

# 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	Learning Disability Services	Julie Nixon
Support Officer(S) Peter Mennear		EIA Completion Date 06 December 2012	
1) Name of policy / function	Efficiency, Improvement and Transformation (EIT) Review of Learning Disability Services (Post-Consultation EIA)		
2) Is this new or existing?	<p>Existing policies and service delivery - the review proposes changes to the way in which Learning Disability 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.</p> <p>An EIA was considered by Committee and Cabinet when the proposals for change were agreed in principle in May 2012. This version has been updated to include the results of the 12-week consultation process which followed agreement of the proposals in principle in May.</p>		
3) What is the overall aim(s) of the policy / function?	<p>[NB. This section describes the aims of the review] The EIT review has reviewed all aspects of learning disability adult social care services for working age adults. The review was undertaken 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 following the development of options and proposals for the future delivery of services, and includes the results of a 12-week period of public consultation. The results and this EIA are to be used to inform the Select Committee in making its final recommendations, 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 learning disability services for</p>		

clients of Stockton Council.

The review proposes a number of changes to internal service policy and procedures. These include:

- improved usage of staff skills in the selection of care packages including involvement of the Adult Commissioning, and SBC Corporate Procurement Teams as appropriate, improved use of data on current and future projected client need, review of the service provided at Oak Road in-house residential unit to see if it should become a supported living scheme (including consultation and review process with the clients affected), increased use of the 'Six Point Plan to Independence' as part of the Personal Needs Questionnaire process in order to maximise independence, refresh of contracts with providers and increased role for the Procurement Team, robust reviews of care packages in order to ensure that they continue to meet the needs of clients, review costs of in-house services to ensure that they provide value for money including staff restructure where appropriate, review of the in-house Community Support Service to ensure it is fit for purpose and value for money, and possible use of it as a reablement service, improved transition process, provide better information on housing options for people with learning disabilities, improve the process of training clients for independent living, promote the need for more changing facilities in the community for those with complex needs, and ensure that the charging policy is equitably applied across all services.

In addition the review proposed a number of changes that may involve changes to a current client's care package following a re-assessment, or for future clients, and which have been subject to the public consultation. In summary these were:

- to provide one building based day service in the Borough, which would provide care for those with assessed complex needs. This would be based at Allensway and would provide for those who have complex needs, including those who currently attend Rievaulx;
- service users who did not have complex needs would be supported to access an increased range of community based day services, including services in Billingham;
- to introduce a café style or packed lunch service and remove the subsidised meals service where this is currently provided;
- to review the Brighter Futures service to ensure service users progression is fulfilled in line with their assessed needs;
- for the Council to encourage the development of community business opportunities for service users;

- out of Borough day care placements would not be commissioned unless the Council was satisfied that assessed needs could not be met in-Borough;
- service users in out of Borough day care placements would be encouraged and supported to return to in-Borough services, subject to assessed needs being met, and this may mean commissioning additional provision in-Borough;
- opinions were sought on whether or not to keep the set holiday closure periods currently in place for in-Borough day services (based on Easter, Summer, Christmas);
- a pilot Community Bridge Building (CBB) scheme has been in operation since April 2012, and this aimed to increase access to universal community services. Service users would have access to the scheme where this met assessed need. The consultation sought views on the idea of CBB, which could be rolled out if the pilot was successful.
- as a general principle it was proposed to enable more people to have independent living opportunities, and reduce the use of residential care; this would usually be considered when supported living would not meet assessed needs, or would not provide value for money;
- increase the range of in-Borough residential provision to minimise out of Borough residential placements;
- service users in out of Borough residential care will be encouraged and supported to return to in- Borough residential care where appropriate;
- to increase the range and choice of affordable homes for more independent living;
- to encourage and support services users in residential care who were ready to move into independent living that provided value for money;
- to increase the number of respite beds available at Lanark Close from 6 to 9;
- to develop more choice for short breaks and respite options;
- work with the NHS to explore the possibility of a joint respite facility for those with complex needs;
- to increase the amount of autism services in the Borough.

The response to the public consultation on these issues is summarised under Service Area Collected Data.

