

HARINGEY COUNCIL**EQUALITY IMPACT ASSESSMENT FORM**

Service: Adult and Community Services

Directorate: Adult and Housing Services (formerly Adult, Culture and Community Services)

Title of Proposal: To adopt and implement the Adult and Community Services specific approach to assessing commissioning of the Third Sector (and the private sector where appropriate).

Lead Officer (author of the proposal): Lisa Redfern, Deputy Director, Adult and Community Services

Names of other Officers involved: Barbara Nicholls, Helen Constantine, Arleen Brown

Step 1 - Identify the aims of the policy, service or function

The Government's Comprehensive Spending Review, published on 20 October 2010, placed enormous challenge on local authorities and other public services to reduce spending in coming years. Many grants have been reduced or cut completely, which includes grants that make up the Area Based Grant (ABG). As a result, the ABG ceased as at the 31st March 2011. There have also been significant changes in the way councils will receive their funding creating additional financial pressures on the Council.

Because of these changes, the Council has been placed in an unprecedented position and is seeking to reduce spending and make savings where possible, including significantly reducing spending on 'back office' functions. Alongside this, the Council has a duty to ensure that priority and essential services are protected and are available to our residents. The Council also needs to ensure that it fulfils its statutory obligations notwithstanding it is to receive substantially less funding from central government.

The proposals for savings contain significant reductions in what had previously been schemes for grant funding a variety of organisations. The majority of these organisations are third sector organisations, comprising voluntary organisations, community organisations and others. However, there are also a lesser number of private sector organisations that receive funds through the grant funding arrangements.

Overarching indicative criteria based on Audit Commission criteria were approved at Cabinet on 8 February 2011 to provide a framework to enable directorates to form proposals for the allocation of its reduced resources to third and private sector organisations.

Council Wide Overarching Criteria

Criteria	Rationale
Link to strategic priorities e.g. council priorities/Sustainable Community Strategy Outcomes/agreed HSP thematic board outcomes	How this activity is essential to achieving council and partnership priorities
Link to and statutory obligations	Why the council needs to fund this activity
Maximise outcomes: link into performance measures	How this activity improves the wellbeing of local communities
Impact/effect/improvement(s) of service delivery to local community	<ul style="list-style-type: none"> How we can focus this activity on people most in need What can make this activity more effective Other local bodies exist which could provide this activity e.g. the private sector, third sector or citizens could provide this activity, whole or in part How we make sure that payment to service providers links to achievement
Maximise value for money: including long- and short-term financial savings	How we can provide this activity at lower cost
Local connection/presence in Haringey	Support local organisations and businesses where appropriate.

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Further to and based upon these, Adult and Community Services (A&CS) has, in consultation with its Cabinet Member, developed a set of proposed directorate specific criteria and these have been provisionally applied to all third and private sector organisations funded by A&CS in 2010/11. A&CS has consulted on both the criteria and how these have been applied. Organisations and service users have been consulted.

A&CS criteria for assessing funding for Voluntary Sector Organisations 2011/12

Each organisation/client group was assessed as follows:

- Services must meet at least one of the 3 Health & Well-being priorities:
 - Safeguarding vulnerable adults;
 - Reduce health inequalities; and
 - Early intervention and prevention.
- Services assessed against the Eligibility Framework (Table 1) in conjunction with the Department of Health Guidance¹.
- Priority has been weighted in order of level of need as set out in the Eligibility Framework and the multiplying factors.
- A minimum score of **16** must be met to be eligible for any potential funding. Scores of **20** and above will qualify for funding at the current levels. Scores between **16** and **19** will qualify at a reduced level of funding.

Table A: Eligibility Framework

Level	Eligibility Need and Intervention	Weighting	Max Score (weighting x multiplier)
5	The service for people that primarily have critical needs.	5	25
4	The service for people that primarily have substantial needs.	4	20
3	The service for people that primarily have moderate needs.	3	15
2	The service for people that primarily have low needs.	2	10
1	General population: early intervention and prevention.	1	5
Additional Criteria			
1. Financial impact on other services		1 point	
2. Service not available elsewhere		1 point	
3. Service benefits a large percentage of service user group		1 point	
4. Value for Money		1 point	
5. Other significant factor		1 point	

These criteria have been developed with equalities and community and cohesion issues in mind, as it is recognised that local third sector organisations play an essential role in promoting community cohesion and the delivery services to groups with protected characteristics.

Application of the Criteria

The criteria described here have been provisionally applied to third and private sector organisations funded by A&CS in 2010/11 and a proposed judgement for each organisation has been arrived at. Should the Cabinet Member, after considering the possible equality impacts highlighted by this EqIA and consultation with providers and service users, take the decision to adopt and implement these criteria, organisations will be subject to one of three outcomes which are that, in 2011/12, they will receive:

- The same level of funding;
- A reduced level of funding; or,
- No funding.

Services by Client Group

There is a broad range of organisations that may be affected by both the design of the criteria and the decision to implement them. These are listed below:

1. Alcohol misuse

¹ The criteria have been based on the Department of Health guidance document '[Guidance on Eligibility Criteria for Adult Social Care, England 2010 – Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care](#)'.

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2. Carers
3. General services
4. Learning disabilities
5. Mental health
6. Older people

Summary of the Broad Impact of the Application of the Criteria

The table below (table 2) sets out the number of grants awarded to third sector and private organisations in 2010/11 and a range of other significant information. Information has been categorised using client groups. As the table demonstrates, if the criteria are adopted and implemented, a number of services will cease to be funded which will have an impact on service users.

Table B: Summary of impact

Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding	No of projects with continuing funding
Learning Disabilities	250,157	204,409	-18.3%	2	0	4
Mental Health	108,000	82,450	-23.7%	1	1	3
Older People	366,700	266,700	-27.3%	3	3	4
Informal Carers	230,000	176,750	-23.2%	2	2	2
Alcohol Misuse	366,258	316,659	-13.5%	1	3	3
General	148,300	34,300	-76.9%	2	1	1
Total	1,469,415	1,081,268	-26.4%	11	10	17

These services are highly valued by service users as has been demonstrated through the consultation process which has highlighted a number of positive outcomes that users feel will be adversely affected by these proposals. These are set out and explored further in Section 4. The purpose of this EIA is to identify these impacts and to provide a tool for the Council to consider how, if it all, it is able to mitigate these so as to protect the equalities groups that may be disproportionately adversely impacted by the adoption of these proposals.

Overview of the Alcohol Misuse client group

The Alcohol Misuse client group services currently support around 500 people with alcohol misuse problems and includes the following services:

- Commissioned assessment service;
- Commissioned day centre service;
- Support to relatives and carers;
- Employment and training (Drugs & Alcohol);
- Advice, support and interventions to street drinkers and problem drinkers isolated in their own homes; and,
- Weekend opening hours.

Overview of the Informal Carers client group

The Carers client group services currently work with approximately 300 informal carers supporting them in their caring role looking after vulnerable people. There are four main organisations in Haringey who are directly funded by the Council to provide support to carers, although many other voluntary organisations also work with informal carers in their day to day activities. The services commissioned include:

- Advocacy
- Benefits advice
- Support groups

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- Activities including 'pampering', yoga and coffee mornings

Overview of the General services group

The general services group of projects covers infrastructure support to community and voluntary sector organisations in Haringey, as well as help and advice that is not specific to any other client group. The services include:

- Volunteering centre
- Capacity building and networking support to community and voluntary sector
- Crisis telephone line.

