people, growing demand, complexity, and inequality require urgent, system-wide action. By implementing the report's recommendations, the local system can move toward a more preventative, coordinated, and equitable approach, ensuring that all children, particularly those most vulnerable, receive timely, needs-led support. Prompt action will not only improve mental health outcomes but also strengthen the resilience of families, schools, and the wider community but this will take time and patience and can only be fully achieved when teams and services are fully staffed and equipped by specialists in the field.

West Berkshire is working hard to ensure that all services are fully staffed to provide necessary support and resource to children, young people, families and schools, and are working towards a traded model of service delivery, which will enable schools to access additional time from the local authority should public services (i.e., MHST) be unable to provide resource.

To ensure effective delivery of the service, the following resource requirements are proposed for Executive Board consideration:

- **Clinical Supervision Capacity**

All staff, particularly clinical supervisors and managers, require access to high-quality clinical supervision to strengthen practice, enhance skills, and enable reflective, solution-focused approaches to meeting need across schools. Supervisors and managers must have access to supervision to provide appropriate support to their teams. This could be commissioned externally at an approximate cost of £140 per hour; however, a peer group supervision model could be implemented to reduce the cost per clinician while maintaining quality and oversight.

- **Dedicated SEMH Specialist Capacity**

SEMH Services require:

- A dedicated Educational Psychologist (Specialist Practitioner – SEMH) with a specific focus on EBSA.
- A Specialist Early Years Practitioner to lead on Early Years provision across the local authority.

The combined estimated cost for these posts is approximately £84,580.

- **Educational Psychology Service – Substantive Recruitment**

The Educational Psychology Service requires all substantive vacancies to be filled in

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order to reduce reliance on locum staff. The associated costs are already accounted for within the current allocated service budget.

- **Additional SEMH Practitioners (EHA Team)**
Two additional FTE SEMH Practitioners are required within the Emotional Health Academy to strengthen the traded offer to schools and ensure sustainability of service delivery.
Estimated cost: approximately £54,100 per post.
- **Exclusions and Reintegration Team Capacity**
Two FTE Transitional Workers are required to respond to increasing casework referrals from schools and to enable the Team Manager to maintain strategic oversight of the service.
Estimated cost: approximately £54,100 per post.
- **Promoting Inclusive Practices Team – Specialist SEND Teachers**
Two FTE Specialist SEND Teachers (qualified teachers with SENCO experience) are required to provide outreach advisory support to schools for children and young people with SEND who are unable to access mainstream education due to barriers impacting inclusion. This provision would have a clear focus on strengthening inclusive educational practice.
Estimated cost: approximately £64,000 per post.

These investments are intended to strengthen preventative capacity, reduce escalation of need, and ensure sustainable, inclusive provision across West Berkshire.

Over time, SEMH Services could access funding streams to support with projects and strategic work which aligns with priorities linked to children and young people's emotional wellbeing and mental health initiatives, alongside a growing traded model, which will reduce costs.

7 Appendices

- 7.1 Appendix A – Equity Impact Assessment
- 7.2 Appendix B – Data Protection Impact Assessment
- 7.3 Appendix C - Report of the Children's Mental Health and Emotional Wellbeing Task and Finish Group
- 7.4 Appendix D - Recommendations from the Health and Adult Social Care Scrutiny Committee Task and Finish Group into Children's Mental Health and Emotional Wellbeing
- 7.5 Appendix E - Advisory note: Mobile phone use (best practice)

DfE guidance encourages prohibiting use throughout the school day, secure storage, reasonable exceptions (medical/SEND), clear sanctions, and regular review with stakeholder engagement.

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7.6 Appendix F – Advisory note: Trauma-Informed approaches (best practice)

Embed six principles (safety, trustworthiness, choice, collaboration, empowerment, cultural considerations); leadership commitment; reflective supervision; staff wellbeing; multi-agency collaboration; continuous learning and evaluation with evidence-based practice guides.

Subject to Call-In:

Yes: No:

The item is due to be referred to Council for final approval

Delays in implementation could have serious financial implications for the Council

Delays in implementation could compromise the Council’s position:

Considered or reviewed by Scrutiny Commission or associated Committees, Task Groups within preceding six months

Item is Urgent Key Decision

Report is to note only

Officer details:

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West Berkshire Council Equity Impact Assessment

