



North

Yorkshire County Council

Equality Impact Assessment

New respite service in Craven
26th April 2012
(Updated October 2012)

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যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو براہ مہربانی ہم سے پوچھئے۔



Undertaking an Equality Impact Assessment

Equality Impact Assessments (EIA) should be undertaken at the business case stage when:-

- You are developing a new service or policy
- You are reviewing an existing service or policy
- You are proposing a change to an existing service or policy
- You are reviewing a service or policy carried out on behalf of the council or another organisation
- Your service is re-organised.


They should be referenced in your final recommendations on the service changes so that decision makers can reach an informed decision on the service/policy.

An EIA should cover all the social identity characteristics protected by equality legislation – referred to as ‘protected characteristics’ or equality strands. These are;

- Sex
- Sexual orientation
- Religion or belief
- Ethnicity
- Race – this include ethnic or national origins, colour and nationality
- Disability (including unpaid carers)
- Pregnancy and maternity
- Gender reassignment

There is a lot of information available to support you in completing this assessment on the EIA pages on the NYCC intranet

The Council must publish your equality impact assessment and a summary will be included on the NYCC website in line with statutory requirements. Please be aware that it will become a public document.

Name of the Directorate and Service Area	Health and Adult Services-Adult Social Care Operations		
Name of the service/policy being assessed	Respite for adults with a Learning Disability in Skipton		
Is this the area being impact assessed a	Policy & its implementation?	x	Service? x
	Function		Initiative?
	Project?		Procedure & its implementation?
Is this an Equality Impact Assessment for a (Note: the Equality Impact Assessment (EIA) is concerned with the policy itself, the procedures or guidelines which control its implementation and the impact on the users)	Existing service or a policy and its implementation?		
	Proposed service or a policy and its implementation?		
	Change to an existing service or a policy and its implementation?		x
	Service or Policy carried out by an organisation on behalf of NYCC?		
How will you undertake the EIA? Eg team meetings, working party, project team, individual Officer	Individual Officer, and Project Team		
Names and roles of people carrying out the Impact Assessment	Abigail Burns-Capacity Officer, Sheila Hall-Transformation Manager, David Teague-Registered Team Manager, Janet Boadle-Community Services Manager and Alison Brittain-Team Manager over Assessment Team.		
Lead Officer and contact details	Anne Marie Lubanski, Assistant Director Adult Social Care Operations		
Date EIA started	5 th October 2011		
Date EIA Completed	26 th April 2012. Updated 24 th October 2012		
Sign off by Service Head/ Business Unit Head			
Sign off by Assistant Director (or equivalent)	 Anne Marie Lubanski		

Date of Publication of EIA	
Monitoring and review process for EIA	

1. Operating Context

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence

1.1 Describe the service/policy

What does the service/policy do and how? Who does it benefit? What are its intended outcomes? Who is affected by the policy? Who is intended to benefit from it and how? Who are the stakeholders? How would you describe the policy to someone who knows very little about Council Services?

How is the policy, plan or service linked to relevant legal frameworks (including equality legislation) and national and local performance targets? Are there any other policies or services which might be linked to this one? Have you reviewed the EIA for these policies/services? What do they tell you about the potential impact?

How will the policy be put into practice? Who is responsible for it?

The service provides respite to people who are carers of individuals with a severe and complex learning disability. Needs are assessed by a care manager and then the unit is asked to provide a service by nightly allocation. People book their stay 3 months at a time. For example if they wished to book respite in April, May and June they would request the dates in January and February. This process is supported via a bookings system by the Registered Team Manager. All clients are sent a letter reminding them that the next period needs to be booked and a bookings form. Some people fill this in themselves and some are supported by their link worker from the unit. Prior to the deadline for the bookings to be received by the Manager anyone who has not sent their request back is contacted by a member of the team who will then offer assistance in putting in a request for dates to stay.

The service is intended to support people to continue within their caring role and therefore keeps families together for longer; The service is a preventative measure against people needing to leave the family home. Assistive technology used by a client in their own home will be replicated at the respite unit to support an individual's continued independence.

Respite for adults with a learning disability in the Skipton area is currently provided in a 3 storey Victorian Terrace. This building has stepped access to the front and cobbles to the back and disabled access into the property through the downstairs bedroom. The property has no adapted bathroom and cannot meet the needs of people with a profound and multiple disability.

