Central Bedfordshire

Central Bedfordshire Equality Impact Assessment

The Public Sector Equality Duty

The Equality Duty requires public bodies to have *due regard* to the need to:

- Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who
 do not share it

Protected Characteristics:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Marriage and Civil Partnership (elimination of discrimination only)
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Due Regard means consciously thinking about the three aims of the Duty as part of the process of decision-making. For example:

- How they act as employers
- How they develop, evaluate and review policy
- How they design, deliver and evaluate services
- How they commission and procure from others

Advancing equality of opportunity involves considering the need to:

- Remove or minimise disadvantages suffered by people because of their protected characteristics
- Meet the needs of people with protected characteristics
- Encourage people with protected characteristics to participate in public life or in other activities where their participation is low

Fostering good relations involves tackling prejudice and promoting understanding between people who share a protected characteristic and others.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed in discrimination law. This could mean making use of an exception or positive action provisions in order to provide a service in a way that is appropriate for people who share a protected characteristic.

Officers should:

Keep an adequate record showing that the equality duties and relevant questions have been actively considered.

Be rigorous in both inquiring and reporting to members the outcome of the assessment and the legal duties.

Final approval of a proposal, can only happen after the completion of an equality impact assessment. It is unlawful to adopt a proposal contingent on an equality impact assessment



Title of the		Improving the Day Offer for Older	Date of	March 2017
Assessment:		People and Adults with a Disability	Assessment:	
Responsible	Name:	Tim Hoyle		
Officer	Title:	Head of MANOP (Meeting the	Extension	
		Accommodation Needs of Older	Number:	
		People)		
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Stage 1 - Setting out the nature of the proposal and potential outcomes.

Stage 1 – Aims and Objectives

1.1 What are the objectives of the proposal under consideration?

This project will review the provision of Day Opportunities across Central Bedfordshire to create more personalised solutions that meet the needs of the range of customer care and support needs (e.g. dementia, profound and multiple learning disabilities).

In developing the offer to all people who use day opportunities, there will be a detailed review of the options for older people who currently receive day opportunities at:

- Ampthill Older Persons Day Centre, Houghton Lodge
- Biggleswade Older Persons Day Centre
- Houghton Regis Day Centre for Older People
- Westlands Day Centre, Leighton Buzzard
- Priory View Day Centre

There will also be a review of the options for people with learning disabilities who currently receive day opportunities at:

- Biggleswade Adult Centre
- Townsend Adult Centre, Houghton Regis
- Silsoe Horticultural Centre

Objectives of the project:

- 1. We will have defined what day care (or its alternatives) is for what needs is it meeting and what is it trying to achieve (both for the people who use the services and those around them).
- 2. We will have agreed a clear 'offer' for potential customers based on their needs, good practice and the resources available.
- 3. We will have reviewed all services which were operational at the start of the project and determined their future.
- 4. We will have made the changes to the services which were agreed as a result of the review.
- 5. There will be a better 'match' between the needs of the people using day services and the service(s) they are using.
- 6. The delivery of services will be at least as cost effective as it currently is and demonstrably more cost effective than the alternatives.
- 7. The use of buildings and other resources (such as transport) will be more sustainable and cost effective than it currently is.



Phase 1 of the project involved carefully considered engagement and consultation with a wide range of stakeholders, including customers, carers, staff and external organisations. This enabled the development of a clear statement of the purposes of the future council day offer and how this will be delivered. In October 2016 Executive approved the basic components and principles for the future of day opportunities for consultation, which sets out outcomes sought and the potential shape of future services. These key components and principles will be used as a basis on which to commission and deliver services in the future, including the councils' own services.

Key Components

These have been identified as important outcomes that should be achieved through a future day offer both for customers and their carers.

- A. Meet customer outcomes for social interaction and physical and mental stimulation.
- B. Meet carer outcomes for respite and peace of mind.
- C. Meet care and support needs.

Principles

- 1. Promote and maintain independence in a way which is personalised, flexible and responsive
- 2. Promote learning in a stimulating and supportive environment
- 3. Greater integration and partnership with local communities
- 4. Maximise the use of community facilities that can be accessed by older people and adults with disabilities.

A 12 week consultation on the proposed Day Offer ended in January and this confirmed that the key principles and components were valued and important to stakeholders. The final wording of the Day Offer was revised in response to the consultation comments and feedback from the Social Care, Health and Housing Overview and Scrutiny Committee. The changes made as a result of the consultation were changing the five principles to four by:

- Amending Principle three, which previously was 'aim for integration and local community cohesion' to make the principle more meaningful to clients and carers who felt the offer could be worded more simply.
- Merging principle four and five, which previously was 4) Maximise and support existing community capacity and 5) Maximise the use of community facilities that can be accessed by older people and adults with disabilities. Again this was to word the principles more simply and remove jargon.

Phase 2 will involve the transition to the new day offer. The proposal is to review current day centres in light of the future offer to determine what changes, if any, need to be made as well as developing new services that may be needed. Executive approval of phase 2 to go ahead will be sought on 4th April.

1.2 Why is this being done?

The Social Care, Health and Housing Directorate operates eight day centres for adults. Six are larger units – four primarily for older people and two for people with learning disabilities. All were originally built in the 1970's and 1980's and in many ways no longer reflect the needs and aspirations of their customers. This is reflected in their usage. All of the sites are in the ownership of the Council, and some co-located with other council facilities. There are two smaller centres- a horticultural unit in Silsoe which provides opportunities for people with learning disabilities and a day unit within Priory View Extra Care Scheme (previously located in the now closed Greenacres in Dunstable) which focusses on the needs of older people with dementia.

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The older people's centres support some 325 older people and adults with a physical disability, with an average of 120 daily attendances. The learning disability centres support around 135 people with about 95 attending on any given day. Occupancy levels have been declined in many centres with the older people centres generally operating at about 70% of their original capacity, and learning disability centres about 30%.

Since the inception of Central Bedfordshire Council it has been recognised that the provision of day opportunities to all client groups needs to be modernised. This has been part of the core strategy set in terms of improving outcomes for vulnerable people and moving from institutional to personal solutions.

Implicit in the transformation of services from the current to the new Day Offer is the need to effectively manage Council resources and deliver improved value for money whilst achieving the transformation objectives.

Following initial engagement activities it was agreed that the eligibility requirements to access day opportunities could be widened beyond those customers who have been assessed as having eligible care and support needs. Instead the new Day Offer could also appeal to people who do not meet eligibility criteria and, so long as there was an appropriate charging regime in place for such customers, this could offer opportunities for both expanding the range of activities available whilst being cost neutral.

1.3 What will be the impact on staff or customers?

There is general agreement within the Council and good practice examples from around of the country about the 'direction of travel'. This is to move:

- away from large, costly, dedicated buildings
- towards a more personalised service
- towards a more focussed offer which looks at the range of customer needs (e.g. dementia, profound and multiple learning disabilities) and how these can be met

This has led to a notional model for services which would consist of the following:

- smaller centres dealing with those people who have the highest needs and for whom care and support needs to be delivered within a building base,
- people with lower needs having the opportunity to attend less formal services run by a wide variety of providers and delivered locally in existing community facilities,
- bespoke day opportunities sought by the customer through the use of direct payments.

Many of the existing day centre users are vulnerable either due to frailty or their disability and have been using services for a long time. Carers also benefit from these services as respite. Potential changes to the service could therefore cause concern to users, carers and their families. To reduce the impact of this concern and to ensure the project is thorough and delivers its objectives, the first phase of the project will be to further develop the offer being proposed and consult on the general principles of the future of day opportunities, rather than individual centre options. This will include a very strong element of involvement and co-production with the customers, relatives, carers and staff. They will be engaged with at the outset to explore the known challenges and high level model.

In phase 2, any transition process, will need to be handled carefully and sensitively, taking in to account individual needs and the importance of minimising anxiety over the potential changes.



1.4 How does this proposal contribute or relate to other Council initiatives?

The proposed action supports all the Council's priorities, listed below:

- Great resident services
- Protecting the vulnerable; improving wellbeing
- Creating stronger communities
- A more efficient and responsive Council.

The other projects and processes that the Day Opportunities project relates to are:

- 1. Houghton Regis Central
- MANOP (Meeting the Accommodation Needs of Older People) project wider developments of care homes and extra care facilities – Including Priory View and Greenfields
- 3. Dunstable Leisure Centre
- 4. Biggleswade Integration Project
- 5. Independent living offer for vulnerable people
- 6. Integrated Services Review
- 7. Direct Services Review.
- 8. Sheltered Housing Review

1.5 In which ways does the proposal support Central Bedfordshire's legal duty to:

 Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the Act

Subsequent to adoption, it is expected that the Day Offer will be used as a basis for the commissioning of day care and support services in the future. Services provided and commissioned by the Council must follow equality legislation to eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the Act and there are existing training, policies and procedures in place to support this which will continue and/or be extended to any new services which may result from this review.

A component of the Day Offer is 'Meet care and support needs'. Those entitled to care will still have their needs met. The service may also be extended to those who do not meet eligibility criteria through an appropriate charging regime.

