

# Equality impact assessment form

Please use this form to record your findings, proposed actions, equality objectives and targets. Use the guidance notes to help you do the assessment or contact the Equality Standard Project Manager if you need some advice

## About the policy, practice, service or function you are assessing

**Name of policy, practice, service or function:** Supporting People Funding

**Assessment team leader name:** Nav Rai

**Date of assessment:** 21/6/12

**Department responsible:** AHH

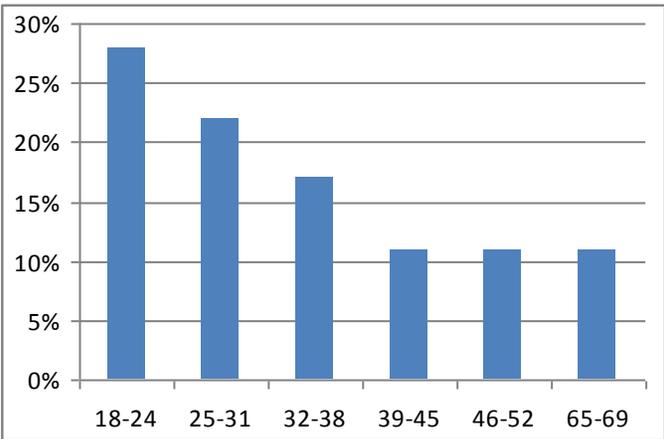
**Service Area:** Learning Disabilities

**Other members of assessment team:**

Name	Position	Area of expertise	Comments
Nav Rai	Strategic Commissioner	LD	Facilitator
Ryan Esson	Service Quality Officer	Contracts/Quality assurance	Facilitator
Vickie Minion	Head of Service (YA)	LD	
Will Burchell	Area Manager (Dimensions)	LD	Provider representative

Question	Response/ findings
<p>What are the main aims and objectives or purpose of the policy, practice, service or function that you are assessing?</p>	<p>Supporting People (SP) is a programme of housing related support services funded by Government as a named unringfenced grant within Area Based Grant. The programme in Derby has historically received about £10m per year and has operated as a partnership with voting input at Board level from Derby NHS, Derbyshire Probation Service, and Derby City Council.</p> <p>The Supporting People programme plays an important role in promoting links between health, housing, probation, social care, the police and other stakeholders for the planning and delivery of services for vulnerable people.</p> <p>In Derby, the original Supporting People grant allocation was approx £10m per year. In the run up to 1st April 2003, the Council established contracts with all of the legacy services that had received income from one of the previously separate funding streams. Since 2003 the Council has produced two Supporting People strategies and a housing support needs analysis, undertaken to help define commissioning priorities.</p> <p>It has now been agreed, as part of the Council's overall budget strategy that the funding available for housing related support is reduced by £6.144m over 2 years (2012-2014). The remaining budget would be £3.323m.</p>
<p>Who implements, carries out or delivers the policy, practice, service or function?</p> <p>Please state where this is more than one person, team, department, or body – and include any outside organisations who deliver under procurement arrangements</p>	<p>Supporting People Team monitors performance, quality and contractual obligations, together with the involvement of the Peer Review group.</p> <p>Strategic Partners including our Core Strategy Group and Commissioning Board are responsible for decision-making processes about Supporting People policies and practice, service provision.</p> <p>Providers have contractual obligation under the terms of their contracts and the quality assessment framework to ensure that all policies and procedures are in place and reviewed at least every three years.</p>

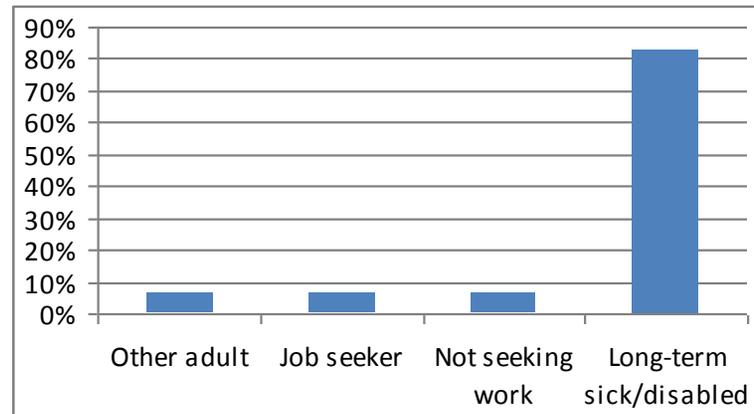
## Identifying potential equality issues and factors

