HARINGEY COUNCIL

EQUALITY IMPACT ASSESSMENT FORM

Service: Community Housing Services

Directorate: Adults and Community Housing Services

Title of Proposal: Haringey's Housing Related Support Commissioning Plan 2012 - 2015

Lead Officer (author of the proposal): Rosie Green

Names of other Officers involved: Cleo Andronikou

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

State what effects the proposal is intended to achieve and who will benefit from it.

Proposal

Haringey's Housing Related Support (HRS) Commissioning Plan 2012 – 2015 outlines our commissioning intentions for the next three years. This Plan sets out our vision, establishes the key priorities for development and details the framework within which the vision and priorities will be delivered. The intention is to have services which are based on evidenced need; meet current and future requirements; give value for money and improve outcomes for service users.

The Plan will also enable the programme to meet savings required by Haringey's Efficiency Savings Programme of £500,000 in 12/13 and a further £1.5m in 13/14.

The Supporting People Strategy 2005-10 (previous commissioning document) set the direction for the programme and resulted in some changes to the way in which services were delivered in order to fit more strategically with local need.

Although the strategy ceased in 2010, ongoing work has continued to improve services and link to local and emerging need especially as a result of priorities in related strategies and plans such as the Homelessness, Move-on and Older People's Housing strategies.

Although not a statutory service, HRS fits into the preventative agenda and provides essential services for vulnerable people in Haringey who need support to living independently and prohibit where possible moving into institutionalised care or service provision.

HRS services are available to all people in the borough who are assessed as needing this type of support. Demand outstrips supply and so this Plan will assist us in getting the most from each service and ensure where possible, people are moved on as soon as they are ready to. We cannot commission services to meet all the demand as the budget has continued to be reduced year on year.

Services can be long term i.e. sheltered housing for older people or short term (up to 2 years), for example homeless hostels, domestic violence refuges. Support can be accommodation based i.e. people move into specific accommodation in order to receive the support or by floating support, where support is delivered to them in their own home and can 'float' off when not required.

Through the use of contract specifications we will be able to make sure that services are delivered for the time specified and this will be managed through contract monitoring.

We need to ensure that HRS only funds the tasks that should be delivered and not subsidising or replacing other funding streams. This is particularly relevant given the pressure or withdrawal of other budgets.

We also need to ensure that services are available for people regardless of tenure. Historically at a national level, services have predominately been delivered to those living in the social rented sector. For some sectors this will remain due to the short term specialist nature of the support, but for others this is not necessarily the case.

In HRS client groups are divided into sectors as follows:

- Domestic violence
- Mental health
- Learning disabilities
- Older People
- Physical and sensory disability
- Young People (including Care Leavers and Teenage Parents)
- Single homeless and homeless families
- BME and Refugee groups

People do not always fit neatly into one category and there can be overlap between sectors.

For this Commissioning Plan, we know from the data identified in Step 2 below, that there are certain groups such as Black or Black British who are over represented in our needs data for some sectors. We also know that there are geographical areas (mainly to the east) in the borough where the need for HRS is more prominent. This reflects and is a result of the socio economic position of these communities. We aim to provide services to mitigate the impact of this within the areas where there is over representation of identified equalities groups.

Services will not necessarily be provided just for over represented groups but rather for all who need such support. This will ensure fair access, and broader improvement for all those people receiving services. There maybe

some BME specific services which continue to be commissioned should the needs assessment identify this and the demand for such support is there.

Commissioning Plan priorities

Priority 1
Ensure Housing Related Support delivers targeted, evidence based services that reflect current and future needs and contributes to the Council's priorities.

Priority 2
Maximise the outcomes of the Housing Related Support resources invested so that high quality, value for money services are commissioned and delivered.

Priority 3
Work in partnership with stakeholders, providers and service users so that services are responsive to changing needs and are inclusive to all.

Priority 4
Revise the governance and contracting arrangements to reflect the changed political and economic environment in which Housing Related Support is now delivered.

Internal Council provision and external providers will be subject to the same governance and contracting arrangements.

The implementation plan will be developed to be to ensure the correct actions are agreed to achieve the above priorities. The Commissioning Plan will be reviewed annually to ensure it is fulfilling our requirements and also captures forthcoming government legislation that may impact on HRS in the borough.

Step 2 - Consideration of available data, research and information

You should gather all relevant quantitative and qualitative data that will help you assess whether at presently, there are differential outcomes for the different equalities target groups – diverse ethnic groups, women, men, older people, young people, disabled people, gay men, lesbians and transgender people and faith groups. Identify where there are gaps in data and say how you plug these gaps.

In order to establish whether a group is experiencing disproportionate effects, you should relate the data for each group to its population size. The 2001 Haringey Census data has an equalities profile of the borough and will help you to make comparisons against population sizes.
http://harinet.haringey.gov.uk/index/news_and_events/fact_file/statistics/census_statistics.htm

2 a) Using data from equalities monitoring, recent surveys, research, consultation etc. are there group(s) in the community who:

- ***are significantly under/over represented in the use of the service, when compared to their population size?***
- ***have raised concerns about access to services or quality of services?***
- ***appear to be receiving differential outcomes in comparison to other groups?***

b) What factors (barriers) might account for this under/over representation?

Background

Haringey's Housing Related Support Needs Assessment, was completed to inform the development of Commissioning Plan 2012-15. To complete the Review, data from Haringey's Joint Strategic Needs Assessment (JSNA), Borough Profile, relevant Commissioning Plans, national demographic and trend data plus local HRS performance data and information (where submitted) on clients.

These sources include:

- Demographic data from national and local sources
- Information from the recent Council wide joint strategic needs assessments (JSNA)
- National and local research data
- Reviews of our services
- Wide ranging consultation with providers, stakeholders and service users

We currently have 39 providers, delivering 68 services to approx 5400 clients at any one time.

We do not collect information on individual clients. This does not form part of our contract monitoring data collection. This is based on national guidance and no other local authorities collect such data. However providers are expected to submit new client record forms to St Andrew's University for analysis at both a local and national level. Not all our providers have submitted data even though this is a contracture requirement. Therefore any data within this EqIA does come with this caveat. The gap in equality data and the lack of equality data collection is a major flaw in the current arrangement. We should acknowledge this weakness and accept that it is a key issue for improvement in the proposed Commissioning Plan. We should therefore include in the contracts, a requirement for data on equality protected characteristics as part of contract monitoring data collection.

Therefore for this Equalities Impact Assessment we are reliant on information that is in the public arena.

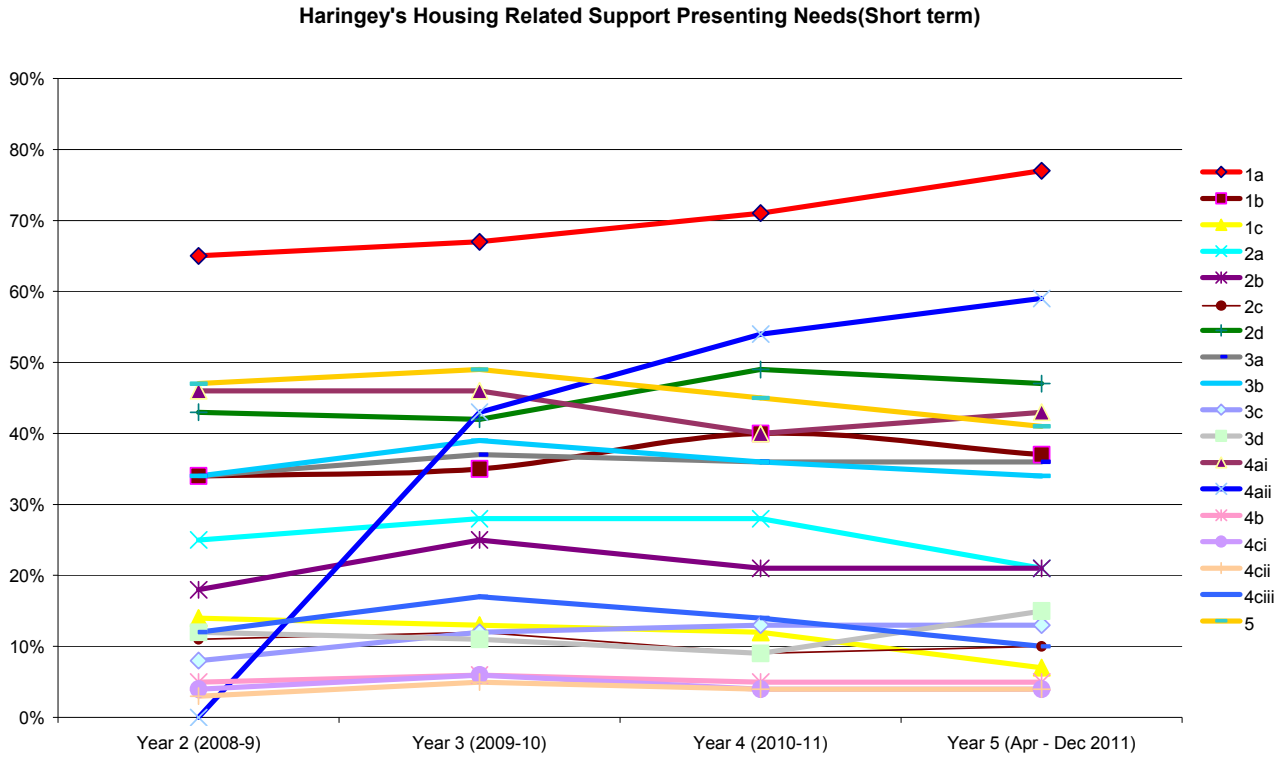
Since 2007/08 Haringey's Housing Related Support Services have assisted almost 7,000 vulnerable people. The data over the last five years indicates that services supported a higher number of clients in 2008/09 and 2010/11. The steep drop in year five is not a complete representation as in year five data was only collected until December, rather than the end of March in other years. Due to weaknesses in the current contractual arrangements, we are not able to provide a breakdown of these figures by equality

protected characteristics. Consequently, we are unable to say with any degree of confidence, which (if any) of the protected characteristics might be disproportionately over/under represented or disadvantaged under the current arrangements in any of the five main themes identified below.

