

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 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/
- 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 2ND 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 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 | Adult Mental Health Services | Julie Nixon |
| Support Officer(S) Peter Mennear | | EIA Completion Date 07 January 2013 | |
| 1) Name of policy / function | Efficiency, Improvement and Transformation (EIT) Review of Adult Mental Health Services - Pre-Consultation EIA | | |
| 2) Is this new or existing? | Existing policies and service delivery - the review proposes changes to the way in which Adult Mental Health Social Care Services are delivered, and is part of the Council's overall EIT programme that is examining all Council services. The review is being undertaken by the Adult Services and Health Select Committee, supported by a project team. | | |
| 3) What is the overall aim(s) of the policy / function? | <p>[NB. This section describes the aims and proposals of the review] The EIT review is examining adult mental health social care services for working age adults. The review seeks to identify options for future strategy, policy and service delivery that will deliver efficiency savings and improve outcomes for clients in receipt of services, whilst ensuring maximum inclusion in line with personalisation. This EIA has been completed as part of the development of options and principles of future service delivery, in advance of a 12-week period of public consultation that will seek views on the proposals. The results of the consultation will be used by the Select Committee in order to inform its recommendations on the way forward, which will then be submitted to the Council's Cabinet for a final decision.</p> <p>The review is proposing a number of changes to the provision of adult mental health services for clients of Stockton Council. These are as follows:</p> <p>a) Engage and support providers including the voluntary sector to develop services that meet</p> | | |

| | |
|--|--|
| | <p>the assessed needs of service users and attract personal budgets;</p> <p>b) Improve the provision of information, advice, and signposting services for service users to enable them to identify appropriate services;</p> <p>c) Strengthen support to service users in taking personal budgets to access services that meet their assessed needs;</p> <p>d) Cease providing the in-house day services provided at Norton Road and Ware Street (the Links unit), support the development of alternative provision of day time activities in the third sector / independent sector, and consider investment in Community Bridge Building as a key intervention and support service for adult mental health service users;</p> <p>e) Cease provision of the in-house respite and rehabilitation beds at Ware Street, and develop alternative options for rehab, respite and short break services, to enable a more flexible approach to service provision and achieve better value for money;</p> <p>f) Revise the community support service specification and eligibility criteria to become a short term intensive support service based on the recovery model (maximum period of 12 weeks);</p> <p>g) Re-configure the current in-house community support service in order to meet the needs of the revised specification;</p> <p>h) Ensure that any ongoing assessed needs beyond the 12-week period, are met through commissioned services or personal budgets;</p> <p>i) Cease provision of the dedicated service user and carer involvement posts, ensuring that these functions are embedded into the wider adult social care arrangements for involvement and consultation.</p> |
| <p>4) What are the objectives of the policy / function?</p> | <p>[NB. This section describes the existing policies/services]</p> <p>The services under review include: day services, rehabilitation, respite, the community support function, user and carer involvement, and commissioned 24hr residential care. In-house services are provided at 70 Norton Road (day services), and Ware Street Resource Centre (out of hours day services, rehabilitation, and respite services).</p> <p>People with a mental health needs may or may not be eligible for community care services. This will depend on their level of need following an assessment process.</p> <p>The NHS and 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 people and arrange provision of community care services to meet these needs. This</p> |

can include arranging the provision of residential accommodation for persons with a mental disorder, or to prevent mental disorder. Guidance on eligibility criteria was renewed in 2010 and is now called 'Prioritising Need in the context of Putting People First' (previously called 'Fair Access to Care Services' - FACS).

S.117 Mental Health Act 1983 places a duty on local authorities with social services functions, together with certain health bodies, to provide after-care services for mentally disordered patients who have ceased to be detained under S.3 Mental Health Act 1983 or certain hospital orders.

Assessment is based upon the risk factors associated with autonomy, health and safety, managing daily routines, and involvement in family and community life. Clients may be placed in one of four bands of need: Low, Moderate, Substantial, or Critical.

