

Appendix 2

Equality Impact Assessment

North Somerset Learning Disability Services

**Appendix 2 - North Somerset Council
Equality impact assessment tool – for policies, partnerships and services**

1. Responsibility and aims

Date of Assessment: 20/10/08 (updated May 2009)			
Is the policy, partnership or service	New <input type="checkbox"/>	Proposed <input type="checkbox"/>	Existing <input checked="" type="checkbox"/>
Please state the main purpose and objectives of the policy, partnership or service:			
EIA for the Learning Disability Partnership Board, the Sub-groups of the LDPB and all operational services of the CTPLD that report to this board.			
Core Aim of the CTPLD:			
<ul style="list-style-type: none"> • To help and support people with a learning disability in North Somerset to have the same chances as anyone else to lead a full and meaningful life • Support people to have equal rights and responsibilities in society • Support people to be as independent as possible • Help people to speak up for themselves and have more choice • Enable people to be included and valued and have the chance to play a full part in the community • Promote working together 			
Lead contact details:			
Rose Barker, Joint Service Manager, North Somerset Council & NHS North Somerset. Responsible for Joint Commissioning, Operational and Strategic developments for people with learning disabilities in North Somerset.			

Others involved in assessment –

- Members of the North Somerset Learning Disabilities Partnership Board, including:
 - People with Learning Disabilities (supported by North Somerset People First)
 - Carers of people with learning disabilities (supported by the Carers Rep.)
 - Representatives from NHS North Somerset
 - Supporting People
 - Connexions
 - Weston College
 - Children & Young People's services
 - Elected Members
 - Representatives from the Voluntary Sector
 - Representatives from Provider Organisations
- Joint Planning & Development Manager.
- Members of staff from within the Joint Operational Team for NSC, Adult Social Services & Housing and NHS North Somerset Provider Services within the CTPLD:
 - The lead staff from
 - 1. Community Nursing, Physiotherapy, Occupational Therapy, Psychiatry, Psychology, Social Work, Speech and Language Therapy, Administration, CASDT (Challenging Behaviour Team)

What are the intended aims the policy, partnership or service?

The Aims of the Service, are that within the resources available to help and support people with a learning disability in North Somerset to have the same opportunities in their life as every one else, free from discrimination and barriers created by their disabilities through;

- Supporting people to have equal rights and responsibilities in society
- Supporting people to be as independent as possible

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- Helping people to speak up for themselves and have more choice
- Enabling people to be included and valued and have the same life chances to play their full part in society
- Supporting family carers and staff in their caring role
- Promoting equal access to health care at the point of delivery and through to aftercare.

Who is intended to benefit from the policy, partnership or service?

All Adults with a learning disability and their carers who are ordinary resident in North Somerset.

2. Initial Perceptions

Before you start this assessment take some time to list your initial thoughts on equality issues for the policy, partnership or service. This exercise is best completed in a small discussion group.

- ◆ Who defined the policy, partnership or service and the way it is carried out?
- ◆ Are there any obvious barriers such as physical, cultural, language access?
- ◆ What is the take up of use amongst all groups in the community?
- ◆ How does the policy, partnership or service currently meet the needs of the whole community?
- ◆ Do you promote equality?
- ◆ What outcomes would service-users want from this policy, partnership or service?
- ◆ Are there any groups that might be expected to benefit from the policy, partnership or service that do not?

