



HARINGEY COUNCIL

EQUALITY IMPACT ASSESSMENT FORM

Service: Community Housing Services

Directorate: Adults and Community Housing Services

Title of Proposal:

Housing Related Support - proposal to cease funding of ineligible tasks for older people.

Lead Officer (author of the proposal):

Rosie Green, Commissioning Manager Housing Related Support

Names of other Officers involved:

Wayne Haywood, Maggie Cameron-Ratchford

This proposal relates only to Housing Related Support for Older People living in Council-run Sheltered Housing and Good Neighbour Schemes

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.

Introduction

On 10th July 2012, Cabinet considered the Housing Related Support (HRS) Commissioning Plan for 2012-15.

Cabinet agreed the priorities based on a set of commissioning themes which included ensuring that HRS only funded eligible tasks.

The report asked for Cabinet's permission to look at the services we currently commission to ensure that housing related support (HRS), including the services delivered to older people living in sheltered housing and good neighbour schemes, is delivering value for money for the Council and is only funding HRS eligible tasks.

Cabinet agreed the report and to us consulting on proposals to remodel the Council's older people's support service on the basis that we will report back with a proposal for consideration in autumn 2012.

No decision has been taken, but any potential changes could have an impact for users in terms of the services they receive, and for staff and we would wish people to have the opportunity to have their say on these proposals.

Background Information

Current arrangements

- (a) The Council's Housing Related Support (HRS) service has a contract with London Borough of Haringey Adult Services to provide housing related support for clients residing in:
- 817 units of sheltered accommodation
 - 466 units of community good neighbour schemes
- (b) Block gross contracts are in place where Housing Related Support pays for all tenants rather than the normal arrangement for sheltered housing where people who do not receive housing benefit pay for it themselves

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

Although not a statutory service, the purpose of HRS for Older People is to enable older people in Council-run Sheltered Housing and Good Neighbour Schemes to live as independently as possible and prevent them from requiring nursing or residential care.

Support usually consists of help to access welfare benefits, health services, care services and community organisations; assistance with correspondence and paying bills; tasks related to maintaining the home including advice on personal safety and security; help establishing social contact and activities; and monitoring of health and well being. Housing Related Support is not intended to be used for the provision of personal or domiciliary care, although as part of a HRS support plan, referrals can be made for such assistance.

Benefits of Housing Related Support

A recent report, 'Promoting Independence: the future of housing related support' undertaken by the Local Government and Information Unit and Circle Housing Group¹ into housing related support services, stresses the importance of this type of service in helping to stop further demand on statutory services. It was established that in 2011/12, the Haringey Housing Related Support programme resulted in an additional benefit of almost £23 million for the Borough; £2.8 million of that benefit was from Older People [*Capgemini 2008*].

The Case for Change

Future challenges – Pressures on Current Services

Haringey Council is committed to reducing inequalities and we see substantial benefits in continuing to operate Housing Related Support (formerly Supporting People) as a distinct Council programme with ring fenced resources. We need however to ensure that HRS for Older People 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.

The next three years pose major challenges for Haringey Council in terms of delivering high quality housing related support for older people. There has been a significant cut in the programme budget due to the reduction in funding for local authorities following the Comprehensive Spending Review in 2010 and the potential for further reductions from national government. Changes in government priorities, reduced public spending and impact of this locally will determine our priorities.

There has already been significant reductions in HRS funding (£5m from £17m to £12m in 2011/12). The £5m reduction to date has been achieved by reducing values of contracts and decommissioning services. We now face the need to achieve further budget reductions in the overall level of Housing Related Support of £500,000 in 2012/13 and £1.5million in 2013/14 from a total budget of £12million.

Strategic Relevance and Demand

The Housing Related Support Needs Assessment² has identified that Haringey currently spends some 25% of its HRS budget on older people, whereas the average across London is 15%. This is despite the fact that we have a lower proportion of older people than many comparator boroughs. Haringey's Older People's Housing Strategy 2011-2021 identifies an over provision of sheltered housing units compared to London and England. It is recognised that many older people require this type of housing but not necessarily the support.

We recognise the value of the current range of HRS services for Older People and are keen to build on the successes of the previous 5 – year Supporting People Strategy and continue to deliver high quality and outcome focused support services to older residents in Haringey.

¹ Promoting Independence: the future of housing related support, LGiU December 2011.

² Housing Related Support Commissioning Plan 2012-215.

This will however only be achieved by reviewing the processes involved in managing contracts; payments and strategic priorities and commissioning and funding high quality and cost effective needs led services, informed by our joint strategic needs assessment and benchmarking against local, sub-regional and national information, and by focusing on agreed key priorities and ensuring that preventative services remain sufficiently flexible to deliver support regardless of tenure.

What is Proposed?

