

PROFORMA FOR A FULL EQUALITY IMPACT ASSESSMENT

Directorate:	ADULT & COMMUNITY SERVICES	Function:	Access and referral to adult services
Assessment by:	Paul Purnell Andrew Morley	Related Policies:	<ul style="list-style-type: none"> ➤ From Contact to Closure ➤ Race Equality Scheme
Date:	10 January 2006	Related Procedures:	<ul style="list-style-type: none"> ➤ Contact Procedural Manual (2005) ➤ Mental Health Referral Procedures (2005) ➤ Transfer of calls from HUB to Access Centre (2005)
Equality Impact Assessment Working Group	Names <ul style="list-style-type: none"> ➤ Paul Purnell ➤ Andrew Morley 	Role on Group <ul style="list-style-type: none"> ➤ N/A 	

Step and page in Toolkit	Description of Step	Checklist
1	<p>Identify all aims of the function</p> <ol style="list-style-type: none"> 1. To act as a single point of contact in the receipt of referrals, and requests for information or assistance. 2. To collect and record relevant information to a high quality. 3. To commence initial (contact) assessment where appropriate. 4. To pass initial (contact assessment) to appropriate teams. 5. To provide a consistent level of high quality service across the whole County. 	<p>How will you do that?</p> <p>Refer to procedural guidelines (available on request).</p>
2 2.1	<p>Summary of research – full details available in appendix</p> <p><u>Age</u></p> <p>An analysis of the age of people contacting the service shows that 78% are over 65. This represents a higher proportion than can be found in the County where people over 65 comprise only 20% of the adult population.</p> <p>This data will be affected by two factors, one is that the services target people in this age range, analysis of contact by age and client group</p>	<p>What does the evidence show you?</p> <p>This is broadly in line with expectation and suggests that there is fair access to services regardless of age.</p>

<p>2.2</p>	<p>shows that 85% is in relation to physical disability, frailty or illness. Categories which provide more services to adults under 65 include learning disabilities, carers, other vulnerable people and resource approval. However, these represent a smaller proportion of initial contact with the service. Figures concerning contact about substance misuse are too low to be statistically significant.</p> <p>Another factor is that the figures identified from clix represent the age of the service user, not necessarily the person who made contact with the service on their behalf, this information is not available although anecdotal evidence would suggest a broader range of ages.</p> <p>A MORI survey in 2002 shows that 30% of 65 year olds have access to the internet although this level reduces significantly for people over 70. No information is available in relation to telephone ownership other than 98% of the UK population having access to a mobile or fixed line phone. More recent MORI research indicates that 82% of people over 60 make more use of their land line than mobile phone.</p> <p><u>Disability</u></p> <p>People with a long term illness or physical disability comprise 16.7% of the county's population. Data available from the Clix system currently aggregates contact from disabled people along with frailty and long term illness. However, examination of the referrals passed to the Physical Disabilities team during the review period suggest that disabled people account for 11% of total contact with the service and a further 24% access Carers Services (possibly for reasons connected with disability). This proportion of contact seems broadly representative.</p>	<p>Data suggests high degree of phone ownership in the older population and that this is an accepted technology which is easy to access and can save the need for a specific journey.</p> <p>Potential developments in the field of online referrals are less likely to be used directly by older adults and other communication channels will need to be maintained to support this group.</p> <p>This suggests that disabled people have little difficulty accessing the service.</p>
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<p>2.3</p>	<p><u>Gender</u></p> <p>Gender distribution across the full range of ages in the County is fairly even up to the age of 70 after which the population is split in the ratio of 60/40 women to men. However only 38% of contact relates to males seeking advice and information or wishing to access the services provided. A 1999 survey by the CRE found that white men were the least likely gender and racial group to seek assistance from health services. The only areas in which there is a higher proportion of contact from men is learning disabilities and substance misuse (although both have relatively low levels of contact). Services with the highest discrepancy are carers and vulnerable others. MORI data shows a higher level of internet usage by men (53% to 41%).</p> <p>CRE statistics from 1996 indicate that, nationally, there can be a considerable difference in the percentage of women in each ethnic group who are economically active. This can have implications for their opportunity to access services in terms of opportunity within the working week and also access to IT, telephony and transport. An EOC research paper shows that working women spend 4.5 hours per day on direct childcare and other household activities and as such face additional time restrictions when trying to access services</p>	<p>Some additional publicity aimed at men may address their disproportionately low level of contact with the service.</p>
<p>2.4</p>	<p><u>Race</u></p> <p>BME communities equate to 2.5% of the county's under 65 population and 0.5% of the population over 65. 99% of contact relates to White British, White Irish or other White groups, which suggests that people from an ethnic minority background are slightly underrepresented in the service. Further analysis by user group shows that the main services with significant contact from ethnic minority groups are physical disability,</p>	<p>This issue should be explored further in the consultation work planned to identify the demand to extended opening of the service.</p>

