

# Equality Impact Assessment

## Introduction

The Council's Single Equality Scheme states that:

*“We will achieve equality of opportunity by removing direct and indirect discrimination wherever it exists. It is recognised that people may be disadvantaged because of their: age; gender; race, colour, ethnic, national, cultural or social origin; disability; religious belief, or non belief; marital status, family circumstances, or caring responsibilities; sexual orientation; class, level of income, or housing circumstances; membership or non membership of trade unions, or involvement or non involvement in trade union activity.”*

The Single Equality Scheme brings together action plans for Race, Gender and Disability equality, meeting the Council's statutory duties in these areas. The scheme also goes beyond these three streams and begins to consider how the Council develops its approach to equalities and diversity for all residents of Stockton in response to the recent Equalities Review report, Discrimination Law Review and the report of the Commission on Integration and Cohesion. The Council is also committed to responding to all diversity related legislation and the single equality scheme is the best mechanism for achieving this. Equality Impact Assessments play an integral role in ensuring that all the council policies are operating to support these aims to offer the highest level of service for all our residents

## What is an Equality Impact Assessment?

An Equality Impact Assessment (EIA) is a tool to enable individuals and services to think carefully about and measure the impact that procedures, policies and strategies will have on all its service users. EIAs can be used to assess whether the policies that guide your work, the procedures you operate and the day-to-day working practices you have developed are likely to have a positive or negative impact across the diverse communities we serve in the Borough. This will enable us to plan out or minimise any negative consequences across the diversity strands:

- Age
- Disability
- Faith
- Gender
- Race
- Sexual Orientation
- Community Cohesion

We can then take action to prevent and eliminate unlawful direct and indirect discrimination, promote equality of opportunity and contribute positively to community cohesion objectives. Providing services that do not discriminate also leads to better quality services and increased satisfaction.

## Why Undertake Impact Assessments?

### **Improving the services we offer**

The purpose of Equality Impact Assessment is to improve the work of the Authority by ensuring it does not discriminate in the way it provides services and employment and that we promote equality and positive community relations across the six diversity strands. To understand why EIAs are necessary requires agreement that equality is not about treating everyone the same. It may mean accommodating individual requirements and taking the needs of different communities and groups into account when delivering services. The outcomes of a service must be the same for all service users, however the way they receive that service may very well differ.

## **Being systematic about how we measure impact**

This guide will provide you with a means of systematically assessing and recording the actual, potential or likely impact of a service or project on particular groups and identifying associated actions to improve services. EIAs are a good method of analysing what we are doing using the service user and their needs as our focus as well as considering potential impact of any new strategies.

The benefits of impact assessments include:

- Identifying whether we are excluding different groups from any of our services
- Identifying if direct or indirect discrimination exists
- Allowing us to consider alternative policies or strategies to address adverse impact
- Enabling us to embed equality issues into all our policy areas and everyday practice
- Targeting resources more effectively
- Developing a better understanding of the needs and aspirations of the diverse communities that we serve
- Developing good practice that promotes equality across all the diversity strands
- Raising public satisfaction with services and the Council
- Allowing us to understand whether the way we provide services is helping communities to come together.

## **It is a Statutory Requirement**

There are specific statutory duties for race, disability and gender through the Race Relations (Amendment) Act 2000, the Disability Discrimination (Amendment) Act 2005 and the Equality Act 2006 to ensure that our policies and practices do not discriminate against any group within our community and that we promote equality of opportunity and good community relations. This impact assessment however will extend beyond this to cover age, faith and belief and sexual orientation as well as disability, race and gender. This will ensure that we are working with other statutory equality drivers including the Sex Discrimination Act, the European Directives on age, faith and sexual orientation and the Equality Standard for Local Government.

## **Links to other Council Initiatives**

The work we do on Equality Impact Assessments will link to a number of other local and national priorities including:

### **Comprehensive Performance Assessment**

If our services are to be of the highest quality, which is the aim of CPA, they need to be provided in a way that ensures they meet the diverse needs of all our service users.

