

**PROFORMA FOR A FULL EQUALITY IMPACT ASSESSMENT**

**APPENDIX THREE**

Directorate:	Adult & Community Services	Function:	Withdrawal of a service
Assessment by:	Maria Hicks Andrea Cooke Andrew Parry	Related Policies:	<ul style="list-style-type: none"> <li>• FACS (eligibility criteria)</li> <li>• Fairer Charging</li> <li>• Risk assessment</li> <li>• Continuing Health Care</li> </ul>
Date:	13/10/06	Related Procedures:	<ul style="list-style-type: none"> <li>• Adult Care Assessment</li> <li>• Review</li> <li>• Risk Assessment</li> <li>• Section 31 (joint commissioning) arrangements</li> <li>•</li> </ul>
Equality Impact Assessment Working Group	Names Maria Hicks Andrea Cooke Andrew Parry		Role on Group

Step and page in Toolkit	Description of Step	Checklist	Checklist
<p><b>1</b> Pg 7</p>	<p><b>Identify all aims of the function/policy</b> What do you want to achieve?  “Withdrawal of a service in a rational, fair and equitable way”</p>	<p>How will you do that?</p> <ul style="list-style-type: none"> <li>• Reviewing current need</li> <li>• Identify change in need</li> <li>• Review fit of current services to address current need</li> <li>• Consider other ways of meeting eligible needs (for example, could telecare replace the need for a home care call)</li> <li>• Clear communication with users (and carers) the basis on which we decide to withdraw services</li> </ul>	

**2**

Pg 7 - 10

**Consider the evidence**

Identify existing data/research sources you will need?

Age

An analysis of the age of people receiving a 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.

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 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,

Existing Sources

- 2001 Census
- MORI survey
- CLIX and Frameworki
- Commission for Racial Equality Survey 1999
- GP surgery demographic records
- ODPM – various papers

What does the evidence show you?

- Legislation discriminates against older people on the range and extent of services they can access due to differences in funding streams, e.g. older people are not entitled to ILF nor the mobility element of DLA nor the lower rate of DLA.
- Older carers unable to get Carers Allowance

these represent a smaller proportion of initial contact with the service. Figures concerning contact about substance misuse are too low to be statistically significant.

Disability

People with a long term illness or physical disability comprise 16.7% of the county's population. Data available from the Clix system currently receiving a service with physical disability, frailty and long-term illness.

Gender

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 males seeking advice and information or wishing to

Disability

- Evidence indicates our policies tend to promote a “One size fits all” approach to meeting the needs arising from disabilities, rather than person centred.

Gender

Policies tend to be “gender blind”, and fail to acknowledge that gender issues impact on service delivery.

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%).

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.

	<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, frailty &amp; 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</p>		<p><u>Race</u></p> <p>Although a service would not be withdrawn because of race, we would probably find it has not been provided in the first place because of unavailability of race appropriate services (for example, lack of provision of residential care for black and Asian people [BME population])</p>
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	<p>services.</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>		
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	<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.</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</p>		<p><u>Language</u></p> <p>Language would not be part of the decision to withdraw a service, but could be an issue when explaining to the person why a service has been withdrawn. Do we use language appropriate? Are we clear? Do we promote the Language Line? Ethnic Access Link? Do we inadvertently fail to empower people (to challenge our decision to withdraw a service) by not acknowledging their communication needs?</p>
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	<p>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>		
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	<p>What new data or research, if any, do you need?</p>	<p>New Sources</p>	
<p><b>3</b> Pg10-12</p>	<p><b>Assessing the likely Impact</b></p> <p>People Environment Policy Process</p>	<p>Could some groups be affected differently? If so state which ones</p> <ul style="list-style-type: none"> <li>• Rural communities</li> <li>• Travelling communities</li> <li>• People who struggle to articulate their needs to reviewing officers/decision makers</li> <li>• People “in awe” of decision makers</li> <li>• People with sensory impairments</li> </ul>	<p>List the barriers to and opportunities to promoting equality and diversity?</p> <p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Staff lack of knowledge and insight about oppression and the ways it operates</li> <li>• Institutional oppression (lack of awareness about this)</li> <li>• Culture</li> <li>• Prejudice among service users and the wider community.</li> </ul> <p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Good role models among staff</li> <li>• Shared learning between staff</li> <li>• Good links with specialist voluntary sector organisations representing marginalised groups</li> <li>• Better information systems for sharing issues (Intranet) and solutions</li> </ul>