The proposals met with a positive response overall and these are therefore submitted for confirmation. The exception is the proposal to review the set holiday closure periods. The consultation results were divided with service users in the main preferring to see day services remain open throughout the holiday periods, although some felt it was good to have a break from the service. Carers in response were evenly split in opinion. Due to the other significant changes to day services that are recommended it is not proposed to suggest further changes at

	this time.
<b>4) What are the objectives of the policy / function?</b>	<p>[NB. This section describes the existing policies/services] There are various definitions of a learning disability but the term broadly covers a situation where a person has difficulty learning in a typical manner. This means they may have difficulty understanding new or complex information, learning new skills, and/or coping independently. In addition a person with a learning disability may have other conditions including autism. People with learning disabilities have a wide range of capabilities. A person may have a mild learning disability and be able to live independently, and there are also people who have multiple and profound needs who need a high level of care.</p> <p>People with a learning disability may or may not be eligible for community care services. This will depend on their level of need following an assessment process.</p> <p>Clients may enter services through a number of routes, for example after having been in receipt of childrens services and continuing to be eligible for adult services, or sometimes in crisis when family members are no longer able to cope with providing care. A person may enter services at a relatively old age having had no previous contact with Council services.</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 social care services to meet these needs. 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).</p> <p>Clients are assessed by the Learning Disability Team in Adult Services. This assessment may also have been preceded by an initial information gathering exercise by the First Contact Team depending on the situation.</p> <p>In complex cases, assessments may be carried out by a combination of staff from other teams and also involve health professionals (for example the Sensory Support Team and Integrated Mental Health Service for example).</p>

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. This may consist of residential care, or a mixture of day services and home care for example. 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.

Services for people with learning disabilities should be provided within the context of the 'Valuing People Now' framework. This is the national strategy for learning disability services and makes clear that those with learning disabilities are people first, and should therefore have the same opportunities and responsibilities as anyone else, and be treated with dignity and respect. The strategy has the following priorities: including everyone, personalisation, having a life, people as citizens, and making it happen. Valuing People Now builds upon the original Valuing People strategy announced in 2001.

Many people with autism have a learning disability although estimates vary. Services for people with autism have been examined as part of this review. The duty to assess someone who may have needs under the NHS and Community Care Act applies to people with autism. In addition, the Autism Act 2009 required the Government to produce an autism strategy and also statutory guidance for local authorities. The guidance was published in December 2010, and is called 'Implementing Fulfilling and Rewarding Lives: Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy' and must be taken into account by both local authorities and the NHS.

The Autism Act required that guidance covers the following:

1. the provision of relevant services for the purpose of diagnosing autistic spectrum

conditions in adults

2. the identification of adults with autism
3. the assessment of the needs of adults with autism for relevant services
4. planning in relation to the provision of relevant services to people with autism as they move from being children to adults
5. other planning in relation to the provision of relevant services to adults with autism
6. the training of staff who provide relevant services to adults with autism
7. local arrangements for leadership in relation to the provision of relevant services to adults with autism.

The review is aimed at improving the information held on the needs of residents with autism, and the development of local services for them.

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.

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.

Having due regard to the need to advance equality of opportunity involves:

- 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

	<p>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> <p>The duty is a 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 learning disability services are covered by the Act as a protected group due to their disability.</p> <p>Article 8 of The European Convention on Human Rights (respect for private and family life, home and correspondence) is likely to be engaged where changes to individual care packages occur particularly those involving a change of living arrangements. If it appears that an individual's Article 8 rights are interfered with then consideration will need to be given to whether that interference can be justified (such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others).</p>
<p><b>5) Who implements this policy / function within Stockton-on-Tees and how?</b></p>	<p>These services mostly fall within the umbrella of Adult Services which is in turn part of the Children, Education and Social Care Department (CESC). Initial contact between the client and the Council may be through the First Contact Team which is managed by Children's Services. The Learning Disability care management and assessment function is provided by the Learning Disability Team of social workers within Adult Services.</p> <p>Externally provided services (including homecare, community support, day services, residential care, supported living services) are commissioned via the Adult Strategy Team. In-house services (including daytime activities, Brighter Futures, respite, residential, home care, community support) are provided by Stockton Council employees but are line-managed through TEWV (see below). Some clients access the STEP's service which is based within the Reablement section of Adult Services.</p> <p>Some clients require transport to access their services and this is provided by the Community Transport Service within the Technical Services section of the Development and Neighbourhood Services department. Community Transport services will be subject to a separate review. The</p>



