



DERBY CITY COUNCIL

# **Equality Impact Assessment**

## **Fare Access to Care Services Policy and Procedure**

## 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: **Fare Access to Care Services Policy and Procedure**

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
Perveez Sadiq	Head of IT and Performance Management Systems		
Marta Hancock	Service User – Disabled Person	Home Care	
Kamal Amier	Member of the Minority Communities Diversity Forum	Youth Work, Community Development	
Shirley Howard-Johnson	Member of the Gender Diversity Forum and Minority Communities Diversity Forum	Housing, Women's and Minority Ethnic Community Issues	
Pat Fletcher	Member of the Disabled People's Diversity Forum	Disability Services	
Janet Warner	Member of the Disabled People's Diversity Forum and Shop Mobility Trustee	Physical Disability	

This assessment was completed for the financial year Apl 06 to Mar 07. It was completed between May and June 2007.

Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

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>The intention of Fare Access to Care Services Policy and Procedure (FACS) is to create a consistent approach to eligibility decisions across all service user groups within a local authority area.</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:</p> <ul style="list-style-type: none"> <li>• Care Managers</li> <li>• Community Care Workers</li> <li>• Domiciliary Service Organisers</li> <li>• Occupational Therapists</li> </ul>
<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>Any adult member of the public aged 18 or over, who presents themselves or is referred for an assessment.</p> <p>Derby City Council Adult Social Services Staff are affected in terms of applying the policy.</p> <p>Partner organisations might be affected if a person is assessed as having a 'low' need and the person is signposted to them for low level services.</p> <p>Partner organisations might be affected if a person is assessed as having a 'moderate, substantial or critical' need and Care Management commission services directly from them to provide an element of a care package.</p>
<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>A fair and consistent application of eligibility criteria across all members of the community that present themselves or are referred.</p>

Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

Question	Response/ findings
<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>An in service review of the FACS Policy was conducted. It found that there was not a totally consistent application of the policy across all teams and staff members. To supplement the existing policy further guidance has been developed. Staff will receive further training to ensure consistent application of the FACS Policy.</p>

**Identifying potential equality issues and factors**

<p>6. What do you already know about the equality impact or need? For example, from research, feedback, consultation or any performance monitoring</p>	<p>Performance Assessment Framework (PAF) E47 - Ethnicity of older people receiving assessment. Definition = The percentage of older service users receiving an assessment or review that are from minority ethnic groups, divided by the percentage of older people in the local population that are from minority ethnic groups. This is on target and is currently rated three out of three.</p>	
	<p><b>Older people in Derby from Black and Minority Ethnic communities have specific needs<sup>1</sup></b></p>	
	<p>Evidence</p>	<p>Consequence</p>
	<ul style="list-style-type: none"> <li>•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.</li> </ul>	<ul style="list-style-type: none"> <li>•An “over 50” age group focus for people from BME backgrounds is especially important on a preventative basis.</li> </ul>
	<ul style="list-style-type: none"> <li>•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.</li> <li>•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%.</li> <li>•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%.</li> </ul>	<ul style="list-style-type: none"> <li>•Numbers of older people from Black and Minority Ethnic backgrounds are likely to rise in Derby</li> <li>•Where need for specified religious groups is identified in service development, these groups are likely to be a priority.</li> </ul>

<sup>1</sup> Derby City Council. May 2006. *Commissioning Strategy for Older People 2006 – 2009*. Adult Social Services

Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

Question	Response/ findings	
	<ul style="list-style-type: none"> <li>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%).</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate BME support for older people is key in these areas, where the proportion of BME seniors will increase as the BME population ages.</li> </ul>
	<ul style="list-style-type: none"> <li>Sinfin (15.2% - Area Panel 2), Blagreaves (12.5% - AP4) and Littleover (10.4% - AP4) have next largest BME over 50 representation.</li> </ul>	<ul style="list-style-type: none"> <li>BME service development needs to be focused on Derby’s central (AP3) and south-western (AP4 and Sinfin) wards.</li> </ul>
	<ul style="list-style-type: none"> <li>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.</li> </ul>	
	<ul style="list-style-type: none"> <li>The White Irish aged 50+ group have a much more even distribution, eleven wards having over one hundred people (highest 151).</li> </ul>	
	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
	<p><b>Derby is a city with significant inequalities for older people<sup>1</sup></b></p>	
	<p>Evidence</p>	<p>Consequence</p>
	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>These figures are demonstrative of the national correlation between health and deprivation. Services need to respond to these stark differences in health outcomes and ensure that preventive services within deprived communities are in place to tackle differential access and outcomes of provision.</li> </ul>
	<ul style="list-style-type: none"> <li>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)</li> </ul>	<ul style="list-style-type: none"> <li>There is a need to acknowledge older people as a vulnerable group and to work collaboratively with regeneration schemes to address deprivation and inequality issues</li> </ul>
	<ul style="list-style-type: none"> <li>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</li> </ul>	

Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

Question	Response/ findings	
	they care for 20+ hours per week.	
	<ul style="list-style-type: none"> <li>•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</li> </ul>	<ul style="list-style-type: none"> <li>•AP2 is notable both for the largest numbers (as left) that ought to predict the highest demand, and also for the distinct profile of Sinfin (more akin to AP3) as compared to the other three wards.</li> </ul>
	<ul style="list-style-type: none"> <li>•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.</li> </ul>	<ul style="list-style-type: none"> <li>•AP3 has the largest care home population in the city within its borders (almost twice the size of the next scoring AP) so this may skew some of the morbidity data. However, this inner-city Area Panel has a distinct (and relatively consistent across wards) profile in terms of ethnicity and poverty</li> </ul>
	<ul style="list-style-type: none"> <li>•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)</li> </ul>	<ul style="list-style-type: none"> <li>•Like most other Area Panels, the profile of AP4 varies (sometimes quite markedly) from locality to locality. Planning may need to begin at a ward (or smaller) level to ensure services are appropriately flexible and diverse.</li> </ul>
	<ul style="list-style-type: none"> <li>•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.</li> </ul>	
<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>There is no evidence to support this currently.</p>	
<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><b>Deaf community</b></p> <p>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>	

Question	Response/ findings	
	<b>Derby's overall population of older people will rise gradually, but the increase will be most marked in the over-85 population<sup>1</sup></b>	
	Evidence	Consequence
	<ul style="list-style-type: none"> <li>• 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</li> <li>• Two thirds of this population group will be female.</li> </ul>	<ul style="list-style-type: none"> <li>• The number of older people in Derby with significant health and social care needs is likely to increase in parallel. This will lead to increased demand for hospital and other institutional care unless action is taken.</li> </ul>
	<ul style="list-style-type: none"> <li>• 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)</li> </ul>	<p>There is a demographic incentive to work in partnership and develop a holistic "Vision for Ageing" that will increase early intervention and help prevent future dependence.</p>
	<b>The population growth of older people will have particular implications for dementia care<sup>1</sup></b>	
	Evidence	Consequence
	<ul style="list-style-type: none"> <li>•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.</li> <li>•Application to population projections indicates that numbers of people aged 65+ with dementia will rise by 17%, to 3,594, in year 2015.</li> <li>•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</li> </ul>	<ul style="list-style-type: none"> <li>•Dementia care will become an even more significant issue in terms of services available to older people.</li> </ul>
	<b>The proportion of older people in Derby's overall population is close to the national average<sup>1</sup></b>	
	Evidence	Consequence
	<ul style="list-style-type: none"> <li>•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.</li> </ul>	<ul style="list-style-type: none"> <li>•The population of older people in Derby is not especially unique in terms of basic numbers. Service levels for the city as a whole ought to conform with comparator averages.</li> </ul>

Question	Response/ findings	
	<b>The distribution of older people in Derby varies markedly between wards<sup>1</sup></b>	
	Evidence	Consequence
	<ul style="list-style-type: none"> <li>•The highest numbers of over 50s are in Allestree, Mickleover, Spondon, Boulton and Chaddesden, “Youngest” wards are Oakwood, Sinfin, Arboretum, Abbey and Normanton.</li> <li>•Area Panels 1 and 2 have the highest 50+ populations: AP3 markedly the least.</li> <li>•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.</li> <li>•Area Panels 2, 5 and 3 have the highest 85+ populations in that order (AP3 is notable for a very high care home population)</li> </ul>	<ul style="list-style-type: none"> <li>•People aged over 50 are far more likely to live in the outskirts than the centre of the city.</li> <li>•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.</li> <li>•The difference in distribution of over 50’s compared to over 85’s may point to a changing demographic in Derby.</li> <li>•The differences in distribution of care homes in Derby are significant for planning services locally. Areas with high numbers of care homes will need specific support services</li> </ul>



Question	Response/ findings																																																																																								
	<p data-bbox="548 220 907 252">Figures from the 2001 Census.</p> <table border="1" data-bbox="548 316 1738 1155"> <thead> <tr> <th></th> <th>Total</th> <th>% of Derby total</th> <th>% of England average</th> </tr> </thead> <tbody> <tr> <td><b>White</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>British</td> <td>187,104</td> <td>84.39</td> <td>86.99</td> </tr> <tr> <td>Irish</td> <td>3,060</td> <td>1.38</td> <td>1.27</td> </tr> <tr> <td>Other white</td> <td>3,717</td> <td>1.68</td> <td>2.66</td> </tr> <tr> <td><b>Mixed</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>White and Black Caribbean</td> <td>2,293</td> <td>1.03</td> <td>0.47</td> </tr> <tr> <td>White and Black African</td> <td>200</td> <td>0.09</td> <td>0.16</td> </tr> <tr> <td>White and Asian</td> <td>980</td> <td>0.44</td> <td>0.37</td> </tr> <tr> <td>Other mixed</td> <td>495</td> <td>0.22</td> <td>0.31</td> </tr> <tr> <td><b>Asian or Asian British</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Indian</td> <td>8,505</td> <td>3.84</td> <td>2.09</td> </tr> <tr> <td>Pakistani</td> <td>8,790</td> <td>3.96</td> <td>1.44</td> </tr> <tr> <td>Bangladeshi</td> <td>210</td> <td>0.17</td> <td>0.56</td> </tr> <tr> <td>Other Asian</td> <td>1,028</td> <td>0.46</td> <td>0.48</td> </tr> <tr> <td><b>Black or Black British</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Caribbean</td> <td>3,108</td> <td>1.40</td> <td>1.14</td> </tr> <tr> <td>African</td> <td>438</td> <td>0.20</td> <td>0.97</td> </tr> <tr> <td>Other black</td> <td>349</td> <td>0.16</td> <td>0.19</td> </tr> <tr> <td><b>Chinese</b></td> <td>857</td> <td>0.39</td> <td>0.45</td> </tr> <tr> <td><b>Other ethnic group</b></td> <td>574</td> <td>0.26</td> <td>0.44</td> </tr> <tr> <td><b>Total</b></td> <td>221,708</td> <td></td> <td>49,138,831</td> </tr> </tbody> </table>		Total	% of Derby total	% of England average	<b>White</b>				British	187,104	84.39	86.99	Irish	3,060	1.38	1.27	Other white	3,717	1.68	2.66	<b>Mixed</b>				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	<b>Asian or Asian British</b>				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	<b>Black or Black British</b>				Caribbean	3,108	1.40	1.14	African	438	0.20	0.97	Other black	349	0.16	0.19	<b>Chinese</b>	857	0.39	0.45	<b>Other ethnic group</b>	574	0.26	0.44	<b>Total</b>	221,708		49,138,831
	Total	% of Derby total	% of England average																																																																																						
<b>White</b>																																																																																									
British	187,104	84.39	86.99																																																																																						
Irish	3,060	1.38	1.27																																																																																						
Other white	3,717	1.68	2.66																																																																																						
<b>Mixed</b>																																																																																									
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																																																																																						
<b>Asian or Asian British</b>																																																																																									
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																																																																																						
<b>Black or Black British</b>																																																																																									
Caribbean	3,108	1.40	1.14																																																																																						
African	438	0.20	0.97																																																																																						
Other black	349	0.16	0.19																																																																																						
<b>Chinese</b>	857	0.39	0.45																																																																																						
<b>Other ethnic group</b>	574	0.26	0.44																																																																																						
<b>Total</b>	221,708		49,138,831																																																																																						
<p data-bbox="136 1171 524 1420">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 data-bbox="548 1171 837 1203">No there is no indication.</p>																																																																																								

Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

Question	Response/ findings			
10. What information or data exists? For example, statistics, customer feedback, complaints, research, monitoring – who keeps it and can you get hold of it?	<b>Number of new clients for whom assessments were completed in the period 2003 / 2004 by ethnicity</b>			
		<b>Ethnicity</b>	<b>18 – 64 years</b>	<b>over 65 years</b>
	• Asian or Asian British	Bangladeshi	2	6
	•	Indian	55	100
	•	Pakistani	54	44
	•	Any other Asian background	14	13
	• Black or Black British	African	6	3
	•	Caribbean	29	59
	•	Other black background	4	5
	• Chinese or other ethnic group	Chinese	2	2
	•	Any other ethnic background	12	2
	• Mixed	White and Asian	0	1
	•	White and Black African	3	1
	•	White and Black Caribbean	4	1
	•	Other dual heritage background	3	0
	• White	British	1281	5155
	•	Irish	22	69
	•	Any other White background	38	153
	• Not stated	Not stated	110	153
	Total		1639	5767
	Number of new clients for whom assessments were completed in the period 2003 / 2004 by ethnicity in percentages for 18 – 64 years: Black and Minority Ethnic Groups = 15.13% White British = 78.15% Not stated = 6.72%			
	Number of new clients for whom assessments were completed in the period 2003 / 2004 by ethnicity in percentages for over 65 years: Black and Minority Ethnic Groups = 7.96% White British = 89.38% Not stated = 2.65%			
	<b>Number of new clients for whom assessments were completed in the period 2004 / 2005 by ethnicity</b>			
	<b>Ethnicity</b>	<b>18 – 64 years</b>	<b>over 65 years</b>	
• Asian or Asian British	Bangladeshi	2	6	
•	Indian	80	99	
•	Pakistani	65	61	

Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

Question	Response/ findings		
	• Any other Asian background	13	14
	• Black or Black British African	17	3
	• Caribbean	43	67
	• Other black background	7	8
	• Chinese or other ethnic group Chinese	2	5
	• Any other ethnic background	10	5
	• Mixed White and Asian	1	1
	• White and Black African	3	0
	• White and Black Caribbean	4	0
	• Other dual heritage background	3	0
	• White British	1571	5008
	• Irish	28	68
	• Any other White background	37	166
	• Not stated Not stated	151	645
	Total	2037	6156
	Number of new clients for whom assessments were completed in the period 2004 / 2005 by ethnicity in percentages for 18 – 64 years: Black and Minority Ethnic Groups = 15.46% White British = 77.12% Not stated = 7.41%		
	Number of new clients for whom assessments were completed in the period 2004 / 2005 by ethnicity in percentages for over 65 years: Black and Minority Ethnic Groups = 8.17% White British = 81.35% Not stated = 10.48%		
	•		
	<b>Number of new clients for whom assessments were completed in the 2005 / 2006 by ethnicity</b>		
	<b>Ethnicity</b>	<b>18 – 64 years</b>	<b>over 65 years</b>
	• Asian or Asian British Bangladeshi	0	4
	• Indian	24	48
	• Pakistani	30	27
	• Any other Asian background	11	4
	• Black or Black British African	14	1
	• Caribbean	12	31
	• Other black background	3	9
	• Chinese or other ethnic group Chinese	1	2

Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

Question	Response/ findings		
	• Any other ethnic background	5	1
	• Mixed White and Asian	0	0
	• White and Black African	1	0
	• White and Black Caribbean	3	1
	• Other dual heritage background	1	0
	• White British	602	1866
	• Irish	8	34
	• Any other White background	15	43
	• Not stated	40	117
	• Total	770	2188
	Number of new clients for whom assessments were completed in the period 2005 / 2006 by ethnicity in percentages for 18 – 64 years: Black and Minority Ethnic Groups = 16.62% White British = 78.18% Not stated = 5.19%		
	Number of new clients for whom assessments were completed in the period 2005 / 2006 by ethnicity in percentages for over 65 years: Black and Minority Ethnic Groups = 9.36% White British = 85.28% Not stated = 5.34%		
	<b>Number of new clients for whom assessments were completed in the 2006 / 2007 by ethnicity</b>		
		<b>Ethnicity</b>	<b>18 – 64 years over 65 years</b>
	• Asian or Asian British	Bangladeshi	0 0
	•	Indian	13 44
	•	Pakistani	18 27
	•	Any other Asian background	7 5
	• Black or Black British	African	5 2
	•	Caribbean	12 22
	•	Other black background	1 1
	• Chinese or other ethnic group	Chinese	1 2
	•	Any other ethnic background	4 2
	• Mixed	White and Asian	0 0
	•	White and Black African	0 0
	•	White and Black Caribbean	0 3
	•	Other dual heritage background	0 0

Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

Question	Response/ findings																				
	<table border="1"> <tr> <td data-bbox="539 212 920 258">• White</td> <td data-bbox="920 212 1279 258">British</td> <td data-bbox="1279 212 1458 258">474</td> <td data-bbox="1458 212 2056 258">1373</td> </tr> <tr> <td data-bbox="539 258 920 304">•</td> <td data-bbox="920 258 1279 304">Irish</td> <td data-bbox="1279 258 1458 304">12</td> <td data-bbox="1458 258 2056 304">27</td> </tr> <tr> <td data-bbox="539 304 920 351">•</td> <td data-bbox="920 304 1279 351">Any other White background</td> <td data-bbox="1279 304 1458 351">19</td> <td data-bbox="1458 304 2056 351">50</td> </tr> <tr> <td data-bbox="539 351 920 397">• Not stated</td> <td data-bbox="920 351 1279 397">Not stated</td> <td data-bbox="1279 351 1458 397">33</td> <td data-bbox="1458 351 2056 397">66</td> </tr> <tr> <td data-bbox="539 397 920 443">• Total</td> <td data-bbox="920 397 1279 443"></td> <td data-bbox="1279 397 1458 443">599</td> <td data-bbox="1458 397 2056 443">1624</td> </tr> </table>	• White	British	474	1373	•	Irish	12	27	•	Any other White background	19	50	• Not stated	Not stated	33	66	• Total		599	1624
• White	British	474	1373																		
•	Irish	12	27																		
•	Any other White background	19	50																		
• Not stated	Not stated	33	66																		
• Total		599	1624																		
	<p>Number of new clients for whom assessments were completed in the period 2006 / 2007 by ethnicity in percentages for 18 – 64 years: Black and Minority Ethnic Groups = 15.36% White British = 79.13% Not stated = 5.51%</p>																				
	<p>Number of new clients for whom assessments were completed in the period 2006 / 2007 by ethnicity in percentages for over 65 years: Black and Minority Ethnic Groups = 11.4% White British = 84.54% Not stated = 4.06%</p>																				
	<p>Complaints are collated by the Complaints Manager for Adult Social Services and compliments are collated by the Personal Assistant to the Senior Assistant Director for Adult Social Services.</p>																				

Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

Question	Response/ findings				
	Completed Assessments for new clients. Number of new clients for whom the first assessment was completed during the period, by primary client type and age group 01/04/05 to 31/03/06				
	Primary client type	Completed assessments for new clients			
		18-64	65-74	75+	
	<b>Physical disability, frailty and sensory impairment (total)</b>	652	531	1524	
	Of which : Physical disability, frailty and/or temporary illness	605	491	1359	
	Hearing impairment	22	30	86	
	Visual impairment	24	8	63	
	Dual sensory loss	1	2	16	
	<b>Mental Health (total)</b>	37	15	72	
	Of which : Dementia	3	5	41	
	<b>Vulnerable People (total)</b>	67	17	27	
	<b>Learning Disability (total)</b>	9	0	1	
	<b>Substance Misuse (total)</b>	5	0	1	
	<b>Column Totals</b>	770	563	1625	
	Reviews completed for existing clients Number of existing clients for whom a review was completed during the period, by primary client type and age group 01/04/05 to 31/03/06				
	Primary client type	Completed assessments for existing clients			
		18-64	65-74	75+	
	<b>Physical disability, frailty and sensory impairment (total)</b>	1053	992	3900	
	Of which : Physical disability, frailty and/or temporary illness	966	836	3478	
	Hearing impairment	31	51	172	
	Visual impairment	56	33	200	
	Dual sensory loss	0	2	50	
	<b>Mental Health (total)</b>	83	94	355	
Of which : Dementia	8	23	123		
<b>Vulnerable People (total)</b>	26	13	31		
<b>Learning Disability (total)</b>	399	26	10		
<b>Substance Misuse (total)</b>	4	2	1		
<b>Column Totals</b>	1565	1057	9832		

Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

Question	Response/ findings			
	Completed Assessments for new clients. Number of new clients for whom the first assessment was completed during the period, by primary client type and age group 01/04/06 to 31/03/07			
	Primary client type	Completed assessments for new clients		
		18-64	65-74	75+
	<b>Physical disability, frailty and sensory impairment (total)</b>	506	362	1151
	Of which : Physical disability, frailty and/or temporary illness	484	340	1070
	Hearing impairment	6	12	43
	Visual impairment	16	10	27
	Dual sensory loss	0	0	11
	<b>Mental Health (total)</b>	18	12	71
	Of which : Dementia	3	4	56
	<b>Vulnerable People (total)</b>	47	8	12
	Learning Disability (total)	11	2	2
	Substance Misuse (total)	17	2	2
	<b>Column Totals</b>	599	386	1238
	Reviews completed for existing clients. Number of existing clients for whom a review was completed during the period, by primary client type and age group 01/04/06 to 31/03/07			
	Primary client type	Completed assessments for existing clients		
		18-64	65-74	75+
	<b>Physical disability, frailty and sensory impairment (total)</b>	1274	969	4256
	Of which : Physical disability, frailty and/or temporary illness	1163	881	3833
	Hearing impairment	44	45	160
	Visual impairment	62	42	213
Dual sensory loss	3	1	50	
<b>Mental Health (total)</b>	109	105	389	
Of which : Dementia	11	25	167	
<b>Vulnerable People (total)</b>	64	19	42	
Learning Disability (total)	490	46	22	
Substance Misuse (total)	22	1	2	
<b>Column Totals</b>	1959	1140	4711	

Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

Question	Response/ findings
<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>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"> <li>• 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"> <li>o refusing to provide a service without justification;</li> <li>o providing a service to a lesser standard without justification;</li> <li>o providing a service on worse terms without justification;</li> <li>o failing to make reasonable adjustments to the way services are provided for disabled people;</li> <li>o failing to make reasonable adjustments to the physical features of service premises, to overcome physical barriers to access.</li> </ul> </li> <li>• 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;</li> <li>• 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"> <li>o (a) by refusing or deliberately omitting to provide her with any of them, or</li> <li>o (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 belongs to a section of the public) to male members of that section.</li> </ul> </li> <li>• 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"> <li>o Eliminate unlawful discrimination and harassment on the grounds of sex</li> <li>o Promote equality of opportunity between women and men.</li> </ul> </li> <li>• The Disability Equality Duty came into force on 4 December 2006. This new legal duty requires all public authorities to actively look at ways of ensuring that barriers facing disabled people are removed. There is a general duty which applies to all public authorities, plus additional specific duties to support the majority of public</li> </ul>



Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

Question	Response/ findings
	<p>authorities in achieving the outcomes required by the general duty.                      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"> <li>o promote equality of opportunity between disabled people and other people</li> <li>o eliminate discrimination that is unlawful under the Disability Discrimination Act</li> <li>o eliminate harassment of disabled people that is related to their impairment</li> <li>o promote positive attitudes towards disabled people</li> <li>o encourage participation by disabled people in public life</li> <li>o take steps to meet disabled people's needs, even if this requires more favourable treatment.</li> <li>o 'Due regard' means that authorities should give due weight to the need to promote disability equality in proportion to its relevance.</li> </ul> <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>There is no evidence to suggest that a particular group is negatively affected by this policy.</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				
Consultation and community involvement				
Performance information including Best Value	PAF E47 - Ethnicity of older people receiving assessment.	CSCI	That Derby is on target for the number of people receiving assessments based on ethnicity.	
Take up and usage data	Number of assessments: by ethnicity, were taken from the annual Community care statistics 03/04, 04/05, 05/06 and 06/07 of referrals, assessments and packages of care for adults; and; by client type from the annual Community care statistics 05/06 and 06/07 of referrals, assessments and packages of care for adults.	Department of Health	In 03/04 86.9% of the assessments were for White British people, with 3.55% not stated. In 04/05 80.3% of the assessments were for White British people, with 9.71% not stated. In 05/06 83.43% of the assessments were for White British people, with 5.3% not stated. In 06/07 83.08% of the assessments were for White British people, with 4.45% not stated.	No national figures available that link ethnicity, age, gender and disability
Comparative information or data where no local information	Not applicable			
Census, national or regional statistics	Extracts taken from older peoples commissioning report	Derby City Council Adult Social Services: Commissioning	<ul style="list-style-type: none"> <li>• Older people in Derby from Black and Minority Ethnic (BME) communities have specific needs.</li> <li>• Derby is a city with significant</li> </ul>	There is a draft Adult Social Services Commissioning Strategy - Physical Disability and Sensory Impairment awaiting approval.

Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

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
		Strategy for older people 2006 – 2009.	inequalities for older people <ul style="list-style-type: none"> <li>• Derby's overall population of older people will rise gradually, but the increase will be most marked in the over-85 population.</li> <li>• The population growth of older people will have particular implications for dementia care.</li> <li>• The proportion of older people in Derby's overall population is close to the national average.</li> <li>• The distribution of older people in Derby varies markedly between wards.</li> </ul>	
Access audits or assessments such as DDA assessments				
Workforce profile	Apr 2007 by electronic spreadsheet	Requested from Personnel	<b>1538 total employees in Adult Social Services (1544 in Feb 2006)</b> <b>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):</b> <ul style="list-style-type: none"> <li>• African 33(+3) = 2.14% - 31F(+3/0Dis)/2M(-1/0Dis)</li> <li>• Any other Asian background 3 = 0.19% - 2F(0Dis)/1M(0Dis)</li> <li>• Any other ethnic background 7 = 0.45% - 5F(1Dis)/2M(0Dis)</li> <li>• Bangladeshi 1 = 0.06% - 0F(-/0Dis)/1M(+1/0Dis)</li> <li>• Caribbean 72(+3) = 4.68% - 63F(+3/1Dis)/9M(0Dis)</li> <li>• Chinese 2(+1) = 0.13% -</li> </ul>	

Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

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
			<p>2F(+1/0Dis)/0M(0Dis)</p> <ul style="list-style-type: none"> <li>• Indian 80(-1) = 5.20% - 65F(-1/1Dis)/15M(0Dis)</li> <li>• Not known 6(+1) = 0.39 – 6F(+1/0Dis)/0M(0Dis)</li> <li>• Other black background 5(+1) = 0.32% - 4F(+1/2Dis)/1M(0Dis)</li> <li>• Other dual heritage background 2 = 0.13% - 2F(0Dis)/0M(0Dis)</li> <li>• Pakistani 27(+2) = 1.75% 15F(0Dis)/12M(1Dis)</li> <li>• Personally withheld 2(-1) = 0.13% - 2F(-1/0Dis)/0M(0Dis)</li> <li>• White British 1246(-7) = 81.01% - 1105F(-9/52Dis)/141M(+2/21Dis)</li> <li>• White Irish 25(-1) = 1.62% - 22F(-1/1Dis)/3M(0Dis)</li> <li>• White other 20(-6) = 1.30% - 15F(-5/0Dis)/5M(-1/2Dis)</li> <li>• White and Asian 3 = 0.19% - 3F(0Dis)/0M(0Dis)</li> <li>• White and Black African 1 = 0.06% - 1(0Dis)/0M(0Dis)</li> <li>• White and Black Caribbean 3 = 0.19% - 3F(0Dis)/0M(0Dis)</li> </ul> <p>The white British total is 3% lower than the 2001 Census figure for Derby and 6% lower than the England average.</p> <p><b>Gender breakdown:</b></p> <ul style="list-style-type: none"> <li>• Female 1347(-6) = 87.58%</li> <li>• Male 192(+1) = 12.48%</li> </ul> <p><b>Disability breakdown shown as % of total (with variance on last year +/-)</b></p>	