Question	Response/ findings																										
<p>Is there any evidence of higher or lower take up under the policy or practice, or of the service or function for any particular groups?</p> <p>For example, who uses the service, who doesn't and why not?</p>	<p>The following is an analysis of the demographics of Learning Disability Housing Related Support service users.</p> <p>Around half of all service users (see the chart below) are under 31. Only a fifth are over 46 years old.</p>  <table border="1" data-bbox="892 483 1556 922"> <caption>Age Group Distribution of Service Users</caption> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>18-24</td> <td>28%</td> </tr> <tr> <td>25-31</td> <td>22%</td> </tr> <tr> <td>32-38</td> <td>17%</td> </tr> <tr> <td>39-45</td> <td>11%</td> </tr> <tr> <td>46-52</td> <td>11%</td> </tr> <tr> <td>65-69</td> <td>11%</td> </tr> </tbody> </table> <p>Most service users are white (see the table overleaf) 11% come from the Black/Black British: Caribbean community which is an over representation according to 2007 population estimates where 6.9% of the population of Derby are identified as Black/Black British.</p> <table border="1" data-bbox="575 1096 1234 1239"> <tbody> <tr> <td>White: Other</td> <td>6%</td> </tr> <tr> <td>Mixed: White &amp; Asian</td> <td>6%</td> </tr> <tr> <td>Black/Black British: Caribbean</td> <td>11%</td> </tr> <tr> <td>White: British</td> <td>78%</td> </tr> </tbody> </table> <p>There are slightly more men using the service than women (see below) as women slightly outnumber men in the general population, there is a slight over-representation of men.</p> <table border="1" data-bbox="575 1377 1234 1446"> <tbody> <tr> <td>Female</td> <td>44%</td> </tr> <tr> <td>Male</td> <td>56%</td> </tr> </tbody> </table>	Age Group	Percentage	18-24	28%	25-31	22%	32-38	17%	39-45	11%	46-52	11%	65-69	11%	White: Other	6%	Mixed: White & Asian	6%	Black/Black British: Caribbean	11%	White: British	78%	Female	44%	Male	56%
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Just over three quarters said that they have disability (see the table below)

Yes	78%
No	17%
Don't Know	6%

None of the service users are in work, 83% say they are Long Term Sick /disabled – though 6% say they are looking for work...



\*Please note that percentages may not add up to 100 due to rounding.

Have there been any important demographic changes or trends locally?

For example is the population changing, and if so, how and what might that mean for the service or function?

The Local Authority Learning Disability Service in Derby City is currently providing services to 704 people. (This number does not include people who have a learning disability but do not use Local Authority purchased or directly provided services. It does not include the numbers of people that Health Services know or are working with, unless they are also known to the Local Authority). The 704 people fall into the following broad categories

Category	Number of people
Learning Disability	442
Learning disability and physical disability	84
Learning disability and behaviors described as challenging	68
Learning disability and Autistic Spectrum Disorder	60
Learning disability and Mental Health needs	37
Learning disability and dementia	7
Parents with learning disabilities	6
<b>TOTAL</b>	<b>704</b>

There are a number of studies that suggest prevalence figures for people with learning disabilities. They do however differ. The Valuing People White Paper (2001) gave a figure of 5 people with learning disabilities per 1000, or 0.5%. However, Emerson and Hatton (2004) suggest an overall prevalence rate of 23.7 people per 1000, which equates to 2.37% with a rate of 4.8 per 1000 for people under 60 and a rate of 3.1 per 1000 for people aged 60 and over, 0.48% and 0.31% respectively. The rates of 4.8 and 3.1 relate to people that we would expect to be known to services because of their level of learning disability. These figures compare with an overall prevalence rate of 30 per 1000 or 3% quoted by the World Health Organisation.