Overview of the Learning Disabilities Sector

The Borough Profile shows that 614 adults in Haringey have learning disabilities and are receiving social care services. Adult and Community Services currently commissions support as follows:

- Daytime and evening activities for clients with disabilities
- Day services for adults with multiple/complex disabilities
- Advocacy services
- Pathways – Employment project
- Arts/Drama sessions

Overview of the Mental Health Sector

The Haringey Public Health Report 2009 and the Haringey Mental Health Needs Assessment and the identifies that mental health needs are high in Haringey, with people from some Black and Minority Ethnic groups more likely than others to suffer from mental health problems. There are a number of determinants of good mental health which contribute to the overall level of need. These include deprivation, unemployment, housing and homelessness. Mental illness is particularly common in some of Haringey's newer refugee communities, whose members have often experienced traumatic experiences in their home countries.

The Mental Health client group currently access the following services:

- Black and minority ethnic mental health advocacy services
- Floating Support Service
- Counselling and Psychotherapy for young adults (16-24)
- Accompanying vulnerable mental health users attending police stations – appropriate adult services

Overview of the Older People Client Group

The Older People client group organisations supports approximately 7000 people and includes the following services:

- Funding of Age UK (Haringey) - Resource and Advice/Information Centre
- Benefits outreach
- Haringey Forum for Older People
- Out & about befriending Project
- Handy Person Project
- Stroke Club
- Support for people Alzheimer's and their carers
- Drop In Centres
- Empower 50+ (activities for older people)

Step 2 - Consideration of available data, research and information

ACS is not the direct provider of all of the public services delivered to vulnerable adults (aged 18 years of age and over) and their carers in Haringey, it will fund some voluntary and private organisations to deliver services to meet the needs of the borough's population. In 2010/11, 38 projects/services were funded by ACS, covering 20

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organisations. Some organisations received funding for more than one service. Funding was awarded for specific projects/services, with an element of core funding in some instances. The criteria has been applied to these services/projects funded rather than to organisations as a whole and so will be treated separately throughout this EIA.

1. Alcohol misuse

It should be noted that there is only one organisation funded by the Council to provide support to people with problems of alcohol misuse, with the funding spread across 7 projects/initiatives. Equalities data has been collected for all projects/initiatives with the exception of one, as this was not available.

Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding	No of projects with continuing funding
Alcohol Misuse	366,258	316,659	-13.5%	1	3	3

Funding Proposal for this Theme

The outcome of the application of the criteria resulted in the provisional judgement that the Council proposed to continue funding of two services, continue funding of three services at a reduced rate, and cease funding of two services. However feedback through the consultation process included highlighting the importance of access to services at 'unsocial' hours as well as out of normal office hours. **As a direct result of consultation and equalities analysis, some services originally proposed for termination are now being recommended to continue at full or reduced levels.**

Service User (alcohol misuse) Equalities Information

Equalities monitoring information has been collected directly from organisations themselves and also, where available, from relevant ACS managers with responsibility for commissioning and contracting services. For comparison, the Haringey population data is taken from the Census 2001. Information was available for 6 out of the 7 services under this client group; therefore some general conclusions can be drawn from the available information in respect of half of the equalities strands.

Key findings:

The client data indicates that people who use these services have the following characteristics:

- All service users have a form of disability, as defined by the Equalities Act 2010.
- There is an overrepresentation of working age people with alcohol misuse problems, with the majority (58%) aged between 35 and 54 (Table 1.1), using the services funded.
- 74% of service users are men, which is higher than the borough profile (Table 1.2).
- 18.7% of service users are White Irish, meaning that this group is over-represented compared with the borough profile (see Table 1.3). Other White British groups are also slightly under-represented among service users. Non-white groups are under-represented.
- There is an over representation of people who identify themselves as Christian, this is probably linked to the race of users.
- There is a slight over-representation of women whose sexual orientation is lesbian, and an under-representation of people who identify themselves as heterosexual.
- There would therefore be a disproportionate impact on these key groups – people of working age, men and White British with the original proposals to reduce or cease some services for people with alcohol misuse problems.
- No other disproportionate impact has been assessed against the protected groups of Age, Sex, Race, Disability, Religion or Sexual Orientation.
- Information was not available for the following equalities strands and assessment of impact on these service user groups is not therefore possible: Sex reassignment and Maternity & Pregnancy

Feedback through the consultation process included highlighting the importance of access to services at 'unsocial' hours as well as out of normal office hours. The element of the service that works with street drinkers (who may be homeless) do not tend to access services during 'usual business hours'. People who use the services stressed how important it was to be able to access support on weekends, particularly after Friday evenings.

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Table 1.1: Age of service users compared with borough profile

	Total number of users	Alcohol Substance Misuse Services	Haringey Borough Profile ²
18-24	11	2%	9.6%
25-34	78	15%	29.2%
35-44	123	24%	24.4%
45-54	176	34%	14.6%
55-64	83	16%	9.8%
65-74	22	4%	7.1%
75-84	2	0%	4.0%
85+	0	0%	1.3%
Not Stated	18	4%	-
TOTAL	513	100%	100%

Table 1.2: Sex of service users compared with borough profile

	Total number of users	Alcohol Substance Misuse Services	Haringey Borough Profile ³
Male	380	74%	51%
Female	133	26%	49%
TOTAL	513	100%	100%

Table 1.3 Race of service users compared with borough profile

	Sub race	Total number of users	Alcohol Substance Misuse Services	Haringey Borough Profile ⁴
White British		252	49.1%	48%
White Irish		96	18.7%	4%
	<i>White Greek / Cypriot</i>	15	2.9%	
	<i>White Turkish</i>	9	1.8%	
	<i>White Gypsy</i>	0	0.0%	
	<i>White Irish Traveller</i>	0	0.0%	
	<i>White Turkish/Cypriot</i>	23	4.5%	
	<i>White Other</i>	0	0.0%	
Other White		47	9.2%	14%
Subtotal white		395	77.0%	66%
White and Black Caribbean		3	0.6%	1%
White and Black African		4	0.8%	1%
White and Asian		13	2.5%	1%
Other Mixed			0.0%	1%
Subtotal mixed/white		20	3.9%	5%
Asian or Asian British Indian		6	1.2%	3%
Asian or Asian British Pakistani		1	0.2%	1%

² Borough population figures ONS 2006 (note – 18-24 age range, information available 20-24 only)

³ ONS Mid-year Estimates 2009

⁴ Borough population figures ONS 2005

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	Sub race	Total number of users	Alcohol Substance Misuse Services	Haringey Borough Profile ⁴
Asian or Asian British Bangladeshi		1	0.2%	2%
Asian or Asian British Other		0	0.0%	2%
Asian or Asian British		8	1.6%	8%
Black or Black British Caribbean		35	6.8%	8%
Black or Black British African		22	4.3%	9%
Black or Black British Other		12	2.3%	1%
Black or Black British		69	13.5%	18%
Chinese		0	0.0%	2%
Other Ethnic Group		0	0.0%	2%
NOT STATED		22	4.3%	
Chinese or Other Ethnic Group		22	4.3%	4%
TOTAL		514	100%	100%

Table 1.4: Religion of service users compared with borough profile

	Total number of users	Alcohol Substance Misuse Services	Haringey Borough Profile (Haringey residents in general)
Buddhism	0	0.0%	1.1%
Christian	332	77.6%	50.1%
Hindu	6	1.4%	2.1%
Jewish	0	0.0%	2.6%
Muslim	5	1.2%	11.3%
Sikh	0	0.0%	0.3%
Non-religious	29	6.8%	20.0%
Other religions	27	6.3%	0.5%
Not stated	29	6.8%	12.1%
TOTAL	428	100.0%	100%

Note: monitoring information available for five of seven alcohol misuse services

Table 1.5: Sexual orientation of service users compared with national profile

	Total number of users	Alcohol Substance Misuse Services	National profile ⁵
Lesbian	4	0.9%	0.5%
Gay	4	0.9%	1.0%
Bisexual	3	0.7%	0.5%
Heterosexual	380	88.8%	94.5%
Other	0	0.0%	0.5%
Unknown	37	8.6%	3.0%
TOTAL	428	100.0%	100.0%

⁵ Office for National Statistics, Integrated Household Survey, September 2010

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2. Informal Carers

The Council provides funding to four organisations who work directly with informal carers. The Council funds 6 services for informal carers from the 4 organisations. Equalities data has been collected for all projects/initiatives with the exception of two, as this was not available.

Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding	No of projects with continuing funding
Informal Carers	230,000	176,750	-23.2%	2	2	2

Funding Proposal for this Theme

The outcome of the application of the criteria resulted in the provisional judgement was that the Council proposed to continue funding of two services, continue funding of one service, however at a reduced rate, and cease funding of three services. The original proposals for funding reductions sought to retain key services that met the needs of the most vulnerable carers across BME groups and client groups. **As a direct result of consultation and equalities analysis one of the services originally proposed for termination is now being recommended to continue at reduced levels.**

Following the consultation process and equalities impact assessment, a proposal has been reached to reduce the savings required. The services which are still recommended to be decommissioned include benefits advice and a support group, which included some provision for an annual conference.

Service User (informal carers) Equalities Information

Equalities monitoring information has been collected directly from organisations themselves and also, where available from relevant commissioning and contract managers with responsibility for commissioning services. Information was available for 4 of 6 services funding services for carers in respect of race and sex, unless noted otherwise.

For comparison, the Haringey population data is taken from the Census 2001.

According to the 2001 census, over 15,000 people in Haringey identify themselves as unpaid carers. This represents 7.4 % (1 in 13) of the *usual resident population* of the borough (approximately 216,507). As at the census 3,232 Haringey carers (20% of carers) provide care for 50 or more hours a week, and 10,637 Haringey carers (67% of carers) provide care for 1-19 hours a week.

Key findings:

The client data indicates that people who use these services have the following characteristics:

- There is an indication that informal carers who use services, look after service users who would likely have a form of disability, as defined by the Equalities Act 2010 (Table 2.4)
- Informal carers using services are mostly under the age of 65 (91%) and are slightly over-represented as a whole compared to the Borough Profile of all adults ages (91% against 87.6%), but very over-represented compared to the profile of ages groups of carers 91% against 81.7% (see Table 2.1)
- Informal carers over the age of 65 are very underrepresented in terms of those accessing services (4% against a over 65 carer population of 18.3% (see Table 2.1)
- Women are very over-represented against both the percentage of females in the general population and those who are in a caring role (Table 2.2)
- White carers are under-represented when compared to the profile of the general population and those who are in a caring role (Table 2.3)
- 40.3% of informal carers accessing services are Asian/Asian British meaning that this group is over-represented (Table 2.4).
- Only two organisations provided information on informal carers' religion, therefore this information is limited in use. However, it provides an insight into the characteristics of informal carers who use services (see Table 2.5), for example Hindu carers are very over-represented in terms of accessing services (46.6% against borough profile for informal carers at 2.1%). Table 2.6 show the race breakdown of carers who attended a Carers Strategy consultation meeting in January 2009.

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- Race and religion over-representation probably reflect the target groups of funded organisations – two of the four organisations funded presently are BME specific, with one working solely with hard to reach Asian carers.
- No other disproportionate impact has been assessed against the protected groups of Age, Sex and Race.
- There is insufficient detail available to fully assess any disproportionate impact on Disabilities and Religion
- Information was not available for the following equalities strands and assessment of impact on these service user groups is not therefore possible: Sex reassignment, Sexual Orientation and Maternity & Pregnancy

Table 2.1: Age of users of service compared with borough profile

	Total number of users	Informal carers who use services	Haringey Borough Profile – general population ⁶	Haringey Borough Profile - people who provide care ⁷
18-24	11	2%	9.6%	
25-34	78	15%	29.2%	
35-44	123	24%	24.4%	
45-54	176	34%	14.6%	
55-64	83	16%	9.6%	
SUBTOTAL	471	91%	87.6%	81.7%
65-74	22	4%	7.1%	
75-84	2	0%	4.0%	
85+	0	0%	1.3%	
SUBTOTAL	24	4%	12.4%	18.3%
Not Stated	18	4%	-	-
TOTAL	513	100%	100%	100%

Note – information about age of carer was only available for 2 of 6 services

Table 2.2: Sex of users of services compared with borough profile

	TOTAL	Informal carers who use services	Haringey Borough Profile - all adults ⁸	Haringey Borough Profile - people who provide care ⁹
Male	63	20%	51%	40.6%
Female	247	80%	49%	59.4%
TOTAL	310	100.0%	100.0%	100.0%

⁶ Borough population figures ONS 2006 (note – 18-24 age range, information available 20-24 only)

⁷ Census 2001 – information available in bands as follows: 16-64 years and 65+

⁸ Borough population figures ONS 2006

⁹ Census 2001

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Table 2.3: Race of users of service compared with borough profile

	Sub race	TOTAL	Carers groups profile	Haringey Borough Profile ¹⁰	Haringey Borough Profile - people who provide care ¹¹
White British		69	22.3%	48%	47.6%
White Irish		5	1.6%	4%	5.0%
	<i>White Greek / Cypriot</i>	5	1.6%		
	<i>White Turkish</i>	6	1.9%		
	<i>White Gypsy</i>	0	0.0%		
	<i>White Irish Traveller</i>	0	0.0%		
	<i>White Turkish/Cypriot</i>	0	0.0%		
	<i>White Other</i>	25	8.1%		
Other White		36	11.6%	14%	14.4%
Subtotal white		110	35.5%	66%	67.0%
White and Black Caribbean		2	0.6%	1%	0.9%
White and Black African		2	0.6%	1%	0.5%
White and Asian		0	0.0%	1%	0.7%
Other Mixed		0	0.0%	1%	1.0%
Subtotal mixed/white		4	1.3%	5%	3.1%
Asian or Asian British Indian		53	17.1%	3%	4.6%
Asian or Asian British Pakistani		6	1.9%	1%	1.1%
Asian or Asian British Bangladeshi		4	1.3%	2%	1.7%
Asian or Asian British Other		62	20.0%	2%	1.9%
Asian or Asian British		125	40.3%	8%	9.2%
Black or Black British Caribbean		36	11.6%	8%	10.2%
Black or Black British African		19	6.1%	9%	6.8%
Black or Black British Other		12	3.9%	1%	1.0%
Black or Black British		67	21.6%	18%	18.0%
Chinese		2	0.6%	2%	0.9%
Other Ethnic Group		2	0.6%	2%	1.7%
Chinese or Other Ethnic Group		4	1.3%	4%	2.7%
TOTAL		310	100.0%	100%	100.0%

¹⁰ Borough population figures ONS 2005

¹¹ Census 2001

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Table 2.4: Disability characteristics of cared for person

	TOTAL	Carers groups profile
Mental health	76	34.1%
Physical Disabilities	28	12.6%
Older People	61	27.4%
Learning Disabilities	47	21.1%
Parent Carer	10	4.5%
Not specified	1	0.4%
	223	100.0%

Note – information about disability characteristics of cared for person, was only available for 3 of the 6 services, including one organisation that works primarily with carers of people with mental health problems.

Table 2.5: Religion of users of services compared to borough profile

	TOTAL	Carers groups profile	Haringey Borough Profile (Haringey residents in general) ¹²
Buddhism	1	0.8%	1.1%
Christian	28	21.4%	50.1%
Hindu	61	46.6%	2.1%
Jewish	4	3.1%	2.6%
Muslim	19	14.5%	11.3%
Sikh	2	1.5%	0.3%
Non-religious	2	1.5%	20.0%
Other religions	9	6.9%	0.5%
Not stated	5	3.8%	12.1%
TOTAL	131	100.0%	100%

Note – information about the religion of users of services, was only available for 2 of the 6 services. Census data for religious belief is available for the usual resident population of Haringey but not specifically for unpaid carers.