### **Service and Business Unit Planning**

Actions identified within Equality Impact Assessments will feed into a range of Council plans at all levels, including corporate, service and, business unit planning.

### **Community Cohesion**

The outcomes of Equality Impact assessments will feed into the Community Cohesion Strategy and our work with key partners on the Local Strategic Partnership

### **Resident Satisfaction**

Ensuring our services are delivered in a non-discriminatory way and meet the needs of all residents will be reflected in increased resident satisfaction results.

## **The Completed Equality Impact Assessment**

Equality Impact Assessments need to be part of the early stages of policy development so that they can be incorporated into any decisions. Whilst they can and will be used retrospectively for policies already approved and functions currently operating, they should never be considered a “bolt-on” to be used to complete the policy development process. Incorporating Equality Impact Assessments into the planning and delivery of services will enable us to integrate and embed equality principles into all areas and aspects of the council’s service delivery. The completed Equality Impact Assessments should be returned to the Diversity Team [diversity@stockton.gov.uk](mailto:diversity@stockton.gov.uk) who will publish them on the Diversity section of the council’s website. This meets our statutory duty to publish equality impact assessments. New policies will not be given Cabinet or Council approval without a completed Equality Impact Assessment.

## The 3 Stage Process- Guidance Notes

Once you have identified the aims and objectives of your policy, the 3 Stage Process gives you a robust mechanism to systematically assess it for the impact across the six strands of diversity.

### Stage 1 - Collecting information and data to support the assessment

An effective EIA relies on the effective analysis of both qualitative and quantitative data whether externally or internally developed as this gives us a clear description of the effectiveness of our service provision. Whilst it is tempting to undertake consultation exercises to support your EIA, you are likely to have already undertaken much data collection work throughout the early stages of the policy development, or through an existing policy's ongoing delivery and monitoring. Any decision to collect new data or introduce new monitoring needs to be in proportion to the importance of the policy or service, and mindful of the additional systems or investment that will be required to provide this.

In order to complete the impact assessment you will need to:

- Consider what information or data you have available either within your service or elsewhere in the Council and whether any further data will be needed.
- Use both quantitative (e.g. census, BVPI, Resident Satisfaction, national statistics, research, economic and workforce profile) and qualitative data (customer feedback information, complaints about the service, policy or function)
- There are comprehensive equality profiles available on the equality and diversity pages on the Stockton Borough Council website to support the EIA process [www.stockton.gov.uk/yourcouncil/33299/](http://www.stockton.gov.uk/yourcouncil/33299/)
- Consider information about the take-up and investigate who is not able to access the service or benefit from the policy

Use this data to identify the significant findings or trends, relating to the policy area and any impact across the 6 strands. It will be your judgement to identify what constitutes a significant impact but you must be mindful to consider all data which reflects difference between different groups. The person undertaking the EIA should clearly identify and document gaps and inadequacies in data, explain how these will be addressed and how future impact will be monitored.

## Stage 2 - Scoring the Policy / Function

Once all the information available has been gathered and considered, you can move onto scoring the policy for impact. A simple scoring system and chart is included on the proforma. Again the judgement on whether the policy is having / is likely to have a positive or negative effect under each of the headings is your own, but to help inform the judgement you should bear the following key considerations in mind when coming to your conclusions:

- Will / does the policy / function involve, or have consequences for, the people the council serves or employs?
- Are there any customer groups which might be expected to benefit from the policy / function but do not?
- Is there any reason that people's access to a service may be affected differently by the proposed policy due to age, disability, faith and belief, gender, race or sexual orientation?
- Is there any evidence that any part of the policy / function could discriminate unlawfully either directly or indirectly across the diversity strands?
- Are there any groups which are not satisfied with the policy / function or are more likely to make complaints?
- Is there a need to gather further information in order to assess this policy / function?
- Are there any barriers to the policy / function being received equally by all residents?
- Will the policy / function create the opportunity for integration?

The headings that you are being asked to score the policy against are taken from the range of equality duties that the council is required to operate within in order to demonstrate that our services offer true equality of access. This is recommended practice from the Commission for Racial Equality.