TEMPLATE

March 2023

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Section 1: Summary details

<p>Directorate and Service Area</p>	<p>Education, Children’s Services</p>
<p>What is being assessed (e.g. name of policy, procedure, project, service or proposed service change).</p>	<p>The assessment considers the impact of the Council’s proposed management response to the Children’s Mental Health and Emotional Wellbeing Task and Finish Group recommendations. It focuses on whether the response, including the decision to note recommendations and the limits on implementation due to resource constraints, could bias, discriminate against, or unfairly disadvantage individuals or groups within the community.</p> <p>It also examines the implications of clearly defining responsibilities between the Council, health partners (ICB/BHFT), and schools, ensuring that accountability is appropriately allocated and understood. The assessment recognises that the Council’s role is largely advisory and partnership-based, rather than operational in relation to mental health services.</p> <p>Overall, the assessment acknowledges that while the proposal itself does not create unequal treatment, the lack of additional resources may mean existing inequalities in access to mental health support continue. This risk is noted as a system-wide issue rather than a direct consequence of the proposal.</p>
<p>Is this a new or existing function or policy?</p>	<p>A request made by the Task and Finish Group, dated July 2025.</p>
<p>Summary of assessment Briefly summarise the policy or proposed service change. Summarise possible impacts. Does the proposal bias, discriminate or unfairly disadvantage individuals or groups within the community?</p>	<p>The report sets out the Council’s management response to the Children’s Mental Health and Emotional Wellbeing Task and Finish Group. While the Council supports the ambition to improve outcomes for children and young people, it is clear that most recommendations cannot be delivered without significant additional funding and workforce capacity, neither of which are currently available. There are no immediate legal implications, but without further investment there is a continued risk of health inequalities.</p> <p>Responsibilities are clearly delineated across the system. The design, commissioning and delivery of CAMHS, including mental health provision in primary care and specialist pathways, sit with the Integrated Care Board and Berkshire Healthcare NHS Foundation Trust. The Council’s role relates to the youth offer, Family Hubs, trauma-informed practice within Children’s Social Care, and the provision of advisory</p>

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(following completion of the assessment).	<p>guidance. Operational decisions, including mobile phone policies, remain the responsibility of individual schools.</p> <p>The Council will continue to work in partnership with health partners and schools to influence improvements, align priorities, and promote best practice. This includes sharing advisory guidance on mobile phone use and maintaining trauma-informed approaches within existing resources, while seeking external funding and phased opportunities to progress elements of the recommendations where feasible.</p> <p>The proposal does not bias, discriminate, or unfairly disadvantage individuals or groups within the community. It sets out a management response that clarifies responsibilities and acknowledges current resource constraints, without introducing changes that would differentially impact specific groups. However, the report notes that without additional resources there remains a risk that existing health inequalities may persist, rather than being created or exacerbated by the proposal itself.</p>
Completed By	Crystal Elkabbas, Principal Educational Psychologist & SEMH Service Manager
Authorised By	
Date of Assessment	10/02/2026

Section 2: Detail of proposal

<p>Context / Background</p> <p>Briefly summarise the background to the policy or proposed service change, including reasons for any changes from previous versions.</p>	<p>The proposal arises from a review by the Health Scrutiny Committee into children’s mental health and emotional wellbeing, which led to the establishment of a Task and Finish Group. The group brought together Council officers, health partners (ICB and Berkshire Healthcare NHS Foundation Trust), schools and voluntary and community sector organisations to examine current provision and identify opportunities to improve early help, system navigation and access to specialist support across West Berkshire.</p> <p>Following multiple evidence-gathering sessions, the Task and Finish Group produced a series of recommendations aimed at strengthening the local youth offer, improving communication and coordination across services, promoting trauma-informed practice, and addressing issues such as mobile</p>
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	<p>phone use and online safety in schools. These recommendations were intended to support better outcomes for children and young people and reduce inequalities in access to mental health support.</p> <p>The proposal therefore sets out the Council’s management response to these recommendations, clarifying roles and responsibilities across the system and reflecting the current financial and workforce constraints. It provides context for what can realistically be progressed by the Council, what sits with health partners or schools, and how partnership working will continue despite limited resources.</p>
<p>Proposals</p> <p>Explain the detail of the proposals, including why this has been decided as the best course of action.</p>	<p>The proposal is for the Executive to consider and approve the Council’s management response to the Children’s Mental Health and Emotional Wellbeing Task and Finish Group recommendations. It does not seek to implement all recommendations directly but instead sets out a clear position on what the Council can realistically deliver within existing resources, while acknowledging where responsibilities sit with health partners and schools.</p> <p>The proposal clarifies that the commissioning and delivery of CAMHS and wider health-based mental health services are the responsibility of the Integrated Care Board and Berkshire Healthcare NHS Foundation Trust, and that operational matters such as mobile phone policies rest with individual schools. The Council’s role is focused on its existing responsibilities, including the youth offer, Family Hubs, trauma-informed practice within Children’s Social Care, and the provision of advisory guidance.</p> <p>In sum, the proposal asks the Executive to note the significant financial and workforce constraints, endorse continued partnership working with health partners and schools, and support targeted, low-cost actions such as sharing best-practice guidance and seeking external funding to progress elements of the recommendations where feasible.</p>
<p>Evidence / Intelligence</p> <p>List and explain any data, consultation outcomes, research findings, feedback from service users and</p>	<p>The proposal is supported by the following evidence, which informs the assessment of impact on individuals, communities and delivery capacity:</p> <p>Task and Finish Group engagement and evidence sessions</p> <p>The Task and Finish Group held multiple sessions involving Council officers, the Integrated Care Board, Berkshire Healthcare NHS Foundation Trust, schools, and voluntary and community sector partners.</p>

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stakeholders etc, that supports your proposals and can help to inform the judgements you make about potential impact on different individuals, communities or groups and our ability to deliver our climate commitments.

These discussions provided qualitative evidence on current service pressures, gaps in early help, challenges with system navigation, and workforce constraints affecting delivery.

Health Scrutiny Committee review

The Health Scrutiny Committee's examination of children's mental health and emotional wellbeing highlighted rising demand, inequalities in access to support, and the complexity of multi-agency responsibilities. This review underpins the need to clarify roles and manage expectations about what the Council can deliver within existing resources.

National guidance and best practice

The proposal draws on Department for Education guidance on mobile phone use in schools and established national best practice on trauma-informed approaches. These sources provide an evidence base for the advisory guidance the Council proposes to share and support low-cost, preventative action.

Operational and resource evidence

Internal financial and workforce assessments confirm that no additional budget or staffing is currently available to implement the recommendations in full. This evidence informs the judgement that most actions cannot be delivered without external funding or reprioritisation.

Partnership intelligence from health partners

Information provided by the ICB and BHFT on CAMHS commissioning, workforce capacity and service design supports the conclusion that responsibility for specialist mental health provision lies with health partners rather than the Council.

Impact considerations

While the proposal does not directly affect climate commitments, the focus on advisory guidance, partnership working and digital or phased approaches avoids additional environmental impact and aligns with sustainable delivery principles.

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Alternatives considered / rejected

Summarise any other approaches that have been considered in developing the policy or proposed service change, and the reasons why these were not adopted. This could include reasons why doing nothing is not an option.

The following alternative approaches were considered as part of developing the proposal:

Full implementation of all Task and Finish Group recommendations

This option was considered but rejected because it would require significant additional funding and workforce capacity that are not currently available to the Council. Proceeding without secured resources would create delivery risk and unrealistic expectations.

Council-led delivery of CAMHS-related improvements

An approach in which the Council directly led or commissioned CAMHS and wider mental health services was not adopted, as these responsibilities sit legally and operationally with the Integrated Care Board and Berkshire Healthcare NHS Foundation Trust.

Mandating school policies on mobile phone use

Requiring schools to adopt a single Council-set mobile phone policy was considered but rejected, as schools are autonomous in setting operational policies. Instead, an advisory and best-practice approach was adopted.

Reprioritising existing budgets and staffing

Diverting resources from other statutory services was considered but not pursued, as this would risk undermining core Council duties and could negatively impact other vulnerable groups.

Taking no action

Doing nothing was not considered a viable option, as it would fail to respond to the Health Scrutiny Committee's review and the concerns raised by partners and communities. The adopted approach allows the Council to acknowledge the issues, clarify responsibilities, continue partnership working, and pursue external funding while remaining realistic about delivery constraints.

Section 3: Impact Assessment - Protected Characteristics

Protected Characteristic	No Impact	Positive	Negative	Description of Impact	Any actions or mitigation to reduce negative impacts	Action owner* (*Job Title, Organisation)	Timescale and monitoring arrangements
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The focus of the proposal is on children and young people (CYP), specifically their mental health and emotional wellbeing. Advisory guidance, trauma-informed practices, and improvements to youth services are all targeted at this age group, meaning the benefits are age-specific.</p> <p>Importantly, the approach does not disadvantage or discriminate against other age groups. It simply prioritises support for children and young people in line with the original Task and Finish Group recommendations, addressing their unique needs and vulnerabilities.</p>		Crystal Elkabbas (PEP/ SEMH Manager)	On-going work via the Emotional Health Academy (EHA) to broaden the reach of all CYP who present with difficulties relating to their emotional wellbeing and/ or mental health at tier 1 and tier 2.

