Equality Impact Assessment (EIA)

Derby's Dementia Peer Support Project

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: **Derby's Dementia Peer Support Project**

Assessment team leader name: **Jenny Appleby (Ciara Scarff is interim project manager whilst Jenny Appleby is on maternity leave)**

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

Other members of assessment team:

Name	Position	Area of expertise	Comments
Jacqui Marsh	Branch Manager: Derby and Derbys Alzheimer's Society	Positive Outcomes for people with dementia and their carers	
Tirathpal Naute	Health and Social Care Partnership Officer :Derby Millennium Network	Voluntary and Community Sector development/ BME engagement and capacity building	Tirathpal's post ending in September 2010
Karen Ray	Asst. Director Health and Social Care: NHS Derby City	Primary Care input	
Wendy Beer	Director: Derby MIND	Local voluntary sector links with mental health	

Kath Cawdell	Health and Social Care Partnerships Officer, CVS	Preventive project for older people; local voluntary networks	
Kerry Pape	Asst. Director of Nursing for Patient Experience	Acute Hospital Trust input	
Cath Pearson	Clinical Nurse Specialist Dementia	Mental Health Trust input	
Simon Fogell	Project Manager - Policy Communications	Departmental lead for Equality Impact Assessments	

This assessment was completed for the financial year 2010/11.

Question	Response/ findings
1- What are the main aims and objectives or purpose of the policy, practice, service or function that you are assessing?	To develop a network of peer support cafes, befriending services and carers support groups across Derby. The pilot project will test different models of peer support for people with dementia. This will create an evidence base for what works to inform future commissioning.
2- Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person, team, department, or body – and include any outside organisations who deliver under procurement arrangements	Adult Social Services are leading on this project for the Council. The Alzheimer's Society are the delivery partner (within a funding agreement). A wider partnership project team exists to oversee the project – including members from Community Action; NHS Derby City; The Acute Hospitals Trust; Mental Health Trust, Community Action and Derby MIND. Wider partnership involvement from local services including Derbyshire Fire and Rescue and Derby Advice is also in place.
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?	The project affects local people of all ages (but predominantly over the age of 65) who are affected by dementia, or who wish to seek further information about the condition and support available.

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?	The main outcomes for this project are as follows: • Improving information about dementia for local people • Improving access to services for all sections of the community • Improving engagement/decision making with local people re dementia • Improving support, wellbeing and confidence for carers • Improving evidence base for what works
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. What did they tell you?	Much local engagement work has taken place to support the development of this project. This includes stakeholder events held in Feb 09; and 5 events held between Oct 09-Feb 10 (involving approx 20% service users and carers). Follow up work in existing community cafes and support groups has also been completed. Peer support has consistently been identified as something that is wanting and needing expansion in the city. For example to use a range of models to cater for the many needs of people with dementia and their carers. This work will be used to create a comprehensive Dementia Strategy to inform of wider objectives in relation to dementia.
	[1] Derby City Council. May 2006. *Commissioning Strategy for Older People 2006 – 2009.* Adult Social Services
Identifying potential equality issues and factors	**The project needs to engage fully with all under represented communities in the city to ensure the project meets a diverse range of needs.**

6- What do you already know about the equality impact or need? For example, from research, feedback, consultation or any performance monitoring	**Derby has above average figures for people with limiting long term illness[1] Older people in Derby from Black and Minority Ethnic communities have specific needs[1]** • 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. • 1 in 10 of people aged over 50 in Derby are from a BME background. • 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%). • 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%. • 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%). Sinfin (15.2% - Area Panel 2), Blagreaves (12.5% - AP4) and Littleover (10.4% - AP4) have next largest BME over 50 representation • 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. 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. The White Irish aged 50+ group have a much more even distribution, eleven wards having over one hundred people (highest 151).
	Derby is a city with significant inequalities for older people[1] • 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 then regional average life expectancy whilst males born in Allestree; Mickleover; Littleover and Oakwood have a higher then regional average life expectancy. These figures are demonstrative of the national correlation between health and deprivation. • 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. 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. 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. 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). 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.