Councils are able to set their own level of eligibility criteria; Stockton Council's was amended as of 1 April 2011. Only clients who are assessed as having Substantial or Critical needs will be eligible for community care services. However the new guidance makes clear that appropriate signposting and information services, universal community services that are open to all, and targeted community services, should be in place for those not eligible for social care, but who will need some form of access to support and activities to prevent them from deteriorating to the point at which they will become eligible for community care services.

If a client is assessed as having eligible needs a care package would be put in place tailored to an individual's needs. Clients receive an initial 6-week review of the care package, followed by an annual review of their care or more often if needs change frequently.

Assessment in adult mental health services is undertaken by the Access Team which includes social work, nurse and consultant input. Those with eligible needs are referred to either the Affective Disorder or Psychosis Teams for their care planning and ongoing care management. Care managers are qualified mental health practitioners and could be social workers, occupational therapists, nurses, or medical staff, dependent on the individual case.

The previous National Service Framework set out guidance to reduce the use of in-patient beds and increased care in the community. The white paper 'Our Health, Our Care, Our Say' increased the focus on providing both NHS and local authority services on a more flexible basis, with focus on individual needs and care closer to home. Generally speaking, services over the previous ten years have included a reduction in the amount of day centre type provision, and

more focus on the community-based social inclusion model.

Current Government policy guidance from the Department of Health is set out in “No Health without Mental Health”. It is a cross-government mental health outcomes strategy for people of all ages (DH 2011). The commitments in the strategy include the following:

- a) improve the mental health and well-being of the population
- b) keep people well
- c) ensure that more people with mental health problems regain a full quality of life as soon as possible.

Personalisation is increasingly important for mental health social care services, and the Government has demanding targets for the take up of personal budgets.

In Stockton the Local Authority lead the Mental Health Strategy Group which brings together commissioners, operational staff, health staff and other stakeholders to implement both the strategy and best practise recommendations of the Department of Health. Within other best practise models, Stockton Council are promoting the use of the Mental Health Recovery Star Model, this is being included in contract specifications and is recognised as a good practice example in support planning for Reablement.

When providing, and proposing changes to, services the local authority must have due regard to the general equality duty under s.149 of the Equality Act 2010. The Act replaces the Race, Gender, and Disability duties that are described at the introduction to this EIA, and came into force on 5 April 2011. The Act extends protected characteristic status to the following: age, disability, sex, gender reassignment, pregnancy and maternity, race, religion and belief, sexual orientation, and marriage and civil partnership.

The Act requires the local authority (and other providers of publicly funded services) to, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

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|---|---|
| | <p>Having 'due regard' means consciously thinking about the 3 aims of the Equality Duty as part of the process of decision making. This means that consideration of equality issues must influence the decisions reached by public bodies including the development and review of policy, service delivery, and commissioning and procurement.</p> <p>Having due regard to the need to advance equality of opportunity involves:</p> <ul style="list-style-type: none"> - removing or minimising disadvantages suffered by people due to their protected characteristics; - taking steps to meet the needs of people from protected groups where these are different from the needs of other people; - encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low. <p>The duty is continuing one and 'due regard' must be given before and at the time a particular decision is being considered which may affect people with protected characteristics.</p> <p>In addition to any or all of the other protected characteristics, people eligible for adult mental health services are covered by the Act as a protected group due to their disability.</p> |
| <p>5) Who implements this policy / function within Stockton-on-Tees and how?</p> | <p>The services under review are the responsibility of Stockton-on-Tees Council. They are part of the Integrated Mental Health Service which is managed by Tees, Esk and Wear Valleys NHS Foundation Trust under a partnership agreement with the Council. The care management function is also part of the Integrated Service.</p> <p>Stockton Borough Council has a charging policy for non-residential clients, and charging policy for use of Ware Street beds. The assessments are carried out by staff in the Client Financial Services section within CESC Adult Services.</p> <p>It is important to note that any client that is classed as S.117 (Clients that have been detained under Section 3 of the Mental Health Act) do not pay contributions for any services that they receive following their detention.</p> |

