

**Supporting Excellence: An
Adult Social Care Workforce
Strategy for Central
Bedfordshire**

2010 - 2011

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FORWARD

As Director of Adult Social Services, I have a statutory duty to ensure there is a cross sector workforce strategy for Central Bedfordshire and to provide local leadership so workforce issues are at the heart of delivering on Putting People First.

Work was commissioned through Skills for Care with funding provided by Amanda Reynolds, Deputy Director; Social Care & Local Partnerships, East of England. I am grateful for her support and for the draft provided by Tony Smith which forms the basis for this Workforce Strategy. During the next eighteen months the strategy will be developed together with the action plan so a revised strategy can be adopted during 2011.

As the new Unitary Council's Adult Social Care Services move from recovery to improvement and begin to implement the transformation programme, the workforce requirements will become even more apparent. A highly skilled local workforce across all sectors and working closely with Health and Third Sector partners will be essential to achieving the highest possible standard of care and support to the people of Central Bedfordshire.

Our 'Transforming People's Lives' programme recognises the importance of 'Working to Put People First' – the Department of Health Strategy for the Adult Social Care Workforce in England. Leadership will be provided through the new Central Bedfordshire Strategic Workforce Board. Further steps are to be taken to promote recruitment and retention and through remodelling and commissioning, to achieve service transformation. More joint and integrated working between social, health care and other sectors, covering the range of services from regulated to preventive and more informal support, is an essential part of our plans. Our aim is to ensure we have the right people with the right skills providing the right care and support for the people of Central Bedfordshire.

Julie Ogley
Director of Social Care, Health and Housing

Part A: The National and Local Contexts

1: Introduction

The new Workforce Strategy for Adult Social Care covers both the processes necessary to implement and maintain it and the basis of an action plan shaped to provide excellence in managing workforce issues.

The Adult Social Care, Health and Housing Directorate of Central Bedfordshire Council aim is to improve the well-being of local disabled and older people through greater choice and flexibility for individuals and communities. Citizens will be at the centre of these changes.

This vision is set with the context of a social care sector facing major transformational change. 'Our health, our care, our say' set out the key elements of a reformed adult social care system in England; a system able to respond to the demographic challenges presented by an ageing society and the rising expectations of those who depend on social care for their quality of life and capacity to have full and purposeful lives.

The direction of travel envisaged challenges leaders, managers and workforce strategists to address the many, and often long term, problems in the adult social care workforce. Although recent years have seen broad improvements in the way such issues are tackled the clear message is that failure to tackle workforce issues in a more strategic, partnership driven way, will undermine achievement of social care visions and outcomes.

Achieving the vision and the transformation depends on leadership and the creation and maintenance of a workforce capable of delivering them.

2: Transforming Adult Social Care: The Key National Drivers

Developing the themes of 'Our Health, Our Care, Our Say', the **Putting People First** concordat was published in December 2007. This heralded a major transformation of Adult Social Care with a series of targets to be achieved by March 2011.

Putting People First proposed a series of agreed and shared outcomes which people, irrespective of illness or disability, should expect. It argued that people should be supported to:

- live independently;
- stay healthy and recover quickly from illness;
- exercise maximum control over their own life and where appropriate the lives of their family members;
- participate as active and equal citizens, both economically and socially;
- have the best possible quality of life, irrespective of illness or disability;
- retain maximum dignity and respect.

The four main elements of Putting People First are:

Universal services – accessible to everybody that supports communities' health and well being and quality of life

Early Intervention and Prevention – approaches that prevent and /or delay future need for service

Social Capital - increasing the capacity of local communities to provide solutions and reduce the need for direct support from the state

Choice and Control – the service user being central to decision making and able to determine how their own needs are met, increasingly through Personal Budgets

- Raising the skills of the workforce to deliver the new system, through strengthening commissioning capability, promoting new ways of working and new types of worker and remodelling the social care workforce will be absolutely critical.

For people with learning disabilities and their families, transformation should mean using person centred approaches and improved outcomes in terms of social inclusion, empowerment and equality. More people with learning disabilities should be able to commission their own services to live independently and have real choice about the way they live their lives. The policies under **Valuing People Now** aim to ensure that this transformation programme includes the needs of people with learning disabilities and their carers. The recently refreshed 3 year strategy reaffirms the four guiding principles set out in *Valuing People Now* which apply to both individuals and services:

Rights:

- *People with learning disabilities and their families have the same human rights as everyone else.*

Independent living:

- This does not mean living on your own or having to do everything yourself. All disabled people should have greater choice and control over the support they need to go about their daily lives; greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life.