<p>2.5</p>	<p>frailty & illness and carers. In the period analysed there was no new contact with people from ethnic minority groups in relation to Learning Disability, Mental Health, Vulnerable Others and Resource Approval. This is particularly interesting in light of the national debate concerning the over representation of young black males in mental health services.</p> <p>MORI research shows a minimal difference in white and ethnic minority groups access to the internet.</p> <p>CRE studies in ethnic issues in relation to access to healthcare found that Asians are more likely to suffer from long term illnesses or disabilities which restrict daily activities. This research also showed that all ethnic minority groups (except the Irish) were less likely to drink to excess than the general population.</p> <p>People from Pakistani and Bangladeshi groups were more likely to have problems in terms of social functioning and women from these groups were more likely to suffer from anxiety and depression than white women. Overall, people from all ethnic minority groups were more likely to be unsatisfied with their experiences of health services.</p> <p><u>Language</u></p> <p>Clix shows that 98.8% of people contacting the service speak English as their language of preference. The 2001 census did not include any questions on language so the contact figures cannot be compared with the County average. A total of 34 calls related to non English speakers or people with English as a second language. During the period monitored only 6 calls were supported by language line and one translated directly by a member of staff. This suggests that some people may have contacted the service in a language they did not feel comfortable with and others may have relied on friends or family to make contact on their behalf.</p>	<p>This has implications for publishing service specific literature in minority languages.</p> <p>Implications for SMAT services</p> <p>Implications for distribution and targeting of service information</p> <p>This would suggest that there should be an over-representation of these groups which is not evident.</p> <p>The language line service should be publicised to make people aware of the option.</p>
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<p>2.6</p>	<p><u>Religion</u></p> <p>Information is collected on the religious beliefs of people contacting the service although this is missing in relation to 37.4% of the sample group. The contact data shows that 92.7% of contact is from Christians although this group only comprises 78.7% of the population in the County. Muslims seem to experience little difficulty contacting the service as the proportion of contact from this group is 1.01% compared to the 0.9% in the County's population. There is also a good degree of representation from Hindus and Jews both of which comprise 0.1% of the population but 0.18% of the contact with Adult services. The group which seems to be underrepresented is people with no religion (12.6% of population but only 4.36% of client group).</p>	<p>Additional emphasis needs to be placed on the data comprehensiveness in relation to religion in order to monitor the situation more accurately.</p> <p>Further training will also be required to increase awareness at first point of contact of cultural issues in relation to appropriateness of services.</p>
<p>2.7</p>	<p><u>Cross Cutting Issues</u></p> <p>Analysis of recent ODPM research on Contact Centres and E-Government supports the Access Centre/Hub model as improving quality of access but doesn't identify any specific equalities issues.</p> <p>Analysis of qualitative feedback from the Hub, complaints and compliments does not identify any trends and broadly supports the distribution of age, gender and ethnicity of the contact population.</p> <p>Consultation work undertaken on behalf of the Hub identifies the telephone as the preferred method of contacting the Council with 48% of people using this communication channel followed by 20% who prefer to write and 17% that prefer face to face contact. Email and internet access account for 14% of contact although 26% of the sample group had accessed information about Council services at some time. The consultation also shows that only 28% of the sample group had heard of the Worcestershire Hub and that not all of these knew where the nearest</p>	<p>Most academic research focuses either on commercial, management or IT issues.</p> <p>This may change if the Hub EIA suggests a need to monitor equalities issues in more detail.</p> <p>This suggests that current web pages are not sufficiently engaging</p>