Reporting Year	Frequency	Frequency %
Year 1 (2007-8)	981	14%
Year 2 (2008-9)	1751	26%
Year 3 (2009-10)	1520	22%
Year 4 (2010-11)	1825	27%
Year 5 (Apr - Dec 2011)	783	11%
Total:	6860	100%

Presenting needs across five main themes over the last 4 years are shown in the chart below. The data indicates that the most prevalent need (maximising income 65-77%) has remained consistent since 2008. The second most frequent need in 2010-2011 (introduced as an indicator in 2009/10) was securing settled accommodation at 54 and 59% in the last 2 years), and External Contacts (49 and 47% in years 4 and 5) was the third.

While the type of presenting needs have not changed considerably over time, there has been an increase in the numbers of clients requiring support to maximise income, maintain and secure accommodation and with assisted technology.



1)(a) - Maximising Income
1)(b) - Managing Debt
1)(c) - Paid Work

2)(a) - Training & Education
2)(b) - Leisure & Cultural Learning
2)(c) - Work-Like Activities
2)(d) - External Contacts

3)(a) - Physical Health
3)(b) - Mental Health
3)(c) - Substance Misuse
3)(d) - Assistive Technology

4)(a)(i) - Maintaining Accommodation
4)(a)(ii) - Settled Accommodation
4)(b) - Statutory Orders
4)(c)(i) - Self Harm Issues
4)(c)(ii) - Causing Harm to Others
4)(c)(iii) - Risk of Harm from Others

5 - Choice & Control/Involvement

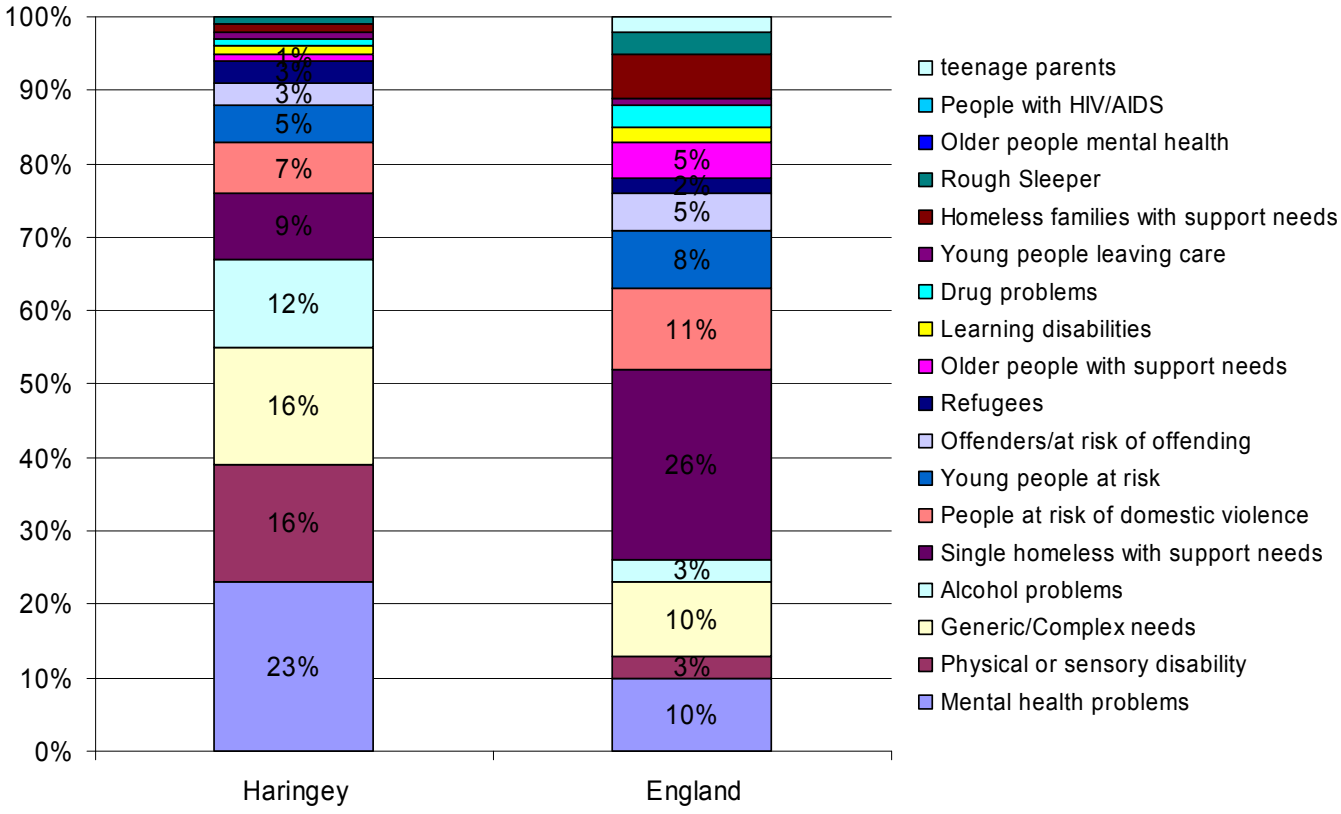
Demand for Housing Related Support Services

Chart 1 below, provides a breakdown of the proportion of people entering Housing Related Support or Supporting people services in 2010/11 across England and Haringey. The top four groups for England are single homeless people (26%), people at risk of domestic violence (11%), people with mental health problems and people with generic/complex needs (each 10%).

The data indicates that in Haringey there is a greater demand from people in the mental health, physical or sensory disability, generic/complex needs and alcohol problems groups. It is however, not possible to draw firm conclusion from this data, as a small number of providers are not required to submit returns and of those that are, only 66% of returns were received for this period.

The numbers for each sector are obviously linked to services available. Since HRS was only set up 9 years ago we still have services which are based on historic demand e.g. for older people Haringey has overprovision when compared with other authorities. This has not yet been addressed but this Commissioning Plan aims to do this and link provision more closely with actual local needs.

Clients accessing SP/HRS Services 2010/11



All the protected characteristics may apply to all of HRS client sectors. For this EqIA we have tried to split this into the required characteristics. However this does lead to some overlap. Although the data breakdown given the Figure above is not by the protected characteristics as recognised under Section 4 of the Equality Act 2010, nevertheless, those characteristics are identifiable, in some cases by proxy in the breakdown, for example:

i. Teenage parents – Age
ii. People with HIV/AIDS – Disability
iii. Older People with mental health issues – Age and Disability
iv. Rough sleeper – Generic
v. Homeless families – Race, Sex and Pregnancy and Maternity (we know that these are predominantly BME and Lone parents, predominantly women with young children
vi. Young people leaving care – Age
vii. Drug problem – Generic
viii. Learning disabilities – Disability
ix. Older people with support needs – Age
x. Refugees – Race (in Haringey, these are predominantly BME)
xi. Offender/At risk of offending – Generic
xii. Young people at risk – Age
xiii. People at risk of domestic violence – Sex (predominantly women)
xiv. Single homeless with support needs – Age (predominantly young people)
xv. Alcohol problems – Generic
xvi. Generic complex needs – Generic

xvii. Physical or sensory disability – Disability
xviii. Mental health problems - Disability

Race

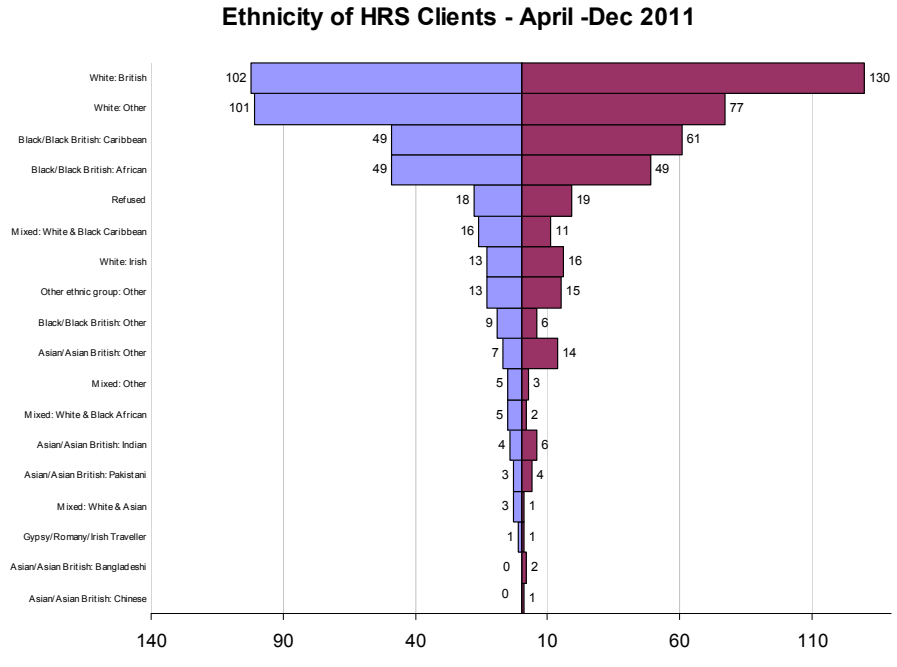
<u>BME and Refugees</u>

We currently provide services for the following groups in Haringey:

Cypriot & Elderly Disabled Group
Cypriot Community Centre
Embrace UK Community Support Centre
Haringey Chinese Community Centre
Haringey Somali Community & Cultural Centre
Kurdish Advice Centre
Kurdish Community Centre
Turkish Cypriot Women's Project
PEEC Family Centre (Polish)

Since the inception of Supporting People (SP) in 2003 there have been some changes to profile of BME groups in Haringey. Since the accession of eastern European countries into the EU there has been an increase in the numbers of migrants from these countries.

Of the clients presenting a HRS need between April and Dec 2011 (Yr5), 28% were white, this is a lower proportion compared with Haringey as a whole. The next two highest groups were people of black origin (27%) compared with 16% of all Haringey residents and 22% were from the white other group (12% of Haringey's population according to ONS Mid year estimates).



The

For mental health services 1 in 4 patients come from a BME group.