Control:

- *This is about being involved in and in control of decisions made about your life. This is not usually doing exactly what you want, but is about having information*

and support to understand the different options and their implications and consequences, so people can make informed decisions about their own lives.

Inclusion:

- *This means being able to participate in all the aspects of community – to work, learn, get about, meet people, be part of social networks and access goods and services – and to have the support to do so.*
- The aim of the five year **Independent Living Strategy** is that:
 - Disabled people who need support to go about their daily lives will have greater choice and control over how support is provided
 - Disabled people will have greater access to housing, transport, health, employment, education and leisure opportunities and to participation in family and community life.

'Carers at the heart of 21st-century families and communities' sets a number of challenging goals for adult social care to be reached by 2018:

- carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;
- carers will be able to have a life of their own alongside their caring role;
- carers will be supported so that they are not forced into financial hardship by their caring role;
- carers will be supported to stay mentally and physically well and treated with dignity;

The **Darzi review** of the NHS emphasised the relationship between health, social care and wider community services as integral to the creation of a truly personalised care system.

Both the new **Mental Health Act** and the **Mental Capacity Act** pose serious challenges to local authority's capacity to respond positively to a more integrated approach to mental illness and capacity issues. The emphasis on widening the role of professionals other than approved social workers and responsible medical officers. The MCA Code of Practice sets out good practice in caring for those in need and represents the core element of new learning that will have to be delivered if the acts are to have real impact.

All these drivers bring pressure at a time of increasing resource pressures on adult social care services and the public sector in general. Whilst providing a positive framework for the future of adult care services, this serves to add even greater weight to the argument for effective workforce strategies.

3: Transforming Adult Social Care: Local Drivers

The local context: Population

Data

- Central Bedfordshire has four priorities relevant to the health and well being of older people:
 - to support and care for an ageing population
 - to manage growth effectively
 - to create safer communities
 - to promote healthier lifestyles
- Central Bedfordshire is home to approximately 250,000 people (2007) living in 105,000 households. It is estimated that housing growth will increase the population to over 280,000 by 2021, a 12% increase.
- However, there will be a much higher rate of increase among older people. People aged 65 or over currently constitute 14.2% of the total population in Central Bedfordshire, compared to 16.0% in England. This is predicted to increase by 53% between 2007 and 2021, from 35,900 to 55,000. The increase will be higher still among the over 75s, at 64% between 2007 and 2021.
- Around 115,000 people in Central Bedfordshire (46% of the total population) live in rural areas. In total 137,000 people live in the towns, with 37,000 in Leighton Linlade (14% of the total population), 35,000 in Dunstable (14%), 17,000 in Houghton Regis (7%) , 17,000 in Biggleswade (7%), 13,000 in Flitwick (5%), 12,000 in Sandy (5%) and 7,000 in Ampthill (3%).
- 50% of Central Bedfordshire's resident workforce commutes outside the area for work; many heading to the surrounding employment centres of Bedford, Luton, Milton Keynes and Hertfordshire as well as London, 40 miles to the south. Car dependency is high with the majority of work journeys being made by car, with limited alternatives available for people without a vehicle in rural areas.
- In environmental terms, much of Central Bedfordshire has a suburban or rural feel and is a highly desirable place to both live and work. Affordable housing is however an important local issue, as house prices are in general above the norm compared to other areas within the East of England and nationally.
- Around 6% of people living in the area are from ethnic minority communities. The largest of these groups are 'White Other' (2.0%), 'White Irish' (1.3%) and Indian (0.6%). Data from the annual school census shows that more than 80 different languages are spoken at home by children in Central Bedfordshire schools.

- In the 2001 Census, most of the population stated their religion as Christian (75%), with 17% stating no religion, and other religions constituting 8% of the population.
- Overall health in Central Bedfordshire is better than the UK norm. However, there are significant health inequalities by location, gender, income and ethnicity in parts of Houghton Regis, Biggleswade, Sandy, and Flitwick East wards.
- In terms of overall deprivation, no areas within Central Bedfordshire are within the 20% most deprived nationally. However, for some of the individual aspects of deprivation (such as education, crime and income) communities within Dunstable, Flitwick, Houghton Regis and Sandy do fall into the worst 10% nationally.