The proposal is to re-model the service to reflect the demands and eligibility for support of Haringey's most vulnerable adults, whilst also achieving efficiency savings.

How do we plan to do this?

1) To restructure the service so that Scheme Support Assistants no longer provide personal cleaning and laundry and other non eligible HRS tasks. Those tenants who currently receive such a service and are eligible will continue to receive assistance; it will just be paid for by a different, more appropriate funding stream.

2) We will ensure that all residents who currently receive laundry or cleaning services will be assessed to see if they qualify for a care package. If they are not eligible, assistance will be given to apply for attendance allowance as the purpose of this welfare benefit is to pay for additional help that people with limited mobility require.

Benefits of the proposed changes

- The remodelling of the service will bring it into line with other supported housing schemes for older people across England
- The change will achieve efficiency savings but ensure those tenants who need domiciliary services can still get them. The funding will come from the correct source although the service is likely to be delivered by another person than the SSA
- The support residents receive will not change but the paperwork (support plans) will and this will lead to improvements
- More money will be put in delivering activities. This is what residents told us they wanted during the recent review
- A potential to improve the use of the existing housing stock
- A service that is in line with the national Supporting People quality assessment framework and meets national and local Health and Wellbeing policy priorities and such as:
 - Enabling people to live as independently as possible
 - Enabling people to exercise choice and control over the support they receive
 - Promoting high quality safe services
 - Supporting equality, human rights and social inclusion.

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?

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.

Overall 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%).

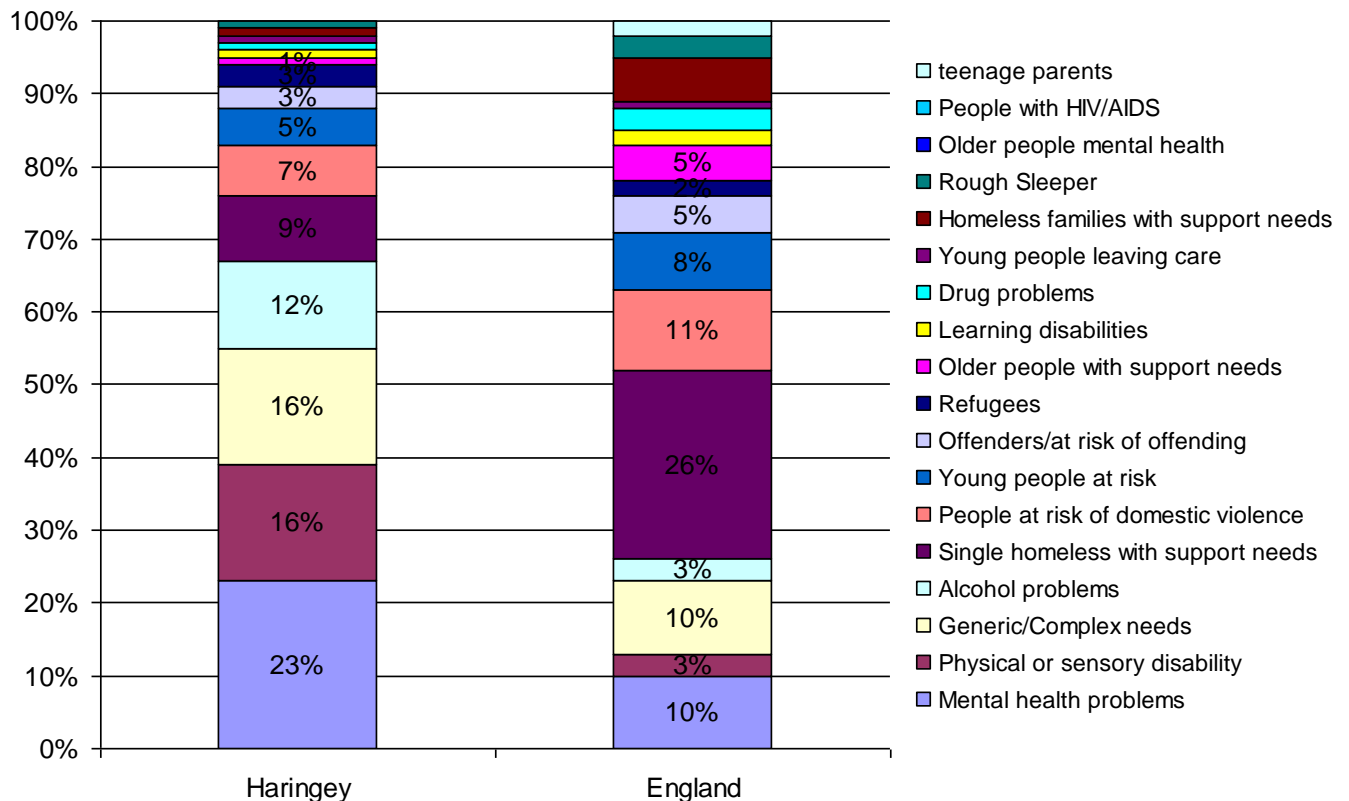
The data indicates that in Haringey there is a greater demand from people in the mental health, physical or sensory disability, generic/complex needs

Appendix 1

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.