<p>Race (Including Gypsy and Travellers)</p>	<p>We have a low take-up of people with learning disabilities from the BME population. We are trying to address this and are working closely with Somerset Racial Equality Council to raise awareness of what our services can provide. We are working with SREC to look at joining their existing work with our service needs, we are attending public events to promote our services and raise awareness of our work. The service plan includes meeting with specific groups prevalent in North Somerset and looking to produce our team information in a variety of accessible formats, this includes improving our web site to</p>
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	<p>consider the needs of people with learning disabilities from BME communities.</p> <p>The Learning Disability accessible safe guarding adult's procedure, complaints form (in draft) and the RHINS form support the reporting of issues and incidents in these areas.</p>
Gender	<p>The majority of service users are men which does not reflect the gender split in the wider North Somerset Population.</p> <p>The Learning Disability accessible safe guarding adult's procedure, complaints form (in draft) and the RHINS form support the reporting of issues and incidents in these areas.</p>
Disability	<p>Our service users all have difficulty managing personal, social and practical tasks to varying degrees. Some people we provide services to on a short term basis, for specific outcome focused pieces of work around their individual complex needs. However the vast majority of our service users have long-term and substantial disabilities and complex needs.</p> <p>The Learning Disability accessible safe guarding adult's procedure, complaints form (in draft) and the RHINS form support the reporting of issues and incidents in these areas.</p>
Sexual Orientation	<p>This information is not routinely collected by the service. However in all community care assessments and long-term care packages where appropriate, sexual orientation is considered and the service user's particular care needs would be provided for.</p> <p>The Learning Disability accessible safe guarding adult's procedure, complaints form (in draft) and the RHINS form support the reporting of issues and incidents in these areas.</p>
Religion and Belief	<p>This information is routinely collected and taken into account by the social workers and health professionals in the team when designing care and support plans. Particular requirements will be built</p>

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	<p>into the care routine. Staff are aware of religious and cultural issues and the necessity of being sensitive in this area and ensuring these needs are met on an individual basis.</p> <p>The Learning Disability accessible safe guarding adult's procedure, complaints form (in draft) and the RHINS form support the reporting of issues and incidents in these areas.</p>
<p>Age (Old and Young)</p>	<p>Locally and nationally the population is ageing. The needs of people with an LD in both of these areas are specific and complex, these issues are looked at and planned for in specific sub groups of the Partnership Board, in the Transitions Sub Group and the various Health Sub Groups. This work informs all aspects of planning, commissioning and service delivery in the CTPLD.</p> <p>The Learning Disability accessible safe guarding adult's procedure, complaints form (in draft) and the RHINS form support the reporting of issues and incidents in these areas.</p>

3. Consider the Evidence. Have you got enough relevant information?

You must be able to provide evidence to support your perceptions. Please consider the availability of the following as potential evidence:

- ◆ Demographic data and other statistics, including census findings
- ◆ Recent research findings
- ◆ Results from recent consultation or surveys
- ◆ Diversity monitoring data (at this stage you are much more likely to have a range of data for race, disability and gender. Consideration should be given at this stage to the relevance and appropriateness of gathering information for religion and belief, sexual orientation and age)
- ◆ Information from relevant groups or agencies, for example trade unions and voluntary and community organisations
- ◆ Analysis of records of public enquiries or complaints or compliments
- ◆ Analysis of complaints of discrimination recorded by the Council (please refer to the Equality and Diversity Team)

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- ◆ Recommendations of external inspections by organisations such as OFSTED, CSCI and the Audit Commission or audit reports

It is important to have as much up-to-date, reliable and detailed information as possible about the different groups the policy, partnership or service is likely to or does affect. **Where you do not have or currently collect monitoring information please state this.**

Learning Disability Population - Based on PANSI and Valuing People estimates the number of people with a learning disability in North Somerset is estimated at 2,996, of these it is estimated that 683 are known to the team. Data from the CTPLD show 798 people known to the team with 701 actively in contact. (Figures updated in May 09)

Race (Including Gypsy and Travellers)	Of the 750 people recorded in March 07 on SWIFT, 95.47% are White, 3% not recorded / not known, 0.67% (5 people) are Black/Black British, 0.13% are Asian, 0.13% are Mixed race (1 person in each category), 0.27% Chinese / Other (2 people).
Gender	It is estimated that the wider population (18-64) in North Somerset comprises 49.9% Men and 50.1% women. A Report from SWIFT in Jan 2008 shows 42% of service users are women and 58% are men.
Disability	All the service users we currently work with have a learning disability and in some cases physical disabilities. The CTPLD criterion specifies that people must have a learning disability with an IQ below 70, with a critical and/or substantial need.
Sexual Orientation	There are no records held
Religion and Belief	There are a range of religious beliefs recorded and several recorded with no religion. Records show the following listed: Baptist, Church of England, Hindu, Jehovah's Witness, Methodist, Mormon, Other Christian, Muslim, and Roman Catholic.