	<p>12-week consultation process also gathered views on transport services in order for these to be fed into the wider Transport Review.</p> <p>In addition, some clients choose to opt for direct payments as parts of their care package and this can be used to fund a range of activities including short breaks, and day time activities.</p>
<p><b>6) Are there any partner agencies involved in the delivery of this policy / function? If so, whom?</b></p>	<p>Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) line manage the Council's in-house day care, respite, home care/community support and residential services as part of a partnership arrangement. TEWV also provides the Stockton Supported Living community support service for clients with additional health needs.</p> <p>Some services are provided by independent sector providers. For example, the Rievaulx Resource Centre day service in Billingham is provided by CIC, and almost all residential care is provided by private and charitable providers. Residential placements are spread across the Borough and a number of placements are out of the Borough.</p>
<p><b>7) Are other services affected by this policy / function? If yes which are they?</b></p>	<p>Many 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 learning disabilities 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.**

The provisional figures from the 2011 Census showed that Stockton-on-Tees had a population of 191,600 (ONS, 2012). 51% of the population are female, and 49% male.

Approximately 33000 local people are of retirement age, 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.

There was an estimated 3,531 adults (aged over 18) with a learning disability living in the borough of Stockton-on-Tees in 2010 (nb. this is an estimate on the population as a whole; not all of these adults were known to the Council or eligible for community care services). This represented 2.4% of the adult population of 152,400. By 2013, it is estimated that the number of people with a learning disability will have risen to 3,682: a 2.3% increase. This is in line with the overall estimated increase in the population.

The increase will be greatest for older adults (from 624 to 687 people aged 65+: 10.1%) reflecting the increase in older people generally and the increased life expectancy of people with learning disabilities: it is greater than the 6.5% increase in the total number of over 65s in the population of the borough during this time.

By 2030, there is a projected increase in the number of people with a learning disability of approximately 11%. As noted above this projection is driven by the increasing number of older people with learning disabilities - the number of working adults is projected to stay approximately the same.

Projected numbers of people aged 18-64, and 18+, predicted to have a learning disability in Stockton Borough:

	2010	2015	2020	2025	2030
18-24	491	466	419	420	459
25-34	580	655	685	650	608
35-44	656	592	603	684	714
45-54	652	666	613	555	571
55-64	534	547	605	613	564

18-64	2914	2925	2925	2922	2915
18+	3531	3637	3718	3814	3914

Projected numbers of people aged 18-64, and 18+, predicted to have a moderate or severe learning disability in Stockton Borough (more likely to be in receipt of services however each case is determined by an individual assessment):

	2010	2015	2020	2025	2030
18-24	113	108	97	99	109
25-34	113	134	146	145	141
35-44	165	149	152	172	180
45-54	146	149	138	125	131
55-64	116	119	131	132	121
18-64	653	658	664	673	681
18+	737	756	771	791	812

Although not all adults on the autistic spectrum have a learning disability, this EIT review covers services for people with autism. Projected numbers of people aged 18-64 predicted to have autistic spectrum disorders in Stockton Borough are as follows:

	2010	2015	2020	2025	2030
18-24	187	175	159	159	173
25-34	232	269	282	266	250
35-44	263	239	246	284	296
45-54	274	275	254	229	240
55-64	233	237	258	259	240
18-64	1189	1194	1199	1198	1200

These figures were based on 'Autism Spectrum Disorders (ASD) in adults living in households throughout England' (NHS Information Centre: 2007) which found that prevalence in the adult population of England was 1%. The rate amongst men was higher (1.8%) than women (0.2%). This survey has since been updated and 'Estimating the Prevalence of Autism Spectrum Conditions in Adults' (NHS IC 2012) estimates that the prevalence is slightly higher at 1.1% with the rate amongst men again higher at 2% and lower amongst women at 0.3%. The new survey found that autism is common amongst people with a learning

disability, with the prevalence higher amongst those with a more severe level of learning disability.