[1] Derby City Council. May 2006. *Commissioning Strategy for Older People 2006 – 2009.* Adult Social Services, available from http://www.derby.gov.uk/NR/rdonlyres/A1067C1C-6639-46A7-9D56-E595ABC765F5/0/OlderPersonsCommissioningStrategyFINALVERSIONMay2006.pdf

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?	Currently people from BME communities are accessing peer support services less than white British counterparts. Also, peer support is less well used by people under the age of 65; and people with a learning disability. The peer support services currently in the city are accessed more frequently by those who live in that particular geographical area n(i.e. Alvaston and Mickleover). The project expansion will enable services to reach all the above groups and ensure representation is more in line with the local profile of needs.

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?	**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.

	Derby's overall population of older people will rise gradually, but the increase will be most marked in the over-85 population[1] 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. The number of older people in Derby with significant health and social care needs is likely to increase in parallel. 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)
	The population growth of older people will have particular implications for dementia care[1] Applying dementia prevalence rates (Hofman et al, *International Journal of Epidemiology*, 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. Dementia care will become an even more significant issue in terms of services available to older people. This project directly aims to meet the needs of people with dementia and their carers.
	The proportion of older people in Derby's overall population is close to the national average[1] 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.
	The distribution of older people in Derby varies markedly between wards[1] 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). People aged over 50 are far more likely to live in the outskirts than the centre of the city. However, it should be noted that a significant number of people aged 85+ do live in the city centre. Further evidence below shows that this group is likely to have significant needs. The difference in distribution of over 50's compared to over 85's may point to a changing demographic in Derby.

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

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?	The project directly acts to counteract discrepancies in service take-up from under represented groups. For example, the project will target activities within areas of the city known to have high levels of older people, and ethnic minorities with known health inequalities. It is hoped that provision can also be established to address the needs of people with a dementia and a learning disability/ people of working age who have dementia (subject to demand).
10- What information or data exists? For example, statistics, customer feedback, complaints, research, monitoring – who keeps it and can you get hold of it?	Alzheimer's Society and the wider project team will monitor access and outcomes (for people of different ages and ethnicities) as part of the local and national evaluation of this project.
11- Does any equality or diversity objectives already exist? If so, what are they and what is current performance like against them?	Derby City Partnerships Equality policy applies to this project. The initial project application and project brief states the partnership commitment to equality and diversity principles and actions in relation to supporting people with dementia and their carers.
	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.

	There are certain equality and diversity legislation that public bodies must be aware of: • Civil Partnerships Act 2004 - Provides legal recognition and parity of treatment for same-sex couples and married couples, including employment benefits and pension rights. • Disability Discrimination Act 1995 - Outlaws the discrimination of disabled people in employment, the provision of goods, facilities and services or the administration or management of premises. • Disability Discrimination Amendment Act 2005 - Introduces a positive duty on public bodies to promote equality for disabled people. • Employment Equality (Age) Regulation 2006 - Protects against discrimination on grounds of age in employment and vocational training. Prohibits direct and indirect discrimination, victimisation, harassment and instructions to discriminate. • Employment Equality (Religion or Belief) Regulation 2003 - The directive protects against discrimination on the grounds of religion and belief in employment, vocational training, promotion and working conditions. • The Employment Equality (Sex Discrimination) Regulations 2005 - Introduces new definitions of indirect discrimination and harassment, explicitly prohibits discrimination on the grounds of pregnancy or maternity leave, sets out the extent to which it is discriminatory to pay a woman less than she would otherwise have been paid due to pregnancy or maternity issues. • Employment Equality (Sexual Orientation) Regulation 2003 - The directive protects against discrimination on the grounds of sexual orientation in employment, vocational training, promotion, and working conditions. • Equal Pay Act 1970 (Amended) - This gives an individual a right to the same contractual pay and benefits as a person of the opposite sex in the same employment, where the man and the woman are doing: like work; work rated as equivalent under an analytical job evaluation study; or work that is proved to be of equal value. • Equality Act 2006 - Establishes a single Commission for Equality and Human Rights by 2007 that replaces the three existing commissions. Introduces a positive duty on public sector bodies to promote equality of opportunity between women and men and eliminate sex discrimination. Protects access discrimination on the grounds of religion or belief in terms of access to good facilities and services. • Gender Recognition Act 2004 - The purpose of the Act is to provide transsexual people with legal recognition in their acquired gender. Legal recognition follows from the issue of a full gender recognition certificate by a gender recognition panel. • Race Relations Act 1976 - The Act prohibits discrimination on racial grounds in the areas of employment, education, and the provision of goods, facilities, services and premises. • Race Relations Amendment Act 2000 - Places a statutory duty on all public bodies to promote equal opportunity, eliminate racial discrimination and promote good relations between different racial groups. • Race Relations Act 1976 (Amendment) Regulation 2003 - Introduced new definitions of indirect discrimination and harassment, new burden of proof requirements, continuing protection after employment ceases, new exemption for a determinate job requirement and the removal of certain other exemptions. • Racial and Religious Hatred Act 2006 - The Act seeks to stop people from intentionally using threatening words or behaviour to stir up hatred against somebody because of what they believe.