| | |
|--|--|
| <p>6) Are there any partner agencies involved in the delivery of this policy / function? If so, whom?</p> | <p>TEWV NHS Foundation Trust manage the delivery of in-house services as outlined above, and provide the specialist health services that may be accessed by this client group (nb. the health services are not the responsibility of the Council).</p> <p>A number of residential placements are commissioned from external providers, and these placements are both in and out of the Borough.</p> |
| <p>7) Are other services affected by this policy / function? If yes which are they?</p> | <p>Some clients who are currently in adult services have previously been in receipt of children's services, which are also provided by CESC. Children from 14 years are supported through the transition process.</p> <p>Housing Services are responsible for housing policy and strategy for the Borough which includes developing independent living options for people with mental health needs where appropriate, and the provision of advice through the Housing Options service.</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.

Stockton-on-Tees has a population of 191,621 and the working age population (18-64) is 119,384 (Census 2011). 29,951 are aged 65+ (Census 2011), and this is projected to increase by 62% by 2029 (JSNA 2010).

Less than 5% of the population is from the BME community, and the majority of the BME community is of Pakistani heritage.

The causes of mental disorder are extremely complex and include physical, social, environmental and psychological issues. It is widely accepted that 1 in 4 people will experience mental health problems however estimating the prevalence of mental health problems is not straightforward and relies upon estimates and modelling from a range of national studies such as the National Psychiatric Morbidity Survey. The estimates are that at any one time, 16% of adults aged 16-74 have a neurotic disorder such as depression, anxiety, panic disorder, phobias and obsessive compulsive disorders which translates as 1 person in 6. More serious psychotic disorders are much less common, affecting approximately 4 per 1000 adults aged 16-64.

Mental health conditions are strongly associated with socio-economic deprivation and the connection between rates of mental illness and other factors such as poverty, unemployment and social isolation is well established. Employment opportunities for people with mental health problems in Stockton are very limited and of those long term unemployed claiming incapacity benefit, two thirds have a mental health problem.

Mental health needs in Stockton are higher than the national average and the promotion and development of good mental health is essential to the human, social and economic development of the borough. Whilst the development of high quality mental health services is an important part of delivering this agenda, the potential to promote good mental health lies with a number of agencies such as those responsible for housing, regeneration, social care, employment, leisure and health.

The term mental health problem is used widely and covers a wide range of problems which affect the individual's ability to cope with their daily life. It also acknowledges that a problem is not necessarily an illness. Mental disorder is a clinically recognised disorder or disability of the mind.

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

As of October 2012, the demographic breakdown of the client group was as follows:

| | | | | | | |
|------------|-------|-------|-------|-------|-------|-------|
| Age Group | 18-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 |
| Percentage | 8% | 13% | 22% | 31% | 21% | 5% |

| | | | | | |
|------------|---------------|-------|---------|-------|--------------------|
| Ethnicity | White British | Asian | African | Other | Info not available |
| Percentage | 94% | 2% | 1% | 1% | 3% |

| | | |
|--------|------|--------|
| Gender | Male | Female |
|--------|------|--------|

Percentage 49% 51%

Additional disabilities Yes No

Percentage 1% 99%

(Three people had mobility problems and one was hard of hearing.)

Stage 1 consultation has been undertaken in order to gather views on the current services. This took place between 22 October and 16 November 2012. The approach included:

- consultation documents including surveys mailed to service users and carers/supporters;
- information on the SBC webpage including the facility to return the consultation;
- five drop in sessions in Yarm, Stockton, Thornaby, Ingleby Barwick, and Billingham;
- five focus groups for users of CHAT, Billingham Outreach, 70 Norton Road, S.U.R.G.E., and Thornaby Outreach.

Four people attended the drop-in sessions, and a total of 64 people attended the service user focus groups.

Sixty-eight service user surveys were returned out of 307 which is a response rate of 22%, and eight carer/supporter surveys were returned out of 43 which is a response rate of 19%.