The Borough Profile tells us the following:

- 48.7% of the Haringey population are non-white British. This is higher than the London figure of 40.5%.

The table below shows the ethnic breakdown of Haringey compared to London.

2009 Mid Year Ethnicity Estimates					
		Haringey		London	
5 Ehtnic Groups	16 Ethnic Group	Total	%	Total	%
Total	Total	225500		7753600	
White	British	115600	51.3	4614600	59.5
	Irish	7300	3.2	169100	2.2
	Other White	26900	11.9	622300	8.0
Mixed	White and Black Caribbean	3000	1.3	78800	1.0
	White and Black African	1500	0.7	42200	0.5
	White and Asian	2700	1.2	79400	1.0
	Other Mixed	2700	1.2	73900	1.0
Asian or Asian Brirtish	Indian	9000	4.0	480000	6.2
	Pakistani	4300	1.9	215100	2.8
	Bangladeshi	3800	1.7	168000	2.2
	Other Asian	4400	2.0	157400	2.0
Black or Black British	Black Caribbean	14900	6.6	308200	4.0
	Black African	18200	8.1	412300	5.3
	Other Black	2800	1.2	64000	0.8
Chinese or Other Ethnic Group	Chinese	4200	1.9	137600	1.8
	Other	4300	1.9	130700	1.7

As can be seen from this table, Haringey has a higher percentage of Irish, Other White, Black Caribbean and Black African population compared to the rest of London. The 2001 census classifications are fairly broad and do not identify ethnic groups of importance in the North London context. For example, the large Somali population in the sub-region cannot be isolated from the data relating all people from Africa under the black African classification.

To a greater extent than most, the White Other population is the most problematic to analyse through the various sources of available data chiefly because so many different communities are captured by this broad classification.

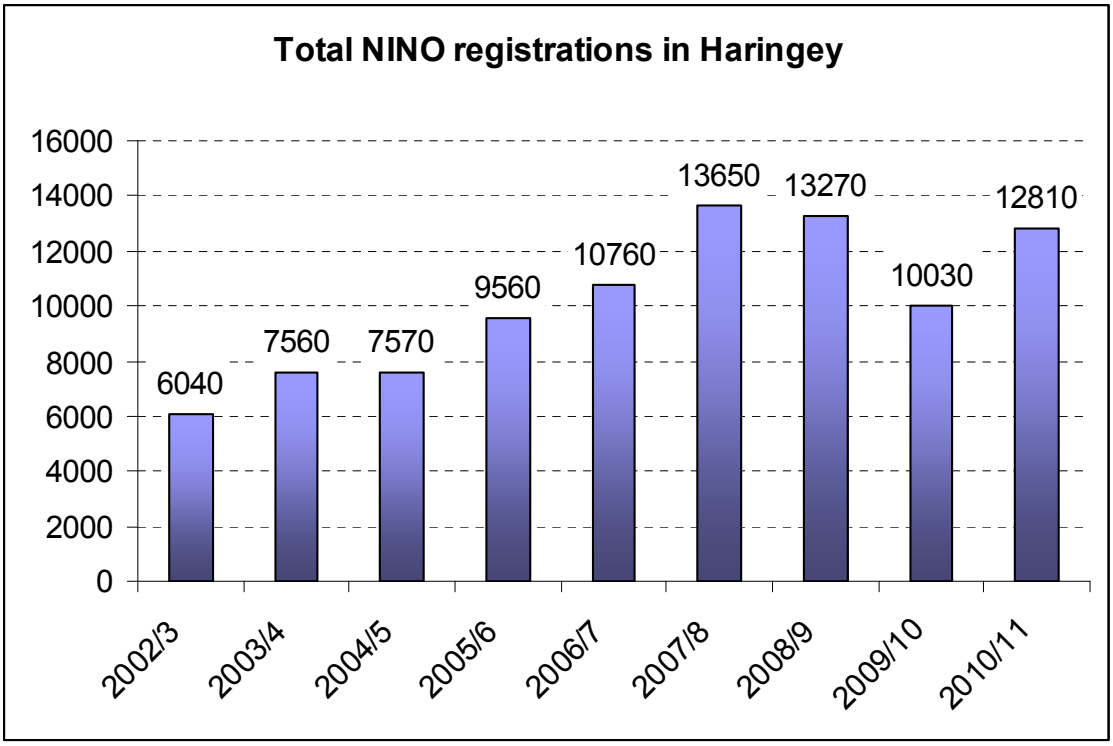
The 2001 census records 196,104 people from a White Other background making it the second most populous group after White British people in the sub-region. The map of the sub-region shows higher densities stretching along the Westminster and Camden borders with a further higher density zone in eastern Haringey and Enfield. Broadly an even representation of this group can be found in most wards in the sub-region.

Migration

Between 2002 and 2011 91,250 people registered for national insurance in Haringey, whose previous address was overseas.

Poland, Hungary and Bulgaria are the top three countries where people who have registered for national insurance over the last 3 years in Haringey have come from.

The chart below shows the yearly breakdown.



Source: 2002-2011 Department of Work and Pensions (DWP)

North London sub-Region black and Minority Ethnic Housing Study 2007- 09

In November 2007, the Joint Black & Minority Ethnic RSL and Borough Group of the North London Sub-Region, commissioned research into the housing needs and aspirations of black and minority ethnic people living in North London. Building on existing data the commission was intended to create detailed, ward level maps of where different communities had settled and how these patterns had changed over time.

Many of the data sources underpinning the research do not distinguish between first, second or subsequent generations of people from different communities in North London and no attempt is made in the research to try to differentiate between generations.

What the community mapping shows

The research drew on many sources of data including Census, CORE lettings, school rolls, social housing bidding information and housing development data. The information has been used to create an atlas of North London showing the residential distribution of local community groups.

This atlas has revealed patterns of settlement at a ward by ward level for the many different communities who make up the population of the sub-region. The results show that communities tend to settle and then stay in fairly tightly bracketed areas with little mobility either within boroughs or across the sub-region. Pockets of immigration can be found in affluent areas and areas of deprivation, but more often than not immigrant

communities are housed in the poorest areas. This pattern of settlement does not match the distribution of social housing in the sub-region. This has led to the creation of certain migration hot-spots.

Summary findings from the mapping:

- Many communities have a tight geographical focus
- Settlement is often constrained by artificial geography (i.e. borough boundaries)
- Mobility is limited
- Those most reliant on social housing are most tightly focused and least mobile
- Areas of existing deprivation disproportionately absorb immigration
- New house building has added to existing social housing densities

Faith

We do not have data on the faiths that people practice. However, we accept that they may be instances where faith and religious observance may need to be taken into account when commissioning services in order to ensure that people receive services that are meet their needs. In terms of improvement, we will ensure that contractual will include collection of user data that cover the protected characteristics including religion and belief.

Sex

HSR provides services all cross all our sectors that are accessible to both male and females. The one exception is our domestic violence refuges which are for women only

Domestic violence, Haringey depends largely on the British Crime Survey (BCS) and the Home Office Statistical Bulletin for data as most agencies do not collect domestic violence information.

According to the **Home Office Statistical Bulletin (January 2011),** 29% of women aged 16-59 in England and Wales have experienced domestic violence, compared with 16% of men. This means that, potentially, 21,170 women in Haringey have experienced domestic violence since they were 16 compared with 12,736 men.

Interviews undertaken for the 2010/11 British Crime Survey self completion module, show that 7% of women aged 16 to 59 were victims of domestic abuse in the past year compared with 5% of men. For the past year in Haringey, this equates to approximately 5,110 women and 3,980 men.

Projected service use in 3-5 years and 5-10 years
While there was a general decline in the numbers of domestic violence in England and Wales since 2005/06 (according to the British Crime Survey), numbers did increase substantially once again in 2010/11.

1981	1991	1995	1997	2001/02	2002/03	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
292	534	989	814	626	506	402	358	407	343	293	289	392

Domestic violence (British Crime Survey 2010/11) (numbers in 000s)

The key local agencies for reliable local data are the police, our domestic violence advice and support centre, Hearthstone; children's and adults safeguarding; housing; and the domestic violence voluntary sector.

Police call outs for domestic and gender based violence

Victims of domestic violence are less likely than victims of other forms of violence to report their experiences to the authorities because of beliefs that their abuse is not a matter for police involvement, their experiences too trivial, or from fear of reprisal. It is therefore generally acknowledged that there is significant under-reporting of domestic abuse by victims. This means that figures, including those supplied by the Metropolitan Police, should be regarded as indicative only. In 2010/11, the Metropolitan Police recorded 1,269 victims of domestic violence in Haringey.

These sources are utilised in the commissioning and development of new services**.**

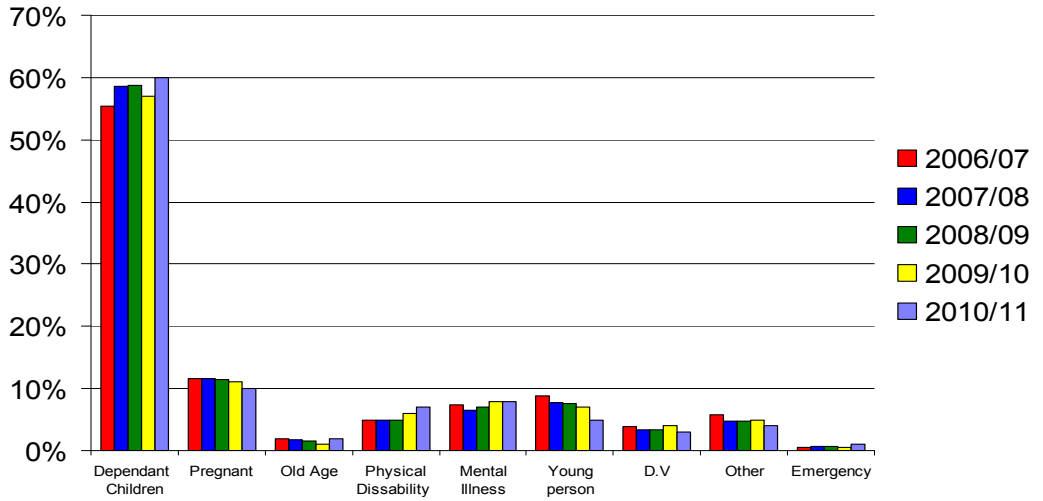
Other HRS services

Homeless

We know that women are over represented when compared to the total population for homelessness. The reasons for this is that women are more likely to care for children than the fathers and that therefore have the right to be accepted as homeless.