If you don't have enough data to make a judgement about the impact of the policy this needs to be recorded as 2<sup>ND</sup> to indicate that the anticipated neutral impact is not based on the data analysis. Where this occurs one of the actions recorded in the action plan will be to show how the lack of data will be addressed prior to the next review.

Some examples of positive and negative impacts are given below; use them to inform your deliberations. Remember something designed to offer extra support to one group of people may also have a positive or negative impact on others and you must be mindful of this. The examples highlight the need to gather and interpret high quality data and to fully understand your customer profile:

**Example 1**

The council has proposed a policy of only using meeting rooms that are fully accessible for disabled people. The data analysis identifies that there are no accessible meeting rooms which can be used located in the area of the town where the majority of BME residents live, therefore there will be a positive impact for disabled people in that all meetings will now be fully accessible

**But**

It may have a negative impact on the number of BME residents attending meetings as they will have further to travel to meeting venues.

**Example 2**

The Youth Service is proposing to increase its youth club provision by purchasing another double-decker Youth Bus. This will increase the number of youth club sessions substantially. The policy will therefore have a positive impact for young people by increasing youth provision across the borough

**But**

It may have a negative impact because data analysis has identified that access to the Youth Buses is limited for disabled young people who are already underrepresented as service users.

**Example 3**

Following consultation with their large print borrowers, the Library Service is proposing to produce a range of new information leaflets in large print. The policy will have a positive impact for disabled users as supported by the consultation findings

**And**

It will also benefit other groups, especially older people.

Where you make a judgement what you are impact assessing will have a positive impact (3), then you will be asked to evidence this and indicate the areas of the policy / function that are demonstrating this positive impact.

Once you have completed the scoring exercise, you will arrive at a total score for the policy / function under review. This score will assist the Diversity Team in determining whether any further work is required.

You may find that for some of the diversity strands there is no evidence to identify either a clear positive or negative impact for the policy function. In this case the score will be 2 (neutral impact) but this will indicate that future data collection needs to investigate this area and that subsequent review of the policy may be required.

Based on the score and the responses in other areas, the Diversity Team will consider whether the policy / function is likely to have a negative impact on one or more groups within the diversity strands and will advise on steps to mitigate this adverse impact before the policy can be implemented, or change it as soon as possible if already in place. This will be either by:

- **Changing the policy / function or amending the way it is delivered** to address stakeholder concerns or issues highlighted by the data or
- **Substantiating the aims of the policy / function as originally proposed** even when it could affect some people or groups adversely, for example because of the policy's importance to meet the specific needs of particular groups and there is no other way of achieving the aims of the policy. This should only be used when the negative impact of not pursuing the policy would be greater than its amendment or withdrawal. As such it should only be used on rare occasions.



## Stage 3 Publication and Monitoring

Once you have completed the EIA form, you will need to complete the summary sheet which gives space to indicate EIA score for the policy / function under review and also detail any remedial action required. You will then need to return the whole form to the Diversity Team [diversity@stockton.gov.uk](mailto:diversity@stockton.gov.uk) who will consider the assessment and make any suggestions or comments where appropriate. Once the assessment is agreed the summary form will be published on the internet under the Equality and Diversity section of the Council's homepage.

Following completion of the EIA process and even if the function / policy under review scores highly you will need to be conscious of the ongoing monitoring process which includes:

- submitting the Equality Impact Assessment Proforma to the Diversity Team for quality assurance checking and publication
- reviewing the equality impact of the policy / function at least on an annual basis and recording any changes
- reviewing the equality impact of the policy / function if it is amended
- including any remedial actions into Service Improvement Plans where required

It is vital to monitor policies / functions continuously to ensure that they are not having any adverse impact on people across the different diversity strands and to be aware that even if the policy / function doesn't change that the needs of communities which it is designed to serve may well do so.