		<p>Negative impacts (If yes, state how) e.g. Decision made to withdraw a service based on incomplete information</p> <p>Is there any unlawful discrimination?</p> <ul style="list-style-type: none"> <li>• Potentially yes, because the policy is enacted by people, and prone to mis-interpretation and error</li> </ul> <p>Could any communities get an adverse outcome?</p> <ul style="list-style-type: none"> <li>• Yes, for reason above</li> </ul> <p>Could any group be excluded from the benefits of the policy/function?</p> <ul style="list-style-type: none"> <li>• Yes, because if scarce resources are not allocated fairly, certain people in genuine need will miss out because they are being used by others who have only marginal need</li> </ul> <p>Does it reinforce negative stereotypes?</p> <ul style="list-style-type: none"> <li>• Potentially; can re-enforce the notion of “deserving and undeserving poor”</li> </ul> <p>Are there any trends?</p> <ul style="list-style-type: none"> <li>• No information to tell us if there</li> </ul>	<p>Positive impacts (if no, could they be yes) e.g.</p> <p>Does it promote equality of access or opportunity?</p> <ul style="list-style-type: none"> <li>• Yes, because if a service is not withdrawn when it is no longer actually needed, it prevents it being passed to someone else in real need.</li> <li>• Withdrawal can promote independence and encourage citizenship.</li> </ul> <p>Does the policy/function address existing differential outcomes? (will it impact on policies being considered by other groups?)</p> <ul style="list-style-type: none"> <li>• Should ensure equity across all service user groups</li> <li>• Should encourage challenge of the decision-making process and accountability.</li> </ul> <p>Does it challenge negative stereotypes?</p> <ul style="list-style-type: none"> <li>• Yes, it challenges the stereotype of disabled people lacking resources and ability to find their own ways of meeting</li> </ul>
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		<p>are trends Does it damage relations? Yes. Withdrawing services for whatever reason can cause adverse publicity and promote a negative stereotype of public services. Can damage relationships with partner agencies, especially if they are not constrained as much in the delivery of their service, or where they are dependent on our funding to provide their service.</p>	<p>their needs Does it give real choices? •</p>
		<p>Could these be justified? If so, how? ➤</p>	<p>What, if anything, could be done to improve positive impact or promote equality? ➤</p>
		<p>What are the reasons for adverse impact? Is it illegal? Is it unavoidable? State why?</p>	

<p><b>4</b> Pg 12-14</p>	<p><b>Consider the alternatives</b></p>	<p>What would make it possible to reduce or eliminate adverse impact?  <b>Communication:</b> target our communication better to those groups with whom we are failing to communicate.  Greater thought about the content and layout of documentation we use. Current format is not designed with service users needs in mind (larger font, yellow background, (“a” instead of “a”))</p> <p><b>Staff Awareness:</b> increase opportunities for staff to review their professional values and to create further learning opportunities.</p> <p><b>Policy Implementation and Review:</b> need for a person to take ownership of policies, promote them, review them and check for interactions/adverse reactions with other policies.</p>	<p>What action do you intend to take?</p> <ul style="list-style-type: none"> <li>➤ Are you going to make changes that satisfy concerns raised?</li> <li>➤ Are you going to consider ways of putting the proposed policy into practice which remove or reduce potential for effecting equality groups adversely and that take into account the results of any investigations the council may have carried out into institutional barriers to equality of opportunity and equal treatment?</li> <li>➤ Are you going to find alternative ways of achieving the aims of your policy?</li> <li>➤ Are you going to justify the policy, as originally proposed, because of the policy’s importance on the grounds that it has nothing to do with equality?</li> </ul>
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<p><b>5</b> Pg 15-16</p>	<p><b>Consult Formally</b> Identify existing consultation data that you need</p>	<p>Existing consultation sources:</p>	<p>What does this show you?</p>
	<p>What new consultation, if any do you need to undertake?</p>	<p>Original consultation Who?</p> <ul style="list-style-type: none"> <li>• Forums</li> <li>• Partnership board</li> <li>• Local Members</li> <li>• Staff</li> <li>• General public</li> <li>• Unison</li> </ul> <p>What do we want to ask? What do we need to know? (Specific answers or general views/attitudes) Given that we need to withdraw services from time to time:</p> <ul style="list-style-type: none"> <li>• How do you think we should do this?</li> <li>• Under what circumstances do you think we would need to do this?</li> <li>• How do we ensure people can see that we do this fairly?</li> </ul> <p>How do we consult? As widely as practicable</p>	

<p><b>6</b> Pg 17-18</p>	<p><b>Decision and recommendation</b></p>	<p>What is your decision/recommendation?</p> <p>Will you be taking immediate action? Yes/No</p> <p>Have you developed equality objectives and targets? What are they?</p> <p>Have you attached a timescale to your targets?</p> <p>Have the equality objectives and targets been included in your service plan?</p> <p>Have these objectives and targets been incorporate into your monitoring and performance management system? Yes/No How often will they be monitored and by whom?</p> <p>➤</p>	<p>Who will sign this off?</p>
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<p><b>7</b> Pg 18-19</p>	<p><b>Make the monitoring arrangements</b></p>	<p>What monitoring arrangements are in place? ➤</p> <p>How will you publish results of monitoring? ➤</p>	<p>Who will monitor? ➤</p>
<p><b>8</b> Pg 20-21</p>	<p><b>Publish assessment results</b></p>	<p>How will you publish? ➤</p> <p>Has a summary report been prepared? Yes/No</p>	<p>Has a copy been given to your Directorate Equalities Lead? Yes/No</p>

Signed (Completing Officer).....Maria Hicks.....

Dated.....30/09/2006.....

Signed (Lead Officer) .....

Dated.....