Issues

- By 2021 the old age dependency ratio is predicted to rise to 31.2%
- The north of Central Bedfordshire is expected to experience the largest growth of older people over the next 10-20 years.
- Social isolation can lead to deterioration in health. There is evidence that older people often want to continue working. This can reduce depression and feelings of isolation and increase physical and mental health.
- Early recognition of dementia and depression in primary care can improve treatment outcomes. Improving Access to Psychological Therapies (IAPT) programmes are available to older people, but this service does not provide 'home visits'.
- The number so people with dementia is expected to increase by 100% over the next 20 years.
- People with complex needs are also living much longer.
- The number of people aged 75+ being admitted to hospital with hip fractures is expected to increase from 629 in 2010 to 1085 by 2025.
- NHS Bedfordshire - Five Year Strategic Plan – *A Healthier Bedfordshire* set three strategic priorities: to invest more in prevention, reduce the reliance on hospital care by having better services and support in local communities, and to offer more choice and convenience.

To plan for these demographic changes with partners and across all council services it is intended to:

- consolidate existing user engagement mechanisms to ensure that older people and their carers are an integral part of all aspects of commissioning and actively involved in partnership arrangements;
- review existing health and local authority services to ensure that they are age-proofed, accessible and being used and enjoyed by older people;
- deliver services that promote independence and choice; including housing service provision.
- deliver good quality health and social care reducing health inequalities

The local context: Workforce

Social Care workforce data is based on the National Minimum Data Set (NMDS) the operation of which is led and managed by Skills for Care. Data on the Bedfordshire social care workforce prior to April 2009 had been collected and collated on a pan county basis. Skills for Care completed a disaggregation of this data in November 2009 and this has subsequently been updated. (see appendix 2)

Creating excellence in Adult Social Care

Improving the quality of service, strengthening safeguarding and develop the capacity of the workforce are essential to the ambitious recovery and improvement programme commences during the first year of the new Unitary Council.

The key drivers for the Directorate's services in 2009/2010 are:

- Improve Safeguarding of vulnerable adults
- Extend Self Directed Support (Direct payments and Personal Budgets) – increasing personal choice and control.
- Early intervention and prevention – a move towards “predict and prevent” rather than “find and fix”.
- A shift in health services towards primary care provision – ensuring people are able to access services in their community.
- Increasing support for carers.
- Providing decent, affordable homes for all in public and private sectors.
- Creating sustainable communities in urban and rural areas where people feel at home and comfortable in their neighbourhood.
- Developing housing services and options that encourage people towards greater economic independence and social mobility.
- Helping older and vulnerable people to remain living safely in their homes if that is their wish.

In response to Putting People First, a local transformation plan, entitled 'Transforming People's Lives' has been developed. This will be very broad, at the heart of the Council's transformation and be developed in partnership, especially with NHS Bedfordshire. The intention is also to draw on lessons from Total Place.

- A local draft vision statement is proposed which will be consulted upon through a strategy to engage users, carers, partner agencies and other stakeholders.
- Change is essential to respond to demographic and public funding pressures, improve performance and meet the aspirations of people to have more choice and control over their care and support

Personal Budgets are now being rolled out to meet LAA targets and national milestones for Self Directed Support (Direct Payments & Personal Budgets)

- A programme has been developed, work streams have been established and a project management approach is being followed

The work streams are:

- Transforming the customer experience
- Transforming the market
- Transforming the workforce
- Transforming support systems
- Transforming relationships (co-production and communications)

As the revised customer journey is developed, services at the front end such as Advice and Information and Re-ablement will be expanded. Also with more accessible universal services, better prevention, and increasing social capital, the intention is that fewer people will need ongoing costly support.

- The work is being supported by the Social Care Reform Grant which has one more year to run.
- Governance includes a reporting line to the Healthier Communities & Older Peoples' Partnership Board – This is one of the thematic partnerships which are part of the Local Strategic Partnership.
- The recently established Partnership Delivery groups will be an important vehicle to engage with partners and customers and ensure workforce development is given a higher profile.

4: Transforming the Adult Social Care Workforce: The Key Drivers

Social care is wholly reliant upon the skills and talents of the broader social care workforce; a workforce characterised by many historical and current structural problems. Although much has been achieved in addressing these in recent years there can be little chance of succeeding in the transformation of social care without a continued focus on the transformation of the workforce.