# Equality Impact Assessment

Section One: About the Strategy / Policy / Function - *instructions appear in the status bar at bottom of screen*

Service Group	Service	Section	Lead Officer For EIA
CESC	Adults		Ruth Hill
Support Officer(S) Dawn Welsh		EIA Completion Date 01 November 2010	
<b>1) Name of policy / function</b>	Review of Fair Access to Care Services (FACS) – consideration of changes to the FACS banding and the impact on service users, resources, service arrangements/ requirements		
<b>2) Is this new or existing?</b>	Existing policy- the review proposes a change		
<b>3) What is the overall aim(s) of the policy / function?</b>	<p>We have to make sure everyone has fair access to our services. To do this we look at whether needs are critical, substantial, moderate or low. These 'levels of need' have been decided by the government for all social services directorates.</p> <p>To do this we have to assess people to work out what their needs are. We do this by working out if the needs are:</p> <ul style="list-style-type: none"> <li>Critical (i.e. life threatening)</li> <li>Substantial (i.e. seriously damaging health and well being)</li> <li>Moderate (i.e. affecting someone's health and well being and threatening their independence)</li> <li>Low (i.e. one or two aspects of a persons life are affected but their is no major risk)</li> </ul> <p>These 'bands' of need were originally set out in government guidance called 'Fair Access to Care' (FACS). (NB. See box 4 for details of revised guidance). The Government requires councils to decide which bands of care they will provide for, and people who are in those bands are said to have 'eligible needs'.</p> <p>At present Stockton Council's policy deems that all Critical, Substantial and Moderate bands will</p>		

	<p>be eligible for social care. In addition, aids and minor adaptations are provided to those who have Low needs. Councils, however, can change their eligibility criteria over time and the proposed change to the policy would mean that people assessed as having Critical and Substantial needs would be eligible for services (including aids and minor adaptations) whilst those with Moderate and Low needs would not.</p>
<p><b>4) What are the objectives of the policy / function?</b></p>	<p>The NHS Community Care Act 1990 sets out the need to ensure that people live safely in the community. It identifies that Councils with Social Care responsibilities should assess the needs of adults who may be in need of community care services and arrange the provision of such services to meet these needs.</p> <p>'Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care' is a national government framework for local authorities to determine the eligibility for adult social care based on assessed needs. The guidance (February 2010) outlines how local authorities should use, review and if necessary revise their eligibility criteria (this replaced national guidance that was produced in 2002 (LAC [2002]13 Fair access to Care Services – Guidance on Eligibility Criteria for Adult Social Care).</p>
<p><b>5) Who implements this policy / function within Stockton-on-Tees and how?</b></p>	<p>Social care staff will review an individual and consider if they are eligible for services and “band” them according to the level of risk around independence (as set out nationally). Existing clients are reassessed annually or where there has been a change in their circumstances. They can also request a reassessment where they feel their needs have changed.</p>
<p><b>6) Are there any partner agencies involved in the delivery of this policy / function? If so, whom?</b></p>	<p>Not directly</p>
<p><b>7) Are other services affected by this policy / function? If yes which are they?</b></p>	<p>Not directly</p>

## Data Review and Analysis

The data analysis should be used to identify who are the actual and potential customers for this policy. And any significant findings across the diversity strands i.e. any data that shows a difference or tells a story about the strand

### NATIONALLY COLLECTED DATA e.g. Census 2001, Labour Force Survey etc.

Please list significant findings for age, disability, faith/belief, gender, race, sexual orientation and community cohesion.

#### Age

In 2006, people of retirement age account for 18.9% of the population of England and Wales compared to 17.6% of the population or 33,000 people in Stockton. By 2029 this profile is projected to have significantly changed with 62% more people over retirement age. . Tees Valley Joint Strategy Unit, mid 2006 estimate.

#### Race

2.8% of the population define themselves as non-white in the 2001 census, up from 1.6% in 1991 and this trend is expected to continue. Stockton has a smaller BME community than England with most BME residents being of Pakistani origin. However we know that there are some projected figures from ONS which also include people seeking asylum or refugees.