Service user survey demographic breakdown

Age:

20-29 4.7%

30-39 10.9%

40-49 25%

50-59 34.4%

60-69 21.9%

70-79 1.6%

Prefer not say 1.9%

Ethnicity:

White English/Welsh/Scottish/Northern Irish/ British 96.9%

Pakistani 1.5%

Prefer not to say 1.5%

Gender:

Male 50.8%

Female 49.2%

Marital Status:

Single 43.9%

Married 33.3%

Separated 7%

Divorced 10.5%

Widower 3.5%

Prefer not to say 1.8%

Disability:

Yes 77.2%

No 7%

Prefer not to say 15.8%

Service in the UK Armed Forces:

Prefer not to say 8.8%

Carer/supporter survey demographic (please note: only 8 people responded to this survey):

Age:

40-49 25%

50-59 37.5%

60-69 37.5%

Ethnicity:

White English/Welsh/Scottish/Northern Irish/British 87.5%

Pakistani 12.5%

Gender:

Male 50%

Female 50%

Marital Status:

Married 100%

Disability:

No 100%

Service in the UK Armed Forces:
Previously served 12.5%

From the results of the survey, overall, for service users, staffing, location, ease of access/referral/opening hours, and having a variety of activities were seen as being particularly important when using services. 85.7% of respondents were very satisfied or satisfied with mental health services provided by Stockton Council. A number of comments were made in the surveys reflecting a range of positive and negative individual experiences. A range of examples of voluntary and community mental health services was provided to assess awareness of them; a clear majority of those who responded stated that they were not aware of them or had never used them. Comments included the need to raise awareness of what is available, and some expressed satisfaction with what they currently receive.

When asked to highlight what people would like to see more of from local service in future, comments included: flexible provision, variety and choice, greater support towards independence, prompt and timely support when needed, better awareness of existing provision, continuity and consistency, dedicated respite/short breaks units, and advocacy, welfare benefits and financial advice.

The following is a summary of the discussions at the service user focus groups (including the words of clients):

The reasons clients attend a specific service include:

- Friendship and shared experiences are all helpful
- An opportunity to get out of the house
- An opportunity to talk to people who understand mental health problems
- A well-deserved break for carers
- Stability in a time of crisis
- Reduces hospital admissions

Clients value:-

- Easy self-referral for access (Thornaby Outreach)
- The only mental health service in Thornaby (Thornaby outreach)
- The only mental health service in Billingham (Billingham outreach)
- Familiar staff help to ensure clients feel comfortable about attending
- 1:1 support
- Volunteering at CHAT – ‘I want to help others; I feel proud to be a volunteer’; different volunteering levels and training help build confidence and opportunity to grow as a person.

Development of Services

- Suggestion that male and female support workers should rotate at outreach sessions
- Universally clients would appreciate more choice in activities
- Support for additional community based activities
- Extended opening hours to support additional activities and better coverage
- Advocacy support would be a welcome addition to the offer at all services
- Benefit support and advice is a recurring request
- More opportunities for social and recreational activities.
- Risk Assessments used as an excuse to avoid delivering new activities even when specifically requested (relating to Ware Street).

Some feedback was also provided on: specific services, GP referrals, location of crisis beds, care co-ordinators not being included in the review, housing, financial assessments, and the need to improve understanding of personalisation.

Feedback from Public Drop In Sessions:

4 people attended these sessions. The discussion covered issues including:-

- Traditional Day Services are sometimes not conducive to an individual's recovery i.e. being in the company of others who are unwell or acutely unwell.
- Individuals appreciating the role of their link/support workers
- The move to Wessex House – a backwards step as it is much less accessible and more social work time will be spent just on travelling.
- Additional community based services are appealing to provide choice other than traditional day services.
- Charging policy – a disincentive to use statutory services, anecdotally client has moved on to a non-charged voluntary sector provision to reduce costs.