According to the 2007 estimates, Derby City had a population of 237,892 of which 52,277 are under 18 years of age. If we use the figure of 704 adults known to Corporate and Adult Social Services Learning Disability Service this gives us a prevalence rate of 0.379% or 3.79 adults with learning disabilities per 1,000 in Derby aged 18+.  
( $237,892 - 52,227 = 185,615$  then  $704/185,615 = 0.00379$ ).

These figures are therefore below the general estimates. However, the overall prevalence rate includes people who have mild learning disabilities, low level needs and are coping independently or within families that are supporting them. Many of these people will require help with services such as housing or benefits in the future, so it is important that we estimate the overall prevalence rate in order to understand the possible total population of people with learning disabilities. Using Emerson and Hatton's research findings, for Derby, this figure could be in the region of 5,638 people. ( $237,892 \times 2.37\% = 5252$ .)

Emerson and Hatton's research also estimates that more people with mild to moderate learning disabilities will become known to and start using services. They estimate that the number of people using services is set to increase by more than 50% by 2018.

Work has been undertaken in partnership with Derby City Housing Department to establish the housing needs of people with learning disabilities who we know may need housing and support in the future. An analysis of the current housing waiting list found that only a small number of people with a learning disability were on the list. We think this was due to the fact that many people are not aware of what their housing options are. More work is now required to help people to understand what housing options are available and then choose from the range of options.

	<p>An in depth consultation exercise undertaken in 2010 with all social workers and care managers indicated that the number of people currently known to our services who want to look for or plan for alternative housing over the next 12 months is relatively low. It is difficult to make longer term predictions because people don't currently have enough information or their circumstances change. It is apparent that people generally look for housing when there is a crisis, so more needs to be done to explore options and plan for future housing needs before a crisis or emergency occurs. This situation was reflected in a recent analysis of 100 person centred reviews, with only 4 of the 100 people participating in a review identifying housing as a priority area.</p> <p>*Please note that percentages may not add up to 100 due to rounding.</p>
<p>Is there an indication that any of the policies or practices involved with the service or function creates particular problems or difficulties for any groups of customers or communities?</p>	<ul style="list-style-type: none"> <li>• Level of need escalating creating extra pressure on statutory services</li> <li>• Loss of tenancy meaning greater pressure to re-house people with LD</li> <li>• Increase in MH needs</li> <li>• Increased in PD demands</li> <li>• Demand on services to reassess people if their needs change</li> <li>• Greater pressure on carers/families of the tenants</li> <li>• Local communities feeling uncomfortable about the LD tenant having no support.</li> </ul>
<p>Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?</p>	<p>Positive effect:</p> <ul style="list-style-type: none"> <li>• People with LD: Many of the people who are supported by the LD providers used to live in hospital based accommodation. The SP funding has been instrumental in enabling them to move these people into supported tenancy arrangements in the community which has improved their lives, and enabled the closure of these outdated NHS services (campus reprovion).</li> <li>• People with LD are leading normal lives in the community which costs less, and is in line with government guidelines.</li> <li>• People are engaging with their local communities and are contributing to it with their current support.</li> </ul>

## Analysing the information and data and setting equality objectives and targets

Please give your detailed findings in this table

Issue	Which groups are affected and how	Potential impact	How can we overcome this?
People with LD have moved out of traditional hospital based accommodation into the community (customer currently receives housing related support to live in the community)	People with LD	<p>Tenancy breaks down, as the support is lost. The support currently helps people to pay their bills and live in the community.</p> <p>Rent arrears due to inability of the tenant to pay the bills</p>	
	Carers (especially older carers) and families of the person with LD	Without the tenancy support, the pressure will be passed onto the carers/families who will not be able to cope with this responsibility	
Provider costs have already been renegotiated	Operational Team	The costs for many of the LD providers of housing related support have already had their costs renegotiated (10/11 and 11/12) over the past few years. Savings have been made in previous years. Further negotiations to reduce contract sizes are unlikely.	Providers who have not had their costs recently looked at could be renegotiated. There would be significant operational resource implications to do this, and costs may go up and not down, if it is found that the customers needs have increased since the last assessment.