 Advance equality of opportunity between people who share a protected characteristic and people who do not share it

Current day opportunity services are based on a model that is difficult to personalise and meet the specific needs of individuals. An aim of the project is that at its completion there will be a better 'match' between the needs of the people using day services and the service(s) they are using. This will give clients a better opportunity to access services that meet their individual needs.

A key principle that will advance equality is to 'promote and maintain independence in a way which is personalised, flexible and responsive'. This will ensure people can have a choice, make decisions, feel involved and valued and able to make a meaningful contribution where able and recognise and respond to current and changing care and support needs.



 Foster good relations between people who share a protected characteristic and people who do not share it

The current day opportunities model can be seen to segregate clients from the wider community. The review has the opportunity to consider how services can be better provided to foster improved relations between people who do not share a protected characteristic.

A key principle is to 'Aim for integration and local community cohesion', specifically to:

- encourage involvement of a wider range of people including across generations and the community
- develop opportunities that bring people together with a variety of needs and interests where possible and desirable.
- 1.6 Is it possible that this proposal could damage relations amongst groups of people with different protected characteristics or contribute to inequality by treating some members of the community less favourably such as people of different ages, men or women, people from black and minority ethnic communities, disabled people, carers, people with different religions or beliefs, new and expectant mothers, lesbian, gay, bisexual and transgender communities?

Carers and service users have raised the concern that changes to services could lead to the loss of existing friendships leading to social isolation and loss of support networks. Older people and people with disabilities are at increased risk of isolation and so a change in service that impacts on service users' opportunity to maintain existing friendships could have a disproportionate effect on those with these protected characteristics.

Stage 2 - Consideration of national and local research, data and consultation findings in order to understand the potential impacts of the proposal.

Stage 2 - Consideration of Relevant Data and Consultation

In completing this section it will be helpful to consider:

- Publicity Do people know that the service exists?
- Access Who is using the service? / Who should be using the service? Why aren't they?
- Appropriateness Does the service meet people's needs and improve outcomes?
- **Service support needs** Is further training and development required for employees?
- Partnership working Are partners aware of and implementing equality requirements?
- Contracts & monitoring Is equality built into the contract and are outcomes monitored?
- 2.1. Examples of relevant evidence sources are listed below. Please tick which evidence sources are being used in this assessment and provide a summary for each protected characteristic in sections 2.2 and 2.3.

Ir	nternal desktop research		
	Place survey / Customer satisfaction data	*	Demographic Profiles – Census & ONS
	Local Needs Analysis		Service Monitoring / Performance Information
*	Other local research		
Т	hird narty quidance and examples		



*	National / Regional Research	*	Analysis of service outcomes for different groups	
*	Best Practice / Guidance		Benchmarking with other organisations	
	Inspection Reports			
Р	ublic consultation related activities			
*	Consultation with Service Users	*	Consultation with Community / Voluntary Sector	
*	Consultation with Staff		Customer Feedback / Complaints	
	Data about the physical environment e.g. housing market, employment, education and training provision, transport, spatial planning and public spaces			
С	onsulting Members, stakeholders and	sp	ecialists	
	Elected Members		Expert views of stakeholders representing diverse	
*	Specialist staff / service expertise		groups	
P	Please bear in mind that whilst sections of the community will have common interests and			

Please bear in mind that whilst sections of the community will have common interests and concerns, views and issues vary within groups. E.g. women have differing needs and concerns depending on age, ethnic origin, disability etc

Lack of local knowledge or data is not a justification for assuming there is not a negative impact on some groups of people. Further research may be required.

2.2. Summary of Existing Data and Consultation Findings: - Service Delivery Considering the impact on Customers/Residents

- **Age**: e.g. Under 16 yrs / 16-19 yrs / 20-29 yrs / 30-44 yrs / 45-59 yrs / 60-64 yrs / 65-74 yrs / 75+

Summary

Profile:

- 2015 data shows that 46% of the older people day centres clients have dementia.
- The average age of clients using the 5 CBC older people's centres is 82.
- The average age of clients using the 3 Learning Disability day centres is 45.
- The average age of all day opportunity clients primarily receiving support primarily due to a:
 - o learning disability is 40
 - o age (older persons) is 82
 - physical disabilities is 52.
- Female day opportunity clients are on average older (69 years) than men (58 years).

Feedback:

- The majority (85%) of the consultees using day services aged 65+ felt that the key components fully incorporated what the day offer should be achieving. This was to a lesser extent with 25-44 years olds (67%) and even more so with 45-64 year olds (44%).
- The majority of all age groups felt that principles were very important.
- Principle 1 (promote and maintain independence in a way which is personalised, flexible and responsive) was rated as very important by a higher proportion of the 45-65 and 65+ age groups. Principle 3 (aim for integration and local community cohesion) was rated as very important by a higher proportion of the 25-44 age group.

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Key findings:

- All five of the principles set out in the original day offer will benefit older people most in need of the service and younger people who find age-appropriate services difficult to access.
- There are likely to be concerns about the perceived loss of particular services or centres
 and this could have a disproportionate effect on people that are vulnerable due to their
 age.
- There are concerns that changes to provision could disperse friendship groups, which could increase a sense of loneliness, which older people are at most risk from.
- No 16-24 year old customers took part in the consultation; therefore the views of those services users recently transitioning from Children's Services to Adult Social Care have not been captured.

Existing provision

Day centres - There are currently four larger day centres primarily for older people. All were originally built in the 1970's and 1980's and in many ways no longer reflect the needs and aspirations of their customers. This is reflected in their usage. There is a smaller centre which is a day unit within Priory View in Dunstable which focusses on the needs of older people with dementia.

	Number of clients provided
	services at each centre
Ampthill Older Persons Day	77
Centre, Houghton Lodge (OP)	
Biggleswade Older Persons Day Centre (OP)	62
Houghton Regis Day Centre for Older People (OP)	92
Westlands Day Centre, Leighton Buzzard (OP)	81
Former Greenacres Day Centre (OP)	5
Biggleswade Adult Centre (LD)	55
Townsend Adult Centre, Houghton Regis (LD)	50
Silsoe Horticultural Centre (LD)	26

October 2016.

The older people's centres support some 448 older people and adults with a physical disability as of October 2016, with an average of 120 daily attendances (2015 data). Occupancy levels have been declining in many centres with the older people centres generally operating at about 70% of their original capacity.

Other providers: As of October 2016 75 clients used services in 17 day care establishments that were not run by CBC.



Provider type	Count of clients	No. providers		
Agency	121	14		
Day Care Establishment	523	25		
Domiciliary Care		1		
Agency	1			
Dual Care Home	8	1		
Educational		2		
Establishment	2			
Residential Care Home	49	11		
Individual	3	1		
Grand Total	707			

Community providers - For older people with lesser needs, there are a few local providers who offer low level day support such as Dunstable Town Council and the Salvation Army in Dunstable who offer a lunch club type service one day a week to 25 people each. Age UK (MK) provides a small day resource for people with Dementia in and around Aspley Guise. There is future scope to expand this range of provision on a local basis in a variety of settings.

Private sector opportunities - Direct payments allows adults with care and support needs to access bespoke day opportunities, this could be through pooling direct payments to procure a group activity or accessing existing opportunities led by private providers with or without the support of a Personal Assistant.

Current profile

As of October 2016 the 312 attendees of Ampthill, Biggleswade, Houghton Regis and Leighton Buzzard older people day centres were made up of 208 women (67%) and 104 (33%) men.

Their age profile is as follows:

Age groups	Count of clients accessing services	% clients
Under 65	13	4%
65-74	40	13%
75-84	115	37%
85-94	133	43%
95+	11	4%
Grand Total	312	100%

All day opportunity clients

634 unique clients were receiving 707 day opportunity services through Central Bedfordshire Council as of October 2016.

The age profile shows that 154 people are aged 85 and over, 129 are aged 75-84 and 70 are aged 65-74. Those aged 65+ makes up almost half of all clients (46%).

Age groups	Count unique clients	% clients
18-24	44	7%
25-34	58	9%



55-64 61 65-74 70 75-84 129 85-94 143 90+ 11	
55-64 61 65-74 70 75-84 129	2%
55-64 61 65-74 70	23%
55-64 61	21%
	11%
	10%
45-54 64	10%
35-44 54	9%

Swift: October 2016

Age of clients by care category

Day op care item 1 category	Client count	Average Age (Years)	Min of Age (Years)	Max of Age (Years)
Learning Disabilities	228	40	18	74
Older Persons	342	82	56	104
Physical Disabilities	63	52	21	71
Grand Total	633	64	18	104

Swift: October 2016

The average age of all unique clients is 64. The one mental health service user has been removed to avoid identification.

Average age of day op clients

Day op client gender	Average Age (Years)	
Female		69
Male		58
Grand Total		64

Swift: October 2016

Day care establishments attract on average the oldest service users across all care categories.