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Age (Old and Young)	Of the 750 service users recorded 14.5% were 18-24, 68% 25-59, 16% 65+					
	LD Caseload		2006 MYE for North Somerset			
	Age Range	No's on caseload	% per age range	No's		% per age range
	18 - 24	109	14.5%	10,022	7.1%	7.5%
	25 - 39	198	26.4%	35,469	25.0%	1.4%
	40 - 54	211	28.1%	42,573	30.0%	-1.9%
	55 - 59	114	15.2%	14,990	10.6%	4.6%
	65 - 74	68	9.1%	19,156	13.5%	-4.4%
	75 - 84	34	4.5%	13,963	9.8%	-5.3%
	85 +	16	2.1%	5,757	4.1%	-1.9%
	750		141,930			
LD Caseload figures taken from CTPLD Equality Impact Assessment Oct 08						
This shows that compared to the wider population there are proportionally more people 18-24 in the LD population than would be expected in the wider community. There is correspondingly fewer people in the older age range. This will reflect the life expectancy of people using LD services, however as this improves it will be necessary to ensure appropriate services for older people with LD.						

**4. What does the information tell you?
Has any potential or actual differential or adverse impact been identified?**

This section is the core of the equality impact process, it is here you review the information you hold to determine whether there are any issues with the service.

- ◆ What is the take up in service use, across all equality strands?

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- ◆ Does the policy, service or partnership have any negative consequences for service users or staff within the Council?
- ◆ Are there differences in outcomes for specific groups?
- ◆ If there are differences in outcomes for specific groups, do these outcomes arise from unlawful discrimination or failure to take account the different needs, experiences, issues or priorities of that group?
- ◆ Is the policy, service or partnership intended to increase equality of opportunity by permitting or requiring positive action or action to redress disadvantage? If yes, is it effective?

Race (Including Gypsy and Travellers)	Gypsy and Traveller communities well represented in any consultation process. Key issue for them is that the planning system hasn't delivered sites
Gender	No information available to assess whether or not gender is an influence on access to the service or not. Further work is needed to assess this.
Disability	All people accessing the service have or represent groups or an individual with a disability; there have been no complaints about issue in this area. We do not currently collect information to assess whether or not persons with a disability have been able to access the service or not. Communication issues need careful thought and planning to make sure that all people who are Learning Disabled and their carers are able to understand and benefit from information about services.
Sexual Orientation	No information available to assess whether or not sexual orientation is an influence on access to the service or not
Religion and Belief	No information available to assess whether or not religion/belief is an influence on access to the service or not
Age (Old and Young)	Young people and older people and their carers tend to be under-represented in the service - need to focus ensuring this is flagged up and work takes place to ensure representation in this area.- There are 20 carer reps aged ,18 - 35 None, 35 - 55 = 16, 55 + = 4, Caring for young people aged 16 - 18 = 9, 20 - 25 = 11, 25 + none. we have 2 carers from B&ME groups

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	There is an increasing number of older service users whose needs should be addressed.
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5. Consider Alternatives

You should demonstrate the actions or alternatives you have considered to eliminate any adverse impact you have identified.

	5.1 What have you identified as an adverse impact?	5.2 What changes have or need to be made to remove or reduce the potential for differential /adverse impact	5.3 If potential for differential / adverse impact remains explain why implementation is justifiable in order to meet the wider aims of the policy, service or partnership
Race (Including Gypsy and Travellers)	Lack of engagement	See below table	To promote inclusion and plan adequately
Gender	Possible under representation of women using the service.	May be circumstantial or maybe that services available do not meet their needs. Offering more diverse options will help address this.	To promote inclusion and plan adequately
Disability	Possible over specification of services for those with physical disabilities as lower level services	See below table Offering more diverse options will help address this.	To promote inclusion and plan adequately

