

## Equality Analysis (EqIA) Questionnaire

Please refer to the guidance before completing this form.

<b>1. Details of function, policy, procedure or service:</b>	
Title of what is being assessed: Day Opportunity and Employment Services - Approved Provider List for Adult Social Care Clients	
Redeveloped Services	
Department and Section: Adult Social Care	
Date assessment completed: February 2017	
<b>2. Names and roles of officers completing this assessment:</b>	
Lead officer	Caroline Glover, Workforce Inclusion Commissioning Lead Frank Grimsey Jones, Wellbeing Officer

<b>3. How are the equality strands affected?</b> <i>Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.</i>			
Equality Strand	Affected?	Explain how affected	What action has been taken already to mitigate this? What action do you plan to take to mitigate this?
1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><b>Positive impact</b></p> <p>The support lots available through the Day Opportunities and Employment Support Service Approved Provider list will be available for working age adult social care clients (i.e. aged 18-65 years).</p> <p>By purchasing services through an Approved Provider List, service users will have access to a greater choice of providers.</p> <p><u>Young adults</u></p> <p>Feedback from young adults and their families have identified that younger adults would like to be able to do activities and develop networks with</p>	<p>This will be a positive change.</p> <p>Individual discussions will be had with service users to agree their person centred support plans. These will help to</p>

		<p>people of a similar age. Person-centred services will enable younger adults to better tailor their support to meet their specific needs.</p> <p>Young adults (aged 18-25 years) who may have either low needs or very complex needs will benefit from having a menu of person centred options to support them to progress to greater independence by: developing their skills and confidence; supporting them to access education and employment; developing their social networks and supporting them to be an active part of their local community.</p>	<p>identify service provision going forward</p>
<p>2. Disability</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Positive impact</b></p> <p><u>Learning disabilities</u></p> <p>People with learning disabilities will benefit from having a range of person centred options that will enable them to have greater choice about how they spend their day. They will benefit from there being a wider pool of providers that have the skills and knowledge to enable them to increase their independence, support them to have an active role in the community, support them to access training and volunteering opportunities and to gain and retain employment.</p> <p>People with learning disabilities will benefit from having employment support providers who are experienced at working closely with employers to identify sustainable employment opportunities.</p> <p>People with profound and multiple learning and physical disabilities (PMLD) who also have additional complex needs will benefit from having specialist skilled support to support their physical and emotional wellbeing, to give them greater choice in how they spend their day, enabling them to access the community. They will benefit from being supported by providers who are experienced in using assistive technology and sensory programmes to improve outcomes for people with complex needs.</p> <p><u>Autism</u></p> <p>People with autism will benefit from having</p>	<p>This will be a positive change.</p> <p>Individual discussions will be had with service users to agree their person centred support plans. These will help to identify service provision going forward</p>

		<p>providers that have the skills and knowledge to enable them to increase their independence, support them to have an active role in the community and to gain employment, training or volunteering opportunities.</p> <p><u>Physical disability and sensory impairment</u></p> <p>People with physical disabilities and will benefit from having providers that have the skills and knowledge to enable them to increase their independence, support their physical and emotional wellbeing, support them to remain well and to have an active role in the community and to gain employment, training or volunteering opportunities.</p> <p><u>Mental health</u></p> <p>Adults with severe and enduring mental illness face considerable social exclusion. This is evidenced through high rates of unemployment, social isolation, poorer physical health and insecure housing arrangement.</p> <p>Retaining employment, securing a job, managing debt and having a secure home are key parts of recovery for adults with mental health conditions.<sup>1</sup> However, employment rates for individuals with mental health</p> <p>People with mental health_conditions who require a period of additional support beyond the mainstream offer and the enablement offer provided by the mental health social care teams, will benefit from having access to intensive employment support services that can respond to people’s individual needs and supported them to gain or retain employment.</p> <p><b>Data</b></p> <p><u>Learning Disabilities</u></p> <p>The proportion of people with learning disabilities (PWLD) is under 0.5% of the overall Barnet population. Over 11% of Adult Social Care service users are PWLD.</p>	
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<sup>1</sup>Inequality and mental disorders: opportunities for action Champion , Bhugra , Bailey , Marmot ( 2013);