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 and therefore a higher spend.

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

Analysis of the protected characteristics shows the following:

Age

General Comments

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.

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.

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. 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 east³ (Fortis Green 78.2 years and Tottenham Green 71.3 years).

Women's life expectancy is above the national average; while the east/west 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 illness⁴.

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.

Those living in Council-run Sheltered Housing and Good Neighbour Schemes

Total Number of people across all Schemes: 1530

Age	Haringey	OP Sector (External Providers)
Under 50	2.0 %	1.83%
50-54	2.2%	2.15%
55-64	17.5%	17.45%
65+	75.9%	75.88%
Unknown		2.67%

This information on age is a snapshot of the current position and is not an indicator of the entry level age. Of those over 65 years of age, 25% are aged 80 or over.

Allowing for the % unknown, there is no disproportionate impact on Older People living in these schemes on account of their age. However, any changes would primarily affect the over 65s.

³ Haringey Borough Profile 2010

⁴ (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)

Sex

General Comment

HSR services are accessible to both males and females across all of its client sectors with the exception of its domestic violence refuges which are for women only.

Those living in Council-run Sheltered Housing and Good Neighbour Schemes

Total Number of people across all Schemes: 1530

Gender	Borough	Haringey schemes	OP Sector
Male	50.7%	44.1%	40.15%
Female	49.3%	53.8%	59.85%
Not recorded		2.2%	

Men are under-represented in the schemes and women over-represented which is reflective of the fact that women live longer than men. There is a disproportionate impact on women; however, the service is and will continue to be non discriminatory and available to all residents with eligible needs irrespective of their gender.

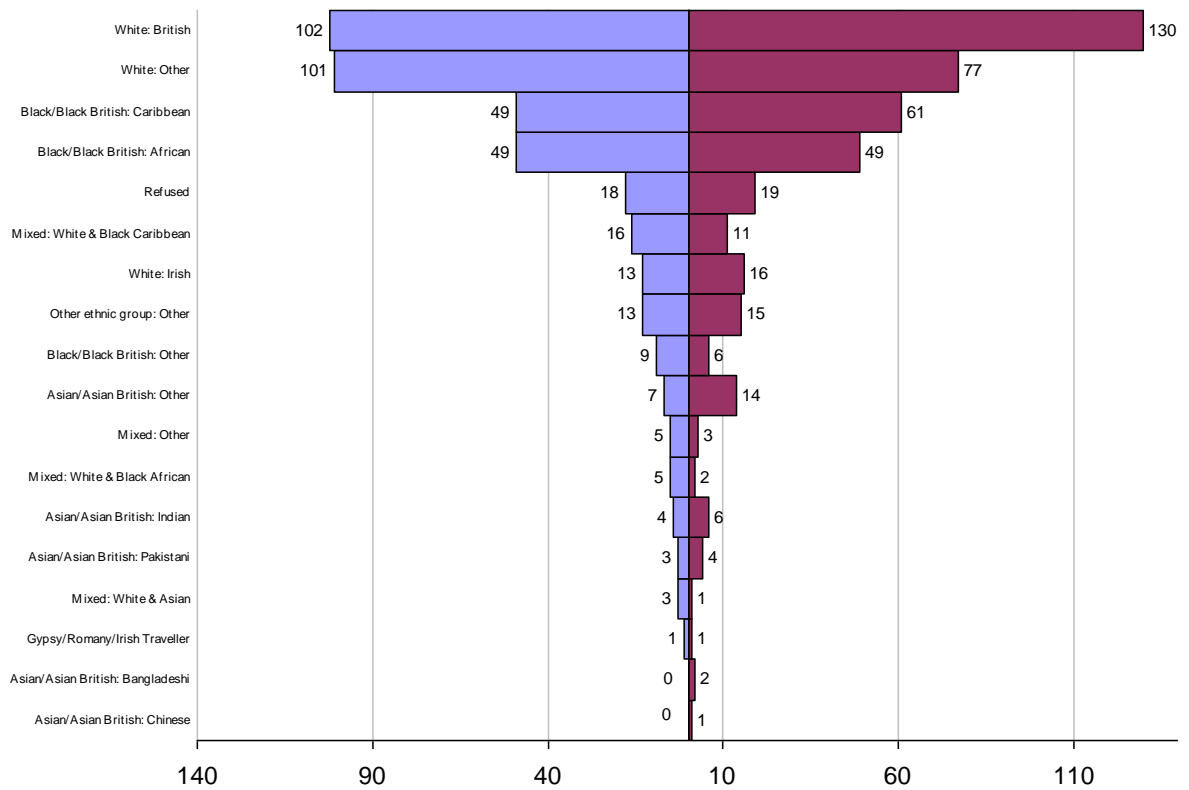
Race

General Comments

Since the inception of Supporting People (the precursor to Housing Related Support) in 2003 there have been some changes to the 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 with 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).