Issue	Which groups are affected and how	Potential impact	How can we overcome this?
	Providers	<p>LD providers of housing related support cannot provide this support to these customers at a lower cost (already running at a lower cost).</p> <p>The impact of further reduction would be that these providers have to pull their services from Derby due to inability to pay their staff.</p>	
The in-house tenancy support service provided for LD customers may be lost	LD customers	<p>Loss of tenancy due to loss of support. Greater number of empty properties as a result of loss of tenancies.</p> <p>Loss of benefits due to lack of support to manage paperwork/bills etc</p> <p>Greater levels of homelessness creating a increased demand on homeless provisions</p>	
	In house operational staff	<p>Loss of council jobs</p> <p>Current staff do not have the capacity to deal with the possible loss of housing related support for their case loads. 90 people would have to be reassessed all at once. A significant number of new staff would have to be employed which will cost the department more.</p>	Specialist homecare may have to be provided by generic team (depending on if they have the skills to work with these customers)

<b>Issue</b>	<b>Which groups are affected and how</b>	<b>Potential impact</b>	<b>How can we overcome this?</b>
Provider viability – will not be able to provide support to people with LD if funding is lost	LD customers at risk of losing their tenancy	<p>Increased anxiety, increased demand on health provision</p> <p>Loss of tenancy</p> <p>Customer regression due to loss of familiar staff</p>	
	Staff members of providers	<p>Provider market already pays staff at a fairly low rate (most staff do it because of their passion for improving lives for people with LD). Loss of SP funding would mean providers are unable to pay their staff even the minimum wage.</p> <p>Increased unemployment</p> <p>Expertise/experienced staff leave Derby for other areas. Lack of a robust LD provider market in Derby</p>	
	People with LD will go back into residential care and/or out of county due to being unable to maintain their tenancy	Overall costs increase for the service as people move out of area or into residential care	

Issue	Which groups are affected and how	Potential impact	How can we overcome this?
Loss of SP funding (£941k) for LD housing related support would mean that core services would have to absorb these costs (statutory responsibility)	Departmental savings would not be made	Possible further loss of in house staff, due to increase in budgetary demands.  Next years budget would take a significant hit.	
Safeguarding concerns due to lack of housing related support	People with LD	Greater risk of exploitation due to lack of support	
	General community where the person lives	Community may not be able to cope with behaviour of tenants without the support that is currently provided.  Many of the LD tenants currently get 1 to 1 support due to their needs. If this support is pulled the public may not be comfortable about this arrangement.  The individual will be at risk of being exploited (significant risk of unwanted media attention if an incident occurs).	

Issue	Which groups are affected and how	Potential impact	How can we overcome this?
	Police/health	<p>Tenants with LD may be at risk of getting involved with the CJS without the housing related support (especially those who have challenging behaviour).</p> <p>Staff currently support people with autism/challenging behaviour. Without the support police incidents will increase.</p>	
Impact on health services/colleagues	Health professionals (including GP's)	<p>The tenants health needs are currently managed/monitored by their housing related support (e.g. epilepsy management/mental health/emotional wellbeing).</p> <p>Without the housing related support people's health needs will increase and they may need further input from adult social care.</p>	

## Objectives for minimising negative impacts - process, impact or outcome based

Please give your proposed objectives/ targets in this table

<b>Objective/Target:</b>	<b>Risk assessments need to be conducted for all customers</b>
Specific	Risk Assessments undertaken to ensure safeguarding issues are taken into account
Measurable	Numbers of Risk Assessments undertaken
Achievable	A partnership approach will need to be developed to look at way forward given limited resources amongst all partners
Relevant	Reducing inequalities, increasing individual wellbeing and meeting Derby City Plan Targets
Timed	12 months

<b>Objective/Target:</b>	<b>LD customers at risk of losing their tenancy</b>
Specific	Ensure LD Customers are supported in tenancies
Measurable	LD Customers Supported
Achievable	A partnership approach will need to be developed to look at way forward given limited resources amongst all partners
Relevant	Reducing inequalities, increasing individual wellbeing and meeting Derby City Plan Targets
Timed	12 months

<b>Objective/Target:</b>	<b>Departmental savings would not be made</b>
Specific	Examine most cost effective ways to support LD Customers
Measurable	LD Customers Supported
Achievable	A partnership approach will need to be developed to look at way forward given limited resources amongst all partners
Relevant	Reducing inequalities, increasing individual wellbeing and meeting Derby City Plan Targets
Timed	12 months