The National Autistic Society states that estimates of the proportion of people with ASD who have a learning disability varies considerably and it is not possible to give an accurate figure. It is possible that new diagnostic tools may increase the number of people identified as having ASD in the short to medium term.

There is an increased prevalence of learning disabilities in South Asian communities. National projected figures (as outlined above) take this into account, therefore locally there may be an over-estimate in communities with a low South Asian community (including Stockton-on-Tees), and vice versa. (All data in this section from PANSI v4.1)

NB. Not everyone with a learning disability is either known to social services or will be eligible for community care services. See section below - 'Service Area Collected' data.

#### **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](#)**

Under the 'Vulnerable Groups' section of the 2010 JSNA, it was stated that, based on feedback, for people with learning disabilities a better range of services is needed that is personalised, in particular day opportunities and improved access to transport. Carer support is important. It also recognised that: health inequalities for these [vulnerable] groups may be more marked; services need to meet the specific needs of these groups; we need to improve access to mainstream services including housing, employment, leisure and transport; mental health problems may be greater in some of these groups including depression and anxiety.

The 2012 JSNA is due to be published on the [www.teesjsna.org.uk](http://www.teesjsna.org.uk) .

During 2010-11 the personal social services - adult social care survey results showed that respondents who had learning

disabilities made generally more positive responses in relation to the following questions when compared with the results as a whole: 'overall how satisfied are you with the care and support services you receive?' - all 30 relevant responses were either 'I'm very happy' (19), 'I'm quite happy' (7), or 'the way staff help me is okay' (4). In relation to 'thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?' - responses were 'my life is really great' (8), 'my life is mostly good' (15), and 'my life is okay, some good things, some bad things' (7).

10 compliments were received during 2009-10 regarding day services - mainly in relation to a World Festival Day event - and 2 were received in relation to care management. 4 complaints were received and the upheld elements of each complaint included service quality, disagreement with decision and delays in service.

**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**

Approximately 1050 adults with learning disabilities (aged 18+) are known to Stockton Council (nb. these adults may or may not be in receipt of services).

There are c.560 clients in receipt of some form of service from Stockton's Adult Services.

- c. 25% (c.150) clients live in residential care, of which 47% are in out of Borough (OOB) placements;
- c. 50% of clients live with family members, and c. 25% live in independent/supported living;
- c. 50% of clients receive some form of day care (75% of those in in-Borough residential care, 25% of those in OOB residential care, 32% of those who live independently, 52% of those who live with family);
- c.22% receive direct payments,

There are also c.60 people who do not receive services as part of a community care package but do receive professional support from a care manager. The total number of clients can fluctuate as people enter and leave services but is relatively stable overall.

The client group can be broken down as follows:

Gender: 51% are male, and 49% are female.

Age: 31% are between 18-29, 15% are 30-39, 26% are 40-49, 17% are 50-59, 9% are 60-69, and 1% are 70-79.

Ethnicity: 96% are White (British), 1.2% Pakistani, 0.6% are Indian, 0.6% Not stated/don't know, 0.4% Other Asian, 0.2% White (Irish), 0.2% White-Asian, 0.2% Other White.

Additional Disabilities: 13 clients are severely sight impaired, 4 are sight impaired, 3 have hard of hearing, 1 is deaf without speech, 1 is deaf with speech, 1 is severely sight impaired and deaf without speech.

Service users in transition from childrens to adult services -14 young people are turning 18 during 2012 and are likely to require adult services, 14 turn 18 in 2013, and 13 in 2014. In addition 14 clients are not open to the transitions team but are thought likely to require adult services from 2013 or 2014.

In order to inform the EIT review, phase one of consultation was undertaken in order to gain a more in depth understanding of the views of clients and carers in relation to the provision of current services.

The consultation focussed on gathering opinion on the following issues:

- what is good about the services you use?
- what is bad about the services you use?
- what would you like to change?

