

Equality Impact Assessment (EIA)

Adult Social Services Physical Interventions Policy

Equality impact, needs and requirements 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: **Adult Social Services Physical Interventions Policy**

Assessment team leader name: **Simon Fogell**

Department responsible: **Corporate and Adult Social Services**

Service Area: **Adult Social Services**

Other members of assessment team:

Name	Position	Area of expertise	Comments
Jenny Liew	Head of Service – Learning Disabilities	Learning Disabilities	
Darren Allsobrook	Health and Safety Advisor	Health and Safety	
Terrie Johnson	Unit Manager	Learning Disabilities	
Shirley Howard-Johnson	Member of the Gender Diversity Forum and Minority Communities Diversity Forum	Housing, Women's and Minority Ethnic Community Issues	
Janet Warner	Member of the Disabled People's Diversity Forum and Shop Mobility Trustee	Physical Disabilities	

This assessment was completed for the financial year Apl 07 to Mar 08. It was completed in August 2007.

Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

Question	Response/ findings		
<p>1- What are the main aims and objectives or purpose of the policy, practice, service or function that you are assessing?</p>	<p>1. The overall aim of this policy is to protect service users and staff and when Physical Interventions are being used to achieve a decreased frequency of:</p> <p>1.physical assaults involving Service Users, staff or others 2.need for physical intervention with Service Users 3.untoward incidents towards staff or others.</p>		
<p>2- 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>Derby City Council Adult Social Services staff, who have been trained and receive refresher training regularly, implement the policy and carry it out.</p> <p>Transport Provider – an independent coach operator, also carry out the policy.</p> <p>Whenever an occasion for independent service provision arises there will be a requirement to include this in the tendering, procurement and contracting process if subsequent services.</p>		
<p>3- Who is affected by the policy, practice, service or function, or by how it is delivered? Such as, who are the external and internal customers, groups, or communities?</p>	<p>Service users, their families and carers, advocates, Derby City Council Adult Social Services staff and independent sector staff, volunteers, members of the public, host employers, job coaches, job advisors and transport provider staff.</p>		

Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

<p>4- What outcomes do we want to achieve, why and for whom? For example, what do you want to be providing, how well, what changes or improvements, and what should the benefits be for customers, groups or communities?</p>	<p>Physical Interventions are used to achieve a decreased frequency of:</p> <ol style="list-style-type: none"> 1. physical assaults involving Service Users, staff or others 2. need for physical intervention with Service Users 3. untoward incidents towards staff or others. <p>The overall aim is to protect service users and staff. A physical intervention is defined as: "the positive application of force with the intention of overpowering the adult in order to protect him / her from harming themselves, others or seriously damaging property"¹</p>		
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¹ [BILD. Second edition BILD Code of Practice for the use of physical interventions 2006](#)
Page 4 of 61

<p>5- What existing or previous inspections of the policy, practice, service or function are there? For example, Best Value Inspections, policy reviews, research into the effects of a policy or practice.</p> <p>What did they tell you?</p>	<p>This revised policy has been written out of the first review of the Physical Interventions Policy.</p> <p>There is a quarterly report that goes to the Adult Social Services Joint Consultative Committee Meeting on the reported incidents of abuse, aggression and violence; in addition to that there is also a report that details any accidents or injuries. Any increase in the number of incidents involving the use of physical interventions and any resulting injuries is open to scrutiny at these meetings and actions taken to address any concerns.</p> <p>There has been a steady increase in the number of physical incidents of abuse, aggression and violence resulting often in the need to use physical interventions that staff have been trained to use around the SCIPr.</p> <p>In Older Peoples Services there has been the creation of specialist dementia units in relation to the higher number of people with dementia.</p> <p>Lessons are integrated into practice following incident meetings where appropriate.</p> <p>Through the assessment process Occupational therapists, Speech and language therapists, Psychology and ATSS advise and issue guidance on pragmatic measures and best practice, which identifies the individual needs and environmental factors, which may have a negative impact on the individual. A Person Centred approach would be used to reduce the frequency, intensity and duration of the challenging behaviour.</p> <p>Incident forms and strategy meetings also provide opportunities to review and implement best practice.</p> <p>Commissioners also work to improve future service provision.</p>		
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