	• Sex Discrimination Act 1975 - The Act makes it unlawful to discriminate on the grounds of sex. Sex discrimination is unlawful in employment, education, advertising or when providing housing, goods, services or facilities. It is unlawful to discriminate because someone is married, in employment or advertisements for jobs. • The Sex Discrimination (Gender Reassignment) Regulations 1999 - The Act seeks to prevent sex discrimination relating to gender reassignment. It clarified the law for transsexual people in relation to equal pay and treatment in employment and training. For further information on all the above legislation please visit the Improvement and Development Agency website using this link: http://www.idea.gov.uk/idk/core/page.do?pageId=5145524
	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.
	Staff Code of Conduct sets out how staff should act when dealing with service users.
	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.
	All project documents 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.
12- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?	The project is designed specifically to increase our understanding of diverse needs, and act on them to ensure better access and outcomes to under represented groups as above.

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	ongoing basis through Alzheimer's Society	Members of the public; people with dementia; carers and family members	Feedback will be considered by the provider and project team to ensure continuous improvement is in place.	
Consultation and community involvement	As above	As above plus partner agencies involved in project	Feedback will be integrated into the projects delivery as above	
Performance information including Best Value	As part of national and local evaluation	See above	Performance information to be considered by project team and fed into commissioning process for decision-making	
Take up and usage data	As part of national and local evaluation conducted by the Alzheimer's Society	as above	As above	
Comparative information or data where no local information	Through national Project Lead Network meetings – attended by project team on regular basis	Other pilot projects	Our local findings will be compared with findings of other peer support projects nationally/ best practice to be identified	

Census, national or regional statistics	Extracts taken from older peoples commissioning report, and the physical disability and sensory impairments commissioning strategy	Derby City Council Adult Social Services: Commissioning Strategy for older people 2006 – 2009.	• 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.	Consultation in summer 2006 highlighted the following unknown needs around older people - include older carers of people with specific needs for example Downs Syndrome; needs of LGBT older people and carers; needs of BME older people including asylum seekers and refugees and travelling communities; homeless older people; older people whose needs are not yet eligible; and older people with low level mental health issues.