Ethnicity of HRS Clients - April -Dec 2011



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.

Appendix 1

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 2007⁵

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% but that as little as 3-5 years ago, among Haringey's elders; two-thirds to three-quarters were White.

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

⁵ 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.

2009 Mid Year Ethnicity Estimates					
5 Ethnic Groups	16 Ethnic Group	Haringey		London	
		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 British	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 also 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.

Those living in Council-run Sheltered Housing and Good Neighbour Schemes

Total Number of people across all Schemes (Column 3): 1530

Race	Borough breakdown ⁶	LBH Adult Services ⁷	OP Sector ⁸
White British	51.3%	35%	34.02%
White Irish	3.2%	6.6%	10.09%
White Irish Traveller		0.1%	
Other White	11.9%	4.1	6.36%
White Greek/ Cypriot	n/a	4.9%	5.61%
White Turkish	n/a	4.4%	4.49%
White Turkish/ Cypriot	n/a	2.2%	
White/Black Caribbean	1.3%	3.1%	0.37%
White/Black Africa		1.4%	
White/Asian	1.2%	.4%	1.31%
Other Mixed	1.2%	0.3%	0.37%
Indian	4%	2%	5.61%
Pakistani	1.9%	0.3%	1.31%
Bangladeshi	1.7%	0.2%	0.37%
East Asian African		1.6%	

⁶ Source 2009 Experimental Ethnicity Mid Year Estimates, ONS

⁷ Based on data from 1530 service users

⁸ Based on data available for 535 service users

Race	Borough breakdown ⁶	LBH Adult Services ⁷	OP Sector ⁸
Kurdish		0.8%	
Other Asian	2.0%	1.2%	2.43%
Black Caribbean	6.6%	15.2%	14.21%
Black African	8.1%	6.4%	7.66%
East African		0.15	
Other Black	1.2%	0.5%	0.56%
Chinese	1.9%	1.6%	0.56%
Other	1.9%	5.1%	4.30%
Unknown	n/a	0.3%	0.75%

There are no Adult Services BME specific schemes but residents have access to specific schemes through external provision:

- 2 for Cypriot/Greek Turkish
- 1 for Asian
- 1 for French speaking Africans
- 1 for French speaking Caribbean

52% (59% according to the OP sector data) of the 1530 tenants describe themselves as White which is roughly the same as the figure across the Borough and therefore the impact is not disproportionate on this group.

21.8% of tenants are Black African or Caribbean or Black other compared to 15.9% for the Borough profile. The impact therefore disproportionately affects this group.

Moreover, we know from the data that there are certain groups such as Black or Black British who are over represented in our needs data for some sectors of HRS. 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 however necessarily be provided just for over represented groups but rather the service is and will continue to be non discriminatory and available to all residents with eligible needs irrespective of their race. Consideration will be given to individuals who have communication or language difficulties and have no support from family/friends. This will ensure fair access, and broader improvement for all those people receiving services. There may be some BME specific services which continue to be commissioned should the needs assessment identify this and the demand for such support is there.

Languages spoken:

English	1249
Turkish	82
(blank)	25
Somali	17
French	9
Albanian	5
Arabic	5
Amharic	2
Other ((not specified)	136
Grand Total	1530

Refugees & Asylum Seekers Is the client a refugee?	Total
No	723
Not known	32
Yes	2
(blank)	773
Grand Total	1530

Disability**General Comments**

In HRS terms we consider Disability 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 and there is a higher proportion of older people with such a disability.

*Service provision and current demand for services*Learning Disability

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.

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.

Physical disabilities, sensory impairment and HIV

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.⁹

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.¹⁰

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.

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.

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.

Mental Health

The data show that across all sectors of Housing Related Support that 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. For mental health services 1 in 4 patients come from a BME group.

⁹ National Statistics – People registered Deaf or Hard of Hearing Year ending 31 March 2010 in England

¹⁰ NHS.uk

Those living in Council-run Sheltered Housing and Good Neighbour Schemes

Total Number of people across all Schemes (Column 3): 1530

Primary Disability	Total
Physical Disability	357
No disability	277
Long term illness, disease or condition	245
Physical Frailty	232
Mental Health	111
Other disabilities (please specify)	107
(blank)	48
Deafness or partial loss of hearing	38
Dementia	33
Learning Disability	32
Blindness or partial loss of sight	26
Not known	18
Developmental Disorder	3
long term illness	2
HIV	1
Grand Total	1530

This data demonstrates that a high proportion of older people in Sheltered Housing or Good Neighbour Schemes who use the HRS services have a physical disabilities, learning disability or Mental Health issues.