Further information about the religion of carers comes from respondents to a survey questionnaire about carers' priorities for the revised Haringey Carers Strategy in January 2009. Attendees described their religion or belief as set out in the following table:

Table 2.6: Haringey carers consultation meeting January 2009

	%	No of carers
Buddhist	1.6%	2
Christian	53.9%	69
Hindu	6.3%	8
Jewish	2.3%	3
Muslim	9.4%	12
Sikh	0.8%	1
Non- religious	16.4%	21

¹² Office of National Statistics - KS07 Religion: Key Statistics for urban areas, summary results for local authorities

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	%	No of carers
Other religions	0.0%	0
Not stated	9.4%	12
TOTAL	100%	128

3. General services

This category includes services that provide infrastructure support to voluntary and community groups, and included supporting and facilitating engagement and participation on strategic boards and forums. In addition there is an information and support service that is not specific to any client group

Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding	No of projects with continuing funding
General	148,300	34,300	-76.9%	2	1	1

Funding Proposal for this Theme

The outcome of the application of the criteria results in the provisional judgement was that the Council proposed to continue funding of one of services, and cease funding of 3 services. The original proposals for funding reductions sought to retain a key service that met the needs of the most vulnerable people across client groups.

The original in principle proposals included ceasing funding to most of these services. Following the period of consultation, it has been highlighted that there remains a strong need to retain a key service that supports voluntary and community groups. **The provider of this service was concerned about the use of ASC criteria to the more generic services provided by their organisation. This is acknowledged with the revised proposal, with continued funding now recommended for one of these services.**

Service User (General services) Equalities Information

Equalities monitoring information has been collected directly from organisations themselves and also, where available from relevant commissioning and contract managers with responsibility for commissioning services. The following should be noted for three of the services:

- No equalities monitoring information is available for the crisis information and advice telephone service - callers are not required to give any personal details, including name, and therefore data is not collected about users of this service.
- No equalities information is available for two services that do not work directly with users of services, rather these work with other organisations. They do not require these organisations to provide information about their services users.
- Limited equalities information is available about one of the services (volunteering scheme), in regard to age, disability and race. This is presented below table 3.1 and 3.2

For comparison, the Haringey population data is taken from the Census 2001.

Key findings:

The client data indicates that people who use these services have the following characteristics:

- From the information provided by the organisation on the Volunteering Scheme, there would appear to be a disproportionate impact should the service cease on BME and refugee communities, although there is no detailed breakdown on race and what races are being categorised within this group. The provider information gives the BME and refugee communities accessing the service as a percentage of all users as an average of 89.2% (detail in Table 3.1)
- There would appear to be a number of users who have disabilities or are unable to work where there may be a impact should the service close – 22.8% of people who use the Volunteer Centre (detail on Table 3.1)
- A high proportion of the people who use the service are unemployed – average of 37% (detail in Table 3.1),
- The age range of volunteers can be compared to the borough profile in broad terms. Younger adults (between 18/19 to age 25) appear to be over-represented as against the overall Adult population in Haringey.

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- It is difficult to fully assess any disproportionate impact against the protected groups of Age, Sex, Race, and Disability
- Information was not available against the majority of equalities strands and assessment of impact on this group using the Volunteer Centre is not therefore possible: Religion, Gender reassignment, Sexual Orientation and Maternity & Pregnancy

The organisation provided activity information about the volunteer centre as follows:

Table 3.1: Volunteer Centre activity April 2010 to March 2011

	Volunteers Centre applications	Volunteer Centre enquiries	One to one carried out	Volunteers referred to local organisations	Average %
TOTAL	798	238	50	1132	
of which:					
Unemployed	246	67	26	421	
Unable to work	10	0	10	21	
Disabled	26	37	15	216	
From BME and refugee communities	721	199	46	1026	
Percentage of total activity					
Unemployed	30.8%	28.2%	52.0%	37.2%	37.0%
Unable to work	1.3%	0.0%	20.0%	1.9%	5.8%
Disabled	3.3%	15.5%	30.0%	19.1%	17.0%
From BME and refugee communities	90.4%	83.6%	92.0%	90.6%	89.2%

Table 3.2: Age of users of service (Volunteer Centre) compared with borough profile

	Age range of volunteers	Haringey Borough Profile ¹³
15-18	11.0%	7.2%
19-25	37.0%	8.9%
26-34	30.0%	27.1%
35-44	13.0%	22.6%
45-54	6.0%	13.6%
55-64	2.0%	9.1%
Over 65	1.0%	11.5%
TOTAL	100%	100%

4. Learning Disabilities

The Council provides funding to three organisations who work with people with Learning Disabilities, funding 5 services (one organisation provides three services and the other two organisations provide one service each. Equalities data has been collected for all projects/initiatives with the exception of two, as this was not available.

¹³ Borough population figures ONS 2006 (note – age range banded as follows: 15-19, 20-24, 25-34, 35-44 and so on)

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Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding	No of projects with continuing funding
Learning Disabilities	250,157	204,409	-18.3%	2	0	4

Funding Proposal for this Theme

The outcome of the application of the criteria results in the provisional judgement was that the Council proposed to continue funding of four of services, and cease funding of two services. The original proposals for funding reductions sought to retain key services that met the needs of the most vulnerable people with learning disabilities. **Following the consultation and process and reviewing the equalities information, there is no change proposed to the original funding proposal.**

Service User (Learning Disabilities) Equalities Information

Equalities monitoring information has been collected directly from organisations themselves and also, where available from relevant commissioning and contract managers with responsibility for commissioning and monitoring services.

For comparison, the Haringey population data is taken from the Census 2001.

Key findings:

Equalities monitoring information has been collected directly from organisations themselves and also, where available from relevant commissioning and contract managers with responsibility for commissioning services. Information was available for 4 of 6 services funding services for people with learning disabilities in respect of race and sex, unless noted otherwise.

The client data indicates that people who use these services have the following characteristics:

- All service users have a form of disability, as defined by the Equalities Act 2010.
- Voluntary organisations provide services to working age people with learning disabilities, with the majority (69%) aged between 35 and 54 (see Table 4.1)
- 74% of service users are men, which is higher than the borough profile (Table 4.2), meaning they are over-represented against a borough profile of 53.6%. When compared with the age profile for people with learning disabilities more generally, there remains an over-representation (51.6%). Learning disabilities users who are older are under-represented in accessing these services with the profile of older users of services being 2% against the borough profile of all adults 12.4 % or 10.1% of all users who have learning disabilities.
- 16% of service users are Asian or Asian British, meaning that this group is over-represented compared with the borough profile (see Table 4). White British groups are also slightly under-represented among service users.
- White users who use the funded services are under-represented against the race profile of adults in Haringey (see Table 4.3). Asian/Asian British and Black/Black British race groups are slightly over-represented against the population profile of all adults (see Table 4.3).
- No other disproportionate impact has been assessed against the protected groups of Age, Sex and Race.
- Whilst it is assumed that all users have a form of disability, there is no information available about the complexity of disability and whether there are multiple disabilities, therefore it is not possible to properly assess the impact in relation to the protected group: Disability
- Information was not available for the following equalities strands and assessment of impact on these service user groups is not therefore possible: Religion, Gender reassignment, Sexual Orientation and Maternity & Pregnancy

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Table 4.1: Age of users of service compared with borough profile