Average age of clients using different types of providers

Day op care item 1 category	Count of clients	Average Age (Years)
Learning Disabilities	287	39
Agency	55	35
Day Care Establishment	197	41
Domiciliary Care Agency	1	30
Educational Establishment	2	23
Residential Care Home	29	37
Individual provider	3	28
Older Persons	349	82
Agency	20	70
Day Care Establishment	305	83
Dual Care Home	7	82
Residential Care Home	17	81
Physical Disabilities	70	51
Agency	46	52
Day Care Establishment	20	54



Grand Total	707	62
Residential Care Home	3	25
Dual Care Home	1	48

Note: the table above represents the 707 day opportunity services being provided to 634 clients as of October 2016.

Stakeholder feedback

The Council consulted stakeholders on the key components and principles between 24th October 2016 and 23rd January 2017.

85% (17) of customers aged 65+ using day services that responded to the consultation felt that the key components fully incorporated what the day offer should be achieving. 44% 45-65 year olds and 67% 25-44 year olds felt that the key components fully incorporated what the day offer should be achieving. No 16-24 year old customers took part in the consultation.

	Fully		Partially	,	Not at a	dl	No resp	onse
Respondent type	Count	Respon dent %	Count	Respon dent %	Count	Respon dent %	Count	Respond ent %
16 to 24	0	0%	0	0%	0	0%	0	0%
25 to 44	4	67%	1	17%	0	0%	1	17%
45 to 64	4	44%	4	44%	0	0%	1	11%
65+	17	85%	3	15%	0	0%	0	0%
Unknown	1	100%	0	0%	0	0%	0	0%
Total	26	72%	8	22%	0	0%	2	6%

Swift: October 2016

The day service customers suggested the following when asked if additional key components should be added or existing components amended:

25 to 44 year olds:

- Improve quality of care
- The key component section should be positioned/make emphasis to the needs of an individual (e.g. based on nature of disability) and not just a 'one size fits all' approach

45 to 64 year olds:

- Ensure those providing the care have the capacity to do so and continue to
- More staffing
- Small building

65+

- Form sub-committee
- Get outside organisations like the W.I. members to give ladies a helping hand with sewing, knitting and helping by contributing to their charity as well
- I think we must talk to one another more and also to the staff
- Offering activities such as art or pottery and a daily quiz to keep one's mind active
- When staff are on holiday staff should be able to cover so that the service is not shortstaffed
- Some customers like to talk quietly to their friends and find this worse in large rooms and/or continuous music difficult. It is also difficult to engage with some of the more



challenging customers and they may feel they don't get the best value for their money

- We must get to meet the customers and get more care and support when needed
- By engaging more staff and improving their wages. To get better results by ladies to come into the centres. Better results all round for everyone.

Consultees were asked to indicate the level of importance they gave each principle. Those identifying each principle as very important were as follows for each age group.

% of age group of consultees that indicated a principle as very important

	25 to 44	45 to 64	
	years old	year old	65+
Principle 1: Promote and maintain independence in a way which			
is personalised, flexible and responsive.	83%	100%	95%
Principle 2: Promote learning in a stimulating and supportive			
environment.	83%	67%	85%
Principle 3: Aim for integration and local community cohesion.	100%	67%	90%
Principle 4: Maximise and support existing community capacity.	67%	67%	80%
Principle 5: Maximise the use of community facilities that can be			
accessed by older people and adults with disabilities	67%	67%	85%

The day service customers suggested the following when asked if additional principles should be added or existing principles amended:

45-64 year olds:

• More different things to do

65+

- Flower arranging
- Ref. principle 2 it may be better to have quizzes in smaller groups rather than all customers together
- Try to get people to look forward to what is on offer for them on same days every week. I am sure you will get a better response if they concentrate on the same day every week.
- Pottery clay making
- Principle 5 visits in the past were much appreciated, especially by customers who do not get out much but I understand that risk assessments are difficult

Key issues affecting people with protected characteristic

As people live longer at home the prevalence of dementia and other long term conditions increases.

For older people there are likely to be concerns about the perceived loss of particular services or centres.

Assumptions are sometimes made that it's natural for older people to have lower expectations, reduced choice and control and less account taken of their views (DOH).

In 2006, 63% of people aged 65 to 74 reported having a longstanding illness and 38% said longstanding illness limited their ability to carry out daily activities. 70% of people aged 75 and over reported having a longstanding illness and 50% said longstanding illness limited their ability to carry out daily activities (Office for National Statistics – ONS).

Scores of three or more depressive symptoms were more likely among older respondents (of



both genders) and higher scores were more prevalent in those reporting LLTI and mobility problems. Around 25% of those over 65 had significant depressive symptoms in 2005. The comparable figure in the general population is around 10%.

Strategic commissioning - Research undertaken for the Department of Health looking at age equality in Health and Social Care highlighted that good information on health, care and wellbeing needs was seen as an essential first step in ensuring that service planning and delivery are fair and proportionate. People who can experience multiple discrimination such as older people from minority ethnic groups can be overlooked. Commissioning must be informed by data that is broken down and analysed by age and other factors. Public involvement in commissioning decisions is crucial. Representatives of patient, service user and public groups observed that their role needed to cover planning and design stages and also the delivery and evaluation and review stages. LAs needed to use age appropriate means of engaging different groups, especially different communities of older people.

The Foundation for People with Learning Disabilities carried out desktop research in 2010 for an Equality Scoping Study to understand the how Valuing People Now, the government's LD strategy, had improved the fairness of services (with a focus on the protected characteristics). In relation to age, the study found that "some of the issues raised highlight a dilemma: to what extent should older people with learning disabilities be included in older people's services? And what reasonable adjustments would be needed to such services in recognition of the different life experiences that people with learning disabilities may have had? It seems likely that the policy of some councils (moving people at age 65 from learning disability services to older people's services, with a resulting reduction or change in support) will be open to challenge on grounds of age discrimination. Other key issues include the importance of planning ahead with older families and ensuring that policy on older people (including dementia care and future funding of social care) is sensitive to the specific needs of older people with learning disabilities and older family Carers."

Joseph Rowntree Foundation published *Older people with high support needs: how can we empower them to enjoy a better life* in 2010. This found that the group of older people with high support needs is growing, becoming increasingly diverse and changing, as new sub-groups emerge and the prevalence of some conditions, such as dementia, increases. There is limited evidence about what older people with high support needs want and value and ageism acts as a key barrier to hearing their voices. Improving quality of life for this group is often about making simple changes to how existing services are run. Personalisation, assistive technology, and the development of user involvement in commissioning present opportunities as well as challenges.

Age UK published A summary of Age UK's Index of Wellbeing in Later Life in 2017 which showed that the factors that have the highest level of impact on wellbeing in later life are:

- Creative and cultural participation
- Physical activities
- Thinking skills

The report concluded that "the most striking finding from this Index is the importance of maintaining meaningful engagement with the world around you in later life – whether this is through social, creative or physical activity, work, or belonging to some form of community group. Taken together, these forms of participation contribute in excess of 20 per cent of wellbeing".

- **Disability:** e.g. Physical impairment / Sensory impairment / Mental health condition / Learning disability or difficulty / Long-standing illness or health condition / Severe disfigurement



Summary

Profile:

- Learning disability support is recorded as the primary support reason for 39% of day opportunities service users (not unique clients). Physical disability support makes up 36% of service users.
- 29% of CBC (OP and LD) day centre users primarily require learning disability support and 45% have a physical disability (PD) support need. This shows that there is more diversity in the wider day centre market for those requiring LD support, whereas a higher proportion of those with PD support needs use CBC day centre services. Note this is based on services commissioning, not unique clients.

Feedback:

- 76% (22) of consultees using day services that indicated they had a long-standing illness, disability or infirmity (LSIDI) felt that the key components fully incorporated what the day offer should be achieving.
- The majority of consultees with a LSIDI felt that all of the principles were very important.
- Principle 1 (promote and maintain independence in a way which is personalised, flexible
 and responsive) was rated as very important by the highest proportion of LSIDI
 consultees. Principle 5 (Maximise the use of community facilities that can be accessed by
 older people and adults with disabilities) had the lowest proportion of LSIDI consultees
 rating this as very important (77%).

Key findings:

- All five of the principles set out in the original day offer will benefit people with disabilities.
- A higher proportion of clients with physical disability support needs will be impacted by a change to CBC day centre provision as 96% of day opportunities in day care establishments are met by CBC day centres, compared to 69% of clients with LD support needs.
- There are likely to be concerns about the perceived loss of particular services or centres
 and this could have a disproportionate effect on people that are vulnerable due to their
 disability.
- Changes to service provision can have a disproportionate impact on people with dementia, autism, those suffering from depression, anxiety, impaired eyesight and/or hearing and reduced mobility.
- There are concerns that changes to provision could disperse friendship groups (especially among LD clients). This could increase the risk of social isolation, which disproportionately affects disabled people.

Existing provision

CBC day centre provision:

- Ampthill Older Persons Day Centre, Houghton Lodge
- Biggleswade Older Persons Day Centre
- Houghton Regis Day Centre for Older People
- Westlands Day Centre, Leighton Buzzard
- Priory View Day Centre

CBC learning disability day centre provision:

Silsoe



- Biggleswade
- Townsend

Quality of Buildings:

The current centres were built in the 1970's and have a large central area surrounded by a series of smaller rooms. The facilities are institutional, out dated and tired. In future there will be a need for some building based provision for people with higher needs of physical and mental frailty, such as moderate to advanced dementia. The environments are not dementia friendly and need to be redeveloped to offer a higher quality of provision which is fit for the future.