- 49.6% of the people living in one of the schemes describe themselves as having a physical disabilities, physical frailty, HIV and/or sensory impairment of some kind.
-
- 2% of the people living in one of the schemes describe themselves as having learning disabilities.
- 7.25% of the people living in one of the schemes describe themselves as having a mental health issue of some kind.
- Only 18.1% of the people living in the schemes describe themselves as having no disability whatsoever.

Overall, this high level of disability in this group suggests that any adverse change would have a disproportionate impact on older tenants with a disability. However, the service will continue to support & assist those with an identified need as a result of their disability. This will not change with the new proposals.

Other Protected Characteristics**Religion/Belief****General Comment**

There may be instances where faith and religious observance may need to be taken into account when we are commissioning these services in order to ensure that people continue to receive services that meet their needs.

Those living in Council-run Sheltered Housing and Good Neighbour Schemes

Total Number of people across all Schemes (Column 3): 1530

Religion/ Belief	Total
Christian	969
Muslim	162
No religion	127
Other (please specify)	124
Not known	39
(blank)	37
Hindu	33
Jewish	19
Buddhist	17
Sikh	2
Rastafarian	1
Grand Total	1530

The assessment process and eligibility criteria remains the same and is non discriminatory, available to all scheme residents with eligible needs irrespective of their religion/belief/non-belief.

Sexual Orientation**General Comment**

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 tenants in the schemes this would indicate a number in the region of no more than 107, which is well above the actual figures reported by those living in the schemes or at best on a par if one counted all of the blank returns.

Those living in Council-run Sheltered Housing and Good Neighbour Schemes

Total Number of people across all Schemes (Column 3): 1530

Sexual Orientation	Total
Heterosexual	1278
Not known (blank)	161 85
Bisexual	3
Gay	3
Grand Total	1530

There is therefore no disproportionate impact in respect of Sexual Orientation. The service is non discriminatory and available to all residents with eligible needs irrespective of their sexual orientation.

Marriage/Civil Partnership:

Services are provided based on an assessment of need and eligibility and irrespective of a tenant's marital or civil partnership status.

Marriage and Civil Partnership	Total
Single	994
Married	276
(blank)	138
Not known	78
Married but not living together	31
Co-habiting (heterosexual or same sex relationship)	10
In a relationship but not living together (heterosexual or same sex)	3
Grand Total	1530

Pregnancy/Maternity:

The service is and will continue to be non discriminatory and available to all residents with eligible needs irrespective of their pregnancy/maternity status.

Maternity and Pregnancy Is the client pregnant?	Total
No	942
Not applicable	198
Not known (blank)	1 389
Grand Total	1530

Other data:

Deprivation across all groups

- The index of multiple deprivation identifies Haringey as the 4th most deprived borough out of 326 local authorities in England.

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 services¹¹ in 2010-11 indicates that this population has a wide range of social problems:

¹¹ Source: National Drug Treatment Monitoring System - Quarterly partnership report April 2011.

- Significant housing problems with just under one third (31%; 188)
- 12 per cent (74) being homeless (no fixed abode)
- 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 date¹²

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 15-64.¹³ 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.

Staff profile

As a consequence of the proposed changes to HRS services for Older People, we have reviewed staffing needs going forward and completed a separate Equalities Impact Assessment which will form part of the report to Cabinet in the autumn of 2012 when it considers the changes.

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

¹² Source: Treatment Outcome Tool baseline report 2010-11

¹³ 2009-10 estimates by the University of Glasgow. The associated confidence intervals are 2,220, 2,714. The estimate includes ages 15-64.

What changes will there be?

There will be **no** change to:

- Scheme managers. They will continue to be based at sheltered housing schemes and will provide support for tenants who need it both in sheltered and community good neighbour schemes
- The daily wellbeing check will remain
- The 24 hour community alarm service will not change and will operate in the same way
- The cleaning of communal areas will still be done
- The tenancies will not change
- The designation of schemes. Sheltered housing schemes will stay the same as will community good neighbour schemes

There will be **some** changes to:

- The paperwork for recording the support needs and how it will be delivered will have some changes to make it less time-consuming
- There will be more resources allocated to putting on activities
- The tenancy agreement will change to make clear that domiciliary services have to be paid for
- We anticipate that there will be some changes to the Housing Allocation Policy to make it easier for tenants to move from community good neighbour schemes if their support needs increase

There will be changes to:

- Domiciliary services such as laundry and cleaning will now have to be paid for. This does not mean that the tenant will have to pay for it. Each person currently receiving this service will be assessed to determine if they can receive this through a personal budget or if not eligible for this, helped to claim Attendance Allowance to pay for the service
- The SSAs will not be able to undertake handyperson services; collect prescriptions; shop or accompany to appointments as these are non HRS eligible. The support service will deliver the same tasks as found in sheltered housing schemes across England

Rationale for change

Factors include:

Appendix 1

- 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 and that other crucial HRS services can continue to be funded and not be cut due to us spending on eligible tasks.
- By undertaking these changes we will reduce the impact of service cuts. It is hoped that any cuts to services will be limited and that they will 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 be funded if savings are made within the budget. There is no scope for additional resources. It is imperative therefore that through robust contract management, we continue to be able to deliver high quality services that improve outcomes for service users. We also will be keeping these services under review to see if there are further opportunities to increase service provision by remodelling; joint working; sharing good practice etc.
- 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.

Mitigating Actions

To ensure there is no adverse impact, we will however:

- Ensure that all service users in these transformed services are monitored against the Equality Act 2010 categories.
- Ensure that equalities information continues to be collected and analysed.
- Continue to monitor the impact of the changed services to maintain good quality of provision and outcomes for all service users, all of whom will have an individual review of their support and care needs.
- The HRS Commissioning Plan has a series of actions which are designed to deliver HRS services to those older vulnerable people in our borough who need support to maintain independence.
- An implementation plan will be developed to accompany these changes and the HRS Commissioning Plan for Older People 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.
- Ensure each affected person is re-assessed and either receive help for laundry and/or housekeeping through a personal budget or by assisting them to apply for Attendance Allowance. We will be using the Citizens Advice Bureau as welfare benefit experts and independent of the Council, to do this.

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 action plan of the review report for the older people's service 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 to reduce the adverse impact on those groups.

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?

Pre-consultation activity

A review of the current HRS Council service provision for Older People was recently carried out between 19th April to 19th June 2012 as part of a programme of reviews applied to all services we commission using the standard Quality Assessment Framework tool to was used to assess performance and quality.

Methodology:

As part of the review, the Housing Related Support Team (HRST):

- visited 28 schemes
- reviewed 313 residents' files (approximately 25% of all files)
- attended 28 coffee mornings/ residents meetings and spoke to 254 residents from sheltered and community good neighbour schemes about the service they currently received
- Interviewed 31 scheme managers, 2 area relief officers and 18 scheme support assistants about how support is delivered and the support planning process
- interviewed 2 Team managers and 3 admin/project support staff
- interviewed Supported Housing Lettings Officer
- 74 tenants completed satisfaction surveys.

What people said in feedback is as follows:

Feedback from residents

An integral part of housing related support reviews is to establish the views of the people living in a scheme, to help identify areas for improvement, as well as confirming arrangements for support and assistance. Generally residents were positive about the scheme managers and scheme support assistants, although some residents considered staff spent too much time on paperwork and not enough time dealing with them (residents were keen to add this was not a criticism of the staff themselves but of "management and the system"). Concern was expressed in a number of schemes that there was no consistency in staffing; this usually applied to those schemes where the manager had been absent and the cover arrangements put in place were considered to be minimal. Positive comments were universally made about the scheme support assistants and how helpful and supportive they were. Residents were generally less positive about housing managers who they had less regular contact with.

Some comments were very scheme specific and dependent upon location; e.g. for those residents in a busy area, local facilities being close by was an advantage but living in a busy area was a disadvantage; for residents in quieter residential areas the quiet location was seen as a positive distance from amenities was not always suitable for people with mobility difficulties.

Although this was a housing related support review, residents were not constrained to talk only about services funded by housing related support.

The most common areas identified for improvement across the schemes were as follows:

- Failure to deal with anti-social behaviour either within the scheme, or external to the scheme
- Lack of suitable activities
- Lack of interest from newer residents in joining in
- Scheme manager to spend more time with residents and less on paperwork
- Giving feedback and providing information
- Improvements in repairs service, this particularly related to less straightforward repairs which appeared to require a number of visits
- Lack of funding to carry out communal repairs
- No introductions of new residents
- Carers not easily identified

- Perception that residents with mental health problems causing disruption

Feedback from surveys

86 residents returned questionnaires about the services provided, satisfaction surveys (just over 6% of the total number of units) and this low level is not statistically significant, but it does provide useful additional information on residents' perceptions of the service. Residents were asked to grade whether they thought the service was really good, OK or not very good. The results are set out in the table below:

	Really Good	OK	Not very good
Your support	57%	35%	8%
Safety	58%	39%	3%
Protection from abuse	50%	39%	5%
Information	55%	38%	7%
Making a complaint	37%	50%	13%
Your views	45%	49%	6%
Accommodation	61%	36%	3%

As part of the survey, residents were also asked to identify the support tasks provided to them. The tables below set out the results:

All schemes (including unknown)		Sheltered		Community Good Neighbour	
Task	Number	Task	Number	Task	Number
Help reporting repairs	53	Organising social activities	26	Help reporting repairs	27
Organising social activities	52	Help reporting repairs	24	Organising social activities	23
Gaining access to other services	42	Help with personal safety security	22	Assistance with form filling	20
Help with personal safety security	38	Gaining access to other services	21	Gaining access to other services	20
Access to aids and adaptations	33	Assistance with form filling	21	Access to aids and adaptations	18
Gaining access to local organisations	29	Gaining access to local organisations	16	Help with personal safety security	14
Daily visit	26	Access to aids and adaptations	15	Gaining access to local organisations	12

All schemes (including unknown)		Sheltered		Community Good Neighbour	
Assistance with form filling	20	Daily visit	15	Daily visit	9
Help with benefits, debt budgeting	18	Help with benefits, debt budgeting	11	Help with benefits, debt budgeting	7
Language issues	8	Language issues	4	Language issues	4

As can be seen, the top 2 tasks are the same regardless of type of scheme: namely help reporting repairs and organising social activities. Of concern, is the low number of people who identified the tasks help with benefits, debt budgeting. This is maybe because the scheme managers do not regularly undertake this work

The review identified a number of issues of note:

- Haringey currently has 2106 units of sheltered and community good neighbour schemes (more than twice the London average)
- Haringey currently spends some 25% of its HRS budget on older people, whereas the average across London is 15%. This is despite the fact that we have a lower proportion of older people than many comparator boroughs
- A value for money assessment and benchmarking comparisons indicate that the current service is expensive.
- Part of the reason for this is that HRS funds the cost of scheme support assistants.
- Scheme Support Assistants (SSA) based at Sheltered Housing Schemes undertake communal cleaning in sheltered and community good neighbour schemes (internally and externally where required) as well as housework and laundry for individual residents as determined by the scheme manager.
- The cost associated with the communal cleaning element of their role is met by the service charge. The cost of domestic tasks for residents who need this type of help should be met from either an attendance allowance or a personal budget
- Many of those older people living in Council-run schemes in Haringey require this type of housing but not all of them require Housing Related Support.
- In some instances there is no obvious link between the resident's support needs and the provision of this support; the reasons for this may be historical.
- 350 clients living in sheltered housing schemes receive assistance from a scheme support assistance in for the form of delivering housework and/or laundry on a weekly basis
- Residents receiving this help do so free of charge; there is no differentiation in the level of support charges for those who receive or do not receive this support. In sheltered schemes, an

individual would be expected to pay for this type of support through an attendance allowance or personal budget.

- We need to ensure that HRS is only paying for eligible tasks and not personal care.
- A significant percentage of residents have declined the support offered and have signed a disclaimer to that effect.
- Older people want more focus on social inclusion and ending isolation and loneliness. This needs to be factored into future commissioning for this sector. Tenants have asked for more activities to be available
- Consideration needs to be given to the additional support needs of people with mental health, learning disabilities and substance misuse who are now growing older
- The role that scheme managers play in housing management functions needs to be formally recognised and funded accordingly. This equates to between 15-20% of their time.
- Issues were identified with reporting of repairs, following up on progress and quality

Consultation Activity and Findings

For the specific consultation on the proposal of funding only HRS tasks in the Council's sheltered and community good neighbour schemes the following activity was undertaken:

- The Cabinet Members for Adults and Housing as well as the Older People's Champion Member were briefed. Following this a detailed briefing to all Members was sent out with details of the scheme meetings in case they wished to attend
- Even though the 350 people who receive cleaning and/or laundry are the only residents directly affected by the proposed changes all residents were written to inviting them to meet the HRST. A list of all meetings was attached in case they couldn't attend their own venue/time
- Held meetings at 25 schemes and ensured that tenants at community good neighbour schemes were invited to their linked sheltered scheme
- Produced a clear, easy to read, larger font Frequently Asked Questions sheet that summarised what we said at the meetings. This had points of contact for further information
- 381 people attended the meetings of which 366 were residents (298 sheltered and 68 community good neighbour) and 15 were carers or relatives. The Cabinet Members for Adults and Housing and the Older People's Champion Member attended several meetings
- Questionnaires were given to all tenants asking them if they understood the changes, what their views were about the changes, did they want to talk with us again and did they require help to claim Attendance allowance even if they do not get SSA help with cleaning and/or laundry
- The HRST attended the Supported Housing Forum (a forum for representatives from all the sheltered schemes to meet) to discuss the proposal