The phase 1 consultation survey aimed at carers and supporters of clients with mental health needs received a low response rate of 8 replies (out of 43). It will be a key aim of the second phase consultation to increase engagement with this group. Given the low response, only a few comments were received, and these showed a spread of opinion on carer support services; references were made to services such as the Avalon sitting service and the George Hardwick Foundation, and requests for more information on what is available. There was a mix of positive and negative feedback on general support for carers, carer assessments, and how identified needs were being met.



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 checked="" type="checkbox"/> | 2 | <input checked="" type="checkbox"/> | 2 | <input checked="" type="checkbox"/> | 2 | <input checked="" type="checkbox"/> | 2 | <input checked="" type="checkbox"/> | 10 |
| Disability | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 12 |
| 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 checked="" type="checkbox"/> | 2 | <input checked="" type="checkbox"/> | 2 | <input checked="" type="checkbox"/> | 2 | <input checked="" type="checkbox"/> | 2 | <input checked="" type="checkbox"/> | 10 |
| Race | 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 |
| 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 type="checkbox"/> | 3 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 12 |
| Total Score | | | | | | | | | | | 74 |

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.

| Score being evidenced | Reference / Source / Justification for the score |
|---|---|
| <p>Positive scores for Disability and Community Cohesion in relation to 'promotion of equality of opportunity' and 'encourage participation in public life and access to council services'.</p> | <p>The proposals for day time activities seek to increase opportunities for increased integration in the community for adult mental health service users, in line with the approach to personalisation and the recovery model. Personalisation provides the opportunity to consider an individual's strengths and preferences when designing a package to meet their assessed needs. A more personalised community based approach to services could be an alternative to service users entering 'traditional' building-based services for substantial periods of time, and assist with the recovery model approach which has the ultimate aim of seeing people rehabilitated and self-reliant.</p> <p>Proposals to increase service users choice and control of their lives, could see an increase in attendance at a range of universal/community based local public services (for example leisure facilities) funded through personal budgets, along with other voluntary and independent sector-based sources of support.</p> <p>The Community Bridge Building service will be assessed for its suitability for mental health services, and aims to provide support to service users as they access mainstream services, including volunteering and leisure opportunities.</p> <p>The proposals also aim to develop more choice in relation to short break services as an alternative to traditional respite care.</p> <p>Following the phase 1 consultation, it is clear that 70 Norton Road and the Links day services, although poorly utilised, have a number of service users that are closely attached to the services. Discussion of proposed changes may cause disruption to their care and friendship groups, and this risk will need to be mitigated through further consultation and appropriate care management.</p> |

Equality Impact Assessment Summary

| | | |
|----------------------------------|--|--|
| Name of policy / function | The EIT Review of Adult Mental Health Services | |
| Service Group | Service | Lead Officer For EIA |
| CESC | Adults | Julie Nixon |
| Support Officer(S) | Peter Mennear | EIA Completion Date 07 January 2013 |

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 EIT Review of Adult Mental Health Policy / Function is being delivered so all residents have equal opportunities to benefit from its aims and objectives. | | |
|---|---|------------------|
| Key Actions | Who is responsible? | Timescale |
| In order to further improve the information available when assessing the proposals for service change, a second phase of public consultation will take place. An analysis of the responses to this will provide more detailed information on the needs and opinions of service users, carers and other stakeholders in the process. More focus will be given to increasing the response rate of carers/supporters in this second phase, given the low response rate of this group to the first phase of consultation. | Julie Nixon and Project Team / Adult Services and Health Select Committee | By June 2013 |

| | | |
|---|--|---------------------|
| <p>Further work is also ongoing to better understand the client group in terms of age, gender, additional disabilities, and ethnicity, and the potential impact of any changes on this client group. This information when gathered will inform a revised EIA and therefore inform the final decision making process.</p> | <p>Julie Nixon and Project Team / Adult Services and Health Select Committee</p> | <p>By June 2013</p> |
|---|--|---------------------|

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| <p>Stage 3 Publication and Monitoring Date of Publication 7 January 13 Date Set for Review 1 June 13</p> | <p>Published Score 74</p> |
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