The full breakdown of phase 1 consultation results is available on request or via

<http://www.egenda.stockton.gov.uk/aksstockton/users/public/admin/kab12.pl?cmte=HEA&meet=38&arc=71>

The key messages from the consultation were as follows:

- There was a lot of support for building based day services as people felt safe but some felt they were too big and noisy and not enough space for quiet time.
- Some concerns about day services closing in the summer;
- Too much repetition in day activities;
- Some people felt that in day services people with more complex needs got all the attention of staff and they weren't given as much attention as a result;
- Some limitations on choice in day time activity, little choice of alternatives and confusion over direct payments and personal budgets;

- Too much time spent travelling on buses and inflexible transport;
- There was a lot of support for doing more things in the community and some wanted to volunteer or get work. Things to do on a weekend and evening were also mentioned (our current day services operate on a day time 5 days a week basis);
- Young People in transitions were asked what they wanted to do with their life and many aspired to have a job and to travel independently but acknowledged they may sometimes need help to achieve things at a pace they were comfortable with;
- A significant number of people especially young people said they wanted to live independently from their families perhaps with friends, accepting they would likely need help to do this;
- Independent travel training was seen as very important to some and a lack of this was a barrier to achieving increased independence;
- Money was seen as a big problem as many people had no experience of dealing with money, budgeting or paying bills;
- Too much protection from family was a barrier for some;
- Concerns about the transition from children's to adult services and sometimes confusion over the services that can be expected;
- Concern over lack of service provision locally, specifically autism services including local college provision and day time activities;
- Perceived lack of input from carers and support for carers, including not enough respite, although the current respite at Lanark received lots of positive feedback;
- A high level of satisfaction with the brighter futures service;
- There was support for more community enterprises and business development.

Following Cabinet approval in principle of the proposals for the future delivery of learning disability services, a second phase of public consultation has been undertaken in order to inform the Committee's final recommendations, and then Cabinet's final recommendations. This took place for 12 weeks between 11 June to 31 August 2012.

The full detailed consultation results and breakdown of comments received during phase 2 was considered by the Committee when making recommendations and is available at: [www.stockton.gov.uk/learningdisabilityservicesreview](http://www.stockton.gov.uk/learningdisabilityservicesreview)

A number of techniques were used in order to gather feedback from a range of interested parties including: services users, families and carers including young carers, young people in transition, service providers including SBC staff, interest groups, and the wider public.

The approach included:

- A consultation document including a survey which was mailed to all carers and made available to stakeholders including staff (this is referred to as the 'carer survey' in this report), an accessible version was provided to all service users (referred to as the 'service user survey'), and the document was also made available online;
- A dedicated webpage was created on the SBC website, including a link to the survey;

- Awareness raising via Stockton News and press releases;
- Facilitated consultation sessions for service users at Allensway, Brighter Futures, Ragworth Neighbourhood Centre, Rievaulx, and Abbey Hill School. These were facilitated by Stockton Helps All, an independent advocacy organisation, and included discussions with those in transition from children to adults services;
- 9 public, facilitated consultation events were organised; these were aimed primarily at carers (two sessions were unattended);
- Briefings for SBC staff, provider organisations, trades union, and local MPs;
- Presentations at the following groups: users of Brighter Futures, Eastern Ravens (young carers), a dedicated session for BME community, SBC Members Policy Seminar, Renaissance (Stockton's LSP), Stockton Locality NHS Clinical Commissioning Group, and the Learning Disability Partnership Board;
- A specific session – the 'All Welcome Event' - was held with representatives of the following groups invited to attend: Area Partnerships, Stockton LINK, BME Network, Faith Network, Parish and Town Councils, Stockton United for Change, Catalyst, Health and Wellbeing Partnership, and Over 50s Assembly;
- Stockton LINK have been involved in discussions on the planning of the consultation and organised the BME consultation session on behalf of SBC;
- In addition during the consultation period parents and carers of service users at Rievaulx requested additional consultation sessions. These were organised by the providers of Rievaulx (CIC), and attended by members of the Adult Commissioning Team;
- A small number of letters and emails were also received.