		<p>Overall the number and proportion of service users with PWLD has remained relatively stable during the period, however this current trend is not expected to continue in the future. A 14% growth in the number of residents with moderate to severe learning disabilities is projected over the next decade.</p> <p>In March 2017 9.6% of adults known to Barnet Social Care with learning disabilities were in paid employment (ASCOF). However national research identifies that 65% of people with learning disabilities would like a paid job<sup>2</sup>. Therefore adult social care clients with learning disabilities are likely to positively benefit from having access to evidence-based intensive employment support services and day opportunities services that are focused on progressing their independence, developing their skills and progressing them to employment.</p> <p><u>Autism</u></p> <p>Approximately 1% of the adult population have an Autistic Spectrum Conditions (ASC) which equates to about 2,600 people in Barnet. In 2015/16, autism was recorded as a care need for 321 social care service users.</p> <p><u>Physical and sensory impairment</u></p> <p>Over 50% of Adult Social Care service users have a physical or learning disability, and for people aged 65 and over this rate is significantly higher. Source: SWIFT – Adult Social Care Database</p> <p>Currently there are only limited numbers of individuals with only a physical or sensory need accessing day centre services. However, this group is still under-represented in employment and individuals aged 18-65 who have had a stroke are most likely to require additional adult social care need and fall out of employment. Around 25% of strokes occur in people under 65 years of age. A number of studies have demonstrated the positive relation between returning to work and sustained recovery but the same studies have shown that rates can be less</p>	
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<sup>2</sup> Adults with Learning Difficulties in England 2003/4m, Eric Emerson (2005)

		<p>than 10% of stroke survivors were able to return to their employment<sup>3</sup>.</p> <p><u>Mental health conditions</u></p> <p>In 2015, 56,333 people aged 18–64 in Barnet were estimated to have a mental health problem.</p> <p>In March 2017 7.6% of adults with mental health needs in touch with secondary mental health services and on the Care Programme Approach were in paid employment.</p>	
3. Gender reassignment	Unknown	No available data	N/A
4. Pregnancy and maternity	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	There are no direct impacts in relation to pregnancy or maternity in the proposal.	N/A
5. Race / Ethnicity	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Person centred support plans will enable service users to specify any specific support requirements they need to enable them to meet cultural needs.</p> <p>Having an Approved Provider List will give service users access to a greater range of providers who will have a range of varied specialisms and expertise to meet the specific needs of different service users.</p> <p><u>Data</u></p> <p>Compared to the Outer London average, Barnet has a higher proportion of people within the White ethnic group; 57.8% and 61.3% respectively. Barnet also has higher rates of the population within Other; Other Asian and Chinese ethnic groups.</p> <p>However, certain areas within the Borough have a higher proportional Black, Asian and Minority population than the Borough average. Based on the 2011 Census, Colindale, Burnt Oak and West Hendon all have populations where Black, Asian and Minority residents make up over</p>	N/A

<sup>3</sup> Returning to Work After A Stroke: A Review Wolfenden, Grace (2009), A Nationwide Prospective Cohort Study on Return to Gainful Occupation After Stroke in Denmark 1996-2006 Hannerz, Pedersen, Poulsen, Humle, Andersen (2011), Returning to work after stroke: perspectives of employer stakeholders, a qualitative study. Coole, Radford, Grant, Terry (2013)

		<p>half of the population; this is significantly above the Borough wide average of 39%. By age, the highest proportion of the population from White ethnic backgrounds are found in the 90 and over age group (93.3%); whereas the highest proportion of people from Black, Asian and Minority Ethnic groups are found in the 0-4 age group (55.4%).</p> <p>The table contains the projected population growth by ethnicity for the period 2015-2021 and 2015-2030. Barnet's population is projected to become increasingly diverse as the White British population is projected to decrease in proportion to the total population (from 61.3% in 2015 to 58.4% in 2021 and 56.4% in 2030).</p> <p>All Black, Asian and Minority Ethnic groups are projected to increase in number during the period 2015 to 2030. Although over this period the proportion of individuals from Indian ethnic groups will reduce from 7.5% of the total population to 7.1%.</p> <table border="1" data-bbox="544 1048 1262 1630"> <thead> <tr> <th>Ethnic Group</th> <th>2015</th> <th>2030</th> <th>Ethnic Composition in 2015</th> <th>Ethnic Composition in 2030</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>225,193</td> <td>235,457</td> <td>61.3%</td> <td>56.4%</td> </tr> <tr> <td>Black Caribbean</td> <td>4,617</td> <td>5,002</td> <td>1.3%</td> <td>1.2%</td> </tr> <tr> <td>Black African</td> <td>21,174</td> <td>25,472</td> <td>5.8%</td> <td>6.1%</td> </tr> <tr> <td>Black Other</td> <td>11,588</td> <td>16,377</td> <td>3.2%</td> <td>3.9%</td> </tr> <tr> <td>Indian</td> <td>27,530</td> <td>29,512</td> <td>7.5%</td> <td>7.1%</td> </tr> <tr> <td>Pakistani</td> <td>5,698</td> <td>6,941</td> <td>1.6%</td> <td>1.7%</td> </tr> <tr> <td>Bangladeshi</td> <td>2,453</td> <td>3,139</td> <td>0.7%</td> <td>0.8%</td> </tr> <tr> <td>Chinese</td> <td>8,805</td> <td>11,015</td> <td>2.4%</td> <td>2.6%</td> </tr> <tr> <td>Other Asian</td> <td>34,296</td> <td>48,638</td> <td>9.3%</td> <td>11.6%</td> </tr> <tr> <td>Other</td> <td>25,917</td> <td>36,012</td> <td>7.1%</td> <td>8.6%</td> </tr> <tr> <td>Black, Asian and Minority</td> <td>142,074</td> <td>182,114</td> <td>38.7%</td> <td>43.6%</td> </tr> </tbody> </table>	Ethnic Group	2015	2030	Ethnic Composition in 2015	Ethnic Composition in 2030	White	225,193	235,457	61.3%	56.4%	Black Caribbean	4,617	5,002	1.3%	1.2%	Black African	21,174	25,472	5.8%	6.1%	Black Other	11,588	16,377	3.2%	3.9%	Indian	27,530	29,512	7.5%	7.1%	Pakistani	5,698	6,941	1.6%	1.7%	Bangladeshi	2,453	3,139	0.7%	0.8%	Chinese	8,805	11,015	2.4%	2.6%	Other Asian	34,296	48,638	9.3%	11.6%	Other	25,917	36,012	7.1%	8.6%	Black, Asian and Minority	142,074	182,114	38.7%	43.6%	
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<p>6. Religion or belief</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Positive Impact</b></p> <p>Person centred support plans will enable service users to specify any specific support requirements they need in order to meet their religious or cultural needs.</p> <p>Having an Approved Provider List will give service</p>	<p>NA</p>																																																												

		<p>users access to a greater range of providers who will have a range of varied specialisms and expertise to meet the specific needs of different service users.</p> <p><b>Data</b>  <b>Barnet Population by Religion, 2011</b></p> <table border="1" data-bbox="544 443 1187 887"> <thead> <tr> <th colspan="3">Barnet 2011</th> </tr> <tr> <th>Religion</th> <th>No. of People</th> <th>% of population</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>146,866</td> <td>41.2%</td> </tr> <tr> <td>Buddhist</td> <td>4,521</td> <td>1.3%</td> </tr> <tr> <td>Hindu</td> <td>21,924</td> <td>6.2%</td> </tr> <tr> <td>Jewish</td> <td>54,084</td> <td>15.2%</td> </tr> <tr> <td>Muslim</td> <td>36,744</td> <td>10.3%</td> </tr> <tr> <td>Sikh</td> <td>1,269</td> <td>0.4%</td> </tr> <tr> <td>Any other religion</td> <td>3,764</td> <td>1.1%</td> </tr> <tr> <td>No religion</td> <td>57,297</td> <td>16.1%</td> </tr> <tr> <td>Religion not stated</td> <td>29,917</td> <td>8.4%</td> </tr> </tbody> </table> <p><b>(Source: Barnet Joint Strategic Needs Assessment 2015 - 20).</b></p>	Barnet 2011			Religion	No. of People	% of population	Christian	146,866	41.2%	Buddhist	4,521	1.3%	Hindu	21,924	6.2%	Jewish	54,084	15.2%	Muslim	36,744	10.3%	Sikh	1,269	0.4%	Any other religion	3,764	1.1%	No religion	57,297	16.1%	Religion not stated	29,917	8.4%	
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<p>7. Gender / sex</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>The scheme will have positive impact on all potential residents regardless of gender.</p>	<p>NA</p>																																	
<p>8. Sexual orientation</p>	<p>Unknown</p>	<p>No available data.</p>	<p>NA</p>																																	
<p>9. Marital Status</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>No foreseen impact on any resident based on their marital status.</p>	<p>NA</p>																																	
<p>10. Other key groups?  Carers</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p>Carers supporting adults' who have been identified as having Care Act Eligible need, will benefit from individuals taking part in day opportunities and developing their independence and social networks, as this will enable them to have more capacity to lead a fulfilling life outside their caring role.</p> <p><b>Data</b>                  Data from the 2011 Census indicated that there were 32,256 residents who classified themselves as a carer in Barnet in 2011.</p> <p><b>Table 9-1: Number of carers assessed by the primary support need of the cared for adult</b>                  Source: SWIFT – Adult Social Care Database</p>	<p>NA</p>																																	

		Client Category	2011/12	2012/13	2013/14
		Physical / Sensory Impairment (18-64)	226	248	177
		Learning Disability (18-64)	115	171	160
		Mental Health (18-64)	164	86	126
		Other (18-64)	7	5	5
		Older Adults	1,820	1,669	1,480
		<b>Total</b>	<b>2,432</b>	<b>2,179</b>	<b>1,948</b>

**4. What measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? Include information about the groups of people affected by this proposal. Include how frequently will the monitoring be conducted and who will be made aware of the analysis and outcomes? Include these measures in the Equality Improvement Plan (section 15)**

People’s individual packages of support will be reviewed through the annual review of their support plan, this will check quality of service provision and that this continues to reflect individual choice and needs

The performance of providers will be monitored through quarterly performance monitoring reporting with Barnet’s Care Quality Service. Annual service reviews will be undertaken except in the case of poor performance whereby additional review will be carried out.

### Overall Assessment

**5. Overall impact**

Positive Impact	Negative Impact or Impact Not Known <sup>4</sup>	No Impact
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Scale of Impact**

Positive impact:	Negative Impact or Impact Not Known	
Minimal <input type="checkbox"/>	Minimal <input type="checkbox"/>	
Significant <input checked="" type="checkbox"/>	Significant <input type="checkbox"/>	

<sup>4</sup> ‘Impact Not Known’ – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.



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**7. Outcome**

No change to decision	Adjustment needed to decision	Continue with decision <i>(despite adverse impact / missed opportunity)</i>	If significant negative impact - Stop / rethink
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Please give full explanation for how the overall assessment and outcome was decided**

This initiative will have a positive impact on individuals as it will:

- Support people to access mainstream services and develop inclusive communities
- Support adults with identified social care needs to maintain or access employment, training and volunteering opportunities
- Support people to access day opportunities within their community
- Support people to gain greater choice and control over their day
- Given the positive impacts of all of the equality strands the decision was made to implement the proposal