We know from Government statistical returns that since 2006, households with dependant children have been the largest priority need group, and have accounted for around 58% of all cases accepted as homeless by local authorities nationally each year. Pregnancy also accounts for around 11% of accepted households and one person households (vulnerable single applicants) account for around 25% of cases. Lone female parents make up on average almost half of all applicants

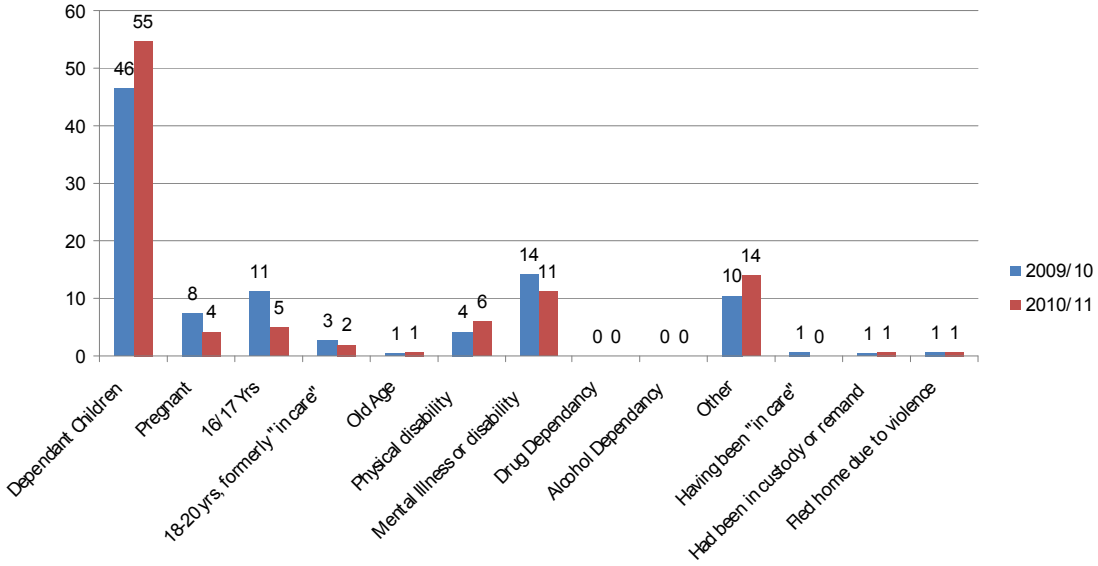
Accepted Households, Priority Need , England 2006-2011



In Haringey (2010/11) 55% households were accepted because of dependant children and 4% due to pregnancy. Half of households with children were lone parent households, compared with 13.6% of Haringey's residents.

Being asked to leave by family or friends is prevalent across the country, including Haringey at around a third of all cases and loss of private rented accommodation was also similar (15% nationally and 17% in Haringey).

L.B. Haringey - Accepted households, priority need (%)



Offender and substance misuse

Alcohol

In Haringey the Alcohol Specific Mortality rate for men is higher than both London and England average.

- Men are more likely to drink heavily than women. 38% of men and 16% of women consume more alcohol than is recommended (DoH, 2004, ANARP Project)

- The most deprived fifth of the UK population suffer two to three times greater loss of life attributable to alcohol; three to five times higher death rates due to alcohol specific causes and two to five times more admissions to hospital because of alcohol than wealthy areas (DoH, 2009). This is a pattern that is recognisable in Haringey with the majority of alcohol-related and alcohol-specific hospital admissions coming from the East of the borough

    - Males are more at risk than females; due to higher rates of liver disease, alcohol related admissions and alcohol related mortality

    - Men from the Irish community seem particularly vulnerable in relation to alcohol related problems in Haringey

Substance misuse

Men make up 75% of the drug treatment programme in Haringey, which is on a par with national and regional average

In terms of drug misuse the JSNA highlights that:-

- Haringey has higher rates of problematic drug use than the London and England averages.
- A significant majority of the drug treatment population use crack cocaine (75%; 1812) with opiate use at slightly lower level (1736).
- Combined use of crack and opiates is common.
- Reported numbers of those tested for Blood Borne Viruses and being vaccinated for hepatitis B in structured drug treatment remain low
- Haringey is classed as Band C by the Health Protection Agency (high band) for numbers of drug users infected with hepatitis C
- Haringey is rated in the top quartile in the country for crack cocaine and opiate users leaving treatment free of drug dependence

Data from Haringey adult drug treatment services[1] in 2010-11 indicates that this population has a wide range of social problems:

- Significant housing problems with just under one third (31%; 188)
- 12 per cent (74) being homeless (no fixed abode)

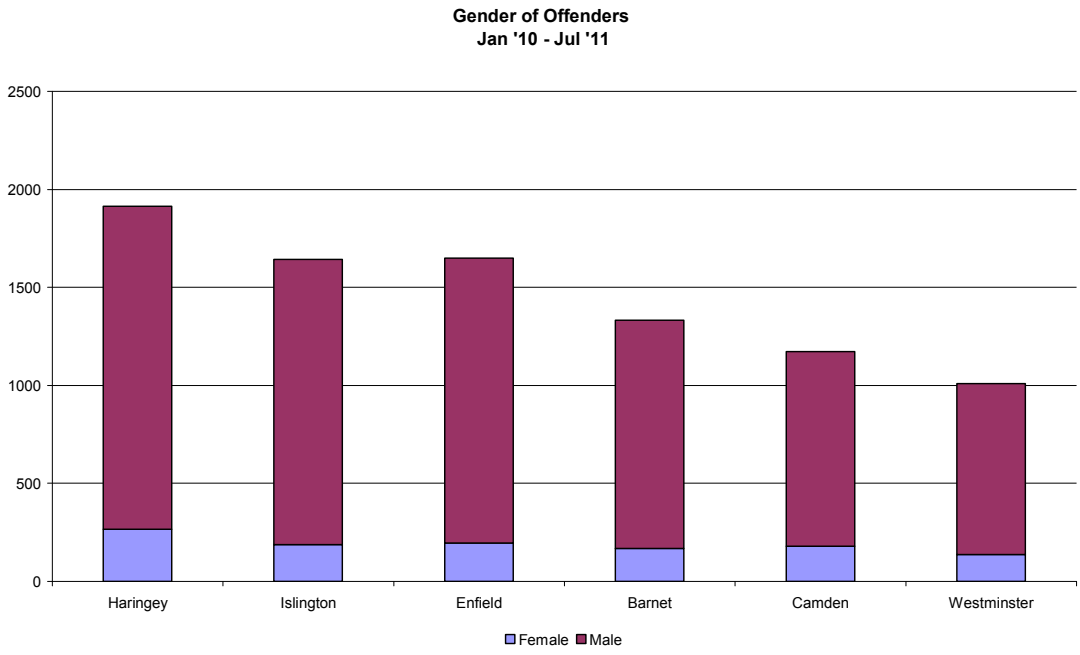
[1] Source: National Drug Treatment Monitoring System - Quarterly partnership report April 2011.

- A little over quarter came to treatment via criminal justice system (26%; 169)
- Nearly a quarter (24%; 151) was identified with dual diagnosis, a term which is used to describe co-existing mental health and substance misuse problems.
- Only 15 percent (90) had any paid work in the last four weeks prior to their treatment start date[2]

The latest prevalence estimate of crack cocaine and opiate users in Haringey is 2424. The associated confidence intervals are 2,220 - 2,714. The estimate includes age's 15-64.[3]. The prevalence rate of 14.96 per 1000 population is higher than in London and England. A significant majority use crack cocaine (75%; 1812) with opiate use at slightly lower level (1736). Combined use of crack and opiates is however common.

Offenders

As can be seen in the chart below, the number of men committing offences is far higher than women.



Sexual Orientation

We do not have any data on sexual orientation as this is not included in the national client record data forms. This situation is common in local authorities and not specific to Haringey.

While there are no firm national figures, Stonewall agrees a reasonable broad population estimate of homosexuality in the UK is roughly between 5-7%. When applied to the total number of service users this would indicate a number in the region of 275.

[2] Source: Treatment Outcome Tool baseline report 2010-11
[3] 2009-10 estimates by the University of Glasgow. The associated confidence intervals are 2,220, 2,714. The estimate includes ages 15-64.

What we do ensure is that services are accessible to all and that sexual orientation should not impact on receiving a service. No complaints have been received that sexual orientation has resulted in not being able to access a service or that problems were encountered for those receiving a service.

Disability

In HRS terms we consider this to include those with learning disabilities and physical disabilities. HRS Services are provided for both types of disability. In the Commissioning Plan and HRS needs assessment physical disability also applies to the section on older people under Age people's section and there is a higher proportion of older people with such a disability.

Learning disability

The projected learning disability baseline estimates in Haringey for 2009–2020 (Source PANSI & POPPI) shows that the overall number of people with learning disabilities is not expected to significantly increase. However, the change within the age groups is significant. Broadly, the numbers of young people with learning disability going through transition are declining but there are significant increases in the number of people with learning disabilities living beyond age 45. At a time of significant increase in the elderly population in general, this is likely to put added pressure on resources.

Age Group	Year: 2009	Year: 2015	Year: 2020
People aged 18-24 predicted to have a learning disability	583	514	484
People aged 25-34 predicted to have a learning disability	1,223	1,240	1,233
People aged 35-44 predicted to have a learning disability	1,008	992	1,012
People aged 45-54 predicted to have a learning disability	648	739	746
People aged 55-64 predicted to have a learning disability	393	428	503
People aged 65-74 predicted to have a learning disability	249	249	266
People aged 75-84 predicted to have a learning disability	138	150	145
People aged 85 and over predicted to have a learning disability	43	46	54
Total Population aged 18-85 and over predicted to have a learning disability	**4,283**	**4,358**	**4,443**

Projections for Haringey

Service provision and current demand for services

Currently there are a total of 1265 adults in Haringey known to Haringey's Learning Disability Partnership, of which 580 are receiving learning disabilities services, leaving 685 who potentially require a lower level of support that HRS typically provides.