	Number of service users	Learning Disabilities groups profile	Haringey age profile for people with learning disabilities ¹⁴	Haringey borough profile - general population ¹⁵
18-24	17	6%	13.7%	9.6%
25-34	45	15%	28.4%	29.2%
35-44	110	37%	23.2%	24.4%
45-54	95	32%	15.5%	14.6%
55-64	29	10%	9.0%	9.8%
65+	5	2%	10.1%	12.4%
	301	100%	100.0%	100.0%

Table 4.2: Sex of users of service compared with borough profile

	Total number of users	Learning Disabilities groups profile	Haringey Borough Profile ¹⁶
Male	380	74%	51%
Female	133	26%	49%
TOTAL	513	100%	100%

Table 4.3: Race of users of service compared with borough profile

	Sub race	Total number of users	Learning Disabilities Profile	Haringey Borough Profile ¹⁷
White British		122	40.5%	48%
White Irish		11	3.7%	4%
	<i>White Greek / Cypriot</i>	14	4.7%	
	<i>White Turkish</i>	14	4.7%	
	<i>White Gypsy</i>	0	0.0%	
	<i>White Irish Traveller</i>	0	0.0%	
	<i>White Turkish/Cypriot</i>	6	2.0%	
	<i>White Other</i>	0	0.0%	
Other White		34	11.3%	14%
Subtotal white		167	55.5%	66%
White and Black Caribbean		10	3.3%	1%
White and Black African		0	0.0%	1%
White and Asian		4	1.3%	1%
Other Mixed		3	1.0%	1%
Subtotal mixed/white		17	5.6%	5%
Asian or Asian British Indian		32	10.6%	3%
Asian or Asian British Pakistani		13	4.3%	1%
Asian or Asian British		0	0.0%	2%

¹⁴ PANSI – Projecting Adult Need and Service Information System – 2001 Census

¹⁵ Borough population figures ONS 2006 (note – 18-24 age range, information available 20-24 only)

¹⁶ ONS Mid-year Estimates 2009

¹⁷ Borough population figures ONS 2005

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	Sub race	Total number of users	Learning Disabilities Profile	Haringey Borough Profile ¹⁷
Bangladeshi				
Asian or Asian British Other		1	0.3%	2%
Asian or Asian British		46	15.3%	8%
Black or Black British Caribbean		50	16.6%	8%
Black or Black British African		16	5.3%	9%
Black or Black British Other		1	0.3%	1%
Black or Black British		67	22.3%	18%
Chinese		4	1.3%	2%
Other Ethnic Group		0	0.0%	2%
Chinese or Other Ethnic Group		4	1.3%	4%
TOTAL		301	100.0%	100%

5. Mental Health

The Council provides funding to five projects each delivering a mental health service. Equalities data has been collected for four of the five projects/initiatives.

Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding	No of projects with continuing funding
Mental Health	108,000	82,450	-23.7%	1	1	3

Funding Proposal for this Theme

The outcome of the application of the criteria resulted in the provisional judgement that the Council proposed to continue funding three of the services and cease funding of two services. **As a direct result of consultation and equalities analysis one of the services originally proposed for termination is now being recommended to continue at reduced levels.**

Following the consultation process and equalities impact assessment, a proposal has been reached to reduce the savings required. The services which are still recommended to be decommissioned include a scheme that trains volunteers as appropriate adults.

Service User (Mental Health) Equalities Information

Equalities monitoring information has been collected directly from organisations themselves and also, where available from relevant commissioning and contract managers with responsibility for commissioning services.

Key findings:

The client data indicates that people who use these services have the following characteristics:

- All service users have a form of disability, as defined by the Equalities Act 2010.
- Voluntary organisations provide services to working age people with mental health problems, with the majority (52%) aged between 18 and 24. This result is slightly skewed by one of the organisations who only work with young adults (under 25) with mental health issues; this organisation dealt with the highest number of users of the four organisations (see Table 5.1(i))
- Without this organisation information (see Table 5.2(ii)), the profile of users of the other organisations shows a slight under-representation of mental health users aged between 25-34 (24%) against the

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- Female service users are over represented as they make up 70% of service users, which is higher than the borough profile of 49% (Table 5.2).
- Black and Minority Ethnic groups make up 80.2% of the service users, of which 36% represent Black or Black British, meaning that these groups are over-represented compared with the borough profile (see Table 5.4). White British groups are under-represented among service users.
- Data is available in regards sexual orientation of users. Gay men (4.9%) and lesbians (2.8%) are significantly over-represented against the national profile of 1.0% and 0.5% respectively (see Table 5.5).
- The 18 -24 age group are over-represented as they make up 52% of service users, in relation to their borough profile of 9.6%. The organisation who works with mainly young adults under 25 years old offers counselling and engagement services. Reducing funding to this organisation would potentially have a disproportionate impact on this service user group.
- No other disproportionate impact has been assessed against the protected groups of Sex, Race and Sexual Orientation.
- Whilst it is assumed that all users have a form of disability, there is no information available about the complexity of disability and whether there are multiple disabilities, therefore it is not possible to properly assess the impact in relation to the protected group: Disability
- Information was not available for the following equalities strands and assessment of impact on these service user groups is not therefore possible: Religion, Gender reassignment, and Maternity & Pregnancy

Table 5.1(i): Age of users of service compared with borough profile

	Number of service users	Mental Health groups profile	Haringey borough profile - general population
18-24	66	52%	9.6%
25-34	16	13%	29.2%
35-44	15	12%	24.4%
45-54	23	18%	14.6%
55-64	4	3%	9.8%
65+	2	2%	12.4%
TOTAL	126	100%	100%

Table 5.1(ii): Age of users of service compared with borough profile (excluding organisation that works only with younger adults)

	Number of service users	Mental Health groups profile	Haringey borough profile - general population
18-24	6	9%	9.6%
25-34	16	24%	29.2%
35-44	15	23%	24.4%
45-54	23	35%	14.6%
55-64	4	6%	9.8%
65+	2	3%	12.4%
TOTAL	66	100%	100%

Table 5.2: Sex of users of service compared with borough profile

	Number of service users	Mental Health groups profile	Haringey borough profile - general population
Male	38	30%	51%
Female	88	70%	49%

Table 5.3: Prevalence rates of mental health problems in general population by sex¹⁸

¹⁸ PANSI – Projecting Adult Need and Service Information System – 2001 Census

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	Common mental disorder	Borderline personality disorder	Antisocial personality disorder	Psychotic disorder	Two or more psychiatric disorders
M	12.5%	0.3%	6.0%	0.3%	6.9%
F	19.7%	0.6%	10.0%	0.5%	7.5%

Table 5.4: Race of users of service compared with borough profile

	Sub race	Number of service users	Mental Health groups profile	Haringey Borough Profile ¹⁹
White British		25	19.8%	48%
White Irish		1	0.8%	4%
	<i>White Greek / Cypriot</i>	7	5.6%	
	<i>White Turkish</i>	3	2.4%	
	<i>White Gypsy</i>	0	0.0%	
	<i>White Irish Traveller</i>	0	0.0%	
	<i>White Turkish/Cypriot</i>	5	4.0%	
	<i>White Other</i>	15	11.9%	
Other White		30	23.8%	14%
Subtotal white		56	44.4%	66%
White and Black Caribbean		5	4.0%	1%
White and Black African		0	0.0%	1%
White and Asian		4	3.2%	1%
Other Mixed		0	0.0%	1%
Subtotal mixed/white		9	7.1%	5%
Asian or Asian British Indian		11	8.7%	3%
Asian or Asian British Pakistani		3	2.4%	1%
Asian or Asian British Bangladeshi		0	0.0%	2%
Asian or Asian British Other		0	0.0%	2%
Asian or Asian British		14	11.1%	8%
Black or Black British Caribbean		33	26.2%	8%
Black or Black British African		12	9.5%	9%
Black or Black British Other		0	0.0%	1%
Black or Black British		45	35.7%	18%
Chinese		2	1.6%	2%
Other Ethnic Group		0	0.0%	2%
Chinese or Other Ethnic Group		2	1.6%	4%
TOTAL		126	100.0%	100%

¹⁹ Borough population figures ONS 2005

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Table 5.5: Sexual orientation of service users compared with national profile

	Total number of users	Alcohol Substance Misuse Services	National profile ²⁰
Lesbian	3	2.8%	0.5%
Gay	5	4.9%	1.0%
Bisexual	0	0.0%	0.5%
Heterosexual	92	86.6%	94.5%
Other	0	0.0%	0.5%
Unknown	6	5.7%	3.0%
TOTAL	106	100%	100%

6. Older People

It should be noted that there are five voluntary organisations funded to provide support to older people in the borough.

Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding	No of projects with continuing funding
Older People	366,700	266,700	-27.3%	3	3	4

Funding Proposals for this Theme

There are five organisations providing ten services to older people. One of these organisations provides six of the services, whilst four other organisations provided one service. The outcome of the application of the criteria results in the provisional judgement was that the Council proposed to continue funding of four services, continue funding of three services, however at a reduced rate, and cease funding of three services. **Following the consultation and process and reviewing the equalities information, there is no change proposed to the original funding proposal, other than one of the services has ceased to exist in 2011/12.**

Service User (Older People) Equalities Information

Equalities monitoring information has been collected directly from organisations themselves and also, where available from relevant commissioning and contract managers with responsibility for commissioning services.

Key findings:

The client data indicates that people who use these services have the following characteristics:

- Voluntary organisations working with 'older people' tend to offer services from age 55 and older.
- People using services aged 55-64 (23%) appear over-represented against the general population of adults in this age range (9.8%). However when they are profiled against the total population of older people 55 and above, are under-represented against the proportion of older people in this age range (44%). People who are aged 75-84 (25%) are over-represented against the total population of older people 55 and above. It is assumed this reflects the increased frailty and disabilities of people as they get older, therefore needing higher levels of support and assistance.
- 70% of service users are Female, which is higher than the borough profile (Table 6.2).

²⁰ Office for National Statistics, Integrated Household Survey, September 2010

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- There appears to be a significant under-representation of White older people in accessing services from these organisations – 38.5% against the borough profile for people aged 55 and above of 75%. Black/Black British older people are over-represented as a proportion of the total population of older people.
- No other disproportionate impact has been assessed against the protected groups of Age, Sex, Race
- Whilst it is assumed that some users of services may have a form of disability or frailty, there is no information available about this, therefore it is not possible to properly assess the impact in relation to the protected group: Disability.
- Information was not available for the following equalities strands and assessment of impact on these service user groups is not therefore possible: Religion, Gender reassignment, Sexual Orientation and Maternity & Pregnancy

Table 6.1: Age of users of service compared with borough profile

	TOTAL	older people	Haringey Borough Profile (all adults) ²¹	Haringey Borough Profile (people over 55) ²²
Under 55	38	1%	77.8%	n/a
55-64	865	23%	9.8%	44.0%
65-74	1265	33%	7.1%	32.1%
75-84	950	25%	4.0%	17.9%
85+	378	10%	1.3%	6.0%
NOT STATED	338	9%		
TOTAL	3834	100%	100%	100%

Table 6.2: Sex of users of service compared with borough profile

	Number of service users	Older people's groups profile of users	Haringey borough profile - general population
Male	38	30%	51%
Female	88	70%	49%

Table 6.3: Race of users of service compared with borough profile

	TOTAL	Older People's Services	Haringey Borough Profile ²³	Haringey Borough Profile (people over 55) ²⁴
White British	940	24.7%	48%	
White Irish	150	4.0%	4%	
<i>White Greek / Cypriot</i>	226	5.9%		
<i>White Turkish</i>	0	0.0%		
<i>White Gypsy</i>	0	0.0%		
<i>White Irish Traveller</i>	0	0.0%		

²¹ Borough population figures ONS 2006

²² Borough population figures ONS 2006

²³ Borough population figures ONS 2005

²⁴ PANSI & POPPI (Census 2001 data)

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		TOTAL	Older People's Services	Haringey Borough Profile ²³	Haringey Borough Profile (people over 55) ²⁴
	<i>White Turkish/Cypriot</i>	0	0.0%		
	<i>White Other</i>	150	4.0%		
Other White		376	9.9%	14%	
Subtotal white		1466	38.5%	66%	75.0%
White and Black Caribbean		0	0.0%	1%	
White and Black African		0	0.0%	1%	
White and Asian		0	0.0%	1%	
Other Mixed		0	0.0%	1%	
Subtotal mixed/white		0	0.0%	5%	1.8%
Asian or Asian British Indian		4	0.1%	3%	
Asian or Asian British Pakistani		0	0.0%	1%	
Asian or Asian British Bangladeshi		5	0.1%	2%	
Asian or Asian British Other		263	6.9%	2%	
Asian or Asian British		272	7.1%	8%	6.7%
Black or Black British Caribbean		1208	31.7%	8%	
Black or Black British African		378	9.9%	9%	
Black or Black British Other		113	3.0%	1%	
Black or Black British		1699	44.6%	18%	13.9%
Chinese		0	0.0%	2%	
Other Ethnic Group		368	9.7%	2%	
Not stated		2	0.0%		
Chinese or Other Ethnic Group		370	9.7%	4%	2.6%
TOTAL		3807	100%	100%	100%

Note – the GLA 2009 ethnic group projection suggests the proportion of White ethnic groups over 50 years of age will decrease from 75% of the overall older people's population in 2001 to 69% in 2011 (see Table 6.4)

Table 6.4: Proportion of population aged 50 and over by ethnic group (%)

	White ethnic groups 2001	BME groups 2001	White ethnic groups 2011	BME groups 2011
Haringey	75	25	69	31

Step 3 - Assessment of Impact

The adoption and implementation of the criteria would increase barriers overall. However, this varies across the different themes of this EIA and for this reason a judgement regarding the impact on barriers is also shown for each theme.

Table 24: Impact on barriers

	Increase barriers	Reduce barriers	No change
Overall	X		
Alcohol misuse	X		
Informal Carers	X		
General Services	X		
Learning Disabilities			X
Mental Health	X		
Older People	X		

1. Alcohol misuse – Barriers increased

Differential Impact

The equalities data shows that the following groups with protected characteristics may be adversely affected by a reduction/cease in funding:

- People with alcohol misuse problems
- Men
- White British

Overall Impact

The original proposed savings included a reduction to services to people who misuse alcohol, including street-drinkers. Reductions to this sector have also proposed by the Supporting People programme and by Children & Young Peoples Service.

Feedback through the consultation process included highlighting the importance of access to services at ‘unsocial’ hours as well as out of normal office hours.

The impact on relatives and carers of people with alcohol misuse problems, as a result of the proposal to cease funding to relatives and carers support, may mean that carers and relatives remain isolated and because of the nature of alcohol misuse that they would not be comfortable accessing mainstream support that is available for carers / relatives.

Should a decision be taken to reduce/cease funding to advice and support services for street and problem drinkers isolated in their own home and commissioned assessment and day centre services then the following impacts may occur:

- An increased in the number of alcohol-related hospital attendances.
- An increase in crime in the borough.
- Increased vulnerability and isolation of people misusing alcohol due to the stigma associated with the illness.
- An increase in the number of street and problem drinkers in their own home.
- Potentially result in an increased demand for adult social care, health and associated voluntary sector services.

Proposed mitigation

Some services that work with this client group that were originally proposed for termination, are now proposed to continue or continue with reduced funding, to support users at times they most need it, particularly at ‘unsocial’ hours. This is a direct result of the consultation process, and following review of available equalities information. Adults Commissioning and Drug & Alcohol Service commissioners will need to work with providers in remodelling

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the service to mitigate against the adverse impact the proposals across ACS, CYPS and Supporting People will have, if all are agreed.

2. Informal carers – Barriers increased

Differential Impact

The equalities data shows that the following groups with protected characteristics may be adversely affected by a reduction/cease in funding:

- Women
- Asian/Asian British

Overall Impact

The original proposed savings included a reduction to services to informal carers, with one service proposed to have continued but reduced funding, and three other services proposed to cease. The services proposed for ceasing included benefits advice and support groups, the latter of which included some provision for an annual conference.

Feedback through the consultation process has included highlighting the importance of access to support services for informal carers, to take a break from the caring role, either through having a sitting service to enable carers to do something else out of the house, or being able to meet with other carers.

The impact on informal carers, as a result of the proposal to reduce/cease funding, may mean that carers become isolated

Should a decision be taken to reduce/cease funding to advice and support services for street and problem drinkers isolated in their own home and commissioned assessment and day centre services then the following impacts may occur:

- An increased in the ill health of carers
- Increased vulnerability and isolation of informal carers and the cared for person
- Potentially result in an increased demand for adult social care, health and associated voluntary sector services

Proposed mitigation

Services that we propose to cease are primarily concerned with benefits maximisation and support groups. In regards benefits maximisation, we will mitigate this loss of service through increased partnership working with key agencies such as the Jobcentre Plus. We already have established links with the Jobcentre Plus Haringey Partnerships Manager and for people eligible for personal budgets, our financial assessment team completes an income maximisation assessment with service users. In terms of the proposed loss of the support groups service, we expect to mitigate against the loss of this service, through our neighbourhood networks pilot.

We also propose to continue funding at a reduced level, one of the services (that works primarily with Asian/Asian British carers), that was initially proposed to cease. This is to ensure continuity for the organisation as the Council is the sole source of funding for this organisation. However this will be reviewed later in 2011 as part of the implementation of the proposed commissioning and funding framework in summer 2011.

3. General services – increase barriers

Differential Impact

The equalities data shows that the following groups with protected characteristics may be adversely affected by a reduction/cease in funding:

- BME communities generally
- Young adults

Overall Impact

It is difficult to fully assess both the overall impact of proposals to reduce/cease funding for services that support other voluntary sector organisations, and also the crisis phone line.

With reference to the Volunteer Centre, younger adults (between 18/19 to age 25) who access the centre, and who may also be unemployed, may also experience a disproportionate impact as a result of the service ceasing. The

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consultation highlighted the access to for example training to the volunteers, helping increase skills and experience as well as self-confidence leading on to employment.

Proposed mitigation

In recognition of the importance to small community and voluntary sector organisations of having access to appropriate support, the proposal has changed to continue funding the voluntary sector development capacity. The organisation also gets core grant funding for this purpose and to provide generic advice and represent the sector with the statutory sector, including the Council.

The proposed loss of funding for the Volunteer Centre will be mitigated through other avenues, including access to volunteering opportunities through for example the continued development of the Neighbourhood Networks, using social media as a bridge.

4. Learning Disabilities – no change to barriers

Differential Impact

The equalities data shows that the following groups with protected characteristics may be adversely affected by a reduction in funding to services:

- People with learning disabilities
- Men
- Black/Black British people

Overall Impact

No change is proposed to the original funding reduction for services who work primarily with people with Learning Disabilities, as these organisations were scored as “services for people that primarily have substantial needs”. Should a decision be taken to reduce/cease funding to these services then the following impacts may occur:

- A reduction in specialist day / evening opportunities for people with learning disabilities
- A reduction in specialist advocacy support for people with learning disabilities. However, at this point there are no proposed reductions to these services.
- The loss of an employment project may have an adverse impact on the opportunities for people with learning disabilities in accessing training and employment, and potentially increase social isolation

Proposed mitigation

There are two services mainly affected, arts/drama sessions, which are available through other organisations; and an employment project, with mitigation anticipated through the expansion of access to personal assistants for people with learning disabilities.

5. Mental Health – increase barriers

Differential Impact

The equalities data shows that the following groups with protected characteristics may be adversely affected by a reduction/cease in funding:

- People with mental health issues
- Female
- Black and Ethnic Minorities
- Black/Black British
- Gay and Lesbian people
- People under 25

Overall Impact

The original proposal retained services such as advocacy, specialist floating support for a hard to reach community group community, and the provision of an appropriate adult service.

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We are proposing to cease a scheme to train volunteers as appropriate adults, our mitigation is to work with the current appropriate adult service in remodelling their current service model. It is proposed that the funding for counselling and psychotherapy service for younger adults under 25 years of age is reduced. This service is accessed by gay and lesbian young adults, a reduction would have a disproportionate impact on this protected group. The consultation process highlighted the vulnerability of these users, including care leavers.

Should a decision be taken to reduce/cease funding to these services then the following impacts may occur:

- A reduction in specialist advocacy support for people with mental illness.
- Increased isolation of a vulnerable harder to reach community group.
- No provision for training of volunteers to support the appropriate adult service.
- A reduction of counselling and psychotherapy services may leave many users of services extremely vulnerable, particular young adults who identify as gay or lesbian.

Propose mitigation

We are remodelling the service offer of counselling services to continue funding but at a reduced rate. There are other borough based counselling services for BME service users and women. We are currently in the process of reviewing services provided to these groups.

6. Older People – increase barriers

Differential Impact

The equalities data shows that the following groups with protected characteristics may be adversely affected by a reduction/cease in funding:

- Older women – aged 75-84, particularly as their physical health declines and they become more frail
- Black/Black British

Overall Impact

The original funding proposal sought to cease funding to a benefits advice, activities service and befriending service for older people, as well as reduce funding to services providing handy-person's scheme and stroke club.

The consultation process highlighted the impact of loss of services with a risk in increasing the isolation of older people, as well as partnership working with the Council on for example re-ablement. Without access to a benefits maximisation service, older people may find themselves struggling to live within a budget, increasing the risk of falling into poverty.

Should a decision be taken to reduce/cease funding to services that increase and maintain independence and reduce isolation, then the following impacts may occur:

- Increased isolation of a potentially vulnerable population.
- An increased demand for adult social care, and health services.
- Potential safeguarding risks due to the reduced support for vulnerable adults.

Proposed mitigation

Services that we propose to cease are primarily concerned with benefits maximisation and befriending. In regards benefits maximisation, we will mitigate this loss of service through increased partnership working with key agencies such as the Jobcentre Plus. We already have established links with the Jobcentre Plus Haringey Partnerships Manager and for people eligible for personal budgets, our financial assessment team completes an income maximisation assessment with service users. In terms of the befriending service, we expect to mitigate against the loss of this service, through our neighbourhood networks pilot.

Step 4 - Consult on the proposal

The ASC consultation with the Voluntary Sector initially ran for one month from 17th February and was scheduled to finish on 17th March 2011. However, the date for responses was extended until 31st March for providers and until 8th April 2011 for users of services. Where, in a few isolated cases, original correspondence would appear not to have been received, organisations were given more time (into April) to respond, on a case-by-case basis.

There were several main channels for the consultation. These included:

- Written representation from all voluntary sector organisations affected
- The consultation survey, where participants completed questionnaires and in doing so responded to specific questions.
- Email or other written correspondence directly to the council or via a councillor or local Member of Parliament - which allowed any comments whatsoever to be made on the proposed changes.
- From June 2010 a number of events were held where various organisations and individuals were presented with information about the loss of the area based grant and the impact this would likely have on the voluntary sector.
- Organisations were also encouraged to begin their own consultation with their clients.

The findings of the consultation are considered in a separate report.

How the Proposals have changed as a Result of the Consultation

Officers have scrutinised the responses generated by the consultation and considered the key issues raised by both users and providers. This has highlighted for officers a number of key issues. Where possible, actions have been agreed to mitigate against the equality impacts of these proposals. These are set out in below:

1. **Alcohol misuse** - Some services that were originally proposed for termination are now proposed to continue or continue with reduced funding, to support users at times they most need it, particularly at 'unsocial' hours.
2. **Informal carers** - One of the services originally proposed for termination is now being recommended to continue at reduced levels. The services which are still recommended to be decommissioned include benefits advice and a support group, which included some provision for an annual conference.
3. **General services** - As the consultation highlighted a strong need to retain a key service that supports voluntary and community groups, the revised proposal, now recommends continued funding for one of these services.
4. **Learning disabilities** - Following the consultation and process and reviewing the equalities information, there is no change proposed to the original funding proposal.
5. **Mental health** - One of the services originally proposed for termination is now being recommended to continue at reduced levels. The services which are still recommended to be decommissioned include a scheme that trains volunteers as appropriate adults.
6. **Older People** - no change is proposed to the funding proposal.

Informing those who took part in the Consultation

This EIA along with the Cabinet Member Report detailing final proposals and the Council's response to the issues raised through the consultation will be made publicly available on the Council's website. Organisations will also receive a letter informing them of the outcome of the consultation. The letter will explain where the full consultation response can be found on the council website.

Step 5 - Addressing Training

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The criteria described in this EIA have been designed to enable Council Officers to put forward equitable funding proposals to members that make best use of resources whilst simultaneously meeting the needs of the maximum number of the borough's residents and not discriminating positively or negatively against any protected equalities group.

As such, it is important that all Officers involved in creating future funding proposals to VCS and, where appropriate, some private organisations, must have received up to date, full, equalities training. This will be identified as a key action in section 8.

Step 6 - Monitoring Arrangements

If the proposal is adopted, there is a legal duty to monitor and publish its actual effects on people. Monitoring should cover all equality strands. The purpose of equalities monitoring is to see how the policy is working in practice and to identify if and where it is producing disproportionate adverse effects and to take steps to address the effects.

Who will be responsible for monitoring?

Senior Officers in Adult and Community Services will be responsible for monitoring and reviewing these proposals and their impact in partnership with colleagues in the new corporate procurement function.

What indicators and targets will be used to monitor and evaluate the effectiveness of the policy/service/function and its equalities impact?

The monitoring data that will be used to evaluate outcomes for groups affected by these proposals will include:

- Hospital admission data, including delayed transfers of care, in both acute and mental health acute beds
- Adult and Community Services data, including referrals, numbers requiring assessment, use of personal budgets and so on
- Data on offending rates
- Data relating to benefit claims

This will also be addressed in the delivery plan of the Voluntary Sector Strategy 2011-2014 and associated Commissioning and Funding Framework currently under development

Are there monitoring procedures already in place which will generate this information

Yes, contract and performance management arrangements

Where will this information be reported and how often?

This information will be reported to the ACS Directorate Management Team on a quarterly basis.

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Step 7 - Summarise impacts identified

In the table below, summarise for each diversity strand the impacts you have identified in your assessment

Age	Disability	Race	Sex	Religion Belief	or	Sexual Orientation	Sex Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity
Alcohol There will be a disproportionate impact on people of working age.		Alcohol White Irish will be disproportionately impacted through the reductions in service	Alcohol Men are over-represented in against this strand resulting in a risk of disproportionate impact						
		Informal carers Asian/Asian British would be disproportionately impacted by reductions in service, this is a group that typically does not access mainstream services	Informal carers There will be a disproportionate impact on females						
General Services There will be adverse impact on younger adults (who may also be from BME communities) , although no detailed equalities data is		General Services There will be adverse impact on younger adults (who may also be from BME communities) although no detailed equalities data is							

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Age	Disability	Race	Sex	Religion or Belief	Sexual Orientation	Sex Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity
available		available						
<p>Learning Disabilities Men are over represented in these services and will be disproportionately affected.</p>	<p>Learning Disabilities Loss of services to support with employment will have an adverse impact</p>	<p>Learning Disabilities There will be a small adverse impact on users from Asian/Asian British and Black/Black British backgrounds</p>						
<p>Mental Health People under 25 are over-represented and a reduction in services will impact on this group.</p>		<p>Mental Health People from Black and Minority Ethnic groups in particular Black British will experience a disproportionate impact.</p>	<p>Mental Health Women service users are over represented, a loss in services will impact on this group.</p>		<p>Mental Health Gay men and Lesbians will be disproportionately affected by loss of counselling service</p>			
		<p>Older People Black/Black British backgrounds will experience a disproportionate impact</p>	<p>Older People There will be an adverse impact on older women if services are lost.</p>					

APPENDIX 4

Step 8 - Summarise the actions to be implemented

Please list below any recommendations for action that you plan to take as a result of this impact assessment.

Issue	Action required	Lead person	Timescale	Resource implications
Loss of service to people who misuse alcohol because of proposed funding cuts across ACS, CYPs and Supporting People	Commissioners to work with provider in remodelling of service, to maximise needs that can be met with resources	Head of Adult Commissioning, ACS	July – 2011 to March 2012	Within existing resources.
Access to benefits advice to maximise income for older people and informal carers (and other groups)	Strengthen partnership arrangements with Job Centre Plus Care Partnerships manager. Training and support to front line social care staff (including Personal Budget Support Service) to ensure good knowledge of benefits	Head of Adult Commissioning, ACS Head of Assessment and Personalisation, ACS	Ongoing Ongoing	Within existing resources
Loss of volunteering and befriending schemes, with risk of increasing isolation of vulnerable groups.	Develop Neighbourhood Networks, utilising social media opportunities and the development of community hubs in Libraries, to engage adults within communities around volunteering and befriending opportunities.	Head of Adult Commissioning, ACS Head of Assessment and Personalisation, ACS	Ongoing	Within existing resources.
Improve quality of equalities monitoring	Improve data collection about equalities protected characteristics – survey of community groups Ensure contracts and specifications have increased equalities monitoring requirements	Head of Adult Commissioning, ACS	Ongoing	Within existing resources.

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Issue	Action required	Lead person	Timescale	Resource implications
Loss of employment and training support and opportunities in learning disabilities and for people who misuse alcohol.	<p>Review use of personal budgets in learning disabilities and across other services in terms of support plan outcomes about being employed.</p> <p>Market development – development of personal assistant role to ensure user supported in accessing opportunities.</p>	<p>Head of Adult Commissioning, ACS</p> <p>Head of Assessment and Personalisation, ACS</p> <p>Head of Learning Disabilities, ACS</p>	Ongoing	Within existing resources.
Map existing local provision of mental health services.	<p>Investigate whether existing mental services target BME or women,</p> <p>Sign post clients to appropriate support agencies.</p>	Head of Adult Commissioning, ACS	Ongoing	Within existing resources.
Training	All Officers involved in creating future funding proposals to VCS and, where appropriate, some private organisations, to receive up to date, full, equalities training.	Deputy Director, Adult and Community Services.	Ongoing	Within existing resources.

Step 9 - Publication and sign off

If they are approved, the results of the proposals outlined in this EIA will be available for public viewing on the Haringey website.

Assessed by (Author of the proposal):

Name: Barbara Nicholls

Designation: Head of Adult Commissioning

Signature:

Date: 16th May 2011

Quality checked by (Equality Team):

Name: Arleen Brown

Designation: Senior Policy Officer

Signature: *A. J. Brown*

Date: 16th May 2011

Sign off by Directorate Management Team:

Name:

Designation:

Signature:

Date: