



DERBY CITY COUNCIL

Equality Impact Assessment

Home Care Manual

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: **Home Care Manual**

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
Karen Cooper	Service Manager	Home Care	
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 in May and June 2007.

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>Service Users are able to maintain or enhance their independence within as safe an environment as possible Each of these outcomes is essential for the successful delivery of Home Care to Service Users.</p> <ul style="list-style-type: none"> • Promoting Independence Service Users are able to maintain or enhance their independence within as safe an environment as possible. • Choice Service Users are enabled to exercise choice in as many areas of daily living as possible, within the limits of informed risk taking. • Privacy Service Users are able to enjoy maximum levels of privacy. • Dignity Service Users keep their dignity because we recognise their value, individuality, strengths and limitations. • Cultural Identity Service Users are able to live according to what's normal in their culture, without fear of prejudice, abuse or obstacle. • Sexual Expression Service Users are able to express their sexual identity and preference with respect for the privacy and rights of others. • Rights and Responsibilities Service Users live their own life free of unnecessary interference, obstacle, oppression or the fear of oppression. They allow others to do the same and allow staff to carry out their duties safely and in an acceptable environment. • Keeping Records The record of agreements, contracts and outcomes between the Home Care Service and its Service Users and Carers is transparent and accountable
<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>Home care services are provided by Derby City Council and Independent service providers.</p> <p>Derby City Council provides the service through its Home Care Assistants who are managed by Domiciliary Service Officers, who are in turn supervised by Team/Service Managers. The service is provided in accordance with the Home Care Manual. It is a registered provider with the Commission for Social Care Inspection (CSCI).</p> <p>Independent service providers deliver home care via the staff it employs. The service is delivered in accordance with its own policies and procedures. Those who deliver personal care have are registered providers with CSCI. Those who just deliver basic domestic support are not required to be registered with CSCI. The Council's accreditation process ensures that providers have sufficient experience and competence to provide the intensive services required by the Department, and are sound businesses. The accreditation may limit individual providers to a certain level of business or to a particular service user group based on their</p>

Equality impact, needs and requirements assessment – Home Care Manual

Question	Response/ findings
	<p>skills and abilities at that time. Providers are reviewed on a regular basis to ensure quality of service provision.</p> <p>Derby City Council and Independent service providers can be commissioned to provide home care services by Derby City Council's Care Management Teams. As a result a service user could potentially receive a care package with staff from both Derby City Council and Independent service providers delivering home care services and working to two sets of policies and procedures, though Derby City Council and Independent service providers delivering personal care are both regulated and inspected by CSCI, the Independent service providers delivering only basic domestic services are not regulated by CSCI.</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 receiving a home care service delivered by Derby City Council Home Care Assistants, their carers/family/friends/advocates.</p> <p>Derby City Council Care Management Teams who commission work.</p> <p>Derby City Council Home Care Assistants, Domiciliary Service Organisers, Service Managers who deliver the Home Care Service</p> <p>Independent organisations such as Age Concern and Disability Direct that act as advocates if someone questions the type/quality of care.</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>We want to ensure that service users are able to maintain or enhance their independence within as safe an environment as possible</p>
<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>There was a Best Value review of Home Care for Older People completed in June 2005. It had five main themes: Commissioning; Workforce planning; Standards; Prevention; and; Communication. None of the outcomes explicitly relate to the Home Care Manual though they should affect the quality and availability of the home care service in a positive way, examples of this are:</p> <ul style="list-style-type: none"> • More flexible delivery of low-level home care support to increase choice for older people (Performance Assessment Framework (PAF) C32/BV54 – older people helped to live at home) that will result in more older people having the option of receiving support at home and more choice for older people in how they are supported at home. • More focussed support at the point of crisis to enable older people to recover as much independence as possible (PAF C28/BV53 – intensive home care) that will give older people more opportunity to regain independence and confidence • More flexible support to older people with complex and unstable needs (PAF C28/BV53 – intensive home care), which will give more clearly focused home care provision that will better meet the needs of older people in particular situations

Question	Response/ findings
	<ul style="list-style-type: none"> • Access to support services for older people with “specialist” needs such as dementia and from minority backgrounds such as the Black and Minority Ethnic communities (PAF E48 – ethnicity of older people receiving services following an assessment) by developing neighbourhood focused commissioning approaches that will give better outcomes for older people from minority backgrounds.

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>	<ul style="list-style-type: none"> • PAF E48 – ethnicity of older people receiving services following an 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. • 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. • PAF C28/BV53 – intensive home care. Definition = Households receiving intensive home care per 1,000 population aged 65 or over. This is above target and is currently rated four out of five. 								
	<p>Older people in Derby from Black and Minority Ethnic communities have specific needs¹</p> <table border="1"> <thead> <tr> <th data-bbox="548 1054 1397 1098">Evidence</th> <th data-bbox="1397 1054 2049 1098">Consequence</th> </tr> </thead> <tbody> <tr> <td data-bbox="548 1098 1397 1225"> <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. </td> <td data-bbox="1397 1098 2049 1225"> <ul style="list-style-type: none"> • An “over 50” age group focus for people from BME backgrounds is especially important on a preventative basis. </td> </tr> <tr> <td data-bbox="548 1225 1397 1321"> <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. </td> <td data-bbox="1397 1225 2049 1321"> <ul style="list-style-type: none"> • Numbers of older people from Black and Minority Ethnic backgrounds are likely to rise in Derby </td> </tr> <tr> <td data-bbox="548 1321 1397 1473"> <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%. </td> <td data-bbox="1397 1321 2049 1473"> <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. </td> </tr> </tbody> </table>	Evidence	Consequence	<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.
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<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 								
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	<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"> •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"> •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.
	<p>Derby is a city with significant inequalities for older people¹</p>	
	<p>Evidence</p>	<p>Consequence</p>
<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"> •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. 	
<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 regeneration schemes to address deprivation and inequality issues 	

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Question	Response/ findings	
	<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"> 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.
	<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"> 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
	<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 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.
	<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>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>This is an enabling manual that defines how the work should be delivered to a set of quality standards which should enhance the quality of service.</p> <p>There is no direct evidence that the manual itself causes lower or higher take up.</p>	
<p>8- Have there been any important demographic changes or trends locally? For example is the population changing, and if so,</p>	<p>Deaf community</p> <p>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>	

Question	Response/ findings	
how and what might that mean for the service or function?	Derby's overall population of older people will rise gradually, but the increase will be most marked in the over-85 population¹	
	Evidence	Consequence
	<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 care needs is likely to increase in parallel. This will lead to increased demand for hospital and other institutional care unless action is taken.
	<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) 	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.
	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"> •Dementia care will become an even more significant issue in terms of services available to older people.
	The proportion of older people in Derby's overall population is close to the national average¹	
	Evidence	Consequence
	<ul style="list-style-type: none"> •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. 	<ul style="list-style-type: none"> •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.

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	The distribution of older people in Derby varies markedly between wards¹																																																																		
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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 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. •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 																																																																	
	<p>Figures from the 2001 Census.</p> <table border="1" data-bbox="548 868 1738 1473"> <thead> <tr> <th></th> <th>Total</th> <th>% of Derby total</th> <th>% of England average</th> </tr> </thead> <tbody> <tr> <td>White</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>Mixed</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>Asian or Asian British</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>Black or Black British</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				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			
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	<table border="1"> <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>Chinese</td> <td>857</td> <td>0.39</td> <td>0.45</td> </tr> <tr> <td>Other ethnic group</td> <td>574</td> <td>0.26</td> <td>0.44</td> </tr> <tr> <td>Total</td> <td>221,708</td> <td></td> <td>49,138,831</td> </tr> </table>	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				
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<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>This is an enabling manual that defines how the work should be delivered to a set of quality standards which should enhance the quality of service to all groups.</p> <p>There is no direct evidence that the manual itself causes lower or higher take up.</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>Monthly questionnaire is sent out to service users. This contains a short equalities monitoring section that covers only race. There are three sections covering general points, performance related and equipment used plus a section for further comments. There are no specific questions that relate to equalities other than 'is the Home Care Assistant polite and helpful'. There is not a 'please contact us if you need this information in any other way' phrase nor are there any translations of it in other languages. There is also a question that asks 'is information you receive clear and helpful'. This may have limited worth if the service users first language is not English. The returned questionnaires are compiled on a team basis.</p> <p>There is no section in the report on the equalities race monitoring information requested on the questionnaire. There is no recording of any additional comments that service users send in. All comments are passed onto a service manager to deal with.</p> <p>There is monthly monitoring report produced for each of the teams to enable the service managers to monitor the performance of the DSO's.</p> <p>Current Home Care service user details as of May 2007 Total Home Care service users = 2519 Total Females = 1753 (69.59%) Total Males = 764 (30.33%) No Gender recorded = 2 (0.08%)</p> <table border="1"> <thead> <tr> <th colspan="4">Total Home Care service users by Ethnicity</th> </tr> </thead> <tbody> <tr> <td>Asian or Asian British</td> <td>Bangladeshi</td> <td>2</td> <td>0.08%</td> </tr> <tr> <td>Asian or Asian British</td> <td>Indian</td> <td>108</td> <td>4.28%</td> </tr> <tr> <td>Asian or Asian British</td> <td>Other</td> <td>11</td> <td>0.43%</td> </tr> <tr> <td>Asian or Asian British</td> <td>Pakistani</td> <td>33</td> <td>1.31%</td> </tr> <tr> <td>Black or Black British</td> <td>African</td> <td>5</td> <td>0.20%</td> </tr> <tr> <td>Black or Black British</td> <td>Caribbean</td> <td>54</td> <td>2.14%</td> </tr> </tbody> </table>	Total Home Care service users by Ethnicity				Asian or Asian British	Bangladeshi	2	0.08%	Asian or Asian British	Indian	108	4.28%	Asian or Asian British	Other	11	0.43%	Asian or Asian British	Pakistani	33	1.31%	Black or Black British	African	5	0.20%	Black or Black British	Caribbean	54	2.14%
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Question	Response/ findings			
	Black or Black British	Other	4	0.16%
	Dual Heritage	White and Asian	1	0.04%
	Dual Heritage	White and Black African	3	0.12%
	Dual Heritage	White and Black Caribbean	4	0.16%
	Not Declared		3	0.12%
	Not Declared/Not Known		8	0.32%
	Not Known		5	0.20%
	Not Recorded		6	0.24%
	Other		1	0.04%
	Other	Pilipino	1	0.04%
	White	British	2202	87.41%
	White	Irish	24	0.95%
	White	Non – European	2	0.08%
	White	Other European	42	1.66%
	Total Home Care service users by Religion			
	Agnostic	2	0.08%	
	Buddhist	2	0.08%	
	Christian	1565	62.12%	
	Greek Orthodox	1	0.04%	
	Hindu	9	0.36%	
	Islam	28	1.11%	
	Jehovah's Witness	6	0.24%	
	Mormon	1	0.04%	
	No Religion	55	2.18%	
	Not Known	304	12.06%	
	Not Provided	359	14.25%	
	Not Recorded	90	3.57%	
	Pentecostal	4	0.16%	
	Quaker	1	0.04%	
	Sikh	92	3.65%	
	Total Home Care service users by service category			