#### Population figures and percentages for Stockton from the Census2001

	All People	White	Non White	Mixed	Indian	Pakistani	Bangladeshi	Chinese	Other
Number	178,410	173,480	4920	1000	780	1990	50	300	800
Percentage		97.2%	2.8%	0.6%	0.4%	1.1%	0.0%	0.2%	0.5%

#### Faith as recorded by the Census 2001

	Stockton		North East		England	
Christian	145,552	81.6%	2,014,608	80.1%	35,251,244	71.7%
Buddist	219	0.1%	3,097	0.1%	139,046	0.3%
Hindu	314	0.2%	4,370	0.2%	546,982	1.1%
Jewish	61	0.0%	3,151	0.1%	257,671	0.5%
Muslim	2,529	1.4%	26,925	1.1%	1,524,887	3.1%

#### Sexual Orientation

Government estimates put the gay, lesbian and bisexual population at between 5% and 7% of the population in England and Wales (DTI, Final Regulatory Impact Assessment: Civil Partnership, 2004). In a report by the National Association for the Care and Rehabilitation of Offenders (NACRO, Without Prejudice, April, 2002) estimates vary from 5% of the population in rural areas, to 25% in parts of London and Brighton. Using these estimates, it can be assumed that there are between 9,000 and 13,000 people in

Stockton who are gay, lesbian or bisexual.

Disabilty

19.9% of the population in the borough reported having a limiting long term illness in 2001 (35,438).

Gender

Stockton on Tees currently has a population of 192,900. Of the total population of the Borough, 49.1% is male and 50.9% is female. (SOURCE: TVU Stats Card 2010, based on the ONS 'Mid 2009 Population Estimates').

**LOCALLY COLLECTED DATA e.g. IPSOS MORI Household Survey, BVPIs, Viewpoint**

**Please list significant findings for age, disability, faith/belief, gender, race sexual orientation and community cohesion**



**SERVICE AREA COLLECTED DATA e.g. Comments and Complaints, User Surveys, Evaluation Forms.**

**Please list significant findings for age, disability, faith/belief, gender, race sexual orientation and community cohesion**

Case Studies of Customers-

As part of previous work around FACS banding and data quality a number of files were reviewed.

The following case studies highlight the client groups that were identified as falling into the Moderate banding:

44 year old with inoperable knee damage, high blood pressure, lymphodema and under active thyroid. Mobile with 2 sticks requested bathing assessment. Provided various appliances and adaptations.

For purposes of comparison examples of clients in Substantial banding:

72 year old woman with repeat falls, lung disease (breathless), high blood pressure, osteoporosis and a damaged shoulder (work injury). Needs support with all personal care and hygiene i.e. washing, bathing, dressing and toilet. Client also needs meals prepared and domestic support such as housework, laundry and shopping. Help to go out. The client receives 19.5 hours home care support per week and has appliances and adaptations.

Examples of clients in Critical banding:

52 year old woman who has cerebral palsy, epilepsy, involuntary movement and spasms (spasticity). Needs full assistance with washing, bathing, toilet, and dental hygiene. Needs meal preparation (soft diet), needs feeding and help drinking (uses a straw as unable to hold a cup). Needs medication administered. Needs full domestic support. Has problems communicating due to slurred speech, though can dial a phone with her toes and use speakerphone. Mobilises indoors by crawling on her hands and knees but uses a wheelchair to go out. The client receives continuous support from her partner. In addition she receives a direct payment from the local authority to fund 27 hours a week home care and Independent Living Fund contribution of a further 28 hours a week. Respite care is also provided.

Below is a profile of all the clients consulted by questionnaire as part of this review (all clients who had received some form of adult social care service as of 17/5/10)

Gender	Total	
profile of all the consulted clients		
Female	4502	65.71%
Male	2349	34.29%
Grand Total	6851	

Count of ID		
Age on 17/05/2010	Total	
Under 18	0	0.00%
18-29	275	4.01%
30-39	268	3.91%
40-49	499	7.28%
50-59	699	10.20%
60-69	902	13.17%
70-79	1623	23.69%
80+	2585	37.73%
Grand Total	6851	

Ethnicity	Total	
White - British	6442	94.03%
White - Irish	24	0.35%
White - Any Other White Background	32	0.47%
Mixed - White and Black Caribbean	2	0.03%
Mixed - White and Black African	1	0.01%
Mixed - White and Asian	3	0.04%
Mixed - Any Other Mixed	0	0.00%
Asian - Indian	21	0.31%
Asian - Pakistani	58	0.85%
Asian - Bangladeshi	3	0.04%
Asian - Other Asian	8	0.12%
Black - Caribbean	1	0.01%
Black - African	3	0.04%
Black - Black Other	1	0.01%
Chinese	5	0.07%
Any Other Ethnic Group	9	0.13%
Information not yet obtained	1	0.01%
Not yet obtained	237	3.46%
Grand Total	6851	

Profile of the clients in the moderate or Low Group oct 2009-sept 2010

The 749 potentially affected clients receiving Daycare, Transport, Homecare or Direct Payments whilst FACS banded as Moderate or Low between Oct 2009 to September 2010.

Gender	Total	%
Female	473	63.15%
Male	276	36.85%
Total	749	

Age Band	Total	%
18 - 64	198	26.44%
65+	551	73.56%
Total	749	

Ethnicity	Total	%
White - British	728	97.20%
White - Irish	5	0.67%
White - Any Other		
White Background	5	0.67%
Asian - Bangladeshi	1	0.13%
Asian - Indian	4	0.53%
Asian - Pakistani	2	0.27%
Asian - Other Asian		
Black - Black Other		
Mixed - White and Asian		
Mixed - White and Black Caribbean		
Chinese		
Any Other Ethnic Group <sup>1</sup>		0.13%
Not yet obtained	3	0.40%
Total	749	

Client Category	Total	%
Physical Disability-inc. Physically Frail	568	75.83%
Sensory Loss	24	3.20%
Learning Disability	62	8.28%
Mental Health Needs-inc. Dementia, Confused	86	11.48%
Other Vulnerable Adults	9	1.20%



Total 749

All clients receiving Daycare, Transport, Homecare or Direct Payments irrespective of FACS band between Oct 2009 to September 2010.

Gender	Total	%
Female	1396	63.66%
Male	797	36.34%
Total	2193	

Age Band	Total	%
18 - 64	689	31.42%
65+	1504	68.58%
Total	2193	

Ethnicity	Total	%
White - British	2123	96.81%
White - Irish	8	0.36%
White - Any Other White Background	13	0.59%
Asian - Bangladeshi	2	0.09%
Asian - Indian	11	0.50%
Asian - Pakistani	12	0.55%
Asian - Other Asian	2	0.09%
Black - Black Other	1	0.05%
Mixed - White and Asian	2	0.09%
Mixed - White and Black Caribbean	1	0.05%
Chinese	2	0.09%
Any Other Ethnic Group	1	0.05%
Not yet obtained	15	0.68%
Total	2193	

Client Category	Total	
Physical Disability-inc. Physically Frail	1505	68.63%
Sensory Loss	73	3.33%
Learning Disability	254	11.58%
Mental Health Needs- inc. Dementia, Confused	342	15.60%
Other Vulnerable Adults	19	0.87%
Total	2193	

Complaints Data- There were 25 complaints that could be considered under the fair access to care service received 1 April 2007 to 31st March 2009 . Within that there were two that fit within a FACS complaint.

Consultation on Fair Access to Care (the process took place during the period 1st June to 27th August 2010):-

A questionnaire and information booklet were sent to the 6851 clients and carers who were in receipt of Council adult social care services. The survey and booklet was also made generally available to the public, including on the Council's website. 1340 surveys were returned in total. 1276 surveys were returned out of the 6851 that had been mailed out (out of these the minimum needed for a statistically valid response was 1100), and an additional 64 were returned from members of the public and other interested parties.

The Council's Community EIA Panel were involved in the design of the consultation process, and their suggestions including increased involvement of young people were included in the final plan. The Panel was also consulted on the preparation of this EIA, as was the Council's Diversity Team.