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<p>Disability</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The focus on children and young people’s mental health and wellbeing explicitly includes those with special educational needs and disabilities (SEND). Measures such as trauma-informed approaches in Children’s Social Care, advisory guidance for schools, and support for navigation of services are designed to improve access and outcomes for children with additional needs, helping to reduce barriers and inequalities.</p> <p>The approach does not disadvantage disabled children; instead, it aims to ensure that services are more responsive, accessible, and supportive of those with physical, learning, or neurodiverse conditions, in partnership with health services and schools.</p>		<p>Crystal Elkabbas (PEP/ SEMH Manager)</p>	<p>Oversee the work within the following teams: EPS EHA, EBSA, Exclusions and PIP Team</p>
<p>Gender Reassignment</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The approach does not discriminate against or disadvantage anyone</p>		<p>N/A</p>	<p>N/A</p>

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				based on gender identity, and all support and resources are intended to be accessible to every young person in the community.			
Marriage & Civil Partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The focus of the Council's response is on children and young people's mental health and emotional wellbeing, which is unrelated to the marital or civil partnership status of parents, carers, or guardians. The policies and advisory guidance are applied universally and do not differentiate based on family structure.</p> <p>Therefore, there is no disadvantage or bias associated with marriage or civil partnership under this proposal.</p>		N/A	N/A
Pregnancy & Maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The approach is neutral in this respect.		N/A	N/A
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children and young people from racial and ethnic minority		Crystal Elkabbas	On-going work via the Emotional

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				<p>backgrounds can face disproportionate barriers to accessing mental health support and may experience inequalities in outcomes.</p> <p>The proposal does not discriminate based on race; rather, it seeks to promote equity, improve access, and support children from diverse racial and ethnic backgrounds.</p>		(PEP/ SEMH Manager)	Health Academy (EHA) to broaden the reach of all CYP who present with difficulties relating to their emotional wellbeing and/ or mental health at tier 1 and tier 2.
Sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services, advisory guidance, and trauma-informed approaches are applied universally and do not differentiate or disadvantage anyone based on sex.		N/A	N/A
Sexual Orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The approach aims to ensure that all young people, including those who are LGBTQ+, can access mental health and wellbeing support safely and equitably.			Oversee the work within the following teams: EPS EHA, EBSA, Exclusions and PIP Team
Religion or Belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	We acknowledge that people may hold		N/A	N/A

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				unconscious biases, which could unintentionally affect interactions or decision-making. To mitigate this, the Council promotes the use of supervision, including reflective and peer supervision, as a key mechanism to ensure equitable, culturally sensitive, and consistent support for all children, regardless of religion or belief.			
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Section 3: Impact Assessment - Additional Community Impacts

Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
Rural communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children and young people in rural areas may face additional barriers to accessing mental health and wellbeing support, such as fewer local services,		Crystal Elkabbas (PEP/ SEMH Manager)	Oversee the work within the following teams: EPS EHA, EBSA,

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Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
				<p>longer travel times, and limited digital connectivity.</p> <p>However, the report acknowledges that current resource limitations may restrict the Council’s ability to fully address rural access issues. Where possible, solutions such as advisory guidance, digital resources, and partnership coordination will be used to mitigate these challenges, and external funding opportunities will be explored to support delivery in rural areas.</p>			Exclusions and PIP Team
Areas of deprivation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Children and young people living in more	The Council is taking a partnership-led and	Crystal Elkabbas	Oversee the work within the

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Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
				<p>deprived areas often experience higher levels of mental health need and face greater barriers to accessing support.</p>	<p>advisory approach to mitigate potential negative impacts of the proposals on children and young people, particularly those in deprived or rural communities.</p> <p>By working closely with the Integrated Care Board, BHFT, schools, and voluntary sector partners, the Council can help target support where it is most needed and ensure guidance is applied in a way that reflects local needs.</p> <p>Advisory guidance on trauma-informed practice, mental health support, and online safety provides a consistent framework even</p>	(PEP/ SEMH Manager)	<p>following teams: EPS EHA, EBSA, Exclusions and PIP Team</p>

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Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
					<p>where the Council cannot directly deliver services.</p> <p>To address the risk of unconscious bias, the Council promotes reflective supervision and peer support among staff. This ensures that decisions and support remain culturally sensitive, inclusive, and equitable across all protected characteristics, including age, disability, race, religion or belief, sex, sexual orientation, and gender identity.</p> <p>Finally, the Council will explore external funding and phased approaches to extend support to</p>		

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Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
					underserved communities over time. Together, these measures aim to reduce inequalities, improve access to mental health and wellbeing services, and provide fair, inclusive support while acknowledging current resource constraints.		
Displaced communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children and young people from displaced communities; such as refugees, asylum seekers, or those who have recently relocated, may face additional challenges, including trauma, language barriers, and difficulty navigating	To address the risk of unconscious bias and ensure high-quality, equitable practice, the Council promotes reflective supervision, peer supervision, and up-to-date Continuing Professional Development (CPD). This ensures staff	All SEMH Managers for EHA, Exclusions, EBSA and PIP Teams.	Oversee the work within the following teams: EPS EHA, EBSA, Exclusions and PIP Team

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Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
				<p>local services. The Council's approach, focusing on partnership working with health services, schools, and voluntary sector organisations, as well as providing advisory guidance on trauma-informed practice, aims to improve access, understanding, and support for these groups.</p>	<p>maintain culturally sensitive, inclusive, and evidence-based approaches across all protected characteristics and communities.</p> <p>Finally, the Council will explore external funding and phased approaches to extend support to underserved communities over time. Together, these measures aim to reduce inequalities, improve access to mental health and wellbeing services, and enhance practice, while acknowledging current resource constraints.</p>		

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Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
Care experienced people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Care-experienced young people often face higher risks of mental health challenges, social disadvantage, and difficulty accessing consistent support.</p> <p>The Council's approach, focusing on trauma-informed practice, advisory guidance for schools, partnership working with health services, and improving navigation of services, is designed to enhance support and reduce barriers for care-experienced children.</p>	<p>Mitigation measures, including reflective and peer supervision, up-to-date CPD, and culturally sensitive practice, and links with social care, help ensure that staff are equipped to provide equitable, high-quality support tailored to the needs of care-experienced children. Where resources allow, external funding and phased initiatives will also be explored to ensure these young people receive appropriate, targeted mental health and wellbeing support.</p>		<p>Oversee the work within the following teams: EPS EHA, EBSA, Exclusions and PIP Team</p>

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Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
The Armed Forces Community	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children and young people from Armed Forces families may face unique challenges, such as frequent relocations, parental deployment, or adjustment stress, which can affect mental health and emotional wellbeing.	Mitigation measures, such as reflective and peer supervision, ongoing CPD, and culturally sensitive practice, ensure that staff are equipped to recognise and respond to the specific needs of Armed Forces children, promoting equitable and inclusive support across this community.	Crystal Elkabbas (PEP/ SEMH Manager)	Oversee the work within the following teams: EPS EHA, EBSA, Exclusions and PIP Team

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Section 4: Review

Where bias, negative impact or disadvantage is identified, the proposal and/or implementation can be adapted or changed; meaning there is a need for regular review. This review may also be needed to reflect additional data and evidence for a fuller assessment (proportionate to the decision in question). Please state the agreed review timescale for the identified impacts of the policy implementation or service change.

Review Date	
Person Responsible for Review	
Authorised By	

EDI employee related EQiA's should now be sent to Human Resources hrenquiries@westberks.gov.uk.

Data Protection Impact Assessment – Stage One

The General Data Protection Regulations require a Data Protection Impact Assessment (DPIA) for certain projects that have a significant impact on the rights of data subjects.

Should you require additional guidance in completing this assessment, please refer to the Information Management Officer via dp@westberks.gov.uk

Directorate:	Education, Children’s Services
Service:	SEMH Services
Team:	All SEMH Services
Lead Officer:	Crystal Elkabbas
Title of Project/System:	Children and Young People’s Emotional Wellbeing and Mental Health
Date of Assessment:	09/02/2026

Do you need to do a Data Protection Impact Assessment (DPIA)?

	Yes	No
<p>Will you be processing SENSITIVE or “special category” personal data?</p> <p><i>Note – sensitive personal data is described as “data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person’s sex life or sexual orientation”</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>Will you be processing data on a large scale?</p> <p><i>Note – Large scale might apply to the number of individuals affected OR the volume of data you are processing OR both</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Will your project or system have a “social media” dimension?</p> <p><i>Note – will it have an interactive element which allows users to communicate directly with one another?</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>Will any decisions be automated?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	Yes	No
Note – does your system or process involve circumstances where an individual's input is "scored" or assessed without intervention/review/checking by a human being? Will there be any "profiling" of data subjects?		
Will your project/system involve CCTV or monitoring of an area accessible to the public?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you be using the data you collect to match or cross-reference against another existing set of data?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you be using any novel, or technologically advanced systems or processes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Note – this could include biometrics, "internet of things" connectivity or anything that is currently not widely utilised		

If you answer "Yes" to any of the above, you will probably need to complete [Data Protection Impact Assessment - Stage Two](#). If you are unsure, please consult with the Information Management Officer before proceeding.