

For more information about the equality impact assessment process in commissioning, please see the EQIA Guidance located in **Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information before completing your EQIA.**

Population demographic and health needs information resources can be found on the CCG website, here: <https://www.hullccg.nhs.uk/health-information-and-resources-3/>

Equality Impact Assessment (EQIA) - Service Specification

1. Please briefly describe the service	Community Eating Disorders Service – Children and Young People Service Specification
2. Name & roles of person / people completing the EIA:	Mike Foers Commissioning Manager
3. Date of assessment:	January 2020
4. Who will be affected by this service / who will be the key beneficiaries?	All Children and Young People 0-18 requiring eating disorder services, Parents and carers
5. What data sources do you have about the population, disaggregated by protected characteristic that is relevant to this service specification? (e.g. research, clinical insight, monitoring data, complaints, engagement feedback etc.)	<p>Census 2011, JSNA 2018: http://www.hullcc.gov.uk/pls/hullpublichealth/jsna2018_s1.html#c5 PHE Hull Profile 2019 SEND Joint Needs Assessment 2017 National Eating Disorders Association (NEDA)- US insight / research focusing on protected characteristics:</p> <ul style="list-style-type: none"> - Eating disorders in LGBTQ+ populations (https://www.nationaleatingdisorders.org/learn/general-information/lgbtq) - Disability Community: https://www.nationaleatingdisorders.org/disability-community - Eating disorders in men and boys: https://www.nationaleatingdisorders.org/learn/general-information/research-on-males - People of colour and eating disorders:

<https://www.nationaleatingdisorders.org/people-color-and-eating-disorders>

Responding to Diverse Needs: Eating Disorders in 'BME Communities' in Sheffield

(<https://www.researchgate.net/publication/298785200> Responding to Diverse Needs Eating Disorders in 'BME Communities')

6. Needs and issues: What does this data tell you about the needs or issues affecting people from different protected characteristic groups, relevant to this service?

General issues

There are 61,000 Children and Young People in Hull and 89,500 aged up to 25 following the NHS Long Term Plan for Mental Health Services for CYP for provision to be provided up to the age of 25 if appropriate.

Race

Estimates from the 2011 Census are that black or minority ethnic residents now make up 10.3% of the population, compared to the 2001 Census figure of 3.8%.

This table presents summary data by ethnicity and has been taken from the SEND Joint Needs Assessment.

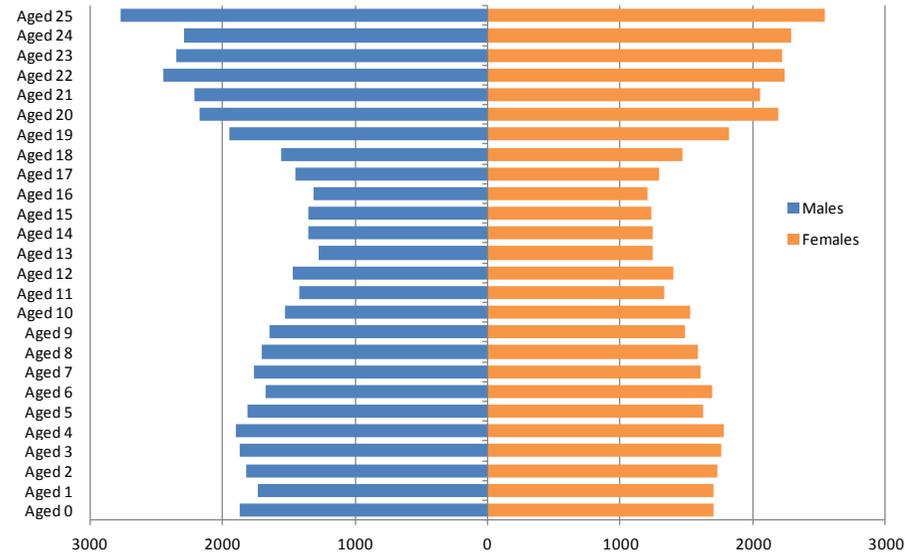
Ethnic Category	Cohort	Numbers			Percentages		
		EHC Plan	SEN Support	All SEN	EHC Plan	SEN Support	All SEN
Any Other Minority Ethnic Group	969	16	98	114	1.7	10.1	11.8
Asian	567	7	38	45	1.2	6.7	7.9
Black	607	9	75	84	1.5	12.4	13.8
Chinese	50	1	5	6	2.0	10.0	12.0
Mixed	1261	42	147	189	3.3	11.7	15.0
White - British	31349	998	4748	5746	3.2	15.1	18.3

	<p>Research conducted in Sheffield¹ suggests that:</p> <ul style="list-style-type: none"> - <i>A lack of knowledge about eating disorders and a lack of recognition of the seriousness of these conditions act as significant barriers to some BME people identifying the problem and seeking support.</i> - <i>Limited English language competence and a lack of local services are significant barriers to some members of the migrant generations who are parents/carers to younger people suffering from eating disorders.</i> - <i>There is a low level of awareness of service options and a feeling of a lack of support to individuals and families suffering from these problems.</i> - <i>Some individuals from BME backgrounds may seek 'traditional' or religious treatment instead of, or alongside, mainstream health services.</i> “ <p>(This research related to eating disorder services in Sheffield based on a lack of uptake of services, despite an ethnically diverse population. Further local insight would be needed to explore the relevance and prevalence in Hull. Services commissioned by NHS Hull CCG under these policies will be available and accessible to all regardless of race. Where required, interpreting and translation services will be available to service users whose first language is not English.</p>
<p>Disability</p>	<p>The local Health & Lifestyle Survey 2011-12 suggests that 28.9% of the population of Hull have an illness or which limits daily activities.</p> <p>Service provision will support children and young people who have been identified as potentially having or have a disability.</p> <p>NEDA: <i>“People with disabilities experience unique stressors that may contribute to the development and maintenance of an eating disorder. Though there is a lack of research examining relationships between disability and disordered eating, it is clear that eating disorders disproportionately impact some segments of the disability community... E.g.: Some estimates hold that as much as 20% of people with eating disorders have autism (Wentz et al., 2005).”</i></p>

¹ https://www.researchgate.net/publication/298785200_Responding_to_Diverse_Needs_Eating_Disorders_in_'BME_Communities'

Gender / Sex

From the Hull JNA 2017 The following graph describes the 0 – 25 children and young people within the city of Hull:



There are around 90 849 children and young people aged 0 to 25 living in the city, this represents 35% of the overall population. The graph above provides a distribution of the 0 to 25 population by single year and gender. This shows a lower proportion of children of both genders of teenage age when compared to younger ages, up to the age of 19, beyond which there is a steady increase in numbers up to the age of 25. This service is aimed at the 1 – 19 range.

NEDA: “Despite the stereotype that eating disorders only occur in women, about one in three people struggling with an eating disorder is male, and subclinical eating disordered behaviors (including binge eating, purging, laxative abuse, and fasting for weight loss) are nearly as common among men as they are among women.”

A gender-sensitive approach with recognition of different needs and dynamics for males is critical in effective treatment. Men and boys in treatment can feel out of place when predominantly surrounded by women, and an all-male treatment environment is

	recommended—when possible.
Gender reassignment	<p>There are no official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society - www.gires.org.uk) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men).</p>
Sexual orientation	<p>There are no local statistics for how many Lesbian, Gay or Bisexual, Transgender (LGBT) people live within the Hull however, nationally the Government estimates that 5% of the population are lesbian, gay, bi and transgender communities.</p> <p>NEDA insight: <i>“LGBTQ+ identified folks experience unique stressors that may contribute to the development of an eating disorder. While there is still much research to be done on the relationships between sexuality, gender identity, body image, and eating disorders, we know that eating disorders disproportionately impact some segments of the LGBTQ+ community.”</i></p> <p><i>“Potential factors that may play a role in the development of an eating disorder may include:</i></p> <ul style="list-style-type: none"> • <i>Fear of rejection or experience of rejections by friends, family, and co-workers</i> • <i>Internalized negative messages/beliefs about oneself due to sexual orientation, non-normative gender expressions, or transgender identity</i> • <i>Experiences of violence and post-traumatic stress disorder (PTSD), which research shows sharply increases vulnerability to an eating disorder</i> • <i>Discrimination due to one’s sexual orientation and/or gender identity</i> • <i>Being a victim of bullying due to one’s sexual orientation and/or gender identity</i> • <i>Discordance between one’s biological sex and gender identity</i> • <i>Inability to meet body image ideals within some LGBTQ+ cultural contexts”</i>
Religion or belief	

	Hull (IAS) 2001 Census shows that 71.4% of population is Christian.
Age	Current estimates from the Hull Joint Needs Assessment 2017 estimates there are 61,000 people 18 and under. This service will be provided to children and young people aged 0 - 18.
Pregnancy and maternity	Not applicable
Marriage or civil partnership	Not applicable
Any other relevant groups (e.g. carers, veterans, asylum seekers and refugees, socio-economic disadvantage)	Parents/Carers will be involved with the service for advice and support
7. How has engagement informed your service specification?	Engagement has been undertaken by the providers service user groups to inform the specification for Hull & East Riding delivery. Further engagement work will continue to be undertaken by the provider.
8. How has engagement reached out to groups representing a diverse range of protected characteristics?	No specific engagement has targeted protected characteristics. The engagement was aimed at people who are likely to use the service or have experience Eating Disorders. No discrimination on other protected characteristics for people that took part in the engagement.
9. What has been put in place to ensure the accessibility and acceptability of the service design?	<p>Any supporting materials will be developed in plain English, where appropriate easy read, large print, braille, translation.</p> <p>Data about ethnicity / nationality & home language and gender will be captured in the referral process and will inform the assessment. This data will be analysed to assess whether there are differential quality of outcomes for different groups (Action: to follow up through procurement process and in pilot monitoring & evaluation)</p> <p>Data about ethnicity / nationality & home language and gender will be captured in the referral process and will inform the assessment. This data will be analysed to assess whether there are differential quality of</p>

	<p>outcomes for different groups (Action: to follow up through procurement process and in pilot monitoring & evaluation)</p> <p>Diversity & inclusion training for practitioners will be part of mandatory training profile. Action: Monitor effectiveness of this in the pilot project, identify whether any specialist training is needed to focus on the needs of particular protected characteristic groups or any particular access or other inclusion issues that arise throughout the pilot</p>
10. How does service design reflect the insight gained through engagement (of different population groups)?	Provider led focus groups and service user engagement has co-produced the service pathways and specification.
11. Has your equality analysis identified any specific outcomes that need to be incorporated into the service specification (beyond what is required in the standard contract)?	As above
12. How will you feedback to the groups you have engaged about service design?	Further focus group and service user engagement will be undertaken jointly between the CCG and provider with children/young people/parents/carers to ensure the service is evaluated and reviewed at the time of the specification review.

Follow up actions

Action required	By whom?	By when?
Incorporate equality themes of access and inclusion for different groups into planned future engagement to inform future service evaluation	Mike Foers/Colin Hurst	Service Specification Review January 2021

Signoff

EIAs to be sent to the Equality and Diversity (E&D) Inbox at hullccg.equalityanddiversity@nhs.net at least 10 days before the document deadline date (Please do this as early as possible).

Following review your EQIA will be returned with any comments included, please action these and return the updated fully formatted document to the E&D Inbox for sign off.

Signed off by: Name & Role	Mike Napier <hr/>  Associate Director of Corporate Affairs	Date:	14.04.20 <hr/>
---	---	--------------	-------------------