Current service user profile

The primary support reasons for day opportunities clients to receive care and support are below:

Primary support reason	Count of services used	% of services used
	0.000	0.000
Mental health support	25	3.54%
Learning Disability Support	277	39.18%
Memory & Cognition Support	72	10.18%
Physical disability	255	36.07%
Sensory disability	7	0.99%
Social - Social Isolation/Other		
Support	48	6.79%
Other	23	3.25%
Grand Total	707	100.00%

Swift: October 2016. Note – this is based on services commissioning, not unique clients.

The table¹ below shows the number of customers that have dementia (in 2015) at each centre and that overall 46% of service users have dementia.

Centre	Number of	Number of	
	attendees	attendees with	
		dementia	
Ampthill	72	35	
Biggleswade	82	34	
Houghton Regis	80	38	
Leighton Buzzard	72	35	
Totals	306	141	

Data from 2015.

Variety of disabilities/ support reasons of clients using CBC older people day centres

Primary support reason	Count		%
Mental health support		16	5.05%
Learning Disability Support		7	2.21%
Memory & Cognition Support		43	13.56%
Physical disability		199	62.78%
Sensory disability		4	1.26%
Social - Social Isolation/Other		34	10.73%

¹ Day Opportunities Vision Paper 160605



Support		
Other	14	4.42%
Grand Total	317	100.00%

There is a variety of people with different support reasons attending the CBC OP day centres, including those with a learning disability. This diversity is understandably not seen in Learning Disability Day Centres with 95% catering for people with the need for learning disability support.

Proportion of primary support needs met by CBC day care centres

Primary support reason	CBC day centre provision	All day centre provision	% day centre provision met by CBC day centres
Mental health support	16	17	94%
Learning Disability Support	132	192	69%
Memory & Cognition Support	43	45	96%
Physical disability	200	209	96%
Sensory disability	4	4	100%
Social - Social Isolation/Other			
Support	34	36	94%
Other	19	20	95%
Grand Total	448	523	86%

The table above indicates that CBC dominates the day centre provision for people with physical disability support needs in Central Bedfordshire, whereas 31% of services provided for those with primarily learning disability support needs are provided elsewhere.

Greater personalisation has created pressure for more individual services this has resulted in more adults with learning disabilities choosing not to attend the existing centres. Of the current attendees, 88% have received the service for the last 5 years. There may have been breaks in service though and it is understood that the figures below do not reflect that the majority have used the services of the day centres at some point over a period of more than 5 years.

Years since service start	Count of clients in CBC OP day centres	% of clients in CBC OP day centres
0-5 years	274	88%
6-10 years	31	10%
10+	7	2%
Grand Total	312	100%

Swift: October 16

Some of this generation of customers also has the expectation of a 5-day per week service and a perception of their activities as being work or a substitute for work. This perception may also be shared by the carers (usually parents) of those people who still live 'at home' and who currently place reliance on the customer being out all day 5 days a week.

In addition we are aware that some customers living in supported accommodation also attend day services even though there is an expectation that the support provider should be providing such opportunities in some cases.²

² Improving the Day Offer PID v1.2 160426



Attendees with dementia have been assessed as having mild, moderate and severe dementia as below:

Dementia Classification	Ampthill	Biggleswade	Houghton Regis	Leighton Buzzard	Total
Mild	5	2	6	9	22
Moderate	11	16	13	23	63
Severe	18	16	19	3	56
Totals	34	34	38	35	141

Stakeholder feedback

The Council consulted stakeholders on the key components and principles between 24th October 2016 and 23rd January 2017.

76% (22) of customers using day services that indicated they had a long-standing illness, disability or infirmity that responded to the consultation felt that the key components fully incorporated what the day offer should be achieving. The other 7 (24%) of customers felt that the key components partially incorporated what the day offer should be achieving.

Type of consultee responding to the question: To what extent do you think that the key components in the document incorporate what the day offer should be achieving?

		• • • • • • • • • • • • • • • • • • • •						
	Fully		Partially		Not at all		No response	
Respondent type	Count	Respon dent %	Count	Respon dent %	Count	Respon dent %	Count	Respond ent %
I am a customer using Central Bedfordshire Council day services	22	79%	6	21%			2	0%
I am a customer using other day services			1	100%				
Total customers	22	76%	7	24%			2	0%

The day service customers with a long-standing illness, disability or infirmity suggested the following when asked if additional key components should be added or existing components amended:

- Ensure those providing the care have the capacity to do so and continue to
- Get outside organisations like the W.I. members to give ladies a helping hand with sewing, knitting and helping by contributing to their charity as well
- I think we must talk to one another more and also to the staff
- Improve quality of care
- More staffing
- Offering activities such as art or pottery and a daily quiz to keep one's mind active
- When staff are on holiday staff should be able to cover so that the service is not shortstaffed
- Small building

³ Day Opportunities Vision Paper 160605



- Some customers like to talk quietly to their friends and find this worse in large rooms and/or continuous music difficult. It is also difficult to engage with some of the more challenging customers and they may feel they don't get the best value for their money
- The key component section should be positioned/make emphasis to the needs of an individual (e.g. based on nature of disability) and not just a 'one size fits all' approach
- We must get to meet the customers and get more care and support when needed
- Yes, by engaging more staff and improving their wages. To get better results by ladies to come into the centres. Better results all round for everyone.

Consultees were asked to indicate the level of importance they gave each principle. Those identifying each principle as very important were as follows:

% of disabled customer consultees that indicated a principle as very important

	Customer with long- standing illness, disability or infirmity that felt principle was very important
Principle 1: Promote and maintain independence in a way which is	
personalised, flexible and responsive.	94%
Principle 2: Promote learning in a stimulating and supportive	
environment.	81%
Principle 3: Aim for integration and local community cohesion.	84%
Principle 4: Maximise and support existing community capacity.	74%
Principle 5: Maximise the use of community facilities that can be	
accessed by older people and adults with disabilities	77%

Key issues affecting people with protected characteristic

Disabled people do not always have the same opportunities or choices as non-disabled people. They can experience discrimination, lack of respect and unreasonable barriers to participation in society on an equal basis.

Around 1 in 5 people in Britain have an LLTI/disability (over 10 million), which is strongly associated with self-reported poor general health

The proportion of people with Limiting Long-Term Illness (LLTI) or disabilities rises with age, so that a large proportion of people over 75 report these conditions.

The likelihood of having such impairment is not evenly spread across the population. Women are more likely than men overall, and people from some ethnic and religious groups – especially some Asian Muslims – appear more likely to report an LLTI or disability. In both cases, the differences tend to become more accentuated at older ages, so for example nearly 2 in 3 Pakistani and Indian women over 65 had a LLTI or disability in 2001.

15% of those with a learning disability reported their health as not good. The rates were highest for those who were unemployed, socially isolated, older and from an ethnic minority community.

Social care services are vital in order to progress equality for disabled people. If these services are not part of the solution in actively removing the barriers to living independently that disabled people face, they can become part of the problem in creating barriers to equality (The then Commission for Social Care Inspection, now Care Quality Commission.)

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Disabled people said they experienced the following barriers to equality in social care services:

- Physical barriers were the most common barriers to disability equality addressed by sample of services (24% of 400 services). Environmental barriers, such as poor access to or within buildings, can be significant, but they were experienced by the lowest number of disabled people (17% of the 307 disabled people taking part in our survey and 37% of people with physical or sensory impairments).
- Communication barriers were experienced by a majority of disabled people responding to the survey, with only 38% agreeing that all staff communicated well. These barriers were not always related to the disabled person's impairment, for example providing information in accessible formats, but could be due to the communication skills of staff.
- Social inclusion barriers only 29% of disabled people living in care homes felt that the service had helped them to challenge disabling barriers in the community, e.g. transport or inaccessible community facilities, compared to 43% of people using home care and 44% of people using Direct Payments.
- Attitudinal barriers were the most common barriers that people faced. 55% of all disabled people, and 65% of people living in care homes, had experiences of social care staff who did not respect their right to be treated equally with non-disabled adults; for example patronising attitudes or a lack of regard for the disabled person's rights to make choices about how care was delivered.

Disabled people are more than twice as likely to be out of work as non disabled people. (Family Resources Survey - 2006/07)

Only one in two disabled people are likely to be in employment compared with four in five non disabled people. (Government Equalities Office).

Disabled people travel one-third less than non disabled people and physical access to public transport can be difficult. (Disability Rights Commission)

The Foundation for People with Learning Disabilities 2010 Equality Scoping Study found that "despite some examples of good practice, efforts to improve opportunities [to reduce loneliness and encourage friendships] are being hindered for many people by the lack of clarity about whether it is the job of services to support friendship and tensions with approaches to safeguarding. There will also be concern that one effect of the public sector recession may be to limit support for activities seen as 'optional'. Addressing these issues will be vital if the 'social capital' component of personalisation is to be taken seriously."