Table below, shows the current service users receiving services from the HLDP presented here in terms of the services used, by ethnicity and gender breakdown.

Some people receive more than one service. Other people are not in receipt of a service but are an 'open' case.

Service	**Number of people receiving this service**
In-house residential care	9
Independent sector residential care	189
Nursing care	8
NHS residential care (e.g. 'Edwards Drive')	0
Independent hospital	4
Supported living	50
Domiciliary support at home	
In-house day services - Day opportunities (Breakdown according to: 'High support'; 'Complex behavioural needs'; 'Moderate needs')	64
Independent sector day services	117
NHS Campus	0
Respite care placements	35
Adult Placement Scheme	28
Supported employment	27
'Mainstream' employment (with or without support)	27

Race

Ethnicity	Total
Asian or Asian British	40
Black or Black British	148
Mixed	13
Other Ethnic Groups	35
White	341
not recorded	3
Total	**580**

Gender

Female	243
Male	334
not recorded	3

We know that from our consultation and service reviews that there is an unmet need for people with lower levels of support.

Physical disabilities, sensory impairment and HIV

Percentage spend per sector benchmarked against similar boroughs

In March 2010, nationally, there were 56,400 people registered as deaf and 156,500 people registered as hard of hearing. 88,500 people were registered as blind or partially sighted and of these, 25,300 (29%) were recorded as having impairment as their additional disability.[4]

In March 2010, London had 25,290 people registered as deaf or hard of hearing. Haringey had the fourth lowest number among the London boroughs.[5]

Census data (2001) shows that the prevalence of limiting long-term illness in Haringey is similar to the rest of London and slightly lower than in England as a whole.

Table 2.4: Limiting long-term illness

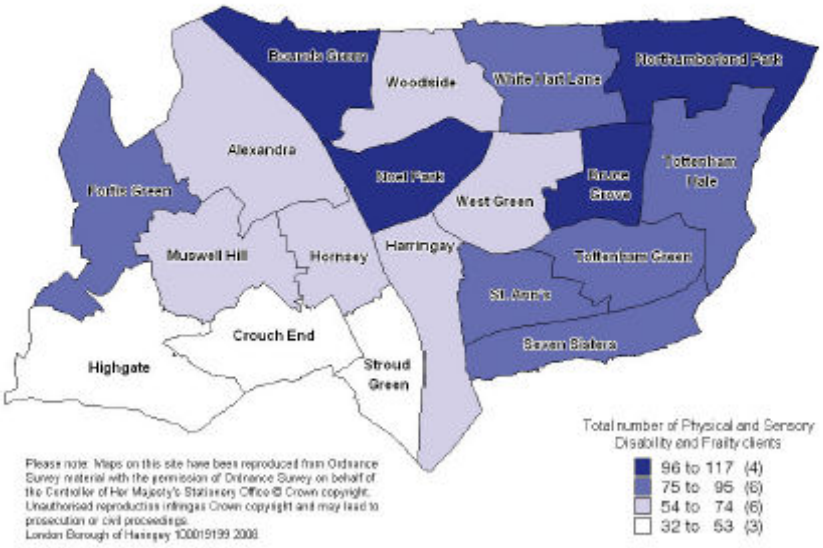
		Haringey	London	England
All people (persons)	**Count**	**216,507**	**7,172,091**	**49,138,831**
People with a limiting long-term illness (persons)	Count	33,590	1,111,284	8,809,194
People with a limiting long-term illness (persons)	%	15.51	15.49	17.93
People of working age with a limiting long-term illness (persons)	Count	18,780	556,102	4,014,005
People of working age with a limiting long-term illness (persons)	%	12.81	11.87	13.29

Source: Census 2001

Haringey's profile guide identifies that in January 2008 the numbers of people receiving a community based service to support them with physical disabilities or sensory impairment was higher in the east of the borough, with the highest concentrations in Noel Park, Bounds Green, Bruce Grove and Northumberland Park.

[4] National Statistics – People registered Deaf or Hard of Hearing Year ending 31 March 2010 in England
[5] NHS.uk

Map 2.4: Total number of physical and sensory disability and frailty clients who have received services as of 29th January 2008



Source: London Borough of Haringey

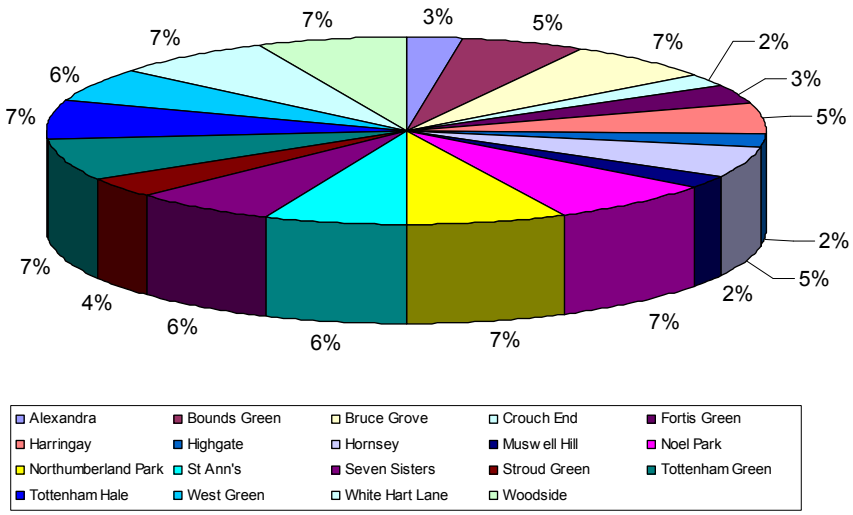
Incapacity Benefit and Severe Disablement Allowance (IB & SDA)

In 2007 there were 12,150 Incapacity Benefit and Severe Disablement Allowance claimants in Haringey, representing 7.7% of the working age population. This claim rate is above England (6.7%) and London (6.1%). The majority are long term claimants with 56.5% having received this for five or more years (compared with 57.8% in London and 60.1% in England)

The highest proportions of claimants are from Bruce Grove, Harringay, Hornsey, Noel Park, Northumberland Park, West Green, White Hart Lane and Woodside Wards, with claim rates between 11.8% and 15.3%

There are 10,855 claimants in Haringey in receipt of Disability Living Allowance, with 34% having received this for 5 or more years. The highest proportions of claimants are from Bruce Grove, Noel Park, Northumberland Park, Tottenham Green and Woodside Wards, all each representing 7% of all claims.

DLA Claimants Haringey - May 2011



Housing Related Support data demonstrates that the people who use the HRS services for physical disabilities, HIV and sensory impairment have a number of equalities protected characteristics:

- 74% of the people who use the services for physical disabilities, HIV and sensory impairment have a form of disability.

- All service users are between the ages of 18 and 69 years. The majority (73%) of service users are between 32 and 59 years.

- The table below provides data on the gender of service users compared with the borough profile. The data shows that women are under marginally under represented.

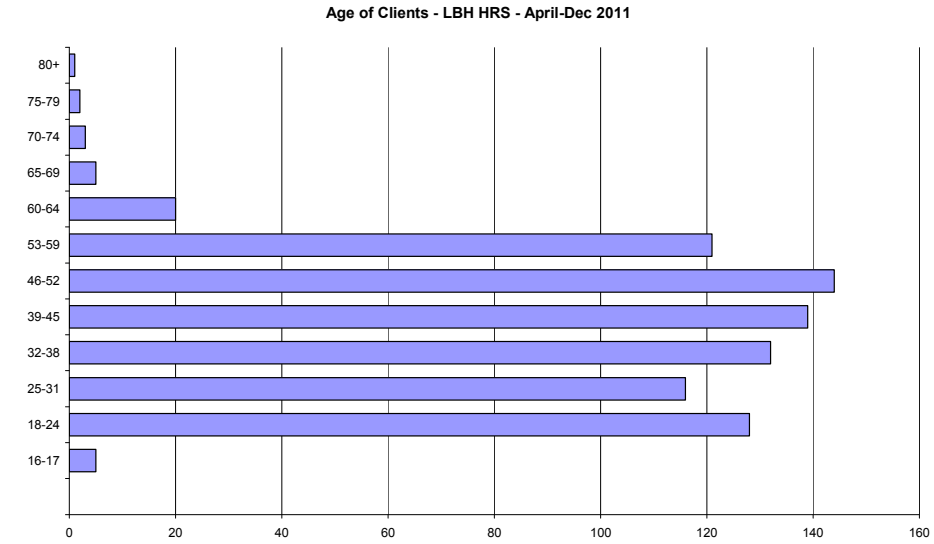
Gender	Physical Disabilities, HIV & Sensory Impairment Services	Haringey Borough Profile*
Male	54%	51%
Female	46%	49%

*Breakdown by gender for whole of Haringey population (ONS Mid-year Estimates 2009).