In addition to the survey a range of engagement events and meetings were attended. This included seven dedicated public meetings, attendance at a range of existing forums, and dedicated focus groups. Events were organised for particular client groups, including three Learning Disability Day Services events, a deaf community meeting, the BME Network, over 50s Forum, young people and the transitions group, and the Faith/Belief group. The Council's Disability Advisory Group was consulted. A presentation was provided at each event and this was followed by the opportunity for more in-depth discussion. Copies of all the documentation was available in other formats on request.

The following tables provide the demographic breakdown of respondents to the FACS consultation questionnaire:

Respondent

Client	893	67%
Carer	184	14%
Both (Joint response in some cases)	14	1%
Other	163	12%
Not stated	86	6%

Gender

Male	417	31%
Female	763	57%
Not stated	156	12%
Other (Joint response in some cases)	4	0.3%

Age

Under 18	4	0.3%
18-29	29	2%
30-39	45	3%
40-49	105	8%
50-59	171	13%
60-69	230	17%
70-79	307	23%
80+	394	29%
Prefer not to say	26	2%
Not stated	29	2%

Ethnicity % (rounded to 2 dec. point)

White British	1259	93.96%
White Irish	15	1.12%
Any other white	10	0.75%
White/Black Caribbean	3	0.22%
White/Black African	3	0.22%
White/Asian	-	-
Any other mixed	1	0.07%

Indian	12	0.9%
Pakistani	2	0.15%
Bangladeshi	-	
Any other Asian	-	
Caribbean	-	
African	-	
Any other black	-	
Chinese	-	
Other ethnic	1 (Kurdish)	0.07%
Not stated	34	2.54%

White: 95.83%

Non-White: 1.63%

Not stated: 2.54%

In terms of the main consultation proposal, the survey showed that 45% of respondents agreed, and 21% of respondents disagreed with the idea of changing the eligibility rules. This gives a net positive result of 24% .

Discussion at focus groups also highlighted general agreement with the proposal. However it is clear that a minority of respondents felt strongly against the proposed change.

## Stage 2 Scoring the Policy

Now that you have all the information available you can move onto scoring the policy for impact:

	Does it reduce discrimination?	Does it or is it likely to promote equality of opportunity?	Does it promote good relations between these groups?	Does it encourage participation in public life and access to council services?	Does it promote positive attitudes and images to different groups?	Total Score for strand
Age	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9
Disability	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9
Faith/Belief	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	10
Gender	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	10
Race	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	10
Sexual Orientation	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	10
Community Cohesion	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	10
<b>Total Score</b>						<b>68</b>

### Scoring System:

- Score 3 if the policy has a positive effect
- Score 2 if the policy has a neutral effect
- Score 1 if the policy has a negative effect
- If a score has been awarded due to lack of data rather than anticipated effect please indicate by using **the check box**

**Evidencing the Score** - Positive impact scores (3) should be evidenced in the table below. This is not a repeat of the data in the review and analysis section but a demonstration of how the policy or strategy is having a positive impact. For example, if there is a specific section in a document that sets out what you are trying to achieve, please reference here.

<b>Score being evidenced</b>	<b>Reference / Source / Justification for the score</b>
<p>Score 1 for access to council services for Age and Disability strands</p>	<p>As the majority of the clients in the moderate group are over 65 and /or have a disability there is a likely negative impact on these client groups. The mitigating actions outlined in the action plan around communication/signposting, capacity building for third sector organisations delivering services/voluntary work and potential investment, subject to resources, in preventative services would seek to mitigate this effect. A monitoring process for those who may not be eligible for services has also been included in the EIA Action Plan.</p>
<p>Score 2 for equality of opportunity for Age and Disability strands</p>	<p>Further development of, and signposting to, a range of community services will aim to enable those affected residents to maintain their participation in society and the local community, which may otherwise have been affected by the withdrawal of services for those in the Moderate band. Advice and information services will form an important part of this. The opportunity to develop these services will be kept under review, as will the impact upon the client group through monitoring processes, including the actions outlined in the EIA Action Plan.</p> <p>The focus is on the age and disability strands due to the nature of the client group / potential client group.</p>