Equality impact, needs and requirements assessment – Fare Access to Care Services Policy and Procedure

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
			<p>followed by gender (with variance on last year +/-):</p> <ul style="list-style-type: none"> <li>• Not disabled 1456(-12) = 94.66% - 1288(-15)F/168(+4)M</li> <li>• Disabled 82(+7) = 5.33% - 58(+10)F/24(-3)M</li> </ul>	
Where service delivered under procurement arrangements – workforce profile for deliverers	Not applicable			
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	Fare Access to Care Services Policy and Procedure	Take up and usage data do not show the interrelationship with the six equality strands	All groups are potentially affected	There is no indication that any particular groups needs are not being met. Unless we have a detailed and in-depth review of all assessments for all groupings for equality purposes, we can not be certain.
Adult Social Services	Fare Access to Care Services Policy and Procedure	Take up and usage data under ethnicity shows a high number of 'not stated'	All groups are potentially affected	There is no indication that any particular groups needs are not being met. Unless we record the ethnicity of all clients will we be able to determine a complete equalities breakdown
Adult Social Services	Fare Access to Care Services Policy and Procedure	There is a draft Adult Social Services Commissioning Strategy - Physical Disability and Sensory Impairment awaiting approval that we were not able to draw upon for the purposes of this EIA.		There is no indication that any particular groups needs are not being met. The report would contain useful information which could add value to this and subsequent EIA's.

## Objectives - process, impact or outcome based

Please give your proposed objectives/ targets in this table

<b>Objective/Target:</b>	<b>Data recording and report production – dependent on cost</b>
Specific	Report creation specifically linked to providing equalities monitoring information from people receiving an assessment
Measurable	Will be able to see results by production of a report
Achievable	Will only require a quarterly / annual report to be created subject to it being cost effective
Relevant	Will enable Adult Social Services to accurately monitor assessments completed using the FACS policy
Timed	12 – 18 months

<b>Objective/Target:</b>	<b>Data recording of equalities information</b>
Specific	Full details of individuals equalities monitoring information to be recorded on Swift, where this is provided by the service user, who needs an explanation as to why this information is useful and of the way in which we will use the information.
Measurable	Will be able to see results by a reduction of 'not stated' on performance monitoring information
Achievable	Will only require staff to proactively seek to ask service users to provide this information
Relevant	Will enable Adult Social Services to accurately monitor assessments completed using the FACS policy in relation to equalities
Timed	12 – 18 months

<b>Objective/Target:</b>	<b>Review the EIA at 12 and 24 months</b>
Specific	In relation to Fare Access to Care Services Policy and Procedure
Measurable	Will be able to determine if previous assessment has changed with the availability of comprehensive reports and a reduction of ethnicity not being stated
Achievable	Will require re-assessment of current EIA
Relevant	Will enable Adult Social Services to determine if Fare Access to Care Services Policy and Procedure is being used consistently
Timed	12 and 24 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	Target performance			Responsible lead officer	Reporting cycle, for example, quarterly
		2007/8	2008/9	2009/10		
Data recording and report production – dependent on cost	Consult with Information Section	If cost effective to implement by Mar 08	Gather full 12 months stats	Gather full 12 months stats		On completion of consultation provide report to Head of Business Efficiency and Delivery
Data recording of equalities monitoring information	All staff who complete assessment to be briefed by operational managers on the need to accurately record equalities monitoring information	To complete by Mar 08				On completion of briefing provide report to Head of Business Efficiency and Delivery
Review the EIA at 12 and 24 months	Re-assessment of EIA completed in 07/08		To complete by Jun 08	To complete by Jun 09		On completion of re-assessment provide report to ASSMT