- Carers: A person of any age who provides unpaid support to family or friends who could not manage without this help due to illness, disability, mental ill-health or a substance misuse problem

Summary

Profile:

52% of CBC OP day centre users were using the provision for carer respite.

Feedback:

 79% (31) of carers that responded to the consultation felt that the key components fully incorporated what the day offer should be achieving. This was a higher proportion compared to all customers (72%).



- Comments included ways to personalise the service further and better communication between services and carers e.g. open days, progress reports, information and advice.
- The majority of carer consultees felt that all of the principles were very important, but all to a lesser extent than customer consultees.

Key findings:

- Carers needs as direct customers of the services have been included in the offer through key component B - Meet carer outcomes for respite and peace of mind, but less so in the principles.
- All five of the principles set out in the original day offer will benefit carers indirectly and this
 was shown in the carer consultees' response to the importance given to each principle
 compared to customers.
- The day offer (specifically Component B) captured the key issues affecting carers when accessing day opportunities.

Current profile

The table⁴ below shows the number of customers that attend the service in older people centres that also provides respite for their carer:

Centre	Number of	Respite	% carer
	attendees		support
Ampthill	72	39	54%
Biggleswade	82	29	35%
Houghton Regis	80	39	49%
Leighton Buzzard	72	52	72%
Totals	306	159	52%

Based on 2015 data.

Stakeholder feedback

The Council consulted stakeholders on the key components and principles between 24th October 2016 and 23rd January 2017.

79% (31) of carers that responded to the consultation felt that the key components fully incorporated what the day offer should be achieving. A higher proportion of carers felt that the key components fully incorporated what the day offer should be achieving compared to all customers (72%).

Type of consultee responding to the question: To what extent do you think that the key components in the document incorporate what the day offer should be achieving?

	Fully		Partially		Not at all		No response	
Respondent type	Count	Respon dent %	Count	Respon dent %	Count	Respon dent %	Count	Respond ent %
I am a [unpaid] carer/relative	31	79%	8	21%				
I am a customer using CBC day								
services	26	74%	7	20%			2	6%
I am a customer using other day			1	100%				

⁴ Day Opportunities Vision Paper 160605



services								
I am a relative of someone who uses day services (not								
carer)	5	83%	1	17%	<u> </u>	<u> </u>	<u> </u>	
Other respondent	5	35%	8	57%	1	7%	'	
Provider								
organisation	2	100%	·	'	l'	1'	'	
Staff - Central								
Bedfordshire Council	3	100%	<u> </u>	<u> </u>	<u> </u>		<u> </u>	
Unknown	1	50%					1	50%
Grand Total	73	72%	25	25%	1	1%	3	3%

The carers/relatives suggested the following when asked if additional key components should be added or existing components amended:

- Have open days (6 monthly) to enable carers to meet staff and receive briefings. How about a day out for those able? Discuss costing
- Support for independent advice and accessing services
- Support with travel and support for carers
- Ability to deliver this consistently- no good setting the sky and then not being able to maintain it
- How about links with local businesses, cafe's etc.
- It would be good to encourage guests to bring pictures etc. She opens up when she visits the past and enjoys other peoples stories
- Basic education may be established in day centres such as time, day of week, money and its worth, interaction with others in society
- Any health or physical disabilities would be determined when planning any new activity.
- Guarantee from the council, that any change of policy's are fully discussed with all party's, as day centres for adults who are mentally or physically handicapped are an absolute life line for careers,
- I feel it is important for training in the understanding of dementia in places where dementia customers are cared for. Very difficult condition to understand.
- Some sort of simple scoring system that identifies progress or regress per individual. That would help to give the right sort of required care

Consultees were asked to indicate the level of importance they gave each principle. Those identifying each principle as very important were as follows:

% of carers and customers responding to survey that indicated a principle was very important

	Carer	Customer	Other
Principle 1: Promote and maintain independence in a way which			
is personalised, flexible and responsive.	90%	92%	85%
Principle 2: Promote learning in a stimulating and supportive			
environment.	72%	81%	56%
Principle 3: Aim for integration and local community cohesion.	56%	83%	52%
Principle 4: Maximise and support existing community capacity.	59%	75%	74%
Principle 5: Maximise the use of community facilities that can be			
accessed by older people and adults with disabilities	69%	78%	74%

The table above shows that the principles were seen as more important to more customers than carers. The lowest proportion of carers indicated that Principle 3 was very important, but for

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customers this was given a much higher level of importance.

Key issues affecting people with protected characteristic

Over 2 million people become carers every year (Carers UK). Every day, another six thousand people take on a caring responsibility and 3 in 5 people will become a carer at some point in their lives.

By 2026 more than 10% of the population will be over 75 and significant numbers of the workforce age 45+ will have caring responsibilities.

Over 65's account for around a third of those carers providing more that 50 hours of care a week, including many who provide informal care for grandchildren. Many also look after older relatives as well (Department for Work and Pensions).

Only 25% of carers receive a Carers Assessment and only 14% say that it has led to a change in support. 33% of local authorities are providing services to less than 6% of the carers within their area (The Princess Royal Trust for Carers).

1 in 9 carers are looking after someone with dementia (National Carers Strategy).

One in five carers report that their health suffers as a direct result of caring. (Carers UK)

BME carers in England:

- There are 503,224 BME carers in England;
- 10% of carers are from a BME background;
- Indian carers are the largest BME group (2.2% of all carers)
- Black Caribbean carers represent 0.9% of all carers), or 44,402 carers;
- Every year, 180,000 BME people become carers.

BME carers and health:

- 60,120 BME carers in England are in poor health;
- This is slightly higher (by 0.6%) than white British carers.

BME carers and employment:

- The majority of BME carers are of working age;
- Nearly a quarter of a million BME carers (241,320) juggle work and care;
- This is 9.74% of all carers in England.

England's half a million black and minority ethnic (BME) carers save the state a staggering £7.9 billion a year which is 41% of local authority total spend on social care – in stark contrast to the investment that is there to support them. Research by Carers UK shows that BME carers provide more care proportionately than white British carers, putting them at greater risk of ill-health, loss of paid employment and social exclusion. Certain groups also experience greater levels of isolation, namely Pakistani and Bangladeshi carers. Some of the key challenges identified in the research include:

- language and literacy barriers, which continue to be a challenge for some BME carers, especially for older and new immigrant communities of BME carers;
- Cultural barriers which hinder access to services because they can place huge restrictions on BME carers coming forward to receive services, for example, notions of duty to care for relatives:
- Lack of incorporation of BME carers' voices, and as a result of which, services may not be



commissioned in the right way, or BME needs can be overlooked.

Three of the principles set out in the day offer will specifically benefit the carers of those receiving the services, through better access to services and support to maintain independence:

- Promote and maintain independence in a way which is personalised, flexible and responsive
- Maximise and support existing community capacity
- Maximise the use of community facilities that can be accessed by older people and adults with disabilities
- **Gender Reassignment:** People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex

Key issues affecting people with protected characteristic

- 1 in 10,000 people suffer from the recognised medical condition known as gender dysphoria, generally referred to as being transgender or transsexual.
- Recent research estimates that 7% of the trans population are aged 61 or over (Equalities Review).
- Research undertaken in the areas of employment, health provision, social exclusion and hate crime indicates that Transgender people experience disproportionate levels of discrimination, harassment and violence. This includes bullying and discriminatory treatment in schools, harassment and physical/sexual assault and rejection from families, work colleagues and friends.

Social attitudes towards trans people - Although social attitudes have become more accepting towards trans people, there is a persistent assumption that there are only two genders (female and male) and that one's gender is assigned from birth and cannot be changed. Trans people still face prejudice. This continues to limit their employment opportunities (despite legislation prohibiting discrimination); their personal relationships; their access to goods, services and housing; their health status; their safety in both public and private spheres; and their access to health and social care. (Department of Health Guidance).

Mental Health:

- Trans people are susceptible to depression and at risk of suicide. (Department of Health)
- 33% of Trans Adults in the UK attempt suicide at least once. (Press for Change)
- Localised and small-scale survey data suggest that levels of poor mental health may be higher in the transgender population. One 2006 study of 819 LGBT people in Brighton and Hove indicated higher levels of the following disorders in the transgender population as compared to the LGB population over the past five years: insomnia, fears and phobias.
- Pregnancy and Maternity: e.g. pregnant women / women who have given birth & women who are breastfeeding (26 week time limit then protected by sex discrimination provisions)

No identified impacts.



- Race: e.g. Asian or Asian British / Black or Black British / Chinese / Gypsies and Travellers / Mixed Heritage / White British / White Irish / White Other

Summary

Profile:

- 6.8% (21) of clients using CBC Older People day care centres, where ethnicity is known, have black and minority ethnic backgrounds.
- 6.08% (42) of all day opportunities clients are BME. In 2011 the Central Bedfordshire population had 10.3% BME population.
- No BME clients use CBC OP day centres to relieve social isolation, indicating that day
 centres may not be attractive to BME clients seeking social support. The majority (62%) of
 BME CBC OP day centre clients received personal care support for a physical disability.