To date some 350 questionnaires have been returned. The overall feedback from these and verbal feedback given directly at the meetings focussed on the following (Please note: these did not at all schemes);

- The majority of the residents can understand the rationale for the proposal, indeed some tenants may be better off financially because they are paying for their own domiciliary care worker but were unaware that they may be eligible for Attendance Allowance
- However while understanding the reasons, residents have personal concerns for most of the SSA's and what will happen to them in the future as residents have trust and affection for their own SSA
- How will it work in practice e.g. if there are many different domiciliary care workers coming into the scheme how will the laundry rota work
- Concerns about health and safety of the scheme if there is only the presence of the scheme manager and not the SSA too
- Concerns about the communal cleaning and will the standards be maintained. (Tenants at the meetings were reassured that this should not change)
- There was a large amount of feedback in relation to the housing management function which is the responsibility of Homes for Haringey.

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

We have responded by offering an alternative funding source that we assist the resident to get and by helping them to source a domiciliary care provider. We have offered to meet residents and their carers/tenants again to explain and reassure. Given the age of this group some do need to have opportunity several times to fully understand what is happening.

We have incorporated early feedback into subsequent meetings to ensure we address known issues that will arise.

We have been clear that we cannot continue to fund ineligible tasks but have sought to reassure.

We have met with scheme managers to give them the tools to manage further questions after the meetings.

In relation to housing management issues we have produced a separate report for Homes for Haringey which details these. The recommendations will be monitored by Community Housing to see that they are auctioned.

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 is not a specific public consultation, more a targeted process to those affected or may be affected. At the end of the consultation we will produce a consultation report which will be disseminated.

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 nine equality strands. This has been extended to nine so you will need to extend the monitoring to the areas that are relevant to your service. 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. We will 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 proposed change, if approved, are being delivered. This is in line with how other external providers are monitored. 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. Tenants, their carers and Next of Kin as well as Residents Associations will receive a progress update at a suitable period after any changes are implemented.

- *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.

Appendix 1

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	Sex	Religion or Belief	Sexual Orientation
<p>Older People We have an overprovision of service for older - people living in social rented. For the Council's Older People's supported service this is a very high cost service when benchmarked against other providers.</p> <p>The proposal to remove the currently free cleaning/laundry service without the mitigating actions would impact on older people maintaining their independence.</p>	<p>Physical Health New disability or existing conditions worsening leading to new arising need.</p> <p>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.</p> <p>We also need to ensure there is the opportunity for people to move from lower level supported housing (community good neighbour) to sheltered as their HRS needs increase.</p> <p>Mental Health We need to ensure</p>	<p>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</p> <p>Sheltered housing needs to be accessible to all groups and offer race/faith specific HRS</p>	<p>As expected there is a higher percentage of women living in supported housing. This is due to increased life expectancy.</p> <p>Schemes need to ensure for men that they are equally attractive, accessible and appropriate social groups are developed and supported.</p>	<p>Faith We do not collect data on faith. When redesigning data collection this needs to be addressed</p>	<p>LGBT We have little or no data relating to this. Anecdotal evidence suggest this is not an issue in supported housing for older people.</p> <p>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.</p>

Appendix 1

	<p>Scheme managers are picking up on dementia type conditions and get suitable care/support delivered</p> <p>Learning Disability People with learning disabilities are now living longer but are faced with physical disabilities associated with older age. Sheltered housing can provide a housing option as long as additional support specifically for the LD requirements is in place if required.</p>				
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Appendix 1

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 for 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

Appendix 1

<p>Commissioned services meet required need</p> <p>There is a legal duty to monitor and publish its actual effects on people. 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.</p>	<p>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</p> <p>Monitoring needs to cover all nine equality strands. We need to consider how we will collect the data for the additional 3 strands. These will be monitored alongside the original six strands</p>	<p>Commissioning Manager (HRS)</p> <p>Commissioning Manager (HRS)/Commissioning Officer</p>	<p>1.10.12 and ongoing</p> <p>1.10.12 and ongoing</p>	<p>Within current resources</p> <p>Within current resources</p>
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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?

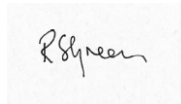
Results will be published with the Cabinet report and placed on the Council's website. If required it will be produced in a larger format and/or community languages

Assessed by (Author of the proposal):

Name: Rosie Green

Designation: Commissioning Manager (HRS)

Signature:



Date: 4th October 2012

Quality checked by Policy & Equalities Tea):

Name Arleen Brown

Designation: Senior Policy Officer (equalities)

Signature: *A.J. Brown*

Date: 11th October 2012

Sign off by Directorate Management Team:

Name: Phil Harris

Designation: Deputy Director for Community Housing Services

Signature:



Date: 31 October 2012