## Equality Impact Assessment Summary

<b>Name of policy / function</b>	Fair Access to Care	
<b>Service Group</b>	<b>Service</b>	<b>Lead Officer For EIA</b>
CESC	Adults	Ruth Hill
<b>Support Officer(S)</b> Dawn Welsh		<b>EIA Completion Date</b> 01 November 2010

### Action Plan:

This action plan highlights that will address the issues highlighted in the Equalities Impact Assessment. Longer term issues will be developed into actions within the relevant Service Improvement Plan. They will also be included in the Disability, Gender and Race Action plans that form part of the Council's Single Equality Scheme

Objective - To ensure that the Fair Access to Care Services Policy / Function is being delivered so all residents have equal opportunities to benefit from its aims and objectives.		
<b>Key Actions</b>	<b>Who is responsible?</b>	<b>Timescale</b>
Produce a further EIA 12 months after implementation of the policy change Each client would need to be individually reassessed and allocated a FACS banding before any changes to their services related to this policy were made. As clients could move up or down the bandings when reassessed the client group is changing all the time so a sample snap shot baseline picture will be taken of the numbers/percentages of the diversity strands within the critical, substantial, moderate and low bandings before the policy change and another 12 months down the line.	Head of Adult Operations	Baseline produced 1 April 2011 then reviewed 1 April 2012
Develop a process to monitor the progress of a sample of clients, whose needs are not assessed as eligible under the new criteria, after a period of 12 months after each of	Head of Adult Operations	Process developed

<p>their assessments and who will therefore have been directed to community based services as appropriate.</p>		<p>by 1 April 2011 - completed sampling by April 2012</p>
<p>Complete follow up EIA-The data from the above would then to be used to complete a further EIA which would be used to inform any mitigating actions.</p>	<p>Head of Adult Operations</p>	<p>EIA completed April 2012</p>
<p>Data Further work be undertaken to ensure data quality is maintained by putting in place a process to monitor the information held in relation to clients' eligibility bandings and to keep this under review.</p>	<p>Head of Adult Operations</p>	<p>February 2011</p>
<p>Communication The proposed communications plan that is to be developed in order to clearly communicate the revised policy and its implications to clients, staff and stakeholders should outline appropriate measures to communicate with the over 60's, which make up the majority of the client group, and those with disabilities and vulnerable adults. The information provided to clients should continue to include reference to the availability of advocacy and other methods of support when undergoing assessments.</p>	<p>Head of Adult Operations / Communications Team</p>	<p>January 2011</p>
<p>Preventative Subject to the availability of resources, consideration should be given to investment in targeted community services, using a preventative approach and the emerging priorities outlined in the report where possible, and that particular consideration should be given to investment in assistive technology (for example Telecare);</p>	<p>Head of Adult Strategy</p>	<p>February 2011</p>
<p>Endorsing the Council's approach to building capacity in the third sector consideration should be given to enabling the sector to focus on preventative, community services for Adults, on a sustainable basis where possible, utilising the range of programmes that have been developed with Catalyst e.g. the proposed Third Sector Investment Fund</p>	<p>Head of Adult Strategy / Head of Policy, Performance and Partnerships</p>	<p>March 2012</p>



<p>Advice and Guidance</p> <p>Advice and information services be further developed to enable signposting to community services, and that such services should be up to date and accessible, include effective promotion of community services that already exist, and be linked to the work being undertaken as part of the implementation of the EIT Review of Advice and Information, and the Personalisation project.</p>	<p>Head of Adult Operations / Lead officer for EIT Review of Advice and Information</p>	<p>March 2012</p>
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<p><b>Stage 3 Publication and Monitoring</b></p> <p>Date of Publication 18 Nov. 10 Date Set for Review 01 Apr. 12</p>	<p><b>Published Score</b></p> <p><b>68</b></p>
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