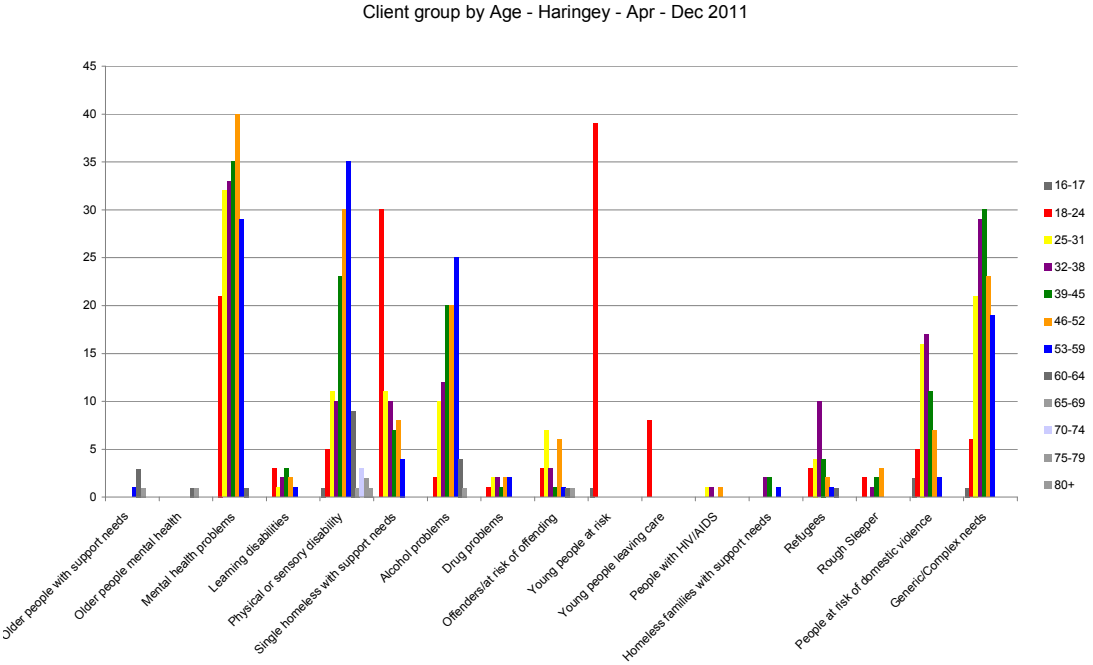
Age

Our older people's providers do not have to submit the national client record data forms, although some chose to do so. Therefore we do not have clear figures for this age bracket.

However from the client record data forms submitted, of the 816 clients 50% were between the ages of 32 and 52, 15% between 53 and 59 years and 4% were over 60 years. Just under a third were 32 or younger, 0.6% of these were 16 or 17 years of age.



The returns also show that across the primary presenting need, the mental health problems are more prevalent in 46-52 year old clients and that physical or sensory disability and alcohol problems are more common in the 53-59 year olds age range. Leaving Care, single homelessness and young people at risk are also more frequent among clients under the age of 24 years of age.



Older people

An ageing society is one of the great challenges for housing. National Government over the past decade has identified this as an area where significant changes need to be made, not only in the actual buildings but in challenging society's perceptions of what housing for older people should mean. There are strong links between older age, housing and health and we recognise the interdependence of these.

Age and gender

In 2001, there were 48,295 people aged 50+ in Haringey which is approximately 22% of the total population. 45% (21,841) were male and 55% (26,454) were female (2001 Census).

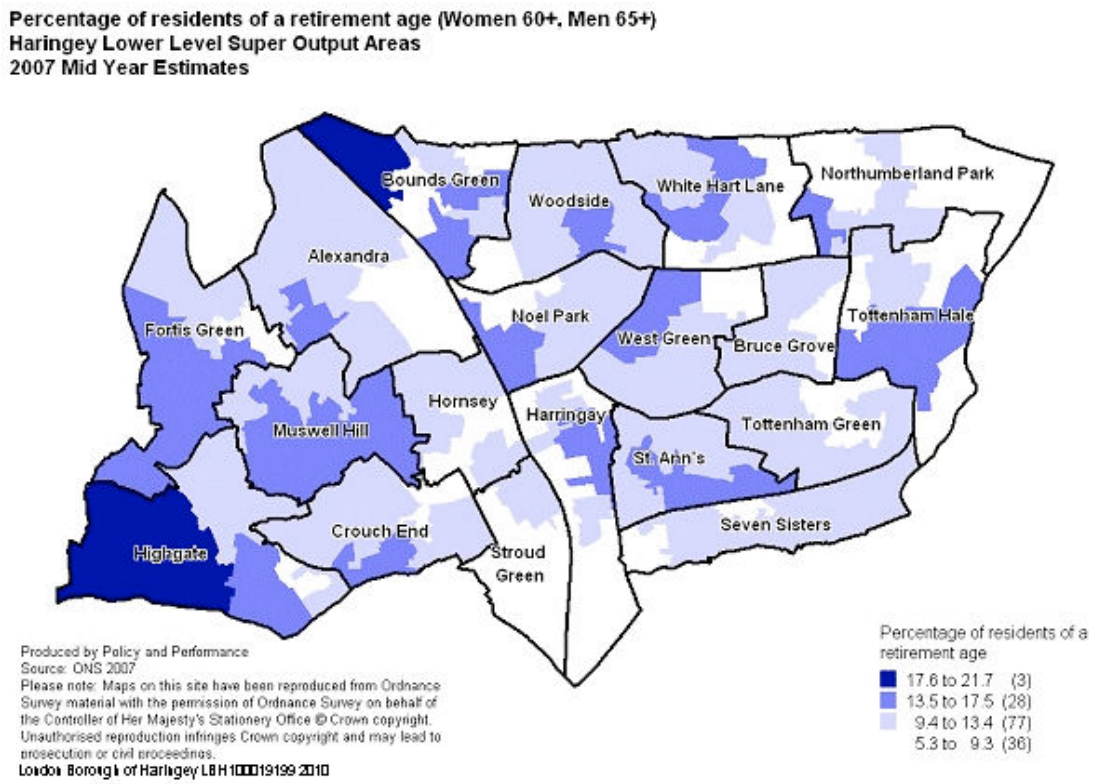
In 2009 it was estimated that there were 21,200 people aged 65+ which is approximately 9.4% of the total population (2009 Mid Year Population Estimates).

These numbers are similar to our neighbouring boroughs of Camden, Hackney, Islington and Newham. As with the rest of London the population over 65 declined slightly between 2001 and 2007 as a proportion of the total population.

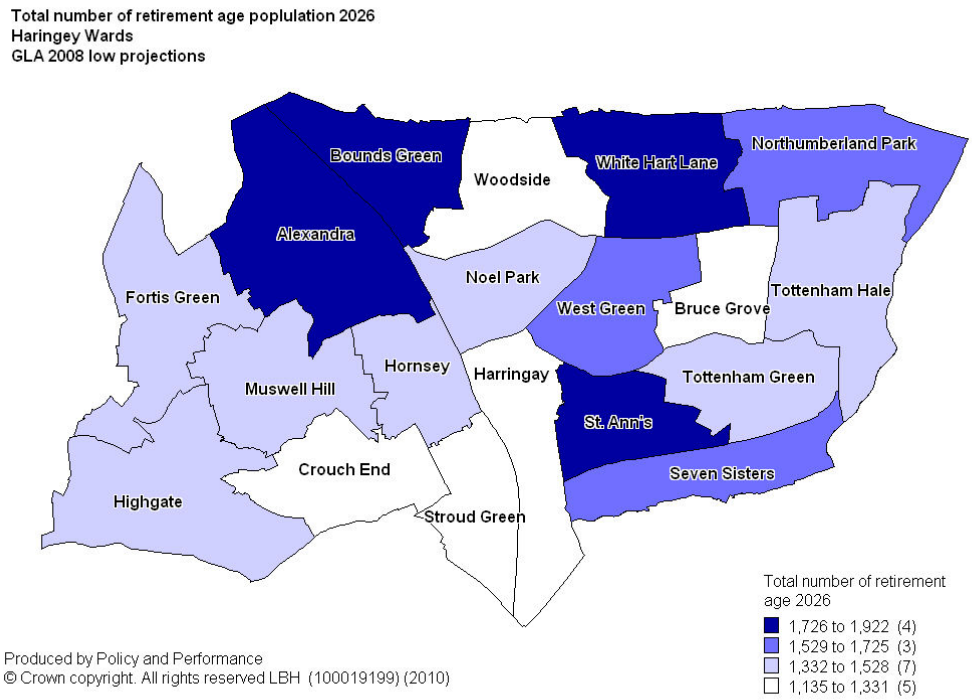
Projections for 2026 show there is a projected overall increase to 24,200 aged 65 and over. By the same year, the number of residents aged 10-39 is projected to fall by 3.4% while the number of those aged 40-69 years will grow by 22.4%

In 2026 the wards with the highest number of residents of retirement age will be Alexandra, Bounds Green, St Ann's and White Hart Lane.

By 2030 the overall number of people aged 65 and over will increase by 6,700 and of these, 1300 will be 85+. It is this older age group that typically requires more support and care than younger age groups.



Percentage of residents of retirement age



Total number of retirement age population 2026, Haringey wards

Ethnicity

In 2007 the majority of older people were white (67%), which is close to the 65.6% across all ages. This ranks Haringey as the fifth most diverse borough in the country. Based on Greater London Authority population projections, by 2026 BME groups will account for 36% of our population. In actual numbers of people, the biggest increase will be Black African and Chinese residents.

The next table details the breakdown by age and ethnicity of our older people in Haringey.

Ethnicity	People aged 65-74	People aged 75-84	People aged 85+
White (this includes British, Irish and Other White)	8,279	5,372	2,145
Mixed Ethnicity (this includes White and Black Caribbean; White and Black African; White and Asian; and Other Mixed)	236	101	21
Asian or Asian British (this includes Indian; Pakistani; Bangladeshi; and Other Asian or Asian British)	853	330	59
Black or Black British (this includes Black Caribbean; Black African; and Other Black or Black British)	2,184	876	124
Chinese or Other Ethnic Group	262	94	11
TOTAL	**11,814**	**6,774**	**2,361**

People aged 65 and over by age and ethnic group, year 2007[6]

Tenure

The 2001 Census showed that 58% of people aged over 50 in Haringey were owner-occupiers. 73% of residents in Muswell Hill and 78% in Alexandra wards owned their own homes whilst only 38% in White Hart Lane and 40% in Northumberland Park do. This trend is set to continue with a greater proportion of older people owing their own homes.

We know that there are greater numbers of owner occupiers in the younger age groups (61% people aged 55-64, 58% people aged 65-74 compared with 41% for people aged 85+). However we know that these figures are not evenly spread across the Borough. The requirements of the increasing numbers of home owners need to be reflected in the priorities of this strategy.

It is anticipated that the 2011 Census will show a further increase in the number of older people owning their own homes in Haringey. We know from the Older People's Housing Strategy that many older people do not want to move into rented and therefore the demand for this type of accommodation is likely to decrease further over the coming years.