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Question	Response/ findings				
	Frailty and/or temporary illness		825	34.73%	
	Learning disability		97	3.85%	
	Learning disability	Autistic Spectrum	4	0.16%	
	Learning disability	Challenging Behaviour	3	0.12%	
	Learning disability	Dementia	1	0.04%	
	Learning disability	Mental Health	4	0.16%	
	Learning disability	Physical Disability	25	0.99%	
	Mental Health		156	6.19%	
	Mental Health	Dementia	70	2.77%	
	Other vulnerable people		23	0.91%	
	Physical Disability		1144	45.41%	
	Sensory Disability	Visual Impairment/Blind	104	4.12%	
	Sensory Disability	Dual Sensory Loss	22	0.87%	
	Sensory Disability	Hearing Impairment/Deaf	27	1.07%	
	Substance Misuse		2	0.08%	
	Not recorded		12	0.48%	
	Total Home Care service users by provider				
	Derby City Council	Weekly call	1530	60.74%	
	Derby City Council	2 weekly call	92	3.65%	
	Direct Payments		273	10.83%	
	Independent service providers		518	20.56%	
Learning Disability Service		106	4.20%		
<p>The lowest age range for home care service users is 20–29 with a total of 41, 30–39 with a total of 79, 40-49 with a total of 122, 50–59 with a total of 180, 60–69 with a total of 205, 70–79 with a total of 597, 80–89 with a total of 910, 90–99 with a total of 364, and 100–105 with a total of 7.</p>					
<p>The higher ratio of Black and Minority Ethnic Groups (BME) in comparison to White British (WB) are in the three younger age ranges of home care service users, this then decreases in the next four before reaching the lowest age range: 20–29 21.95% BME/80.48% WB; 30–39 20.25% BME/79.75% WB; 40–49 22.95% BME/77.05% WB; 50–59 12.23% BME/87.77% WB; 60–69 15.6% BME/84.4% WB; 70–79 16.58% BME/83.42% WB; 80–89 9.67% BME/90.32% WB; 90–99 4.95% BME/95.05% WB; and;</p>					

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Question	Response/ findings
	<p>100–105 14.3% BME/85.7% WB.</p> <p>Formal complaints and compliments are recorded on central databases held at adult social services headquarters. There is also a database held by the Home Care service for informal complaints. Complaints, formal and informal, whether received by either by Home Care staff or directly to the Senior Assistant Director are acted upon. The records held by Home Care, and at headquarters, will be subject to CSCI inspection.</p>
<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>Some equality and diversity objectives are contained in the core principles. In respect of the six strands they are implicit rather than explicit.</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 belongs to a section of the public) to male members of that section. • 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

Question	Response/ findings
	<p>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:</p> <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. 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. 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>

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Question	Response/ findings
12- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?	There is no direct evidence that the manual has a negative effect on any members of the community.

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, direct from Home Care Service User or their family/carers	Home Care Service User or their family/carers	It shows that when the Home Care Service receives compliments and either formal or informal complaints, that they are dealt with in accordance with procedures.	The informal complaints database does not contain sufficient equalities information to be able to identify the service users ethnicity, gender, age, religion and disability, nor can it be confirmed if the nature of the complaint related to any equalities issues or not.
	Monthly questionnaires are sent out to a random number of each teams service users	Home Care Service User or their family/carers	There are no specific questions contained in the questionnaires that relate to equalities other than a section which asks for people to record their ethnicity.	The section which asks for people to record their ethnicity is then not used in any subsequent report. They do not contain sufficient equalities questions to be able to draw any conclusion from.
Consultation and community involvement				
Performance information including Best Value	• PAF E48 – ethnicity of older people receiving	CSCI	That Derby is on target for the number of people receiving	

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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
	services following an assessment. • PAF E47 - Ethnicity of older people receiving assessment. • PAF C28/BV53 – intensive home care. Definition = Households receiving intensive home care per 1,000 population aged 65 or over.	CSCl CSCl	services following an assessment based on ethnicity. That Derby is on target for the number of people receiving assessments based on ethnicity. That Derby is above target for the number of people receiving intensive home care per 1,000 population aged 65 or over.	
Take up and usage data	May 2007 from the Adult Social Services Information section	Adult Social Services electronic records systems	That there is a slightly higher of number of White British home care service users, 87.41%, than the 2001 Derby Census profile of 84.39% and National average of 86.99%. That there is a higher ratio of Black and Minority Ethnic home care service users in the 20-49 years age range and the lowest in the 80-99 years age range.	
Comparative information or data where no local information				
Census, national or regional statistics	Extracts taken from older peoples commissioning report	Derby City Council Adult Social Services: Commissioning Strategy for older	<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 	