Feedback:

 Ethnicity was not monitored in the consultation and so it is not clear as to whether views differ between White British and BME consultees.

Key findings:

- BME clients will especially benefit from a day offer based on:
 - Principle 1 Promote and maintain independence in a way which is personalised, flexible and responsive
 - o Principle 3 Aim for integration and local community cohesion
 - Principle 4 Maximise and support existing community capacity
- Further research is required to understand why BME clients are not using day centres to relieve social isolation and whether changes can be made to future services to remove any barriers.

Current service user profile

Ethnicity of CBC Older People Day Centre users (unknown removed)

Ethnicity	Count	%	
White British	288		93.2%
BME	21		6.8%
Grand Total	309		

6.8% (21) of clients using CBC Older People day care centres, where ethnicity is known, have black and minority ethnic backgrounds. 6.08% (42) of all day opportunities clients are BME. In 2011 the Central Bedfordshire population had 10.3% BME population.

Ethnicity of CBC OP day care establishment users by care need category

Care need and ethnicity	Count	%
Social - Social Isolation/Other		
Support		
White British	34	11.00%
Memory & Cognition Support		
White British	39	12.62%
ВМЕ	3	0.97%
Mental Health Support		



White British	11	3.56%
ВМЕ	1	0.32%
Physical - Access & Mobility Support		
White British	30	9.71%
ВМЕ	2	0.65%
Physical - Personal Care Support		
White British	147	47.57%
ВМЕ	13	4.21%
Other		
White British	27	8.74%
BME	2	0.65%
Grand Total	309	100.00%

No BME clients use CBC OP day centres to relieve social isolation, indicating that day centres may not be attractive to BME clients seeking social support. 62% of BME clients received personal care support for a physical disability.

Ethnicity of CBC LD day centre users

Ethnicity of LD day centre users	Count	%
White British	124	95.38%
BME	6	4.62%
Grand Total	130	100.00%

There is a lower proportion of BME clients using the three CBC LD day centres, than OP day centres.

Ethnicity of day opportunities clients by first care item category

Care item 1 category	Count	%
Learning Disabilities	277	40.09%
White British	262	37.92%
ВМЕ	15	2.17%
Mental Health	1	0.14%
White British	1	0.14%
Older Persons	346	50.07%
White British	324	46.89%
ВМЕ	22	3.18%
Physical Disabilities	67	9.70%
White British	62	8.97%
BME	5	0.72%
Grand Total	691	100.00%

Ethnicity of day ops users by day ops provider type

	White British	White British		
Day ops provider	count	%	BME count	BME %
Agency	106	16.33%	8	19.05%
Day Care Establishment	485	74.73%	31	73.81%
Domiciliary Care				
Agency	1	0.15%		0.00%



Dual Care Home	7	1.08%	1	2.38%
Educational				
Establishment	2	0.31%		0.00%
Individual	2	0.31%		0.00%
Residential Care Home	46	7.09%	2	4.76%
Grand Total	649	100.00%	42	100.00%

BME day care centre users have a similar preference (73.8%) to White British clients (74.7%), an agency is the most second preference for both White British (16.3%) and BME clients, but more so BME clients (19.1%), whereas a residential care home is preferred by a higher proportion of White British clients (7.1%) than BME clients (4.8%).

Key issues affecting people with protected characteristic

BME people are twice as likely as the overall population to have no savings at all, and are less likely to own their own homes.

BME people are less likely to have a private pension. For example, Bangladeshi, Chinese and Pakistani people are roughly half as likely to have a private pension as white British people.

All BME groups experience higher rates of pensioner poverty than the rest of the population. For instance nearly 1 in 2 Bangladeshi and Pakistani pensioners live in poverty compared to 1 in 6 white pensioners.

The experience of black and minority ethnic people using social care services is still very variable. Whilst the majority of BME people say that they would recommend the service to another black or minority ethnic person and that staff were suitable, only around 50% felt that their needs as a black and minority ethnic person were adequately considered at their last assessment. 25% said that they had faced prejudice or discrimination when using services, with over half the people aged under 60 reporting this.

Examples included both direct discrimination such as verbal abuse and indirect discrimination such as the failure of services to provide information in the person's preferred language or assumptions being made on assessment.

Many, particularly older people, had low expectations of services, were uncertain whether discrimination had occurred or were reluctant to report concerns - so providers are not necessarily getting the feedback that they need to improve.

- Religion or Belief: e.g. Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No religion / Other

Current service user profile

Data not available.

Key issues affecting people with protected characteristic

A lack of awareness about a person's religious or other beliefs can lead to discrimination.
 This is because religion can play a very important part in the daily lives of people. In addition

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there is often a perceived overlap between race and religion which needs to be taken into account:

- Discrimination can occur if specific requirements are not taken into account for example:
 - o Diet / fasting, e.g. some groups are vegetarian; others require animals for consumption to have been slaughtered in a particular way, e.g. Muslims and Jews.
 - Dress / Jewellery
 - o Religious observance / prayer and festivals
 - Customs and practices to be followed in the case of birth and bereavement
 - Cultural stereotypes for maleness and femaleness

There is evidence of a disparity in effectiveness of social care services for people of different ethnicities:

- 54.8% of Asian people and 60.4% of Black people said that equipment they had received from services had "made their quality of life much better", compared to an average of 68.5% across all ethnicities;
- 69.2% of Asian people said they were "very happy" with the way people who discussed their needs had treated them, compared to an average of 87.1% across all ethnicities;
- older Asian people (including Indian, Pakistani, Bangladeshi and other Asian groups) are less likely to live alone: while among White men aged 85 and over the proportion living alone was 42%, it was only 16% among Asian people and 23% among the Chinese or Other group;
- among African Caribbean men over 50, the risk of a potentially life threatening ailment is more significant than other groups. Yet the frequently present at a time when the chance of preventative intervention is too late.
- the Health and Social Care Information Centre Personal Social Services Adult Social Care Survey, England 2010 -11 found that services from the White ethnic group reported having a higher quality of life than users from the Mixed, Asian and Black groups (Adult Social Care Outcomes Framework Equality Analysis, DoH, 2010).
- Sex: e.g. Women / Girls / Men / Boys

Summary

Profile:

- There are more female (54%) than male clients (46%) using day opportunities.
- A day centre is the top preference for both sexes but more so for women (78% of women), than men (70% of men). An agency is the second preference for both sexes, but more so men (22% of men and 13% of women use an agency for day opportunities).
- Female day opportunity clients are on average older (69 years) than male clients (58 years).
- 67% of CBC's older people day centre users are women, 33% men.
- 56% of CBC's LD day centres are men, 44% women.

Feedback:

- A higher proportion of female carers and customers that responded to the consultation felt that the key components fully incorporated what the day offer should be achieving (84% women, 67% men).
- However a higher proportion of male than female customers rated each of the principles
 as very important. The greatest disparity between male and female customers' views on
 the importance of a principle was Principle 2: Promote learning in a stimulating and
 supportive environment as 100% male and 61% female customers rated this principle as



very important.

Key findings:

- The following principles will specifically help deliver services that meet the needs and preferences of men and women:
 - Principle 1 Promote and maintain independence in a way which is personalised, flexible and responsive
 - Principle 2: Promote learning in a stimulating and supportive environment (especially for men)
 - Principle 3 Aim for integration and local community cohesion
- The feedback shows that whilst the similar proportion of men and women access all day centre services, they do so for different reasons and outcomes. Men and women appear to value different elements of what a day centre can offer and thought should be given to when designing services how these different needs can be met in a group environment. Older people day centres deliver to a higher proportion of female clients than male and vice versa for LD day centres, again understanding this preference will be important in designing future services.

Current service user profile

Average age of day opportunity clients by gender

Day op client gender	Average Age (Years)	
Female		69
Male		58
Grand Total		64

Female day opportunity clients are on average older than male clients.

Gender of day opportunity clients

	Female		Male		
Row Labels	Count	%	Count	%	
Agency	51	13.32%	70	21.60%	
Day Care Establishment	297	77.55%	226	69.75%	
Domiciliary Care					
Agency	1	0.26%		0.00%	
Dual Care Home	4	1.04%	4	1.23%	
Educational					
Establishment		0.00%	2	0.62%	
Individual	3	0.78%		0.00%	
Residential Care Home	27	7.05%	22	6.79%	
Grand Total	383	100.00%	324	100.00%	

A day centre is the preference of most men and women, but more so women. An agency is the second preference for both sexes, but more so men.

The sex of CBC Older People Day Centre users

	Female		Male	
CBC OP day centre	Count	%	Count	%



Ampthill Social Centre (Day Care Establishment)	46	22.12%	31	29.81%
Biggleswade Day Centre (Day Care Establishment)	44	21.15%	18	17.31%
Houghton Regis Social Centre (Day Care				
Establishment)	69	33.17%	23	22.12%
Leighton Buzzard Day Centre (Day Care				
Establishment)	49	23.56%	32	30.77%
Grand Total	208	100.00%	104	100.00%

67% of CBC's day centre for older people are women, 33% men. The most popular day centre for women is Houghton Regis Social Centre, for men, the most popular is Leighton Buzzard Day Centre.