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	have restricted mobility		
Sexual Orientation	Information not collected and difficult to assess how this is considered without data. Considered on an individual basis	See below table	To promote inclusion and plan adequately
Religion and Belief	Information not collected and difficult to assess how this is considered without data. Considered on an individual basis	See below table	To promote inclusion and plan adequately
Age (Old and Young)	There are fewer older people using the service than might be expected if the LD population were to mirror the age profile of the wider North Somerset population. However, there is an increasing number of older service users whose needs should be addressed.	See below table	To promote inclusion and plan adequately

Please see below table for key actions re 5.2 Changes to be made to remove or reduce the potential for differential/adverse impact in relation to:

Race (including Gypsy and Travellers), Gender, Disability, Sexual orientation, Religion and Belief, Age (old and young)

Key Targets:-2009

1. Short Term Goals

Establish form current information the number of people from BME backgrounds in children (post 14 years) and Adult Services. Analysing the current SWIFT data of known figures, 6 & 87 people categorised as others.

To identify why the number of Learning Disability users from BME backgrounds are so low.

To work with the Social Work Team on training issues around accurate gathering of this information and appropriate ways of collecting this. This training will pick up the further three issues of age, religion or belief and sexuality.

Complete a review of Learning Disability Team literature to see if availability of current languages is useful and what more could be done, including posters, raising awareness.

2. Long Term Goals

Identify whether there is a need for a full time worker to support issues around BME.

Work Streams from this post would include:

1. Continued and ongoing engagement with groups from the BME community.
2. Raising awareness and the CTPLD people with BME groups.
3. Establish and chairing a BME sub group from the Partnership Board, who would challenge and work with the CTPLD service and Partnership Boards to ensure inclusion of all their work.
4. To support the Your North Somerset Event, to develop further engagement with people with a LD in this event
5. To oversee and produce relevant literature as required.

3. Key areas where the service could most improve on the equality/diversity dimension

- Raising awareness of this agenda amongst the staff team
- Raising the profile of the CTPLD with existing BME groups
- Closer working relationships with SREC

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- Better BME representation on the Partnership Boards and associated sub groups
- Staff training around the six strands so of equality and diversity, particularly BME and sexuality
- Better recording of information relating to the six strands of diversity and in turn better monitoring-through contracting
- Ensuring the planning and monitoring of service delivery are picked up in the day services re tendering process and are reflected in the new contract July 2009.
- Supporting partnership agencies to have a better understanding of the equality and diversity agenda.
- Better recording of ethnicity, sexual orientation and religion by front line professional
- Training of staff to undersigning these agendas, the importance of collecting this information for planning and how staff can be supported to do this appropriately
- Better representation of younger and older reps from the service users and carer/family users of our service.
- To complete a piece of work on the stats. relating to religion and/or belief in the service and to ensure these are all carried forward and considered in our action plans for the separate groups from and including the Learning Disability Partnership board and sub groups. The key groups from the sub groups where the focus of this work will be are;
 - Housing
 - Personalisation
 - Health
 - Fulfilling Lives (employment, leisure, education, day time activities etc.)

6. Consultation

Consultation is fundamental to an EIA as it is important that the impacts of the policy, service or partnership are fully understood from a service-users perspective.

	6.1 Has the area or this assessment been subject to consultation? (i.e. you do not always have to carry out a new piece of consultation to complete your EIA)	6.2 If no, please state why not and your future actions. If yes, please state which individuals and organisations were consulted and what form that consultation took place.	6.3 Please summarise the outcomes of the consultation in relation to equality groups
Race	We have consulted with SREC,	○ Somerset Racial Equality	○ Need to work more closely