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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
		people 2006 – 2009.	<p>inequalities for older people</p> <ul style="list-style-type: none"> • 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. 	
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) 	

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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
			<ul style="list-style-type: none"> • 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 = 	

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>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.</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/> <p>543 total employees in Home Care Services</p> <p>Ethnicity figures shown as % of total followed by gender (number of recorded disability in brackets):</p> <ul style="list-style-type: none"> • African 1 = 0.18% - 1F(0Dis)/0M(0Dis) • Any other Asian background 1 = 0.18% - 1F(0Dis)/0M(0Dis) • Any other ethnic background 1 = 	

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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>0.18% - 1F(0Dis)/0M(0Dis)</p> <ul style="list-style-type: none"> • Bangladeshi 0 • Caribbean 10 = 1.84% 7F(0Dis)/3M(0Dis) • Chinese 0 • Indian 34 = 6.26% - 32F(1Dis)/2M(0Dis) • Not known 2 = 0.36- 2F(0Dis)/0M(0Dis) • Other black background 0 • Other dual heritage background 0 • Pakistani 5 = 0.92% 5F(0Dis)/0M(0Dis) • Personally withheld 0 • White British 469 = 86.37% - 449F(14Dis)/20M(1Dis) • White Irish 9 = 1.65 - 9F(0Dis)/0M(0Dis) • White other 6 = 1.10% - 5F(0Dis)/1M(0Dis) • White and Asian 3 = 0.55% - 3F(0Dis)/0M(0Dis) • White and Black African 0 • White and Black Caribbean 2 = 0.36% - 2F(0Dis)/0M(0Dis) <p>The white British total is 2% Higher than the 2001 Census figure for Derby and 0.6% lower than the England average.</p> <p>Gender breakdown:</p>	

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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
			<ul style="list-style-type: none"> • Female 517 (15Dis) = 95.21% • Male 26 (1Dis) = 4.79% <p>Disability breakdown shown as % of total followed by gender:</p> <ul style="list-style-type: none"> • Not disabled 527 = 97.05% - 502F/25M • Disabled 16 = 2.95% - 15F/1M 	
Where service delivered under procurement arrangements – workforce profile for deliverers	There are currently 53 CSCI registered independent providers and 19 independent providers accredited by Derby City Council (2 are currently suspended). The accreditation process is currently under review to provide a more substantial accreditation system.	Contracts Team	There is no current requirement for either CSCI registered or accredited independent providers to provide workforce profiles, nor is there a requirement to work to the Home Care Manual.	There is no way to know if the recruitment practices are fair and equal and if the providers are able to provide appropriate staff for each of their calls.
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	Home Care Manual	Some equality and diversity objectives are contained in the core principles, but in respect of the six strands they are implicit rather than explicit.	All groups are potentially affected	There is no indication that any particular groups' needs are not being met.
Adult Social Services	Home Care Manual	The Home Care Service does receive informal complaints that recorded on a database held by Home Care. It does not contain sufficient equalities information to be able to identify the service users ethnicity, gender, age, religion and disability, nor can it be confirmed if the nature of the complaint related to any equalities issues or not.	All groups are potentially affected	There is no indication that any particular groups' needs are not being met.