The sex of CBC Learning Disability Day Centre users

	Female		Male		
LD day centre	Count	%	Count	%	
Biggleswade Adult Centre (Day Care					
Establishment)	25	43.10%	30	41.10%	
Townsend Centre (Day Care Establishment)	26	44.83%	24	32.88%	
Silsoe Horticultural Centre (Day Care					
Establishment)	7	12.07%	19	26.03%	
Grand Total	58	100.00%	73	100.00%	

56% of CBC's LD day centres are men, 44% women. The Townsend Centre is more popular with women than men and Silsoe is used by a higher proportion of men than women.

Stakeholder feedback

The Council consulted stakeholders on the key components and principles between 24th October 2016 and 23rd January 2017.

A higher proportion of female carers and customers that responded to the consultation felt that the key components fully incorporated what the day offer should be achieving (84% women, 67% men).

Gender of consultee responding to the question: To what extent do you think that the key components in the document incorporate what the day offer should be achieving?

	Fully		Partially		Not at all		No response	
		Respon		Respon		Respon		Respond
Respondent type	Count	dent %	Count	dent %	Count	dent %	Count	ent %
Male customer of								
day services	18	63%	9	38%	0	0%	0	0%
Female customer								
of day services	38	83%	6	11%	0	0%	1	6%
Male carer	8	73%	3	27%	0	0%	0	0%
Female carer	23	85%	4	15%	0	0%	0	0%

Consultees were asked to indicate the level of importance they gave each principle. Those identifying each principle as very important were as follows:

% of male and female customers responding to survey that indicated a principle was very important



	Male customer	Female customer
Principle 1: Promote and maintain independence in a way which	customer	Customer
is personalised, flexible and responsive.	100%	89%
Principle 2: Promote learning in a stimulating and supportive		
environment.	100%	61%
Principle 3: Aim for integration and local community cohesion.	94%	78%
Principle 4: Maximise and support existing community capacity.	81%	67%
Principle 5: Maximise the use of community facilities that can be		
accessed by older people and adults with disabilities	81%	72%

Key issues affecting people with protected characteristic

Women's level of reported LLTI was statistically significantly higher than men's in the Health Survey for England (22% of men and 25% of women)

There is evidence across a range of health services that patterns of access, uptake and treatment diverge between women and men. The patterns are, however, complex, so that both men and women appear to be disadvantaged in some areas of healthcare.

Isolation: the emerging crisis for older men - A report exploring experiences of social isolation and loneliness among older men in England published by Independent Age found that:

- o A growing generation of older men is facing a future of increased isolation.
- The number of older men aged 65+ living alone is projected to rise by 65% between now and 2030.
- Older men are more socially isolated than older women.
- o Older men have significantly less contact with their children, family and friends than older women.
- o The number of older men outliving their partners is expected to grow.

The report recommended that men approaching later life need to make efforts to retain and build their social network among friends, families and interest groups and that befriending and support services should be designed with older men's interests in mind.

- Sexual Orientation: e.g. Lesbians / Gay men / Bisexuals / Heterosexuals

Key issues affecting people with protected characteristic

- It is estimated that 5 to 7% of the population in the UK is LGB (Stonewall)
- Some older people choose to self-exclude and are likely to continue to do so even after civil partnerships legislation: they may have lived their whole lives discreetly, even secretively, and therefore feel unable to make what would be a very public declaration of their sexual orientation.
- Older people are overwhelmingly perceived to be heterosexual; consequently, older lesbian, gay and bisexual (LGB) people have often been invisible in service provision for older people. Older LGB people's needs may be, in some respects, no different from those of other older people: for example, their safety and physiological needs may be addressed by physical adaptations to their home. However, other needs are often overlooked in planning care, such as opportunities for maintaining social networks. Older LGB people may have a greater need for health and social care services because, compared with their heterosexual contemporaries, they are:
 - two-and-a-half times as likely to live alone;
 - o twice as likely to be single; and
 - o four-and-a-half times as likely to have no children to call upon in times of need.



- Other: e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion, Marriage and Civil Partnership

Socio-economic status and carers

There is a strong socio-economic dimension to caring. People from lower socio-economic groups are more likely both to need care and to provide it, at any age.

One underlying issue is the extent to which they are able to meet this extra need by drawing on family help when conditions are not great enough to trigger local authority support, and the consequences this reliance on family may have on economic and social prospects.

The provision of informal care in later life is associated with socio-economic status: people aged 55-69 from lower occupational groups are more likely to be caring for a spouse than those from higher ones. This is linked both to a higher incidence of disability among those in lower occupational groups, and to the inaccessibility of support for those without the resources to pay for it.

2.3. Summary of Existing Data and Consultation Findings – Employment Considering the impact on Employees

- Age: e.g. 16-19/20-29/30-39/40-49/50-59/60+

Profile of employees

- **Disability:** e.g. Physical impairment / Sensory impairment / Mental health condition / Learning disability or difficulty / Long-standing illness or health condition / Severe disfigurement

Profile of employees

- Carers: e.g. parent / guardian / foster carer / person caring for an adult who is a spouse, partner, civil partner, relative or person who lives at the same address

Profile of employees

- Gender Reassignment: People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex

Profile of employees

- Pregnancy and Maternity: e.g. Pregnancy / Compulsory maternity leave / Ordinary maternity



leave / Additional maternity leave

Profile of employees

 Race: e.g. Asian or Asian British / Black or Black British / Chinese / Gypsies and Travellers / Mixed Heritage / White British / White Irish / White Other

Profile of employees

- Religion or Belief: e.g. Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No religion / Other

Profile of employees

- Sex: Women / Men

Profile of employees

- Sexual Orientation: e.g. Lesbians / Gay men / Bisexuals / Heterosexuals

Profile of employees

- Other: e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion, Marriage and Civil Partnership

No identified impacts.

2.4. To what extent are vulnerable groups more affected by this proposal compared to the population or workforce as a whole?

Broadly, the main protected characteristics that define users of day opportunities services in Central Bedfordshire are age and disability. Any change to existing day centres and day opportunities services will therefore have more of an impact on these groups – especially older people, people with physical disability and people with a learning disability.

Specifically:

- 1. The current day opportunities model can be seen to segregate clients from the wider community.
- 2. The current day opportunities model can also be seen to provide a one size fits all service.
- 3. The intention is to review the current provision to improve the service available. Any change however will likely cause a level of anxiety as to how future provision would be able to meet individual needs and takes account of individual preferences.

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2.5. To what extent do current procedures and working practices address the above issues and help to promote equality of opportunity?

- 1. The review will provide the opportunity to consider how services can be better provided to foster improved relations between people who do not share a protected characteristic.
- 2. A principle of the day offer is to *Promote and maintain independence in a way which is personalised, flexible and responsive*. A review of the services provided will create the opportunity to develop new services that meet the needs of individuals that share a protected characteristic.
- 3. Effective, appropriate and timely communication and engagement to plan and eventually implement the change will help to relieve the anxiety felt by clients, especially those vulnerable due to their age and disability. The day opportunities project has two key stages involving communication, engagement, consultation and co-production to come to a decision on the changes required to meet the outcomes of the project.

2.6. Are there any gaps in data or consultation findings

No 16-24 year old customers took part in the consultation, therefore the views of those services users recently transitioning from Children's Services to Adult Social Care have not been captured.

Ethnicity was not monitored in the consultation and so it is not clear as to whether views differ between White British and BME consultees.

2.7. What action will be taken to obtain this information?

Consider an alternative way to capture the views of the 16-24 age group.

Consider an alternative way to understand the views of the people from different ethnic backgrounds to inform future service provision.

Further research is specifically required to understand why BME clients are not using day centres to relieve social isolation and whether changes can be made to future services to remove any barriers.

Stage 3 - Providing an overview of impacts and potential discrimination.