	<p>Hub was. There was a significantly higher level of awareness of the location of the Hubs for people in the 65 and over age group and a slightly higher level of awareness among men. No ethnic group breakdown was available. This survey was submitted to COMB on 28 Feb 06 and highlighted that 57% of respondents stated that they would like to contact the Council outside of office hours as well as identifying that existing satisfaction levels with general Council services vary in different districts.</p> <p>The Council's citizens panel considered the issue of access to information (through libraries) in November 2004 and found that 33% of people living in urban parts of the county visited the library at least once a month. This research also showed that the extending evening opening hours and weekend hours were two of the three options most likely to increase use of the service.</p>	<p>Publicity could be an issue</p> <p>These results to be considered when consulting on extension of opening hours.</p>
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SUMMARY OF POSITIVE AND NEUTRAL IMPACT

3. Equality Group	Positive or neutral impact
3.1 Older and Disabled People	<p>The enhanced telephone access to Social Care services provides many older people with limited mobility the option of accessing a wide range of support and advice without leaving their home. Using a single point of contact also reduces any confusion over where access can be made and access is further supported by the availability of minicom and other technology for those with a hearing impairment. Procedures and staff training in the Access Centre ensure that appropriate advice and assistance is provided and provides links to other organisations who may also be of assistance. Access through the Worcestershire Hub Customer Centres provides a local point of contact for those who prefer to seek assistance on a face-to-face basis. The effect of the new contact arrangements has been positive although further proposals to improve the quality of service are detailed in sections 4 and 5.</p>
3.2 Religion	<p>The current arrangements do not reduce the level of service previously offered to people with different religions but does not significantly improve access. The effect of the new contact arrangements has been neutral – proposals to improve the quality of service are detailed in sections 4 and 5.</p>
3.3 BME & minority languages	<p>The current arrangements do not reduce the level of service previously offered to people with different religions and address some inequalities through the use of translation services. The effect of the new contact arrangements has been positive although further proposals to improve the quality of service are detailed in sections 4 and 5.</p>
3.4 Gender	<p>The extension of access to the service addresses some access issues faced by working women with family commitments and therefore has a positive impact. Analysis of male access to the service shows a neutral impact for an under-represented group and proposals to improve the quality of service are detailed in sections 4 and 5.</p>

ADVERSE IMPACT ASSESSMENT

4. Equality Group	Adverse Impact & Evidence	Remedial Action Taken to Date	Potential Solutions	Actions Planned
<p>4.1 Older People</p>	<p>Some older people may find a telephone contact disorientating or unacceptable in some way.</p> <p>Some older people may have difficulty accessing social care services through the Hub Customer Centres</p>	<p>Both Hub and Access Centre staff have received extensive communications training. We have sought to minimise this risk by avoiding automation, recorded voices and through the use of a 'warm handover' with the Hub (see appendix).</p> <p>Procedure in place for Hub staff to contact Access Centre.</p>	<p>Ensure quality of contact is monitored on an ongoing basis. Results should inform training plans and process revisions.</p> <p>Additional training for Hub staff Ability to make appointment to met Social Worker at Hub</p>	<p>Implement quality monitoring programme.</p> <p>Add 'analysis of results' as a standing item to the agenda of quarterly Access Centre/ Hub liaison meeting.</p> <p>Develop appropriate training Explore resource booking options arising from Framework<i>i</i></p>
<p>4.2 Disabled People</p>	<p>Some difficulty for hearing impaired people who don't have access to email or minicom or interpreter.</p>	<p>We have good minicom and email availability and we can get a BSC interpreter to Hub for an appointment.</p>	<p>Bring in texting as an additional option. Discuss other options with Deaf Direct.</p>	<p>Approach Hub about possibility of joint procurement of an SMS texting solution (involve Deaf Direct in project)</p>

Cont'd

Cont'd Equality Group	Adverse Impact & Evidence	Remedial Action Taken to Date	Potential Solutions	Actions Planned
<p>4.2 Disabled People</p>	<p>Some people with a Mental Health or Learning Disability may find the information about the access/contact/Hubs difficult to understand.</p> <p>Access to service at Hubs may present travel/mobility problems for disabled people</p>	<p>Existing publicity material has been distributed to numerous locations (including specific day services) and the contents were consulted upon with a working group representing the broad range of services provided.</p> <p>All Hub premises have been designed with disability access as a key consideration – The Access Centre provides a telephone/ email option for those who find travel difficult</p>	<p>Contact ser groups and provide advice.</p> <p>Raise awareness in the Hub and introduce monitoring and remedial action.</p> <p>Increased awareness, training. Procedures have to be devised for the Hub. Also improve publication to key locations.</p> <p>No further action required</p>	<p>Identify appropriate user groups and meet to discuss information provision</p> <p>Feedback on this issue to the Customer Service Group(attended by Hub Managers) to raise awareness at Customer Service Centres</p> <p>Develop a training schedule for Access Centre and Hub staff</p> <p>N/A</p>
<p>4.3 Disabled/BME People</p>	<p>Disabled/BME people may be concerned that they might receive less sensitive response at the Hubs.</p>	<p>Customer Service, communication and equality training is part of the basic initial training for all Hub and Access Centre staff.</p>	<p>Raise awareness at Hub, more training and revise procedures.</p>	<p>Hub to be approached concerning implementation of monitoring process (none currently in place)</p>
<p>4.4 Religion</p>	<p>Staff may be unaware of religious issues which affect service options</p>	<p>Advice sought from Equalities Team as necessary</p>	<p>Improve general level of understanding and knowledge.</p>	<p>Commission appropriate training for AC/Hub staff</p>