A summary of the results as a whole is as follows:

- In response to every question in both the service user and carer versions of the survey, a higher number of respondents agreed with a proposal than disagreed. (In the response to the service user version, there was a higher percentage of respondents that selected 'do not know' compared to the carer version, although it was the most frequent response in only three questions);
- A number of survey questions elicited very positive responses, in particular the proposals to increase the amount of provision 'in-Borough', increasing the range of day time activities, support for independent living, improvements to short breaks/respite care, and services for those with autism;
- The facilitated service user sessions indicated that there were more mixed views on some proposals, including changes to the model for day services. Other discussions indicated widespread support, for example increasing access to independent living. Younger clients were especially open to the possibility of opportunities for greater independence;
- Discussions at the public engagement events covered the consultation process itself especially the need to involve carers in decisions, the individual needs of clients versus the higher level general principles contained in the proposals, the practicalities of using more community venues for day services (including Brighter Futures), support for Rievaulx and the positive nature of



activities there, and the practicalities of using personal budgets;

- Concerns were raised in relation to the consultation process at Rievaulx Resource Centre by some of the carers of service users who attend. Additional consultation sessions with parents and carers were organised by the provider CIC, and these were attended by SBC representatives. There was a strong feeling that these views should be represented in this report. The submission collated by CIC was considered in full by the Committee and is included in the final Committee report considered by Cabinet;
- The information provided by CIC, and also in some consultation survey returns, made clear that some carers of those at Rievaulx did not believe that the results of the facilitated consultation session with service users at the centre should be considered in the report. They were unhappy that parents were not involved and that there was not enough support given to clients to enable them to exercise their choice on the various proposals. The review team acknowledged the views of carers however the Council is under an obligation to consult directly with service users. The purpose of engaging an independent advocacy organisation was to assist service users in expressing their views;
- A common theme throughout the responses was the need to ensure that whatever services are provided, they must meet the individual's needs. (However it is important to recognise that this may differ from an individual's assessed need under the Council's eligibility criteria and assessment process);
- Feedback and other comments in relation to the consultation exercise itself are outlined below under 'General Comments'. All comments received during the review will be considered by Learning Disability Services and the Adult Services Commissioning Team, and actions taken forward where appropriate.

The survey was a significant part of the consultation approach and the following information provides the demographic breakdown of survey respondents.

Service user surveys:

Age	(%) of Respondents
20 - 29 years	17.3
30 - 39 years	17.3
40 - 49 years	34.6
50 - 59 years	21.3
60 - 69 years	8.7
70 - 79 years	0.8
Total	100

No Response	7
Total Returns	134

Gender	% of Respondents
Male	46.2
Female	51.3
Prefer not to say	2.5
No Response	15
Total Returns	134

Ethnicity	% of Respondents
English/Welsh/Scottish/Northern Irish/British	99.2
Irish	0.8
No Response	12
Total No. Responses	134

Carer surveys:

Age	% of Respondents
Prefer not to say	4.9
20 – 29 years	5.8
30 – 39 years	13.6
40 – 49 years	20.4
50 – 59 years	30.1
60 – 69 years	15.5
70 – 79 years	5.8
80 – 84 years	1.9
85+ years	1.9
No Response	8
Total Responses	111

Gender	% of Respondents
Prefer not to say	4.9
Male	25.5
Female	69.6

No Response	9
Total Responses	111

Ethnicity	% of Respondents
White - English/Welsh/Scottish/Northern Irish/British	88.9
White - Irish	0.9
White - Gypsy- Irish Traveller	0.9
Black/Black British - African	0.9
Asian/ Asian British - Indian	0.9
Asian/Asian British - Chinese	0.9
Other Asian background	0.9
Mixed/ Multiple ethnicity	0.9
Other Ethnicity - Kenyan	0.9
Prefer not to say	3.7
No response	3
Total Returns	111

Stockton-on-Tees has a small South Asian community, however due to the higher prevalence rate of learning disability services amongst the South Asian community (national data), a dedicated focus group session for the BME community was advertised and facilitated by Stockton LINK, as some people may have, or care for people with learning disabilities, who are not in receipt of services. Seven people attended from the community.