Equality impact, needs and requirements assessment – Home Care Manual

Service or function	Policy or practice	Findings	Which groups are affected and how	Whose needs are not being met and how?
Adult Social Services	Home Care Manual	Monthly questionnaires that are sent out to a random number of each teams service users have a section which asks for people to record their ethnicity is then not used in any subsequent report. They do not contain sufficient equalities questions to be able to draw any conclusion from.	All groups are potentially affected	There is no indication that any particular groups' needs are not being met.
Adult Social Services	Home Care Manual	There are currently 53 CSCI registered independent providers and 19 independent providers accredited by Derby City Council (2 are currently suspended). They are not required to work to the Home Care Manual nor to provide workforce profiles.	All groups are potentially affected	There is no indication that any particular groups' needs are not being met.

Equality impact, needs and requirements assessment – Home Care Manual

Objectives - process, impact or outcome based

Please give your proposed objectives/ targets in this table

Objective/Target:	Home Care Manual Review
Specific	Review of the current manual produced in December 2003 to ensure it fully reflects the authorities commitment to equality and diversity
Measurable	An updated manual will be produced
Achievable	Can use the existing manual as a starting point
Relevant	Will consolidate current good practice and enable this to be further improved with clear focus on equality and diversity issues
Timed	18 months

Objective/Target:	Informal complaints – recording of equalities monitoring information
Specific	Data recording
Measurable	Will be able to assess customers' informal complaints and identify any negative trends in any of the Home Care Teams
Achievable	Need to create one database to capture all relevant data including equalities monitoring information that has been received
Relevant	Will improve the reliability of customers' informal complaints so that actions can be taken as appropriate
Timed	12 months

Objective/Target:	Home Care Monthly questionnaire review
Specific	Review of the current questionnaire to ensure it is able to capture equalities information and review the report creation process to ensure it includes equalities information
Measurable	An updated questionnaire and report creation process will be produced
Achievable	Able to use the current questionnaire and report as a starting point
Relevant	Will improve the reliability of customer feedback so that actions can be taken as appropriate
Timed	9 months

Objective/Target:	Independent Home Care provider workforce profiles
Specific	To be provided with the workforce profile of each Independent Home Care provider
Measurable	The Independent Home Care providers will provide a breakdown of their workforce profile
Achievable	Will require a commitment from the Independent Home Care providers or a contractual change by Derby City Council
Relevant	Will enable the division to ensure that services it procures meets the expectations of Derby City Council's commitment to fair employment and service provision to Derby's citizens.
Timed	12 months

Equality impact, needs and requirements assessment – Home Care Manual

Objective/Target:	Review the EIA at 12 and 24 months
Specific	In relation to Home Care Manual
Measurable	Will be able to determine if previous assessment has changed with the improvements to questionnaires and report production, compliments and complaints recording details and being passed to Adult Social Services headquarters, Independent Home Care workforce profiles, and review of the Home Care Manual.
Achievable	Will require re-assessment of current EIA
Relevant	Will enable Adult Social Services to determine if the Home Care Manual is not causing any unequal treatment of the service users
Timed	12 and 24 months

Equality impact, needs and requirements assessment – Home Care Manual

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		
Home Care Manual Review	Review of the current manual produced in December 2003 to ensure it fully reflects the authorities commitment to equality and diversity		Dec 08		TBA	6 monthly report to Head of Direct Services for Older People
Informal complaints – recording of equalities monitoring information	Review the informal complaints database so that it includes fields for equalities monitoring information,		Jun 08		TBA	3 monthly report to Head of Direct Services for Older People and Complaints and Compliance Manager
Home Care Monthly questionnaire review	Review of the current questionnaire to ensure it is able to capture equalities information and review the report creation process to ensure it includes equalities information	Mar 2008			TBA	3 monthly report to Head of Direct Services for Older People and Complaints and Compliance Manager
Independent Home Care provider workforce profiles	To ask the Independent Home Care provider's for a workforce profile		Jul 2008		TBA	3 monthly report to Head of Strategic Commissioning: Older People
Review the EIA at 12 and 24 months	Review current EIA against above actions		Jul 2008	Jul 2009	TBA	Annual report to ASSMT