Cont'd Equality Group	Adverse Impact & Evidence	Remedial Action Taken to Date	Potential Solutions	Actions Planned
<p>4.5 BME People</p>	<p>Under representation of BME contacts/referrals.</p>	<p>We use Language Line, which enables very fast access to a translation service.</p>	<p>Produce information in other languages, explaining language line options and distribute to key locations.</p> <p>Promote greater use of internet for providing information in minority languages</p>	<p>Revised publicity material to be produced in liaison with Equalities Group.</p> <p>Engage with representative groups on ongoing basis to improve communications.</p> <p>Use ethnicity data on service use to prioritise provision of information in appropriate languages</p>
<p>4.6 Gender</p>	<p>Possible adverse impact on women who would prefer later or weekend opening times.</p> <p>Men identified as more reluctant to seek health advice – may also apply to social care</p>	<p>The current service represents an extension of operating hours on the previous model with the Telephone contact now available between 8.30 am and 6.00pm Mon – Fri. Limited access is available in selected Hubs on weekends.</p> <p>None specifically although publicity materials were sent to locations used by both sexes</p>	<p>Consider extending the hours of service</p> <p>Use of gender specific publicity materials and working with other professionals to promote male access to services</p>	<p>Target this issue in forthcoming Customer Satisfaction Consultation and review demand level identified by telephone traffic.</p> <p>Identify appropriate health groups. Improve web information</p>

5.	Formal Consultation		
	The analysis, findings and action plan will be consulted on with a range of representative groups (listed below) through April/May 2006. Feedback from this consultation will be included in the final version of the document and will inform the target initially suggested in section 5.		
	Equality group Hearing Impaired Learning Disability Race Women Older People Cross cutting	Organisations to be consulted <ul style="list-style-type: none"> ➤ Deaf Direct ➤ Mental Health User Group ➤ Race Forums ➤ Women's Organisation ➤ Older People Forums ➤ Carers support group 	Use of focus groups recommended to allow for greater exploration of issues and discussion of potential solutions
6	Decision and Recommendation	<p>Certain measures have been taken to ensure that there is a good level of equality of access to this service and other supplementary actions have already been planned. Issues identified by this assessment are listed in sections 3 & 4 alongside recommended actions.</p> <p>An implementation action plan will be produced after the findings and recommendations have been consulted on and finalised.</p> <p>Equality objectives and targets identified in this action plan will subsequently be developed and included in the Access Centre team plan. Initial targets identified include :</p>	Decision to be 'signed off' by Head of Service.

		<p>Provide culture/religion awareness training to staff in each Customer Centre and all Access Centre staff by the end of 2006/7.</p> <ul style="list-style-type: none"> • Revised publicity campaign to be launched by Summer 2006 • Undertake additional research on extension of opening hours by September 2006 • Increase number of referrals taken in languages other than English by 50% in 2006/7 • Implement quality monitoring process for contacts and set baseline for future monitoring and targeting of gender, race, age, disability and religious groups. <p>These will be monitored through an annual review of contact statistics, user feedback and the quality monitoring process and reported on by the Assessing Officers.</p>	
7	<p>Publication of assessment results and monitoring arrangements</p>	<p>The finalised assessment will be published on the Council's Equalities web site and monitoring arrangements will be identified after consultation when targets are set. Results will also be published on the Council's Equalities web page, with a link from the service page.</p>	<p>The Access Centre Manager will add EIA targets to the Team Plan and be responsible for monitoring.</p>

Signed (Completing Officer).....

Dated.....

Signed (Lead Officer)

Dated.....