The health of our older people

Health significantly affects lives of older people and has a major impact on a person's ability to continue to live fulfilled lives within their communities.

[6] Figures are taken from Office for National Statistics (ONS) Table PEEGC163, Ethnic group of adults by custom age bandings, mid-2007. This table is a commissioned table from the Population Estimates by Ethnic Group. The Estimates, released in April 2009, are experimental statistics. This means that they have not yet been shown to meet the quality criteria for National Statistics, but are being published to involve users in the development of the methodology and to help build quality at an early stage.

Appropriate housing and location, with or without care and support, plays a key role in enabling people to live independently.

Life expectancy is rising generally, in line with national trends, but we remain below the national average for male life expectancy. Men in the west will live, on average, 6.5 years longer than those in the east[7] (Fortis Green 78.2 years and Tottenham Green 71.3 years).

Women's life expectancy is above the national average; while the east/west is divide is less apparent, the gap between the highest and lowest life expectancy has widened (Stroud Green, 86.5 years and White Hart Lane and Tottenham Hale, 76.8 years).

Data from the General Household Survey, carried out in 2004 indicated that by 2008, 6,947 people over 65 would be living alone. Of these, 4518 would have a limiting long term illness[8].

The number of people living alone is projected to rise to 9,096 by 2025, and of this number, those living alone with a limiting long-term illness is predicted to increase to 5,521 over the same period.

Current Housing for Older People

We know from Haringey's Older People's Housing Strategy that there is an over provision of sheltered housing when compared with other authorities. We currently have 2106 units of sheltered and Community Good Neighbour (low level floating support schemes)

	Number of units	Units per 1000 people aged 65+
Haringey (inc sheltered and Community Good Neighbour)	2106	107
Hackney	1731	80
Westminster	2069	64
Tower Hamlets	1032	55
Waltham Forest	1298	46
Barnet	1638	37
Redbridge	1362	34
Enfield	1350	29
London (average)		51
England (average)		68

Demand for supported housing

In December 2010 there were only 381 applicants on Haringey's Supported Housing Register and, of these 229 (55%) were seeking sheltered housing.

[7] Haringey Borough Profile 2010

[8] (Figures are taken from Office for National Statistics (ONS) Table C0839, Age (65 and over in 5 year age groups) and Limiting long-term illness (LLTI) by household size, a commissioned table from ONS using information from the 2001 census. Numbers have been calculated by applying percentages to projected population figure)

A quarter of applicants were awaiting a review to confirm that they are still interested in sheltered housing

During 2010/11, a total of 203 units of supported housing (council and housing association homes) became available for letting. Of these 28 (14%) were in Community Good Neighbour schemes and 175 (86%) were in rented sheltered housing schemes.

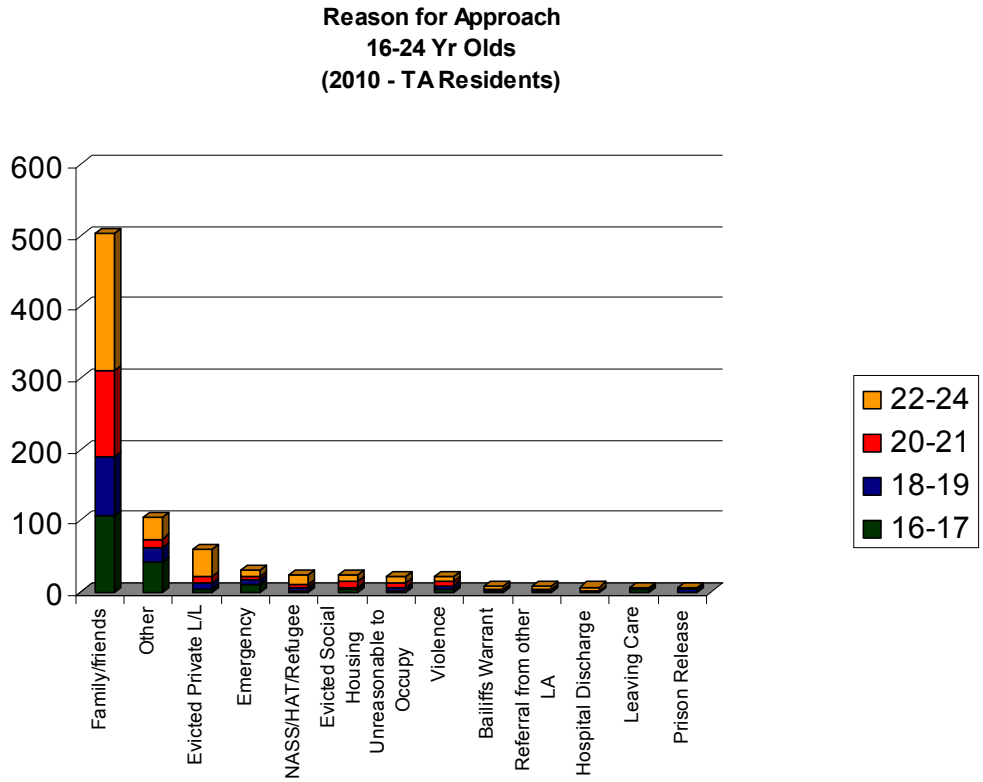
Haringey's previous housing allocations policies resulted in some older people moving into sheltered housing when they could have successfully remained in their own homes with appropriate support. The shortage of accommodation in community Good Neighbour schemes also encouraged applicants to consider sheltered housing as a housing option when they either had minimal or no support needs. For many it was a way of avoiding a long wait for general needs housing.

Young People

Youth Homelessness

- It is estimated that 1 out of 100 young people in the UK aged 16-24 experience some form of homelessness annually[9].
- From 2008-2010 16% of the total number of households that approached Haringey Council were 16-21 (200 in 08/09 and 121 in 09/10)[10].
- In 2010 around 5% of homelessness acceptances were because the applicant was 16 or 17[11]. The same was the case for Haringey applicants.
- Of Temporary Accommodation (TA) residents[12] who were 16-24 when they first entered this accommodation, being asked to leave by family or friends was consistently the most common reason for applying to the Council. 16-24 year olds represent 39% of all households applying for this reason.

[9] Youth Homelessness in the UK – a decade of progress? – Joseph Rowntree Foundation (2008)
[10] Data from Haringey Council's Housing Management System
[11] Table 773 Statutory homelessness: households accepted1 by local authorities as owed a main homelessness duty, by Priority Need category, England, 1998/99 - 2009/10
[12] October 2010



- Nationally during the same period on average 39% of all homeless application acceptances[13] also had main applicants aged 16-24.

Homelessness Triggers

A study by the Joseph Rowntree Foundation (JRF), "Youth Homelessness in the UK- a decade of progress?" is a comprehensive evaluation of the measures taken to address youth homelessness over the last ten years. This study reviews all previous research and statistical analysis, provides detailed case studies and a national consultation exercise.

The main findings of this study confirm a number of points that have been broadly accepted by housing and care professionals and are listed below:-

Young homeless people are likely to have:

- Experienced family disruption (because of parental separation or divorce and/or the arrival of a step parent);
- Witnessed or experienced violence within the home;
- Had difficulty getting on with parents;
- Lived in a family that experienced financial difficulties;
- Run away from home;
- Spent time in care;
- Been involved in crime or anti-social behaviour;
- Had their education severely disrupted (e.g. been suspended or excluded from school)

[13] Table 781- homeless households accepted by local authorities, by age of applicant, Communities and local government

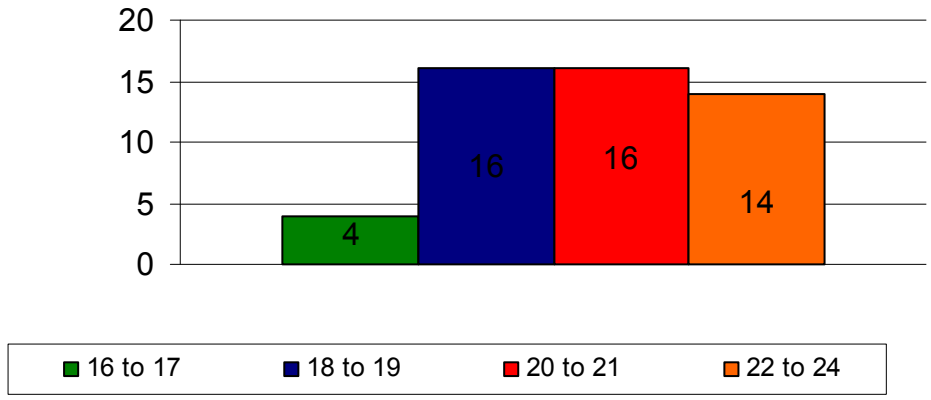
Additionally the JRF study highlights that conflict within the home may predate the young person leaving home by many years and that relationship breakdown (typically with parents or step parents) is the major trigger for homelessness. This is consistent with the local picture. It is also stated that Homelessness compounds other traumas and experiences resulting in a negative impact on the young person's mental health and wellbeing.

A further study in 2008/09[14] found that 58% of young people seen by Centrepoint reported that they had to leave home because of arguments, relationship breakdown or had been told to leave. This study also highlighted that with extra strain caused by lower standards of living, the problem of youth homelessness due to relationship breakdown is likely to intensify.

Teenage parents

- Of the 831[15] 16-24 year olds provided with TA, 20 young people between the ages of 16 and 19 were recorded as being pregnant. A further 30 young women between the ages of 20 and 24 were also expecting a child while in temporary accommodation.

Young pregnant women in TA 2010



- Local data provided by the Children and Young People's Service indicates that the majority of teenage (18 years and under) conceptions and terminations are to residents in the east of Haringey.

Deprivation across all groups

The index of multiple deprivation identifies Haringey as the 4th most deprived borough out of 326 local authorities in England. The wider barriers identified as factors which determine barriers to housing are:-

[14] Family life: the significance of family to homeless young people - Centrepoint
[15] October 2010

- Household overcrowding – the proportion of households within an Lower Super Output Area which are judged to have insufficient space to meet the households needs

- Difficulty to access owner-occupation – proportion of households aged under 35 whose income means they are unable to afford to enter owner occupation.