Workforce profile	Apl 2007 by electronic spreadsheet	Requested from Personnel	1538 total employees in Adult Social Services (1544 in Feb 2006) 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): • 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) • 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) The white British total is 3% lower than the 2001 Census figure for Derby and 6% lower than the England average. **Gender breakdown:** • Female 1347(-6) = 87.58% • Male 192(+1) = 12.48% **Disability breakdown shown as % of total (with variance on last year +/-) followed by gender (with variance on last year +/-):** • Not disabled 1456(-12) = 94.66% - 1288(-15)F/168(+4)M • Disabled 82(+7) = 5.33% - 58(+10)F/24(-3)M	

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?
Community cafes	Expansion of existing provision	Current cafes reaching limited number of people within city, and access is not representative of the profile of people with dementia in the city	There are known health issues affecting certain communities – African Caribbean and South Asian communities in particular – that mean these groups are more likely to experience dementia. There are few people accessing current services who are under the age of 65, or who have a learning disability	Under representation from these groups will impact on the outcomes that they experience – i.e. they may not learn about what support is available, or be able to recognise signs and symptoms early.
Carer Support groups	Expansion of existing provision	As above, groups are not currently reaching all sections of the community	As above.	As above
Befriending for people with dementia/ carers	Provision of new befriending service	Little is known about the befriending needs of people with dementia/ their carers in the city. As above the project will purposefully seek to redress any equality issues facing the project	As above	As above

Objectives - process, impact or outcome based

Please give your proposed objectives/ targets in this table

Objective/Target:	**To ensure positive outcomes for people with dementia/ their carers in all diverse and minority groups**
Specific	Ensure monitoring of service access for different individuals and communities with diverse needs
Measurable	Equalities monitoring against services access rates for ethnicity; people with a learning disability or other complex needs or disabilities; gender; age; faith/ religion; and sexuality: make sure improvements in access are made throughout project lifetime
Achievable	The project team will ensure that support is available to the provider in making this happen
Relevant	Ensures that we are meeting the needs of all sections of the community by providing accessible services
Timed	18 months – by project end

Objective/Target:	**Ensure accessibility of documents/marketing materials to all individuals and communities**
Specific	Make all project literature/marketing accessible in terms of language, and additional needs such as visual impairment and learning disability.
Measurable	Make document available in variety of languages on request; produce easy read and large print versions. Make sure the key messages are delivered on a face-to-face basis for certain groups where language needs or communications needs arise.
Achievable	Financial support will be required to produce the document in other languages; support and time will be required to produce easy read and large print versions. Project team support will be required to facilitate engagement of local people and production of documents.
Relevant	Accessibility of the project is paramount to its success
Timed	To be in place by launch of project (currently estimated to be June 2010)

Objective/Target:	**Ensure that the needs of local people with dementia / their carers are considered and responded to on an on-going basis**
Specific	Maintain on-going engagement with project users through activities of project
Measurable	Regular feedback/ monitoring updates to be completed – on quarterly basis by provider

Achievable	This is in line with the funding agreement and the national/ local evaluation model in place
Relevant	It is critical to regularly engage with and respond to local people's needs
Timed	Information to be provided on at least a quarterly basis

Objective/Target:	**Review the EIA at 12 months and 18 months**
Specific	To ensure actions as above are on track
Measurable	Will be able to determine if the actions are sufficient to meet the agreed areas
Achievable	Will require re-assessment of current EIA
Relevant	Will enable the project team to determine if the project is meeting local diverse needs, and identify any lessons learnt
Timed	12 and 18 months

- 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**	**Respons ible lead officer**			**Reporting cycle, for example, quarterly**
		2010/11	**2011/12**		

To ensure positive outcomes for people with dementia/ their carers in all diverse and minority groups	Monitor take-up of service provision to ensure equal access	Apr 11	Oct 11	Jenny Appleby	Review on annual basis/ at end of p

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Ensure accessibility of documents/marketing materials to all individuals and communities	Production of documents/ marketing materials in range of accessible formats including community outreach work and networking	Apr 11	Oct 11	Jenny Appleby	Review on annual basis/ at end of p

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Ensure that the needs of local people with dementia / their carers are considered and responded to on an on-going basis	Ensure regular feedback about project activities is fed back to project team	Apr 11	Oct 11	Jenny Appleby	Review on annual basis/ at end of p

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Review the EIA at 12 and 18 months	Review current EIA against above actions	Apr 11	Oct 11	Jenny Appleby	Review on annual basis/ at end of p

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