Stage 3 – Assessing Positive & Negative Impacts								
Analysis of Impacts	Imp	act?	Discrim	ination?	Summary of impacts and reasons			
	(+ve)	(- ve)	YES	NO				
3.1 Age	X			X	All five of the principles set out in the original day offer will benefit older people most in need of the service and younger people who find ageappropriate services difficult to			



access. There are likely to be concerns about the perceived loss of partiservices or centres and this count have a disproportionate effect on people that are vulnerable due to their age. There are concerns that change provision could disperse friends groups, which could increase a sense of loneliness, which older people are at most risk from. 3.2 Disability X All five of the principles set out in Original day offer will benefit perwith disabilities. A higher proportion of clients with physical disability support needs be impacted by a change to CBI day centre provision as 96% of comportunities in day care establishments are met by CBC centres, compared to 69% of clients with LD support needs. There are likely to be concerns about the perceived loss of partiservices or centres and this count have a disproportionate effect on people that are vulnerable due to their disability. Changes to service provision can have a disproportionate impact the disability. Changes to service provision can have a disproportionate impact and continue to the perceived loss of partiservices or centres and this count have a disproportionate impact and continue to the perceived loss of partiservices or centres and this count have a disproportionate impact and continue to the perceived loss of partiservices or centres and this count have a disproportionate impact and continue to the perceived loss of partiservices or centres and this count have a disproportionate impact and continue to the perceived loss of partiservices or centres and this count have a disproportionate impact and continue to the perceived loss of partiservices or centres and this count have a disproportionate impact and continue to the perceived loss of partisers and the perceived los	Central Bedfordshire	С	
Original day offer will benefit perwith disabilities. A higher proportion of clients with physical disability support needs be impacted by a change to CBI day centre provision as 96% of opportunities in day care establishments are met by CBC centres, compared to 69% of cli with LD support needs. There are likely to be concerns about the perceived loss of partiservices or centres and this coun have a disproportionate effect of people that are vulnerable due to their disability. Changes to service provision can have a disproportionate impact of people with dementia, autism, those suffering from depression anxiety, impaired eyesight and/other impacts of the people with dementia, autism, those suffering from depression anxiety, impaired eyesight and/other impacts of the people with dementia, autism, those suffering from depression anxiety, impaired eyesight and/other impacts of the people with dementia, autism, those suffering from depression anxiety, impaired eyesight and/other impacts of the people with dementia, autism, those suffering from depression anxiety, impaired eyesight and/other impacts of the people with dementia, autism, those suffering from depression anxiety, impaired eyesight and/other impacts of the people with dementia, autism, those suffering from depression anxiety, impaired eyesight and/other impacts of the people with dementia, autism, those suffering from depression anxiety, impaired eyesight and/other impacts of the people with dementia, autism, those suffering from depression anxiety, impaired eyesight and/other impacts of the people with dementia, autism, those suffering from depression anxiety, impaired eyesight and/other impacts of the people with dementia and the people			
(e specially among LD clients). This could increase the risk of social isolati which disproportionately affects disabled people.	ility x	? Disability	3.2
3.3 Carers X X Carers needs as direct custome the services have been included the offer through key componen Meet carer outcomes for respite peace of mind, but less so in the principles.	s x	3 Carers	3.3



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						All five of the principles set out in the original day offer will benefit carers indirectly and this was shown in the carer consultees' response to the importance given to each principle compared to customers. The day offer (specifically Component B) captured the key issues affecting carers when accessing day opportunities.
3.4	Gender Reassignment				х	5 , 1,
3.5	Pregnancy & Maternity				X	
3.6	Race	Х			X	BME clients will especially benefit from a day offer based on Principle 1, 3 and 4.
3.7	Religion / Belief				Х	
3.8	Sex	X			X	The following principles will specifically help deliver services that meet the needs and preferences of men and women - Principle 1, 2 and 3. The feedback shows that whilst the similar proportion of men and women access all day centre services, they do so for different reasons and outcomes. Men and women appear to value different elements of what a day centre can offer and thought should be given to when designing services how these different needs can be met in a group environment. Older people day centres deliver to a higher proportion of female clients than male and vice versa for LD day centres, again understanding this preference will be important in designing future services.
3.9	Sexual Orientation				Х	
Pove / Dep After Offer	Other e.g. an Rights, arty / Social Class orivation, Looked Children, aders, Cohesion iage and Civil	X			X	There is a strong socio-economic dimension to caring. People from lower socio-economic groups are more likely both to need care and to provide it, at any age.



Partnership



Stage 4 - Identifying mitigating actions that can be taken to address adverse impacts.

Stage 4 – Conclusions, Recommendations and Action Planning

4.1 What are the main conclusions and recommendations from the assessment?

The day offer's key components and principles provide a good basis for the development of personalised services that meet both carers and clients' needs. This places the individual's needs and preferences at the centre of planning for future services and thereby will take account of people's protected characteristics.

The main protected characteristics that define users of day opportunities services in Central Bedfordshire are age and disability. Any change to existing day centres and day opportunities services will therefore have a disproportionate effect on these groups – especially people that are older, have a physical disability, have a learning disability, dementia, autism and those suffering from anxiety or depression.

A higher proportion of clients with physical disability support needs will be impacted by a change to CBC day centre provision as 96% of day opportunities in day care establishments are met by CBC day centres, compared to 69% of clients with LD support needs.

There are concerns that changes to provision could disperse friendship groups, which could increase a sense of loneliness, which older people, disabled people and men are at most risk from.

Carers needs as direct customers of the services have been specifically included in the offer through key component B – Meet carer outcomes for respite and peace of mind, but less so in the principles. All five of the principles set out in the original day offer will benefit carers indirectly and this was shown in the carer consultees' response to the importance given to each principle compared to customers. In developing future services it is important that carers are considered direct customers of the services and receive regular information and opportunities for two way communication to improve services.

Further research is required to understand why BME clients are not using day centres to relieve social isolation and whether changes can be made to future services to remove any barriers.

The consultation results showed that whilst a similar proportion of men and women access all day centre services, they do so for different reasons and outcomes. Men and women appear to value different elements of what a day centre can offer and thought should be given to this when designing services to understand how these different needs can be met in a group environment.

Older people day centres deliver to a higher proportion of female clients than male and vice versa for LD day centres, again understanding this preference will be important in designing future services.

Feedback from the consultation led the five principles to be reduced to four, to remove jargon, duplication and aid clarity. The intentions of the principles remain the same as the original day offer though as the consultation supported these intentions.



4.2 What changes will be made to address or mitigate any adverse impacts that have been identified?

The revised day offer has set out three key components and four principles that will steer the Council to deliver day opportunity services that are more person-centred.

As part of phase 2, in planning alternative provision, the following should be considered:

- 1. Designing services to prevent unlawful discrimination harassment and victimisation and other conduct prohibited by the Equality Act.
- 2. Designing services to foster good relations between people who share a protected characteristic and people who do not share it, e.g. the different preferences of men and women in day opportunity provision.
- 3. Designing services to advance equality of opportunity between people who share a protected characteristic and people who do not share it through specific consideration of communications, personalisation and access to the services. This includes, but is not limited to the following:
 - Maximise stability and familiarity where appropriate to help those with the transition to new services, e.g. those with dementia that may find change particularly disorientating. This could include the retention of existing staff or maintaining certain activities (both social and therapeutic) currently being run across the CBC centres.
 - Consider the importance of clients maintaining friendship groups in the development, location and access arrangements of future services.
 - Ensuring there is a specific carers' offer for each service.
- 4. Support planning staff are kept up to date on changes to services available so that they can appropriately advise clients on how to access services that meet their needs.

As part of the transition process it is recommended that changes that impact individual's current service provision are managed effectively with the client through a consistent process, this should include:

- 1. Discussing with every service user and recording their individual preferences as to how their care and support needs can be met by another day opportunity service this may include a conversation about transport, activities (both social and therapeutic), access to personal care including washing and toileting, general routines at the centre, meal choices and cultural and faith preferences. Opportunities to access services through direct payments should also be discussed with advice on local private and voluntary sector services available in the local area.
- 2. Offer to support each client through the move to another service, this support could include a phased transition, taster sessions and promotional material on what to expect.
- 3. On an individual basis plan transport arrangements which minimise journey length, and include where possible preferences in relation to pick up and drop off.
- 4. Ensure that everyone involved in supporting each service user is involved in and aware of the change.
- 5. Contact should be made with the client after a short period of starting the new service to find out whether it is meeting the client's needs and preferences.

4.3 Are there any budgetary implications?

No.

4.4 Actions to be taken to mitigate against any adverse impacts:



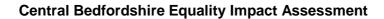
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Action	Lead Officer	Date	Priority
Develop a consistent process to manage clients' move to alternative provision that takes account of their individual circumstances and preferences.	Care Management	Transition phase	Н

Stage 5 - Checking that all the relevant issues and mitigating actions have been identified

Checking that all the relevant issues have been identified	
5.1 What methods have been used to gain feedback on the main issues raised in the assessment?	
Step 1:	
Has the Corporate Policy Advisor (Equality & Diversity) reviewed this assessment and	
provided feedback? Yes/No	
Summary of CPA's comments:	
The CPA was satisfied with the EIA but provided additional supporting information on the isolation issue, importance of maintaining friendship groups and need for meaningful activities.	
Step 2:	
5.2 Feedback from Central Bedfordshire Equality Forum	1





Stage 6 - Ensuring that the actual impact of proposals are monitored over time.

Stage 6 – Monitoring Future Impact	Ple					
6.1 How will implementation of the actions be monitored?	de					
	cle					
Through the project management approach.						
6.2 What sort of data will be collected and how often will it be analysed?	pla					
	po					
To be agreed through project management approach.	Cle					
6.3 How often will the proposal be reviewed?	in t					
	etc					
These details will be agreed when appropriate.	giv					
6.4 Who will be responsible for this?						
Project manager						
6.5 How have the actions from this assessment been incorporated into the proposal?						
The actions will be considered in the development of the transition stage.						

Stage 7 - Finalising the assessment.

Stage 7 – Accountability / Signing Off	
7.1 Has the lead Assistant Director/Head of assessment	Service been notified of the outcome of the
Name:	Date:
7.2 Has the Corporate Policy Adviser Equal the Assessment is complete?	ity & Diversity provided confirmation that
Date: 06/03/17	

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