- Homelessness – the rate of acceptances for housing assistance under the homelessness provision of the 1996 Housing Act.

Step 3 - Assessment of Impact

Using the information you have gathered and analysed in step 2, you should assess whether and how the proposal you are putting forward will affect existing barriers and what actions you will take to address any potential negative effects.

3 a) How will your proposal affect existing barriers? (Please tick below as appropriate)

Protected Group	Increase barriers	Reduce barriers	No change
Age		x	
Disability		x	
Gender Reassignment			X – unclear
Pregnancy & maternity		x	
Race		x	
Religion & Belief			X - unclear
Sex		x	
Sexual Orientation			X - unclear

Comment

The Commissioning Plan has a series of actions which are designed to deliver HRS services to those most vulnerable people in our borough who need support to maintain independence.

We are faced though with unprecedented spending cuts so one of the major actions is to ensure that we are only paying for eligible services and that the cost of the contract is in line with those funded by other authorities. In effect making sure our money is well and appropriately spent.

By undertaking this work we will reduce the impact of service cuts. It is hoped that any cuts to services will be limited and that they will be only be made where there is poor performance, high cost or not strategically relevant.

We know that there is unmet demand; any further services can only funded if savings are made within the budget. There is no scope for additional resources. It is imperative therefore that through robust contract management, providers are delivering high quality services that improve outcomes for service users. We also require providers to continually review their services to see if there are opportunities to increase service provision by remodelling; joint working; sharing good practice etc.

3 b) What specific actions are you proposing in order to respond to the existing barriers and imbalances you have identified in Step 2?

Specific actions will be detailed in the delivery plan of the strategy and have been summarised in step 8 on this EqIA

3 c) If there are barriers that cannot be removed, what groups will be most affected and what Positive Actions are you proposing in order to reduce the adverse impact on those groups?

Unfortunately we know that in many of our services Black groups are over represented due to social deprivation and lack of opportunities in many spheres of life. We need to ensure that HRS services work closely with other statutory organisations such as Job Centre Plus, regeneration teams, Children and Young Families team etc to develop opportunities for people to get into training, education or work as well as finding an maintaining a home.

Having a stable home underpins much of the work of the other organisations vulnerable people are likely to come into contact with.

The Quality Assessment Framework by which HRS reviews services assesses an organisation in improving outcomes for service users. This national tool has proved beneficially in doing this and also for providers to evidence successes and use as an improvement tool.

Step 4 - Consult on the proposal

Consultation is an essential part of impact assessment. If there has been recent consultation which has highlighted the issues you have identified in Steps 2 and 3, use it to inform your assessment. If there has been no consultation relating to the issues, then you may have to carry out consultation to assist your assessment.

Make sure you reach all those who are likely to be affected by the proposal, ensuring that you cover all the equalities strands. Do not forget to give feedback to the people you have consulted, stating how you have responded to the issues and concerns they have raised.

4 a) Who have you consulted on your proposal and what were the main issues and concerns from the consultation?

The draft Commissioning Plan evolved through discussions at regular provider practitioner group meeting; provider forums; stakeholder meetings and through work with Adult Social Care Commissioners.

Service users have been involved through service reviews and this feedback on how to improve provision has been included in the development of the priorities.

There is support for the priorities contained within the draft Commissioning Plan. Providers recognise the difficult financial climate we now operate in and in the main have been very positive about looking at costs to find further efficiencies, remodelling to more service for the same cost and want to work more closely together. The latter is a major achievement given that providers are also competitors.

4 b) How, in your proposal have you responded to the issues and concerns from consultation?

Amendments were made to the Commissioning Plan after each consultation event and for the providers forum feedback has been circulated from the various workgroups.

4 c) How have you informed the public and the people you consulted about the results of the consultation and what actions you are proposing in order to address the concerns raised?

This has not been a formal consultation as the Commissioning Plan is in effect HRS future business plan. It is not a strategy which would require such a formal approach.

Step 5 - Addressing Training

The issues you have identified during the assessment and consultation may be new to you or your staff, which means you will need to raise awareness of them among your staff, which may even training. You should identify those issues and plan how and when you will raise them with your staff.

Do you envisage the need to train staff or raise awareness of the issues arising from any aspects of your proposal and as a result of the impact assessment, and if so, what plans have you made?

It is not envisaged that any staff training is required as a result of the impact assessment.

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 the six 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. You should use the Council's equal opportunities monitoring form which can be downloaded from Harinet. Generally, equalities monitoring data should be gathered, analysed and report quarterly, in the first instance to your DMT and then to the Equalities Team.

What arrangements do you have or will put in place to monitor, report, publish and disseminate information on how your proposal is working and whether or not it is producing the intended equalities outcomes?

- ***Who will be responsible for monitoring?***

The Commissioning Manager (HRS) will be responsible for monitoring, reporting and disseminating information on how the priorities in the Commissioning Plan are being delivered. Regular reports will be presented to Community Housing Services Senior Management Team and the Directorates Management Team, headed by the Director for Adult Social Care.

There will be regular reporting back to the Provider Practitioner Group and the Provider Forum which meets at least 3 times per year.

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

The HRS quarterly Key Performance Indicators, regular contract management meetings and service reviews for each provider, monthly budget monitoring will be used to evaluate the effectiveness of the Plan.

In addition we will analyse the information including equalities information from the client record data forms to see what impact the Commissioning Plan has and use the data in reviewing the Plan.

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

Systems are in place as described above although may be amended to include equality data collection where appropriate.

- ***Where will this information be reported and how often?***

As above, the information will be reported on a regular basis.

Step 7 - Summarise impacts identified

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

Age	Disability	Ethnicity	Gender	Religion or Belief	Sexual Orientation
Young people Young people face some of the biggest challenges in today's economic climate with high unemployment and difficulty getting housing. They are more likely to demonstrate anti social behaviour and not understand the consequences of erratic lifestyles on maintaining independence **Older People** We have an overprovision of service for older - people living in social rented. This needs to be addressed and focus on those who	**Physical Health** New disability or existing conditions worsening leading to new arising need. We need to extend the provision of HRS in extra care housing for older people (if funding allows) and look at the use of technology to maintain independence **Mental Health** Evidence tells us that we need increased provision for people with higher mental health issues **Learning Disability** People with learning disabilities are now living longer but are	**Black communities** Communities concentrated in the most deprived parts of the borough. We will ensure where possible that services are sited in these communities except where it is in the best interests of the service users to live elsewhere e.g. gang related issues **Migrant workers** We need to assess if there are sufficient HRS services for the new emerging migrant groups from Eastern Europe and if funding allows commission HRS services.	**Female** There are more lone female homeless households due to being accepted as homeless. We need to ensure that HRS services are available to people living in TA. For domestic violence we must ensure services continue to be provided for. In other support provision, services must be available to females where there are predominately	**Faith** We do not collect data on faith. When redesigning data collection this needs to addressed	**LGBT** The complexity of the issues faced by vulnerable people may make issues related to sexuality or sexual health difficult to see. Equality data collection will include provision for sexual orientation so that users can provide sexuality information if they wish.

actually need support. We need to increase provision for owner occupiers and those living in private rented .	faced with physical disabilities associated with older age. The physical layouts of some of our accommodation base services are not practical for these increased ageing disabilities. There are people with low level learning disability needs who require HRS services.		male and that safeguards are in place. **Male** Single males are more likely to experience mental and physical health problems. There is over representation in offending and substance misuse. We need to ensure services continue to be commissioned to support these groups		

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
Ensure through service reviews and contract management that HRS services are being accessed through over represented groups	Ensure Quality Assessment Framework is being used as monitoring tool Quarterly monitoring of KPI's	Commissioning Manager (HRS)	ongoing	Within current resources
Lack of demographic data relating to service users	Through reviews collect demographic data of service users including equality data by characteristics protected by the Equality Act 2010	Commissioning Manager (HRS)	1.4.13 and ongoing	Within current resources
Over representation of young people	Ensure services are delivering required support Work with other agencies to reduce homelessness in young people Review outcome of family mediation service and consider longer term funding Develop pathway approach to	Commissioning Manager (HRS)	31.12.12	Within current resources

	ensure the correct services are available for young people and they are only requiring support for the correct length of time Through the pathway reduce any duplication between services Manage expectations of young people of getting social housing	 VAT Manager and providers	 Now and ongoing	
Over representation of Black groups in short term services	Through reviews collect demographic data of service users Encourage providers to complete and submit national client record data that include breakdown by protected characteristics so trends and numbers can be analysed	Commissioning Manager (HRS) Commissioning Manager (HRS)	1.4.13 and ongoing Now and ongoing	Within current resources
Lack of demographic data fro Council's older people's support service	Collect data and analyse to establish where future models of support may potentially be delivered	Head of Provider Services (collection) Commissioning Officer (analysis)	15.6.12 25.6.12	Within current resources

Commissioned services meet required need	Use needs assessment to specify services to meet required needs	Commissioning Manager (HRS)	1.4.12 and ongoing	Within current resources
Commissioned services meet required need	To consider the findings of the North London sub-Region black and Minority Ethnic Housing Study 2007- 09 when commissioning HRS services for this sector so that support is appropriate, timely and delivers outcomes	Commissioning Manager (HRS)	1.10.12 and ongoing	Within current resources

Step 9 - Publication and sign off

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but also to make the whole process and its outcome transparent and have a wider community ownership. You should summarise the results of the assessment and intended actions and publish them. You should consider in what formats you will publish in order to ensure that you reach all sections of the community.

When and where do you intend to publish the results of your assessment, and in what formats?

Results will be published with the Cabinet report and placed on the Council's website. If required it will be produced in a larger format and/or community languages

Assessed by (Author of the proposal):

Name: Rosie Green

Designation: Commissioning Manager (HRS)

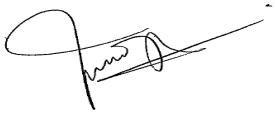
Signature: *RS Green*

Date: 12.6.12

Quality checked by Policy & Equalities Tea):

Name: Inno Amadi

Designation: Senior Policy Development Officer



Signature:

Date: 15th June 2012

Sign off by Directorate Management Team:

Name:

Designation:

Signature:

Date: