

# Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new**, **proposed or significantly changed** policy/ practice/ procedure/ function/ service\*\* for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service\*\* may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA <u>guidance</u>, for further information about undertaking and completing the assessment. For further advice and guidance, please contact your <u>Departmental Equalities Group</u> or <u>equality@leics.gov.uk</u>

\*\*Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.

Key Details				
Name of policy being assessed:	Delivery of Therapeutic Services			
Department and section:	Children & Family Services Department			
Name of lead officer/ job title and others completing this assessment:  Nicci Collins Andrew J Logie  - Head of Strategy, Transformation - Service Manager, Children in Ca				
Contact telephone numbers:	NC - 0116 3054504 AJL- 0116 3059024			
Name of officer/s responsible for implementing this policy:	Remodelling Project Group: Walter McCulloch Project Assurance: Transformation Board, Lesley Hagger Project Lead: Nicci Collins Operational Lead: Andrew J Logie			
Date EHRIA assessment started:	21 April 2015			
Date EHRIA assessment completed:	20 May 2015			

# **Section 1: Defining the policy**

### **Section 1: Defining the policy**

You should begin this assessment by defining and outlining the scope of this policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in Leicestershire County Council's Equality Strategy.

# What is new or changed in this policy? What has changed and why?

## **Background information**

**Promoting Active Choices Team (PACT)** - Since 2010 the charitable organisation Family Action (FA) has been commissioned on behalf of C&FS to provide therapeutic service for children and their families who have gone through any type of trauma.

This therapeutic services support three groups of children/young people:

- Children Using Sexually Abusive Behaviour (CUSAB)
- Post adoption therapeutic support
- Post Abuse Trauma therapies.

In the main, CUSAB and Post Abuse Trauma have formed the predominant part of Family Action's work on behalf of LCC.

Young Person's Team, CAMHS - This provision is commissioned by the Council through the Leicestershire Partnership Trust. This provision will be reviewed separately and an EHRIA completed separately.

**Multiagency training** – This service is commissioned by the Council through the Leicestershire Partnership Trust and CAMHS commissions the training through the Greenwood Institute of Child Health and offers Multi-Agency Training in Child and Adolescent Mental Health (CAMH). The key purpose of the service is to lead the planning, co-ordination and delivery of training to ensure tier 1<sup>1</sup> professionals are equipped to promote children's mental health. The training is delivered by the Training Co-ordinator and a pool of practitioners provided by the partner agencies. The service is funded through contributions from the three local authorities, the primary care trusts and the University of Leicester. During 2013, 153 County Council staff attended training courses delivered through this service, and 10 from schools or academies (it is not known whether these are Leicestershire schools).

**Post Sexual Abuse Trauma Project-** The service is designed to offer individual and group services to children, young people and their carers. Consultation is available to workers wishing to consider their own practice or a particular case. The service delivers a minimum of 4 therapeutic groups a year (2 children's groups and 2 carers' groups), 2 promotional/training evens a years, 10 children for individual sessions and 1 consultation/developmental event. C&FS and Leicester City children's social care have contributes towards this project. The Project is hosted by Family Action Leicester and offers support to children, young people and

2

<sup>&</sup>lt;sup>1</sup> <u>Definition of Tier 1 staff - need is met by practitioners who are not mental health specialists, working in universal services.</u>

families to address the impact of sexual abuse and promote recovery.

Commissioning intentions - For those children who have suffered abuse<sup>2</sup>, counselling or therapeutic services may be required, usually at developmental points through their childhoods as their emotional and behavioural needs change. For many children the support services within their families and communities through universal and targeted services, is sufficient to meet their needs. For a small number of children, a more specialist form of intervention, called therapeutic support and intervention is needed to help them deal with the trauma of their experiences. If this help is not available, the effect of trauma may have immediate consequences (e.g. their ability to make the most of education, make friends) and future impact (e.g. ability to maintain positive relationships, poor mental health, inability to engagement in training and employment). Children's social care does not have a duty to meet the needs of all children and young people who have an emotional need but a duty to those who are most vulnerable, where the need is so particular that the need cannot be met from within universal or targeted provision.

Through the evidence collected for the Children's Social Care Market Position Statement and Commissioning Strategy 2015/16 – we know that most children or young people needing social care intervention have had one or a combination of the following traumatic experiences:

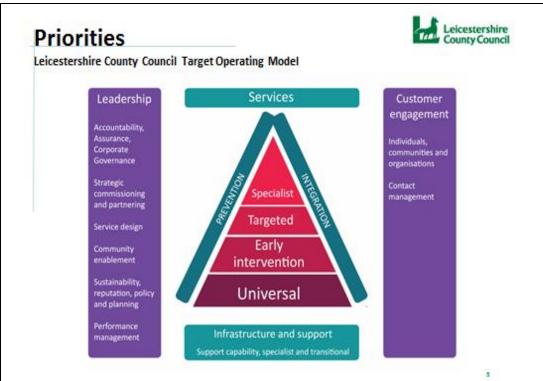
- Physical abuse
- Sexual abuse (including need arising from Child Sexual Exploitation and CUSAB)
- Neglect (that is, emotional/attachment and developmental need arising from)
- Risk of placement breakdowns as result of emotional/behavioural and relationship needs (including adopted children)
- Domestic abuse\*
- Children and young people with developmental disorders
- Parental drug or alcohol use or child drug or alcohol use\*
- Parental mental health\*
- Parental learning difficulties or disabilities\*.

<u>The Target Operating Model-</u> C&FS delivers statutory and early help services within a broader system of support available to children, young people and families e.g. from with community resources, universal and targeted provision. C&FS fit in this system is represented by the 'Target Operating Model' below where the duty to provide services sits within 'Specialist' and 'Targeted' services:

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<sup>\*</sup> Services to these people with these needs are not within the scope of this review and are subject to oversight and governance within C&FS.

<sup>&</sup>lt;sup>2</sup> LSCB Categories of Abuse and Neglect



C&FS is committed to development of services that harnesses the full potential of support around a child. This commitment includes enabling children, young people and families to be as independent from the state as possible. This requires the development of operating models which encourage personalisation<sup>3</sup>, whether the support is self-directed and funded by the family or provided by C&FS. As such, the following principles are central to the new model for delivery of therapeutic services:

- To enable children, young people and families to make best use of community based support resources
- To promote independence through self-directed, self-sustained support
- To promote choice and enable the family's ability to shape the support they require
- To prioritise statutory therapeutic support for the most vulnerable children and young people.

Financial Context- Like most local authorities, Leicestershire County Council's operates within the context of reductions to public sector funding, increasing demographic pressures (E.g. population growth) and relevant statutory responsibilities.

The County Council is considered as both a low funded and low spending local authority. The reduction in funding from a low baseline means that the financial position faced by the County Council is considerably more challenging than other local authorities.

The need to review provision for these children has come at a time when of increasing financial constraint nationally and the budgetary pressures on Council, including C&FS. These budgetary pressure increases the importance of robust decision making, ensuring that resources are used to benefit the most vulnerable children who otherwise would not be able to access an appropriate support service. This is review of provision is not specific to therapeutic services but across all C&F Services (details of savings by services areas is set out below). The savings requirement for the rapeutic services is £200,000.

<sup>&</sup>lt;sup>3</sup> Definition Link - The personalisation of services and support promotes choice, control and independence. Important elements of personalisation are active citizenship, the promotion of stronger communities and preventative action.

Does this relate to any other policy within your department, the Council or with other partner organisations? If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.

General duties and responsibility of the local authority-Leicestershire County Council (the Council) delivers services to children and young people in accordance with statutory duties under the Children Act 1989. This Act requires the provision of services to those children and young person's deemed at risk of significant harm, known as Children in Need. These children typically present with injuries, significant health and developmental needs and complex social/emotional/behavioural needs who without the provision of a service would not be able to meet basic developmental outcomes. The most vulnerable children and young people receive services from children's social care teams.

**Children Act 1989**<sup>4</sup> – **The** County Council delivers services to children and young people in accordance with statutory duties under the Children Act 1989. This Act requires the provision of services to those children and young person's deemed at risk of significant harm, known as Children in Need. Key Sections of the Act are included below to provide context for the consultation and review of this service provision:

Duties relating to Children in Need (S17) – 'It shall be the general duty of every local authority (in addition to the other duties imposed on them by this Part)—

(a)to safeguard and promote the welfare of children within their area who are in need; and (b)so far as is consistent with that duty, to promote the upbringing of such children by their families,

by providing a range and level of services appropriate to those children's needs.'

**Local Safeguarding Children's Board (LSCB)** - Chapter 2.2. procedures, Section 11 'Concerns Regarding Sexually Inappropriate Behaviour by Younger Children'<sup>5</sup>

How the Council decides how to use its resources— Children and Family Services (C&FS) vision is that Leicestershire is the very best place for children, young people and their families. We place a particular focus on vulnerable children and families such as children in care, children with special educational needs and/or disabilities, families with particular complex problems including children living in poverty. Increasingly we will look to intervene early and prevent problems occurring through targeted early help and preventative services—to improve outcomes for families and reduce demands on specialist provision.

Our Vision	Leicestershire is the best place for children, young people and their families.				
Desired Outcomes and Mission Statement:	Children and young people are safe and living in families where they can achieve their potential and have their health, well-being and life chances improved within thriving communities.				
Strategic Priorities	Safe Achieve Health and Wellbeing Thriving Communities				
Strategic Principles	Moving from control to influence and				

<sup>&</sup>lt;sup>4</sup> <u>Legislation - Children Act 1989</u>

2.

<sup>&</sup>lt;sup>5</sup> LSCB - CUSAB

promoting independence by promoting,
enabling and influencing more autonomous
communities.
Collaborating through partnerships.
Proportionate response and support; the right
help at the right time.
Local co-ordination of service delivery close
to users.
Effective and evidence based commissioning

The Children Social Care Market Position Statement (MPS) was agreed by C&FS's Departmental Management Team in March 2015. The document will be published in due course.

The evidence provided in the MPS helps the Council to take a strategic approach to understand and meet the needs of Leicestershire's most vulnerable children.

Voluntary and Community Sector (VCS) Consultation November 2014; Parent Carer consultation and EHRIA (12 March 2015) and Children's Commissioner for England Report 'What We Say We Need'2013 - A consultation on proposed changes to Voluntary and Community Sector (VCS) support was undertaken with VCS providers between September and November 2014, including parent carer respondents of disabled children. Those accessing services for disabled children were more likely to talk about having individual support, a break from caring which enabled them to continue to care for their child at home, help to access other services and apply for funding and opportunities for their children to socialise and make friends. Parent carers are worried about the reduction of support resources and worry about the wider impact of this on their family members.

The Children's Commissioner for England has commissioned a range of reports that consider the needs and aspirations of children and young people on relevant issues. The 2013 'What We Say We Need' report considered important items, opportunities and aspirations for children and young people, surveying over 1,300 children and young people nationally. Key themes identified by respondents were:

- Money
- Access to services
- The importance of family and friends
- Basic items that people could not live without.

Disabled children and young people placed greater emphasis on opportunities for sport, holidays and travel, and valued a good social worker.

Further consultative work was undertaken with Leicestershire parent carers between January and March 2015 in relation to their views of priority areas of service delivery. On the whole they felt that services provided were good but felt there was insufficient resource to meet need and waiting lists were too long. They were able to identify the following priority areas (not in order of importance):

- Parent to parent support opportunities
- Specialist after school clubs
- Specialist child-minders
- Parent carer volunteer run stay and play for 0-5 years
- Increase Children Centre provision of services for children with a disability, particularly stay and play groups.

- In county after school provision for children with emotional behavioural disorders.
- Bereavement support provision
- Occupational therapy assessment, including sensory processing disorder assessment
- Confidence of universal and targeted professionals to address the mental health need so that families are not referred to CAMHS.

# Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?

- Children and young people who have experienced trauma which has affected them in such a way that 'he is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standards of health or development without the provision for him of service by a local authority' (Children Act 89, S17)
- Children and young people who use sexually abusive behaviour, excluding those with sexual behaviour that is developmental in nature i.e. 'Developmental sexual activity encompasses those actions, which are to be expected from children as they move from infancy through to adulthood, developing an understanding of their physical, emotional and behavioural relationships with each other' <sup>6</sup>
- Adopted children who are entitled to support from Leicestershire County Council
- Children in the care of Leicestershire County Council
- Professionals within Leicestershire who work with children and young people who experience mental health issues, who have accessed training through the Greenwood Institute.

A Business Analyst has provided a Service Analysis of this contract (dated 23 April 2014) which helps us understand the nature of the 'functional activity', staffing requirement and case volumes. During a 12 month period the following cases were referred to Family Action:

3.

Referral	CUSAB	Post Adoption	Trauma	Total
Number	64	22	60	146

Cases currently open to Family action are listed below:

Referral	CUSAB	Post Adoption	Trauma	Total
Number (Open)	22	7	20	48
Waiting List				15

<u>Post Sexual Abuse Trauma Project-</u> The Project is hosted by Family Action Leicester and offers support to children, young people and families to address the impact of sexual abuse and promote recovery. The service is designed to offer individual and group services to children, young people and their carers. Consultation is available to workers wishing to consider their own practice or a particular case. The service delivers a minimum of 4 therapeutic groups a year (2 children's groups and 2 carers' groups), 2 promotional/training

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<sup>&</sup>lt;sup>6</sup> LSCB - CUSAB, Section 3

evens a years, 10 children for individual sessions and 1 consultation/developmental event. C&FS and Leicester City children's social care have contributes towards this project.

Multiagency training – This service is delivered through the Greenwood Institute of Child Health and offers Multi-Agency Training in Child and Adolescent Mental Health (CAMH). The key purpose of the service is to lead the planning, co-ordination and delivery of training to ensure tier 1<sup>7</sup> staff members are equipped to promote children's mental health. The training is delivered by the Training Co-ordinator and a pool of practitioners provided by the partner agencies. The service is funded through contributions from the three local authorities, the primary care trusts and the University of Leicester. During 2013, 153 County Council staff attended training courses delivered through these services, and 10 from schools or academies (it is not known whether these are Leicestershire schools). Delegate breakdown across the Leicestershire, Leicester and Rutland is provided below:

Organisation	Numbers attending training in 2013
Leicester City Council	177
Leicestershire County Council	153
NHS	79
Voluntary sector	49
Rutland County Council	12
District Council s	13
Schools / academies	10
Others	39

### The change to provision of services may include:

- Low impact resulting from change in the chosen therapeutic model (e.g. a move to personalisation through personal budgets for children who have emotional needs resulting from trauma). It is believed that a change to this model in whole or in part will give children and young people more choice and will enable them to access services local to their homes.
- Low impact resulting from a change in tier 1 and 2 multiagency training.
- Medium impact on the children and families, relating to a possible change in the provider of the service e.g. the child needs to build a relationship with a new therapeutic worker.

Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? (Please tick and explain how)

		Yes	No	How?			
	Eliminate		Х	'There is evidence that children who grow up in care are more			
4.	unlawful			likely to join the population that is not in education, employment			
	discrimination,			or training, therefore presenting an additional future burden to			
	harassment and			the state in terms of benefits, and possibly health and crimina			
	victimization			justice services. Adoption provides lifetime gains in enhanced			
	violinization			employability and a reduced burden of state support in both			

<sup>&</sup>lt;sup>7</sup> <u>Definition of Tier 1 staff - need is met by practitioners who are not mental health specialists, working in universal services.</u>

		childhood and adulthood The failure of adoptive placements can be extremely expensive for local authorities in the short and long term, as well as causing significant harm to the children concerned.' (House of Lords) <sup>8</sup>
Advance equality of opportunity between different groups	x	The intended changes will direct resources to the identified most vulnerable groups, seeking to improve emotional wellbeing and as such advance equality of these groups.
Foster good relations between different groups	x	Some of the most vulnerable children and young people are those who have experienced abuse and/or those who because of their experiences are living in care arrangements other than within their family homes. Future service provision will be situated within social care teams, were therapeutic provision will be delivered as part integrated support plans or where appropriate through means which promote the family's independence and use of community resources. Where the latter is the best route of support for the child, the family's engagement with community resources will promote understanding.

<sup>&</sup>lt;sup>8</sup> House of Lords - Post Adoption Support

# **Equality Questionnaire**



This questionnaire is a pre Equality Impact Assessment tool which will enable you to decide whether or not the **new**, **proposed or significantly changed** policy/ practice/ procedure/ function/ service needs to go through a full Equality Impact Assessment. For further information on the equality questionnaire see the guidance.

Name of policy/ practice/ procedure/ function/ service being assessed:	Review of Therapeutic Services
Department and Section:	Children and Family Services
Name of lead officer and others completing this assessment:	Nicci Collins Andrew J Logie
Contact telephone numbers:	0116 3054504
Date EIA assessment completed:	

## What is its purpose?

Children and Family Services will be changing the way in which therapeutic services are delivered. The service will be delivered on the basis of statutory responsibility and identified priority need. The intention is to identify provision that;

1.

- Meets the priority needs
- In a personalised way
- For the same number of children or more but not less

(This will be done through identifying efficiency).

## What are its main objectives?

To help children and young people make sense of their life experiences

To promote the resilience of children and young people

To promote family's (parent and carers) understanding of their children/young people's needs

To help families to (parent and carers) best support their children/young people.

To help children integrate into their communities.

To help other professionals to best support children with complex emotional and behavioural needs.

#### What will it achieve? Who are its beneficiaries?

To deliver therapeutic services based on statutory responsibility.

To use resources to address priority vulnerable groups of children and young people To find new ways of service provision to ensure the provision is sustainable and contributes towards the MTFS requirement.

3.

2.

The beneficiaries will be:

• Children and young people who have experienced trauma which has affected them in such a way that 'he is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standards of health or development without the provision for him of service by a local authority' (Children Act 89, S17)

	<ul><li>Adopted childrer</li><li>Children in Care</li><li>Children/young sexual exploitati</li></ul>	e people	using	sexually abusive behaviour	or those exper	iencing child			
4.	Who is responsible for implementing it?  Project Assurance: Transformation Board, Lesley Hagger  Project Lead: Nicci Collins  Operation Lead: Andrew J Logie								
					Yes	No			
5.	Has prior consultation of	on the	propos	sal been undertaken?		x			
6.	Has this consultation in particular section of the		-	dissatisfaction with it from a					
7.	If yes to Question 6, p	olease	state	what this dissatisfaction is:					
					Yes	No			
8.	Is there evidence or any other reason to suggest that it could have a different effect or adverse impact on any section of the community? Or more specifically, one or more of the protected characteristics?								
9.	Is a system in place to	monito	or its im	npact?		х			
10.	If yes to Q9, what doe	s this	monit	oring show?					
	: If no to Question 9, you npact on all nine protecte			ensure that monitoring system	ns are establishe	ed to check			
11.	Explain how each prote	ected c	haract	roposal? Which of the protector eristic is likely to be affected to aracteristic is deemed to be a	oelow:				
		Yes	No	Com	ments				
	Age X Children and young people with lower level therapeution or support needs.								
	Disability	Children/ Young people anxiety, eating disorders, Od such as Attention-Der Spectrum who accessed is Person's Service at CAMHS Where the need presents where the assessment of a continue to be undertaken but The Council contributes to	CD, developmer ficit-Hyperactivity services through S. with emerging maked and intervely CAMHS.	ntal disorders y, Autistic n the Young nental health ention should					

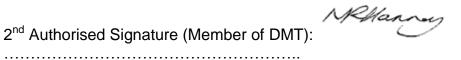
			at CAMHS. These services will be reviewed separately and a EHRIA completed.		
Gender Reassignment		x	This information is not available at the time of this questionnaire being completed.		
Marriage and Civil Partnership		Х	This information is not available at the time of this questionnaire being completed.		
Pregnancy and Maternity		х	This information is not available at the time of this questionnaire being completed.		
Race	x		This information is not available at the time of this questionnaire being completed. Further work will be undertaken through informal consultation to establish impact in this area.		
Religion or Belief	This information is not available at the time questionnaire being completed. Further work undertaken through informal consultation to e impact in this area.  This information is not available at the time questionnaire being completed. Further work undertaken through informal consultation to e impact in this area.				
Sex					
Sexual Orientation	X		Where children or young people have therapeutic needs because of their sexual orientation, and the impact on the child/young person is such that their wellbeing is significantly impacted on (Children Act 89, S17), they will be able to access therapeutic services or support.  Where the need presents with emerging mental health needs, the assessment of need and intervention should be undertaken by CAMHS.		
Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	X		<ul> <li>Improved access to services for:</li> <li>Adopted children</li> <li>Children in Care</li> <li>Children/young people using sexually abusive behaviour or those experiencing child sexual exploitation</li> <li>Children in Need</li> </ul>		

Community Cohesion X				Some of the most vulnerable children and young people are those who have experienced abuse and/or those who because of their experiences are living in care arrangements other than within their family homes. Future service provision will be situated within social care teams, were therapeutic provision will be delivered as part integrated support plans or where appropriate through means which promote the family's independence and use of community resources. Where the latter is the best route of support for the child, the family's engagement with community resources will promote understanding.				
12.	Other comments:	1	1					
	Decision:							
13.	No Impact Positive Impa				Neutral Impact	t		ve Impact or Not Known <sup>9</sup>
	<b>Note</b> : If ticked 'Negative Impact or Impact Not Known' box at Question 15, will need to progress to full EIA.							
14.	Proceed to full EIA?			Yes			No	X
What are your reasons for your decision?  It is the intention that resources will be targeted to address the needs of four key groups – those who have suffered abuse/a traumatic experience resulting in the need for safeguarding intervention, those who are adopted and children in care. As such for these children/young people, there is an intended longer term positive impact. In the medium term, for some of these children there is likely to be negative impact for children should they experience a change of worker.  15. For those children who require lower level emotional support, it is the expectation that their needs are met within their communities through universal and targeted service or where appropriate through brief targeted early help or social work intervention.  The overall impact is likely to be positive however there are gaps in our understanding of impact relating to key areas (Sex, Race, Religion/Belief). Further attempts will be made through consultation to establish impact in these areas. The judgement as to impact will then be reviewed.								
1st Authorised signature (Lead Officer):								

1<sup>st</sup> Authorised signature (Lead Officer):

Date: 28 April 2015

<sup>&</sup>lt;sup>9</sup> 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.



Date: 04.1.15

Once completed and authorised by the Departmental Equalities Group, this Equality Questionnaire will need to be published on our website. Please send a copy of this form to the Members Secretariat in the Chief Executives Department to <a href="mailto:louisa.jordan@leics.gov.uk">louisa.jordan@leics.gov.uk</a>

# Section 3:

# F: Equality and human rights improvement plan

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer Responsible	By when
To ensure that vulnerable groups continue to receive a therapeutic service	Continuity of service delivery (Transition Plan)	Children already in receipt of a PACT therapeutic service; Children on the PACT wait list	Andrew J Logie/Nicci Collins	June 2015
Improved community understanding of vulnerable children's needs	Identify training provision through Better Care Together	Children with lower level emotional needs	Moira O'Hagan	April 2016
Improved understanding of impact in the areas of Sex, Gender and Religion/Beliefs to inform planning of services	Staff consultation	Children and young people	Nicci Collins	August 2015
Improved capturing of information to inform future commissioning decisions	Profile of children using the provision	Children and young people	Andrew Logie	April 2016

# **Section 4: Sign off and scrutiny**

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your <u>Departmental Equalities Group</u> and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to <a href="mailto:louisa.jordan@leics.gov.uk">louisa.jordan@leics.gov.uk</a>, Members Secretariat, in the Chief Executive's department for publishing.

Section 4 A: Sign Off and Scrutiny				
Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.				
Equality and Human Rights Assessment Screening $\boxed{\chi}$				
Equality and Human Rights Assessment Report X				
1 <sup>st</sup> Authorised Signature (EHRIA Lead Officer):				
Date:				
2 <sup>nd</sup> Authorized Signature (DEC Chair):				
2 <sup>nd</sup> Authorised Signature (DEG Chair):				