A general discussion was held on access to adult social care by the BME community in Stockton Borough, and why some people potentially did not access services. Discussion included making sure people were aware of services, noted that there was often a negative stigma about residential and respite care in the community, recognition that often it was expected that families would look after older people and people with disabilities in their homes, that this was becoming more difficult due to needs and pressure on family to work, the need to have culturally sensitive service provision (for example, some appeared uncertain whether they could have access to halal food), and the need for effective engagement with all sections of the community by care providers and commissioners.



## 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"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	12
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 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 type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	12
<b>Total Score</b>						<b>76</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.

Score being evidenced	Reference / Source / Justification for the score
<p>Positive scores for Age 'promotion of equality of opportunity' and 'encourage participation in public life and access to council services'.</p> <p>Positive scores for Disability and Community Cohesion in relation for 'promotion of equality of opportunity' and 'encourage participation in public life and access to council services'</p>	<p>Overall the recommendations seek to improve independence, increase integration with the wider local community, enable greater access to universal services, improve access to some services, provide services in the Borough wherever possible (and reduce the amount of care provided out of Borough), re-configure the provision of day services, improve the commissioning and procurement processes, ensure a more seamless transition from children's services for eligible clients, improve value for money, and improve equity within local service delivery.</p> <p>The proposals seek to improve services for younger adults by providing more age appropriate activities for example by developing further the Brighter Futures Services, and introducing the Community Bridge Building approach. This will enable appropriate service users of a variety of ages to take up opportunities in more community based settings, but may be of particular interested to younger users and those coming through transition who wish to have alternatives to 'traditional' building based day care.</p> <p>Younger clients have also shown during the consultation processes that they are particularly positive about the possibility of increased opportunities for independence, both in terms of housing options and day-time activities. Over time increased opportunities to live in the community should lead to greater inclusion in the community with their age peer group.</p> <p>The proposals seek to provide opportunities for increased integration for learning disability service users within more community based services, and to enable users to integrate within mainstream services. For example, the proposals for Billingham day services will see appropriate service users accessing day care within community based centres alongside the wider community. The development of Community Bridge Building would support individuals to access paid employment and volunteering where appropriate within mainstream settings.</p>

	<p>Under the proposals a number of clients with complex needs would be supported to move from Rievaulx Resource Centre to Allensway. It is recognised that the process of change would cause disruption to clients' care and friendship groups. This risk will be mitigated through appropriate consultation and care planning. Allensway itself is a purpose built facility, better suited to the provision of care to those with more complex needs. Overall, the proposed changes to day services will enable more personalised care for both those with complex needs, and those who are able to access services in the new and existing community settings.</p> <p>The proposals also seek to provide more choice for service users, in relation to day time activities, short breaks and types of accommodation, together with better support to access these.</p> <p>Currently, some service users (for example those with autism) may need to access services out of the Borough due to the lack of relevant services in Stockton. The proposals will seek to address this so that there is less requirement for service users to travel to services because of their specific needs.</p> <p>An increase in the amount of beds available at Lanark will increase access to that service.</p>
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## Equality Impact Assessment Summary



<b>Name of policy / function</b>	The EIT Review of Learning Disability Services
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<b>Service Group</b>	<b>Service</b>	<b>Lead Officer For EIA</b>
CESC	Adults	Julie Nixon
<b>Support Officer(S)</b> Peter Mennear		<b>EIA Completion Date</b> 06 December 2012

## 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 Learning Disability 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>
Continue to improve the collection and use of data on the current and future potential client group to improve further the planning and delivery of services for service users with learning disabilities.	Julie Nixon and Learning Disability Implementation Project Team/CESC Adult Services	From January 2012
Continue to consult and engage with service users and carers during the implementation of the recommendations. Ensure that, in relation to individuals, there would be no change to individual client circumstances without appropriate re-assessment and care planning.	Julie Nixon and Learning Disability Implementation Team/CESC Adult Services	
Ensure that the separate review of Transport Services is closely linked to the ongoing work on the implementation of the Learning Disability Review recommendations, and that the cumulative impact of the outcomes of both reviews on Learning Disability Service Users is assessed at a future date.	Transport Review Team/Learning Disability Project Team	



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<b>Stage 3 Publication and Monitoring</b> Date of Publication 03 Dec. 12 Date Set for Review 01 Dec. 13	<b>Published Score</b> <b>76</b>
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