CQC have highlighted in their reports over the years that the current building is lacking in its style and substance and that it does not lend itself to dignity or support for individuals with PMLD.

The report 'Raising Our Sights - Valuing People' highlighted the issues around a lack of regular respite for people with a Physical and Multiple Learning Disability (PMLD) and are further illustrated in the 'Breaking Point' report by Mencap.

	<p>On the 26th July 2011 North Yorkshire County Council agreed the finance for a new accessible respite unit to be built on Carleton Road approx 1km from the town centre of Skipton. This new property will have the same number of beds as the one it replaces all rooms will be accessible single occupancy with en suite bathroom and will promote an individual's privacy and dignity.</p> <p>Previously the respite unit provided support to people of various levels of need. Through the reassessment process based on the Fair Access to Care Services eligibility criteria NYCC are looking to provide a building based service to those for whom it is appropriate and looking to promote greater choice for those individuals who do not require a specific type of environment in which to be safe. For example a greater up take in personal budgets and short breaks in a mainstream hospitality service or support to stay at home whilst carers go on holiday.</p> <p>The current service provides mostly overnight respite to people but it does occasionally provide day time support to a very small number of people. The aim in the future is for overnights only.</p> <p>The service is currently used by 22 people and with the reassessments of individuals this could feasibly reduce.</p> <p>Holistic reassessment – will include day opportunity for those people accessing the current respite service – so that we are not looking only at one part of their support, we are looking at the person and the support they may require as a whole.</p>
<p>1.2 How do people use the policy/service?</p> <p>How is the policy/service delivered? How do people find out about the policy/service? Do they need specialist equipment or information in different formats? How do you meet customer needs through opening times/locations/facilities? Can customers contact your service in different ways? How do you demonstrate that your service/policy is welcoming to all groups within the community?</p>	<p>The respite service can be accessed through Care Management (Social Care Assessor or Social Care Co coordinator) only and a referral is made after the assessment is undertaken. The Social Care Assessor will allocate an amount of nights for the individual and their family and the respite unit will then deliver this to the person concerned.</p> <p>Currently there is no respite leaflet provided through the NYCC, however the home itself has an easy read brochure and contract once people are referred for them to look at and make a decision as to whether the unit meets their needs.</p> <p>Bookings for the service are taken 3 months in advance of the dates required. This</p>

Does the policy/service support customers to access other services? Do you charge for your services? Do these changes affect everyone equally? Do some customers incur greater costs or get 'less for their money'? Are there eligibility criteria for the service/policy? Does the Council deliver this policy in partnership or through contracts with other organisations? How do you monitor that external bodies comply with the Council's equality requirements? How do you ensure that staff/volunteers delivering the service follow the Council's equality policies?

format of booking has not been reviewed in over 6 years. Whilst this way of booking allows the team of support workers to be organised it does not necessarily mean that the people who use the service are happy. This needs to be looked into and feedback gained from people who use the system.

Once a referral has been made, customers are encouraged to contact the service independently. Customers can write or phone and are allocated a link worker who will visit them at home to discuss concerns and needs.

People are assessed by the benefits and assessments unit NYCC for their contribution to their stay and their Social Care Assessor will make the referral for this to happen. The individual is then billed after each stay for their contribution, if appropriate.

2. Data (qualitative and quantitative) and monitoring

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence

2.1 Who is using the service?

What data do we use now? Is it broken down across protected characteristics (and are these categories consistent across all data sets)? How current is the data? Where is it from? Is it relevant?

Currently 22 people use this service. 40.9% of clients are female and 59.1% are male as at October 2011. 31% of these clients are classed as having a severe learning disability and of this 31%, 57% are classed as having a PMLD. Of the overall number of people using respite this means 17.4% of people using the service have a PMLD.

An analysis of the age range of people using the service has been undertaken and this has raised no concerns re unequal access for different age ranges.

At this present time there is no one over 60 years of age who accesses this service. The service is currently only registered for people between the ages of 18-65. A discussion with CQC will need to take place to decide if further variations to the registration of the building will need to take place. This information is taken from the admissions list of the current unit.

Nationally there are only 16,000 people believed to have a PMLD in Britain (2009 Raising Our Sights); we currently provide a service to 0.025% of people nationally in the Craven area. This equates to 3 people in Craven.

In Craven and Harrogate only 64 people have a PMLD. Based on the projected growth

	<p>of people nationally with a PMLD taken from “Raising Our Sights” of a growth of 1.8% per year by 2026 we will have 9 people in the Craven area who have a PMLD. As the new unit will have 5 beds this will mean that there will be enough space to provide appropriate support to the local population.</p> <p>Only a small number of people are currently utilising the respite service for day respite. This group are being supported to access more suitable provision in line with their personal choices, and therefore the removal of the service and the move to overnights only service should not cause any negative impact.</p> <p>45.5% of carers overall are over 65 years of age in Craven. Only 4% of people with a PMLD using the service live with carers over 65 years of age in Craven.</p> <p>Confirmation from Children and Young Peoples Service state that over the next 4 years in Craven there are potentially 6 people who may wish to use the service currently between the ages of 14 and 18.</p> <p>Currently in Skipton there is a small community from the South Asian population. There is evidence (nationally) to suggest a higher degree of PMLD in the South Asian community; however, this has not fed through into a demand for services in Skipton. We have been in contact with this community and are not aware of unmet need. Currently we have no one from the BME community who will be coming through transitions in the next 5 years. There is a steady increase in people within the Black and Minority Ethnic (BME) community in Craven. People from the BME community account for 4.8% of the Craven community overall (statistics 2007) STREAM.</p>
<p>2.2 Are there areas where we need more information? How could we get this information?</p> <p>What data is available? Do other directorates, partners or other organisations hold relevant information? Is there relevant information held corporately e.g. compliments and complaints? Are there national datasets that would be useful? Is there relevant census data? Do you need to collect more data? How could you do this?</p>	<p>We wish to continue discussion with Children and Young Peoples Service (CYPS) to be aware of the young people coming through transitions so that we can be proactive in supporting people through the transition period from children’s services into adult services and be prepared for the changing needs of individuals and ensure that the service delivered is the service that is required.</p> <p>Currently all people who use the service are from the White British demographic and research from discussion with colleagues in CYPS shows that there is currently no unmet need within the BME community. However it would seem sensible to engage with the South Asian community in Craven to ensure that should there be a change in the needs of the community we can react positively to engage with providing good quality</p>

	<p>support. A dialogue with the women's group on Broughton Road would be a good resource to access to open discussion about needs within the local community.</p>
<p>2.3 What does the data tell you?</p> <p>Does the data show any differences in outcome for different groups e.g. differences in take up rates or satisfaction levels across groups? Does it identify the level of take-up of services by different groups of people? Does it identify how potential changes in demand for services will be tracked over time, and the process for service change?</p> <p>Please include data and analysis as an appendix</p>	<p>People with a PMLD currently cannot access 24 Gargrave Road for all their service as the service is unable to meet their needs due to the inaccessibility of the building. This has meant people travelling far and wide to access respite for their carers to have a break. Also some families have missed out on their allocation and this has had implications on their ability to continue to care for their individual.</p> <p>71% of the current users of the respite service at 24 Gargrave Road are classed as having low or moderate needs and they will be supported to find alternatives to their current day service and respite allocation, including support towards becoming more independent through the use of telecare, independence training and development of universal services within the community and the ability to access mainstream opportunities.</p>
<p>2.4 How will you monitor progress on your policy/service, or take-up of your service?</p> <p>What monitoring techniques would be most effective? What performance indicators or targets would be used to monitor the effectiveness of the policy/service? How often does the policy/service need to be reviewed? Who would be responsible for this?</p>	<p>We aim to ask a satisfaction survey once it has embedded in as a new service and people have had a feel for what the new service can offer. A continuous quality assessment will be undertaken to check clients and carers opinions after each stay to have a look at individuals' reactions to the new service. This will be done through the quarterly bookings letters.</p>
<p>2.5 How do you know whether your service meet the needs of all customers?</p> <p>What engagement work have you already done that can inform this impact assessment? Who did you talk to and how? What are the main findings? Can you analyse the results of this consultation across the protected characteristics? Are there differences in</p>	<p>Carers meetings and complaints to the directorate about lack of appropriate provision also the sending of clients with a physical disability 25 miles at least for respite as nothing else was suitable in the area.</p> <p>24 Gargrave Road feedback re service provided.</p> <p>From consultation with carers and with individuals, the proposals have been met with positive responses. Carers for many years have been asking for a more accessible</p>

<p>response between different groups? How did you feedback the findings of the engagement to those who were involved? How has this changed the plans for the policy/service?</p> <p>Please summarise the main findings from any engagement work.</p>	<p>building .</p> <p>We would like to do some more engagement work with the South Asian community so that they are aware of the services that are available, including direct payments which may better meet their needs, and so that we continue to be aware of levels of need. National data would suggest that the take up of Direct Payments has been greatly beneficial to some BME communities as they have an alternative option to traditional services where they may not feel particularly confident in the support provided. In North Yorkshire as a whole, only 3 people from the BME community have a direct payment and nobody in Craven.</p>
<p>2.6 Do you need to do more engagement work to inform this impact assessment?</p> <p>Have you identified information in other sections of this EIA that you need to assess the impact on different groups of people? What do you want to find out? Which existing mechanisms can you use to get this information?</p> <p>Please refer to the Community Engagement toolkit on the NYCC intranet</p>	<p>No more engagement work is needed at this present time.</p>

3. Action Planning

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence.

3.1 Has an adverse impact been identified for one or more groups?

Has this assessment shown anything in the policy, plan or service that results in (or has the potential for) disadvantage or discrimination towards people of different groups? Which groups?

It is anticipated this change to the provision of respite allocation will affect approximately 70% of the people who utilise the service.

The people for whom there will be most change are those who are assessed in line with Fair Access to Care Services criteria as having low to moderate needs. Individuals will be reassessed and supported to find other means of support in a community setting. This may be difficult for some people because it will be a change from a building based service with which they are familiar

Individuals assessed as having a low to moderate need are likely to find that their service is reduced and this could have a potential negative impact on them . This impact could take the form of isolation from their peers and friendship groups. This in turn could lead to depression, issues with self esteem and self neglect, leading to a potential increase in the need for support in the future.

However, there is also potential for positive impact as people are supported to make choices and to increase their independence. The move away from traditional services will be mitigated by a managed transition for each person, aimed at maximising independence and with help to access universal services where appropriate.

Carers whose cared-for family member may experience some adverse impact as they and their cared-for person adjust to alternative and possibly reduced support in the case of people assessed as having low or moderate needs. Support is required for carers to become confident in telecare and other opportunities such as mainstream activity / hobby groups, for example knitting clubs, tea dances and lunch clubs. Carers will be offered carers assessments.

There may be concern about loved ones being vulnerable if they are accessing more community opportunities. The workforce locally have undergone intensive training in safeguarding and a multi-agency protocol has been developed and implemented to support the safeguarding process, with awareness raised overall. Community staff in particular libraries have been actively involved in developing safe places for people with

	<p>learning disabilities / vulnerable people to go to if they feel frightened / threatened etc. Skipton library has been identified locally as the 'safe place'.</p> <p>More work still needs to be done to work with other local services to develop more 'safe places' which is part of the overall plan in working with other providers and the community.</p> <p>In addition, North Yorkshire Police are working with Mencap to implement the recommendations of 'Stand by me', to improve hate crime reporting and train police staff to support vulnerable people.</p> <p>Skipton Library is a third-party hate crime reporting centre.</p> <p>People assessed as requiring overnight respite delivered in the new unit will experience a positive impact, as the facilities will be much improved.</p> <p>The booking system (see 1.2) will be reviewed to ensure that it meets the needs of people accessing the service.</p> <p>There is also potential for positive impact for a wider range of people, as the layout and accessibility of the new unit on Carleton Road means that it will be suitable for other people with complex needs, such as people with dementia, should this be a need in the future.</p>
<p>3.2 How could the policy be changed to remove the impact?</p> <p>Which options have been considered and which one has been chosen?</p>	<p>NYCC will continue to support people who are assessed as having a low or moderate need. This support will take the form of supporting people to greater independence through the use of telecare, direct payments and support planning to enhance personalisation and choice. For those people who are currently accessing the respite service, there will be a planned transition with reassessment and support planning.</p> <p>Available opportunities for people are being looked into by the Strategic Commissioning Managers who have developed an index of services available within each area and are currently mapping where individuals live and looking at how these individuals can be supported to a more individualised and personal service. The Strategic Commissioning Managers are also looking to use the Innovation Fund to develop groups within the community based on need.</p>

	<p>An area of concern for the Craven area is its small size and rurality, and therefore NYCC is working with the 3rd sector and independent providers to encourage the development of local support and opportunities.</p> <p>Carers will be offered carer assessments.</p>
<p>3.3 Can any adverse impact be justified?</p> <p>If the adverse impact will remain, can this be justified in relation to the wider aims of the policy or on the grounds of promoting equality of opportunity for one target group?</p> <p>Please seek legal advice on whether this can be justified.</p>	<p>We do not believe adverse impact will remain after the mitigating factors referred to. However, if any does remain, we believe this can be justified within the wider aims of Valuing People Now, Valuing Employment Now, Developing Community Lives agenda, Fulfilling and Rewarding Lives and implementation of the values and principles of personalisation.</p>
<p>3.4 Are you planning to consult people on the outcome of this impact assessment?</p> <p>When and how will you do this? How will you incorporate your findings into the policy?</p>	<p>NYCC has consulted with individuals about changes to how services are provided through listening exercises. NYCC will monitor the comments, commendations, complaints and suggestions that are received through the Complaints dept. A Questionnaire on how the change in service has affected individuals will be undertaken when the services are in place. Person Centred Approaches and Personalisation will underpin the reassessments.</p> <p>Consultation has already occurred around the need for this new service and it was welcomed when suggested due to the fact that the current service at 24 Gargrave Road is not suitable for people with a high level of personal care need and only has one accessible bedroom.</p>
<p>3.5 How does the service/policy promote equality of opportunity and outcome?</p> <p>Does the new/revised policy/service improve access to Council services? Are resources focused on addressing differences in outcomes?</p>	<p>The new respite service will have better physical access and will therefore meet the needs of more people with PMLD (see 2.5 above).</p>
<p>3.6 Are there any other equality issues that</p>	<p>No.</p>

haven't been covered through this impact assessment?

Are there any other sections of the community that are affected? Why haven't these been included in the assessment? Are they picked up in other EIAs/services?

Don't forget to transfer any issues you have identified in this section to the [Equality Action Plan](#)

Action Plan

Action	Officer responsible	Deadline	Other plans this action is referenced in (e.g. Service Performance Plan, work plan)	Performance monitoring arrangements
To look into the current bookings system to ensure it meets the needs of the people using the service.	Mazar Hussain and the Registered Team Manager Group	June 12	Service Improvement Plan	Project Group
Discussion with CQC about any changes to the registration of the unit.	AnneMarie Lubanski Janet Boadle Mazar Hussain	June 12	Project plan	Project Group
To continue engagement with local communities that are currently under-represented in access to social care, for example the South Asian community	Janet Boadle Strategic Commissioning Equalities and Engagement Officer	Ongoing	Community Engagement Plan	Monitoring through client database
Complete reassessments using FACs criteria, for everyone currently attending respite in Craven Increase the social inclusion of people by supporting them to access their own community enabling them to become a	J Boadle A Brittain	February 12	Service Development plans. Think Local, Act Personal Personalisation agenda	Project group

real citizen in their local community; promote independence whilst encouraging choice and control over their daily lives.				
Embed person centred approaches into assessment and provider team practises. Increase uptake of Personalisation and use of personal budgets through reassessment process.	J Boadle A Brittain M Hussain	Ongoing throughout process	Personalisation agenda Project plan	Project group
Ensure there is a planned transitional period. Ensure people are given the opportunity to discuss their needs in full as the process continues. Monitor the impact of the changes on the individual and their carers. 6 week review to be arranged from date of start of alternative support plan.	J Boadle A Brittain M Hussain		Personalisation agenda Project plan	Project group
Ensure all other groups affected by the developments in Craven are included in the plan and consultations	J Boadle A Brittain	Ongoing throughout process	Project plan	Project group
Ensure that people's diversity is taken into active consideration by staff and providers in Craven when supporting people to access activities and employment within the community. Staff training plan for Craven includes Equality and Diversity. Information re community activities / groups etc. should include diverse opportunities - use of TALIS, Universal services spread sheet.	J Boadle Workforce Development Unit	Ongoing throughout process	Personalisation Agenda	Project Group
Ensure that people with high support needs and people from under	J Boadle A Brittain	Ongoing throughout	Personalisation Agenda	Project Plan

represented groups in Craven are included in any planning processes, so that any impacts and barriers are identified and addressed.
Ensure that processes recognise and reflect people's individual communication needs.

process