	The recommendation of a best value review are currently being implemented in line with the Valuing People strategy 2001.		
	¹ Derby City Council. May 2006. <i>Commissioning Strategy for Older People 2006 – 2009</i> . Adult Social Services		
Identifying potential equality issues and factors			
6- What do you already know about the equality impact or need? For example, from research, feedback, consultation or any performance monitoring	Derby Unitary Authority has 36% of households with one or more members having a limiting long-term illness. This is slightly above the England average of 34%. However, this figure rises to 49% of the population aged 60 plus ¹ ¹ Derby City Council. July 2007. <i>Commissioning Strategy for Physical Disabilities and Sensory Disabilities</i> . Adult Social Services		
	Derby has above average figures for people with limiting long term illness¹		
	Evidence		Consequence

Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

	<p>40,690 people have a limiting long term illness in Derby and 21010 of those are not in good health</p> <p>4,842 men report not to be in good health aged 18-64</p> <p>4,936 women report not to be in good health aged 18-64</p> <p>9701 are in fairly good health with a limiting long term illness</p> <p>There are 9774 people aged 60 and over have a limiting long term illness and are not in good health</p> <p>There are 1645 people registered as deaf or hard of hearing in Derby</p> <p>At March 2003, there were 2285 people registered as blind in Derby</p>		
	The largest ethnic group reporting limiting long term illness is Asian¹		
	Evidence		Consequence
	2604 are of mixed Asian or Asian decent.		6.3% are Asian - this is not in proportion to the number of Asian people who access social care services.
	Older people in Derby from Black and Minority Ethnic communities have specific needs² ² Derby City Council. May 2006. <i>Commissioning Strategy for Older People 2006 – 2009</i> . Adult Social Services		
	Evidence		Consequence

Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

	<ul style="list-style-type: none"> ● Research evidence indicates generally poorer health outcomes (both physical and mental) for the BME population in the UK, and that health problems come on earlier. 		<ul style="list-style-type: none"> ● An “over 50” age group focus for people from BME backgrounds is especially important on a preventative basis.
	<ul style="list-style-type: none"> ● 1 in 10 of people aged over 50 in Derby are from a BME background. However, the proportion of BME increases in younger age groups. 		<ul style="list-style-type: none"> ● Numbers of older people from Black and Minority Ethnic backgrounds are likely to rise in Derby
	<ul style="list-style-type: none"> ● The largest BME groups in the 50+ age group are White Irish and Indian Asian (both approx 1700 people or 2.4% of total over 50s), Pakistani Asian (998 people, 1.4%) and Black Caribbean (907 people, 1.3%). Next highest is 0.3%. 		<ul style="list-style-type: none"> ● Where need for specified religious groups is identified in service development, these groups are likely to be a priority.
	<ul style="list-style-type: none"> ● Largest religions in the 50+ age group are Christian (59038, 82.7%), Sikh (1472, 2.1%) and Muslim (1116, 1.6%). Next highest is 0.4%. 		<ul style="list-style-type: none"> ●
	<ul style="list-style-type: none"> ● Over 50s from BME backgrounds are concentrated in Area Panel 3: Arboretum (39.4% of over 50 population “not White UK”), Normanton (37.3%) and Abbey (17.8%). 		<ul style="list-style-type: none"> ● Appropriate BME support for older people is key in these areas, where the proportion of BME seniors will increase as the BME population ages.
	<ul style="list-style-type: none"> ● Sinfin (15.2% - Area Panel 2), Blagreaves (12.5% - AP4) and Littleover (10.4% - AP4) have next largest BME over 50 representation. 		<ul style="list-style-type: none"> ● BME service development needs to be focused on Derby’s central (AP3) and south-western (AP4 and Sinfin) wards.
	<ul style="list-style-type: none"> ● The Asian Pakistani and Asian Indian 50+ groups are very much focused in Arboretum and Normanton (AP3), with a large Asian Indian presence also in the four wards listed above. 		<ul style="list-style-type: none"> ●
	<ul style="list-style-type: none"> ● The White Irish aged 50+ group have a much more even distribution, eleven wards having over one hundred people (highest 151). 		
	<ul style="list-style-type: none"> ● The Black Caribbean group is between these two patterns, with by far its largest concentration in Arboretum and Normanton but with more dispersal elsewhere than the Asian groups. 		<ul style="list-style-type: none"> ● Service planning for particular ethnic groups can often be based around specific areas of the city. However care must be taken with more dispersed groups because services focused on particular areas in the city may exclude significant numbers.
	Derby is a city with significant inequalities for older people¹		

Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

	Evidence	C o n s e q u e n c e	
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	<ul style="list-style-type: none"> • Females who were born in Darley; Derwent; Abbey; Arboretum; Normanton and Sinfin wards have a lower life expectancy than the regional average whereas those born in Allestree; Mickleover live longer. Males born in Derwent; Arboretum; Abbey; Normanton; Alvaston and Sinfin have a lower than regional average life expectancy whilst males born in Allestree; Mickleover; Littleover and Oakwood have a higher than regional average life expectancy. 	<ul style="list-style-type: none"> •The se figures are de monstrative of the national correlation between health and deprivation . Services need 	
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		to respond to the stark differences in health outcomes and ensure that preventive services within dep	
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

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	<ul style="list-style-type: none"> Nationally, older people score highly on the ranking of indices of deprivation (101 out of 150) as compared with those with health deprivation and disability (96 out of 150) 	<ul style="list-style-type: none"> There is a need to acknowledge older people as a vulnerable group and to work collaboratively with regene 	
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

		rati on sch em es to add res s dep riva tion and ine qua lity issu es	
	<ul style="list-style-type: none"> Older people in Area Panel One are the least likely to live alone, and the least likely to be from a BME background. Chaddesden is also notable as the ward with the most older people who report they care for 20+ hours per week. 		

	<ul style="list-style-type: none"> Area Panel Two contains the largest number of older people not in good health, largest number living alone and largest number of older people caring for 20+ hours per week 	<ul style="list-style-type: none"> AP 2 is not able both for the largest numbers (as left) that ought to predict the highest demand, and also for 	
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		the distinct profile of Sinf in (more akin to AP 3) as compared to the other three wards.	
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	<ul style="list-style-type: none"> Older people in Area Panel Three are the most likely to be from a BME background, the least likely to say they provide 20+ hours of care per week, the most likely to report they are not in good health and the least long-lived. 	<ul style="list-style-type: none"> AP 3 has 	<p>the largest care home population in the city with in its borders (almost twice the size of the next</p>
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		scoring AP) so this may y skew w some of the morbidity data. However, this inter-city Are a Panel has a distinct	
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

		(and relatively consistent across wards) profile in terms of ethnicity and poverty	
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	<ul style="list-style-type: none"> Older people in Area Panel Four are split between Mickleover (low BME, good health reported, low carers) and Blagreaves / Littleover (relatively high BME, poor health reported, low carers) 	<ul style="list-style-type: none"> Like 	<p>most other Area Panels, the profile of AP 4 varies (sometimes quite markedly) from locality to locality.</p>
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		Pl nni ng ma y nee d to beg in at a war d (or sm alle r) leve l to ens ure ser vice s are app ropr iatel y flexi ble and	
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

		diverse.	
	<ul style="list-style-type: none"> Older people in Area Panel Five are the most likely to live alone but the least likely to report they are not in good health. Mackworth is the ward with the largest number of older carers (20 hours plus) who say they are not in good health. 		

	<p>Ethnicity – Physical Disability and Limiting Life Long Illness¹ The two tables show the number of people from various ethnic groups. Asian is made up of Asian Pakistan and Asian Indian Groups; Black is made up of African Caribbean and African groups dual is made up of Asian British and Black British. The total number of people receiving services is 965 of this group 362 (37%) are from a minority ethnic group (Source Swift January 2007).</p> <p>There does not appear to be a specific differentiation between ethnic groups and related physical disability in the younger age range.</p> <p>Evidence suggests that people from African-Caribbean communities are four times more likely to have glaucoma, other conditions such as diabetic retinopathy are more prevalent in the Asian community.</p> <p>All these conditions are much more prevalent in these minority groups aged 64+.</p> <p>22% (215) people did not declare their ethnicity this is a significant proportion of people. The Asian population is the largest minority group in receipt of social care services. This is shown in figure swift data, this also corresponds with the census information determining limiting long-term conditions.</p>		
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

<p>7- 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? For example, who uses the service, who doesn't and why not?</p>	<p>No evidence currently as the abuse, aggression and violence forms do not have a section to record that it was an incident of physical intervention.</p>		
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<p>8- 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?</p>	<p>Deaf community Yes - in the last eleven years the population of Deaf people has increased by 48% in the City of Derby. There has been marked increase in the adult population, which puts increased budget pressures on the service. The range of equipment and minor adaptations available to meet Deaf people’s needs is continually changing with new technology developments.</p>		
	<p>Derby’s overall population of older people will rise gradually, but the increase will be most marked in the over-85 population¹</p>		

Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

	Evidence	C o n s e q u e n c e	
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	<ul style="list-style-type: none"> • The 85+ population in Derby will rise markedly over the next ten years, increasing by 17.8% from 2005 to 2010 and 13.2% from 2010 to 2015 • Two thirds of this population group will be female. 	<ul style="list-style-type: none"> • The number of older people in Derby with significant health and social ca 	
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		re ne ed s is lik el y to in cr ea se in pa ral lel . Th is wil l le ad to in cr ea se d de m	
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		and for hospital and other residential institutions unless action is taken.	
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	<ul style="list-style-type: none"> • Numbers of “younger older people” (especially aged 65 to74) are projected to also increase quite noticeably (4.2% increase from 2005 to 2010 and 11.6% increase from 2010 to 2015) 	<p>There is a demographic incentive to work in partnership and develop a holistic “Vision for Ageing” that will increase early intervention and</p>	
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

		help prevent future dependence.	
	The population growth of older people will have particular implications for dementia care¹		
	Evidence	Consequence	

	<ul style="list-style-type: none"> ● Applying dementia prevalence rates (Hofman et al, <i>International Journal of Epidemiology</i>, 20(3), 736-748) to Derby population figures indicates that 3,062 people aged 65+ have dementia in Derby in 2005. ● Application to population projections indicates that numbers of people aged 65+ with dementia will rise by 17%, to 3,594, in year 2015. ● The increase will be even more marked for older people aged 85 and over, with a 33% increase from 1,282 to 1,705 projected from 2005 to 2015 	<ul style="list-style-type: none"> ● De me ntia car e will bec om e an eve n mor e sign ifica nt issu e in ter ms of ser vice s avai labl e to old er peo 	
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

		ple.	
	The proportion of older people in Derby's overall population is close to the national average¹		
	Evidence	Consequence	

	<p>13.2% of the Derby population are aged 60-74 and 7.6% (16,933 people) aged 75 and over. These figures are close to the national average for England and Wales.</p>	<p>●The population of older people in Derby is not especially unique in terms of basic numbers.</p> <p>Service level</p>	
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

		<p>Is for the city as a whole ought to conform with comparative averages.</p>	
	<p>The distribution of older people in Derby varies markedly between wards¹</p>		

Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

	Evidence	C o n s e q u e n c e	
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	<ul style="list-style-type: none"> ● The highest numbers of over 50s are in Allestree, Mickleover, Spondon, Boulton and Chaddesden, “Youngest” wards are Oakwood, Sinfin, Arboretum, Abbey and Normanton. ● Area Panels 1 and 2 have the highest 50+ populations: AP3 markedly the least. ● The highest concentrations of over 85s are in Darley, Abbey and Chellaston. However these wards all have a high care home population. The highest numbers of over 85s living in the community are in Allestree, Darley, Chellaston, Alvaston and Normanton. ● Area Panels 2, 5 and 3 have the highest 85+ populations in that order (AP3 is notable for a very high care home population) 	<ul style="list-style-type: none"> ● People aged over 50 are far more likely to live in the outskirts than in the centre of the city. ● However, it should be not 	
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		ed that a significant number of people aged 85+ do live in the city centre. Further evidence below shows that this	
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		<p>group is likely to have significant needs.</p> <ul style="list-style-type: none">•The difference in distribution of over 50's compared to over	
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		<p>85's ma y poi nt to a cha ngi ng de mo gra phic in Der by. ●The diff ere nce s in dist ribu tion of car e ho me s in Der</p>	
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		by are sign ifica nt for pla nni ng ser vice s loca lly. Are as with hig h nu mb ers of car e ho me s will nee d spe cific	
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

		sup port ser vice s	
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Figures from the 2001 Census for Derby.			
	Total	% of Derby total	% of England average
White			
British	187,104	84.39	86.99
Irish	3,060	1.38	1.27
Other white	3,717	1.68	2.66
Mixed			
White and Black Caribbean	2,293	1.03	0.47
White and Black African	200	0.09	0.16
White and Asian	980	0.44	0.37
Other mixed	495	0.22	0.31
Asian or Asian British			
Indian	8,505	3.84	2.09
Pakistani	8,790	3.96	1.44
Bangladeshi	210	0.17	0.56
Other Asian	1,028	0.46	0.48
Black or Black British			
Caribbean	3,108	1.40	1.14
African	438	0.20	0.97
Other black	349	0.16	0.19
Chinese	857	0.39	0.45
Other ethnic group	574	0.26	0.44
Total	221,708		49,138,831

	<p>Projecting Older People Population Information System - Care Services Improvement Partnership CSIP</p> <p>The Projecting Older People Population Information (POPPI) web-accessed database forecasting system has been developed with the Institute of Public Care, Oxford Brookes University [IPC]. POPPI will provide Councils with Social Services Responsibilities (CSSRs) with National Statistics population projections to district level with characteristics and prevalence assumptions from research and care service performance data in one easily accessed central website. The up to date forecasts are available here. This information should be viewed as part of the assessment process.</p>		
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

<p>9- 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>	<p>Currently there is no indication that this policy causes particular difficulties for any particular group.</p> <p>There is one potential scenario that could cause problems when service users are taken out into the community, for example to gain experience of using public transport or for social activities. This would be when a service user has an agreed physical intervention in their care plan. During the trip it may be necessary to use a physical intervention after trying alternate methods to manage the situation. If the service user had no specific distinguishable condition such as dementia, autism or other learning disability as examples and the staff escorts were of the opposite gender or from different ethnic groups then the public perception of an adult having a physical intervention might have a negative image and put the service user or staff in potential danger. This could be minimised by the gender/ethnic mix of staff accompanying service users on trips being managed effectively and further minimised by staff having their identification available and carrying their PROACT-SCIPr-UK identity cards.</p>		
<p>10- What information or data exists? For example, statistics, customer feedback, complaints, research, monitoring – who keeps it and can you get hold of it?</p>	<p>There have been no formal complaints received regarding the policy.</p>		
	<p>Details are kept of incidents, but these are not spilt down to show those that involved a physical intervention</p>		
	<p>Following every physical intervention an incident meeting is held – the outcomes of each meeting are analysed to see if there to see what lessons can be learned and if there is a need to review operational practice.</p>		
	<p>If a carer does not agree with a proposed or agreed physical intervention they will be referred to the ethics committee</p>		

Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

<p>11- Does any equality or diversity objectives already exist? If so, what are they and what is current performance like against them?</p>	<p>The policy clearly states that no Service User to be restrained from normal activity because of their physical, sensory or intellectual impairment. It also states at every assessment point that if a member of staff feels that a service user lacks capacity to understand the assessment of the outcome of the assessment that they need to refer to the Adult Social Services Mental Capacity Act Policy.</p>		
	<p>Derby City Council's Equality and Diversity Policy May 2005. The Equality and Diversity Policy underpins all other policies, service plans, procedures and systems. The Chief Executive has lead responsibility for implementing and monitoring this policy, but all employees have a responsibility to work from it in all areas of their work.</p>		

	<p>There are certain statutory legislative requirements for Local Authorities to follow such as:</p> <ul style="list-style-type: none"> • The Disability Discrimination Act makes it unlawful for a service provider to discriminate against a disabled person by refusing to provide any service which it provides to members of the public. It is unlawful to discriminate against disabled people by: <ul style="list-style-type: none"> ◦ refusing to provide a service without justification; ◦ providing a service to a lesser standard without justification; ◦ providing a service on worse terms without justification; ◦ failing to make reasonable adjustments to the way services are provided for disabled people; ◦ failing to make reasonable adjustments to the physical features of service premises, to overcome physical barriers to access. • The Race Relations Act, it is unlawful to discriminate against anyone on grounds of race, colour, nationality (including citizenship), or ethnic or national origin. All racial groups are protected from discrimination. Under the act local authorities have a general statutory duty, in carrying out their functions, to consider the need to eliminate unlawful discrimination and to promote equality of opportunity and good relations between people of different racial groups; • Sex Discrimination Act 1975 makes it is unlawful for any person concerned with the provision (for payment or not) of goods, facilities or services to the public or a section of the public to discriminate against a woman who seeks to obtain or use those goods, facilities or services- <ul style="list-style-type: none"> ◦ (a) by refusing or deliberately omitting to provide her with any of them, or ◦ (b) by refusing or deliberately omitting to provide her with goods, facilities or services of the like quality, in the like manner and on the like terms as are normal in his case in relation to male members of the public or (where she 		
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	<p>belongs to a section of the public) to male members of that section.</p> <ul style="list-style-type: none"> • The Equal Opportunities Commission has prepared and issued a Code of Practice, which gives practical guidance to public authorities on how to meet the legal requirements of the gender equality duty, under the Sex Discrimination Act 1975, as amended by the Equality Act 2006. The gender equality duty is a new legal requirement on public authorities, when carrying out all their functions, to pay due regard to the need to: <ul style="list-style-type: none"> o Eliminate unlawful discrimination and harassment on the grounds of sex o Promote equality of opportunity between women and men. <p>The Disability Equality Duty came into force on 4 December 2006.</p> <p>This new legal duty requires all public authorities to actively look at ways of ensuring that barriers facing disabled people are removed.</p> <p>There is a general duty which applies to all public authorities, plus additional specific duties to support the majority of public authorities in achieving the outcomes required by the general duty.</p> <p>The basic requirement for a public authority when carrying out their functions is to have due regard to do the following:</p> <ul style="list-style-type: none"> o promote equality of opportunity between disabled people and other people o eliminate discrimination that is unlawful under the Disability Discrimination Act o eliminate harassment of disabled people that is related to their impairment o promote positive attitudes towards disabled people o encourage participation by disabled people in public life o take steps to meet disabled people's needs, even if this requires more favourable treatment. 		
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

	<ul style="list-style-type: none"> o 'Due regard' means that authorities should give due weight to the need to promote disability equality in proportion to its relevance. 		
	<p>Corporate Equality and Diversity Plan April 2005 - March 2008. It covers the work we plan to do on equality for the next three years up until 2008. It outlines the action we intend to take to tackle discrimination, make sure everyone has equality of opportunity and for promoting good race relations in Derby. Derby City Council has adopted the Equality Standard for Local Government, which is basically a way of measuring how the Council are doing on it's equality work. It covers five levels of achievement and the Council has reached Level 2. Level 3 involves setting equality objectives and targets such as this Equality Impact, Needs and Requirements Assessment.</p>		
	<p>Staff Code of Conduct sets out how staff should act when dealing with service users.</p>		
	<p>Adult Medication Policy sets out how people should be supported in that service users are all individuals and as such this policy must be applied with regard to the individual's beliefs, wishes, experience and ability. Employees should be aware of the individual's cultural background and other factors that impact on their lives and incorporate this into the way in which they work with individuals. This policy helps to protect vulnerable people.</p>		
	<p>All polices are printed and produced in English. There are facilities to provide the policy in any other way, style or language that will help people access it, should they request it.</p>		
<p>12- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?</p>	<p>This policy sets out a proactive approach so avoids unnecessary physical interventions and promotes the use of other strategies before a physical intervention is used.</p> <p>Staff receive training in physical interventions that then allows service users to have greater community access.</p>		

Collecting the information and data about how the policy, practice, service or function, impacts on communities

Please record your information and data in this table and think about:

- what information or data you will need
- using both quantitative and qualitative data
- making sure that where possible there is information that allows all perspectives to be considered
- identifying any gaps in the information/ data and what it can tell you

Data or information	When and how was it collected?	Where is it from?	What does it tell you? You need to consider all six equality strands where you can	Gaps in information
Customer feedback and complaints	There have been no formal complaints received.			
Consultation and community involvement	Service users are consulted via the Valuing People Partnership Board			
Performance information including Best Value	There are currently no national data recording requirements			
Take up and usage data	The numbers of incidents of abuse, aggression and violence are recorded			there is no box on the form to indicate that a physical intervention has been used
Comparative information or data where no local information				

Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

<p>Census, national or regional statistics</p>	<p>Extracts taken from older peoples commissioning report, and the physical disability and sensory impairments commissioning strategy</p>	<p>Derby City Council Adult Social Services: Commissioning Strategy for older people 2006 – 2009.</p>	<ul style="list-style-type: none"> • Older people in Derby from Black and Minority Ethnic (BME) communities have specific needs. • Derby is a city with significant inequalities for older people • Derby’s overall population of older people will rise gradually, but the increase will be most marked in the over-85 population. • The population growth of older people will have particular implications for dementia care. • The proportion of older people in Derby’s overall population is close to the national average. • The distribution of older people in Derby varies markedly between wards. 	
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

		Derby City Council Adult Social Services: Commissioning Strategy Physical Disability and Sensory Impairments	<ul style="list-style-type: none"> • Derby Unitary Authority has 36% of households with one or more members having a limiting long-term illness. This is slightly above the England average of 34%. However, this figure rises to 49% of the population aged 60 plus¹ • Derby has above average figures for people with limiting long term illness • The largest ethnic group reporting limiting long term illness is Asian 	
Access audits or assessments such as DDA assessments				

Workforce profile	Apl 2007 by electronic spreadsheet	Requested from Personnel	<p>1538 total employees in Adult Social Services (1544 in Feb 2006)</p> <p>Ethnicity figures shown as % of total (with variance on last year +/-) followed by gender (with variance on last year +/- and number of recorded disability in brackets):</p> <ul style="list-style-type: none"> • African 33(+3) = 2.14% - 31F(+3/0Dis)/2M(-1/0Dis) • Any other Asian background 3 = 0.19% - 2F(0Dis)/1M(0Dis) • Any other ethnic background 7 = 0.45% - 5F(1Dis)/2M(0Dis) • Bangladeshi 1 = 0.06% - 0F(-/0Dis)/1M(+1/0Dis) • Caribbean 72(+3) = 4.68% 63F(+3/1Dis)/9M(0Dis) • Chinese 2(+1) = 0.13% - 2F(+1/0Dis)/0M(0Dis) • Indian 80(-1) = 5.20% - 65F(-1/1Dis)/15M(0Dis) • Not known 6(+1) = 0.39 – 6F(+1/0Dis)/0M(0Dis) • Other black background 5(+1) = 0.32% - 4F(+1/2Dis)/1M(0Dis) • Other dual heritage background 2 = 0.13% - 2F(0Dis)/0M(0Dis) • Pakistani 27(+2) = 1.75% 15F(0Dis)/12M(1Dis) • Personally withheld 2(-1) = 0.13% - 2F(-1/0Dis)/0M(0Dis) 	
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			<ul style="list-style-type: none"> • White British 1246(-7) = 81.01% - 1105F(-9/52Dis)/141M(+2/21Dis) • White Irish 25(-1) = 1.62% - 22F(-1/1Dis)/3M(0Dis) • White other 20(-6) = 1.30% - 15F(-5/0Dis)/5M(-1/2Dis) • White and Asian 3 = 0.19% - 3F(0Dis)/0M(0Dis) • White and Black African 1 = 0.06% - 1(0Dis)/0M(0Dis) • White and Black Caribbean 3 = 0.19% - 3F(0Dis)/0M(0Dis) <p>The white British total is 3% lower than the 2001 Census figure for Derby and 6% lower than the England average.</p> <p>Gender breakdown:</p> <ul style="list-style-type: none"> • Female 1347(-6) = 87.58% • Male 192(+1) = 12.48% <p>Disability breakdown shown as % of total (with variance on last year +/-) followed by gender (with variance on last year +/-):</p> <ul style="list-style-type: none"> • Not disabled 1456(-12) = 94.66% - 1288(-15)F/168(+4)M • Disabled 82(+7) = 5.33% - 58(+10)F/24(-3)M <hr/>	
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

Where service delivered under procurement arrangements – workforce profile for deliverers			Transport provider were invited to supply their workforce profile for this assessment.	We are not able to assess if there are any particular issues arising from their workforce profile.
Monitoring and scrutiny outcomes				

Analysing the information and data and setting equality objectives and targets

Please give your detailed findings in this table

Service or function	Policy or practice	Findings	Which groups are affected and how	Whose needs are not being met and how?
Adult Social Services	Physical Interventions Policy	Abuse, aggression and violence recording form	All groups are affected as we are unable to have an overview of how physical interventions are used in relation to the six strands	All groups are affected as we are unable to have an overview of how physical interventions are used in relation to the six strands
Adult Social Services	Physical Interventions Policy	Informal complaints in Learning Disability Services	All groups are affected as there is no mechanism to record informal complaints	All groups are affected as there is no mechanism to record informal complaints and allow these to be monitored
Adult Social Services	Physical Interventions Policy	Transport provider have not provided their workforce profile	All groups are affected as we are unable to have an overview of the workforce profile	All groups are affected as we are unable assess if the workforce profile has the potential to create any issues.
Adult Social Services	Physical Interventions Policy	PROACT-SCIPr-UK identity cards	Service users, staff and the public as the cards are not being carried by staff as they have not been supplied yet	Service users, staff and the public needs are not being met if a physical intervention was to be used in public there would be no way to reassure the public or protect the service user or staff members by not beign able to produce their employer ID and PROACT-SCIPr-UK identity cards

Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

<p>Adult Social Services</p>	<p>Physical Interventions Policy</p>	<p>Service user outings</p>	<p>Service users are taken out into the community. During the trip it may be necessary to use a physical intervention after trying alternate methods to manage the situation. If the service user had no specific distinguishable condition such as dementia, autism or other learning disability as examples and the staff escorts were of the opposite gender or from different ethnic groups then the public perception of an adult having a physical intervention might have a negative image and put the service user or staff in potential danger.</p>	<p>Service users, staff and the public needs are not being met because there is not a formal operational protocol for managing staffing issues</p>
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Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

Please give your proposed objectives/ targets in this table

Objective/Target:	Abuse, aggression and violence recording form
Specific	Amend the current abuse aggression and violence form to include a physical intervention used tick box
Measurable	Requires the form to be amended
Achievable	The current form has been undergoing amendments for some time so opportune to have further amendments made to it
Relevant	Allows the number of physical intentions used to be monitored
Timed	6 months

Objective/Target:	Informal complaints
Specific	Develop a protocol for recording informal complaints and to include an equalities monitoring section in LD
Measurable	Requires a protocol and data recording system such an Excel sheet to be developed.
Achievable	This could be based on other services current informal complaints protocols
Relevant	Will allow scrutiny of informal complaints especially of they are about physical interventions
Timed	12 months

Objective/Target:	PROACT-SCIPr-UK identity cards
Specific	Staff to be issued with PROACT-SCIPr-UK identity cards
Measurable	A database of identity cards issued can be used to monitor distribution against those who have been trained
Achievable	PROACT-SCIPr-UK identity cards are available from the organisation that delivers the training
Relevant	Will comply with the policy
Timed	6 months

Objective/Target:	Service user outings
Specific	Managers to be responsible for the staff and service user mix on outings
Measurable	Requires a protocol to be developed
Achievable	Can use this report to inform the protocol development
Relevant	Will ensure greater safety of service users, staff and the public
Timed	12 months

Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

Objective/Target:	Transport provider workforce profile
Specific	Transport providers to be required to provide their workforce profiles for equality impact assessments
Measurable	The workforce profile can be analysed when provided for an equality impact assessment
Achievable	Would require future contracts to include a requirement to provide workforce profiles
Relevant	Will enable the workforce profile to be analysed to ensure there are no issues created for any particular groups or communities
Timed	When the contract goes back out to tender

Objective/Target:	Review the EIA at 12 and 24 months
Specific	In relation to the Physical Interventions policy
Measurable	Will be able to determine if previous assessment has changed with the improvements to: abuse, aggression and violence recording forms; a protocol for recording informal complaints and to include an equalities monitoring section; Staff to be issued with PROACT-SCIPr-UK identity cards; and; staff and service user mix on outings
Achievable	Will require re-assessment of current EIA
Relevant	Will enable Adult Social Services to determine if the Physical Interventions Policy is not causing any unequal treatment of the service users
Timed	12 and 24 months

Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

Monitoring and reviewing - incorporating into performance management

Please summarise your objectives and targets in this table with your proposed monitoring and reporting arrangements

Objective	Planned action	Target performance			Responsible lead officer	Reporting cycle, for example, quarterly
		2007/8	2008/9	2009/10		
Abuse, aggression and violence recording form	Amend the current abuse aggression and violence form to include a physical intervention used tick box	Mar 08			TBA	Quarterly report to the Head of Learning Disability Service
Informal complaints	Develop a protocol for recording informal complaints and to include an equalities monitoring section within LD		Aug 08		TBA	Six monthly report to the Head of Learning Disability Service
PROACT-SCIPr-UK identity cards	Staff to be issued with PROACT-SCIPr-UK identity cards	Mar 08			TBA	Quarterly report to the Head of Learning Disability Service
Service user outings	Managers to be responsible for the staff and service user mix on outings		Aug 08		TBA	Six monthly report to the Head of Learning Disability Service
Transport provider workforce profile	Transport providers to be required to provide their workforce profiles for equality impact assessments	This to be completed when the contract next comes up for renewal and tendering			TBA	As part of the contracting process to the HoS lead.

Equality impact, needs and requirements assessment – Adult Social Services Physical Interventions Policy

Review the EIA at 12 and 24 months	Review current EIA against above actions		Aug 2008	Aug 2009	TBA	Annual report to ASSMT
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