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<p>(Including Gypsy and Travellers)</p>	<p>and with Disability representative organisations in relation to the provision of our service. This is on-going through the annual review of our work in the Learning Disability Partnership Board and the various sub groups to the partnership board.</p> <p>We consult regularly and this is on going, we do not need to carry out a new piece of consultation to complete the EIA</p>	<p>Council.</p> <ul style="list-style-type: none"> ○ Learning & Skills Council (LSC) ○ NS People First ○ Carers organisations ○ Physical & Sensory Impairment Board ○ Accessibility Board ○ South West Regional Ethnicity Network ○ Race Hate incidents in NS (RHINS) group ○ Race Equality Scheme ○ LD representation ○ Independent provider Sector <p>Forms of Consultation:</p> <ul style="list-style-type: none"> ○ Paper questionnaires ○ Conferences ○ Involvement and rep at key groups ○ Meeting specifically set up engagement 	<p>with SREC.</p> <ul style="list-style-type: none"> ○ Welcome advice/suggestions from BME staff forum. ○ Complaints feedback. ○ Work closely with the Independent Provider Sector ○ Better BME engagement <p>We will and do take regular from feed back from our on -going engagement around consultation on service delivery and planning</p>
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<p>Gender</p>	<p>We collect statistics on Gender.</p> <p>We will ensure this is an on-going agenda item in all our planning and commissioning work.</p> <p>We consult regularly and this is on going, we do not need to carry out a new piece of consultation to complete the EIA</p>		<p>We will and do take regular from feed back from our on -going engagement around consultation on service delivery and planning</p>
<p>Disability</p>	<p>We consult regularly and this is on going, we do not need to carry out a new piece of consultation to complete the EIA</p>	<p>The NSC PSI Board The NSC Accessibility Board We encourage and support the independent sector to take up training with the training department of the council</p>	<p>We will and do take regular from feed back from our on -going engagement around consultation on service delivery and planning.</p>

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<p>Sexual Orientation</p>	<p>No current general consultation in this area to ensure work in the LD services addresses issues in this area.</p> <p>This would be achievable through the existing membership of groups where sexual orientation has a focus such as RES</p> <p>Individual needs in this area are considered through established care planning outcome work.</p>	<p>To link into groups in the council and PCT where these groups are represented.</p>	<p>We will take regular from feed back from engagement around consultation on service delivery and planning.</p>
<p>Religion and Belief</p>	<p>No current general consultation in this area to ensure work in the LD services addresses issues in this area.</p> <p>Individual needs in this area are considered through established care planning outcome work</p>	<p>To link into groups in the council and PCT where these groups are represented</p>	<p>We will and do take regular from feed back from our on -going engagement around consultation on service delivery and planning</p>

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	We consult regularly and this is on going, we do not need to carry out a new piece of consultation to complete the EIA		
Age (Old and Young)	<p>Specific groups set up in LD around age re young people and older people. The sub groups in Transitions and Health lead in these areas.</p> <p>We consult regularly and this is on going, we do not need to carry out a new piece of consultation to complete the EIA</p>	<p>Links with:</p> <ul style="list-style-type: none"> ○ Connexions ○ All three special schools ○ NHS NS ○ WAHT ○ AWP ○ Parents/carers ○ Young People ○ POPP 	We will and do take regular from feed back from our on -going engagement around consultation on service delivery and planning

7. Future Actions

Please specify which actions you will either:

- Take forward as SMART objectives in your service plan
- Complete before the policy is put forward for approval
- Include in future partnership improvement plans or as an agenda item for a future meeting

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Race (Including Gypsy and Travellers)	See above for actions in table included in point 5.
Gender	
Disability	
Sexual Orientation	
Religion and Belief	
Age (Old and Young)	

7.1 Monitoring Arrangements

	7.1.1 Are any monitoring processes currently in place? If yes, please summarise what is currently undertaken.	7.1.2 If no, what plans are there to establish monitoring and what form that monitoring will take?
Race (Including Gypsy and Travellers)	The Community Care assessment process	
Gender	The Community Care assessment process	
Disability	The Community Care assessment process	The IT system SWIFT does not collect data specific to disability, this needs addressing- Plans to address via new system FACE
Sexual Orientation	NO	The new single assessment process will support the collection of this information. Staff need training to feel comfortable in the collection of

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		this information to allow monitoring
Religion and Belief	The Community Care assessment process	
Age (Old and Young)	The Community Care assessment process	

8. Publish Assessment Results

In order demonstrate openness about the way policies, services and partnerships are developed and our commitment to promoting equality and diversity, results of the impact assessment will be published.

8.1 Is there any reason why this Equality Impact Assessment should not be published, please use this space to state your reasons

There is no reason why this assessment should not be published.