There have been a number of key authoritative policy statements on the nature of workforce strategy for the social care sector. Many of the problems now experienced in the workforce are of a long standing nature and often reflected a less than coherent approach at national, regional and local level. More recently there has been much to encourage the belief that the central urgency for workforce strategies in social care is better understood and better addressed.

There are two key developments that will be used to develop robust strategies:

- **The Skills for Care Sector Skills Agreement:** This sets out a template for looking at workforce issues, identifying ranges of actions that need to be taken and establishing the basis for partnership working with key workforce agencies at national regional and local levels
- **Working to Put People First: The Strategy for the Adult Social Care Workforce in England:** This sets out a restatement of the problems, issues and opportunities within the context of 'Putting People First'.

This latter strategy will form the basis of workforce strategy in the Directorate with its categorisation of issues under the headings of:

- the **leadership** of local employers in workforce planning whether in the public, private, or third sectors and of Directors of Adult Social Services in their strategic workforce commissioning role,
- ensuring the right steps are taken to promote **recruitment, retention, and career pathways** to provide the many talents the workforce needs;
- **workforce remodelling and commissioning** to achieve service transformation; and
- **workforce development** so we have the right people with the right skills; all to be in conjunction with
- more **joint and integrated working** between social, health care and other sectors; and
- **regulation** for quality in services as well as public assurance

The template appearing at Appendix 1 uses this framework to build up the draft workforce strategy.

The fast changing nature of social care and the national focus on placing people who use services at the heart of policy determination and development pose many challenges for those concerned with workforce investment and development. Pressures brought about by rising expectations, labour market economics and regulatory requirements will mean that workforce investment and planning processes will become absolutely critical to the success or failure of service strategies. Without a major improvement to investment and planning processes attempts to improve services will not succeed. For adult social care some of the key considerations in workforce investment and planning will be:

- The need to support the transformation agenda in social care.
- The need to respond and act on new data about the social care workforce and to use it to drive workforce policy.
- The need to create effective focussed joint commissioning that builds on the targets and measures set by Local Area Agreements and other significant opportunities.
- The need to establish longer term and wider aims that recognise the scope and complexity of the social care sector and its relationship to the economy at large.
- The need to contribute to and support the Skills for Care national and regional Sector Skills Agreement and regional initiatives to support workforce planning such as InLAWS (this is explained in Part B).
- The need to ensure that people who use services and carers are engaged with workforce planning processes; especially in the design of learning programmes
- The need to ensure that learning providers understand and are responsive to the transformation agenda and the centrality of people who use services
- The need to establish strong and focussed links with other key partners with workforce interests including employers groups, networks of people who use services, voluntary sector agencies, learning deliverers and others
- The need to establish clear investment priorities, a coherent workforce commissioning process and effective leadership to the wider social care community.

Part B: The Workforce Strategy

5: A Workforce Strategy Template

This section sets out:

- key processes which are absolutely essential to setting effective workforce strategies and
- key questions, issues and opportunities that must be addressed.
- a workforce action plan

Through the adoption of new processes to deal with workforce issues there is an opportunity to underpin the new Councils drive to excellence with a workforce capable of delivering it. Social Care workforce planning, however, can be a complex matter and it will be important to establish key processes that are capable of:

- evolving over time and
- future-proofing workforce strategy from continuous change.

These processes will include:

- 1. Workforce data:** A mechanism, together with a named data lead person, will be established to ensure that:
 - I. Workforce data previously held by BCC is brought together with data from the National Minimum Data Set (NMDS) and new, post Unitary, data to establish key facts about the workforce.
 - II. The process encompasses and deals with the need for the data to cover the wider social care workforce employed within the private, voluntary and independent sectors.
 - III. The Council engages with SfC Eastern Region's data cluster group to ensure that current NMDS Bedfordshire-wide data is split to show Central Bedfordshire Council data. The Council will remain as an active member of this group to assist with future NMDS developments.
 - IV. Data is refreshed on a systematic basis annually or as new NMDS data is generated.
 - V. Regular workforce data reports are generated for the senior management team and other workforce partners.
 - VI. Workforce data outcomes, trends and implications are shared with partners from Health and elsewhere as appropriate.

Clearly, the purpose of workforce data is to support informed decision making about workforce issues. The primary objective here is to ensure that data,

from whatever source, can be analysed and used to support future workforce policy.

2. The strategic workforce assessment: A new **Strategic Workforce Board**, involving senior managers from across the directorate, will be set up to oversee the implementation of the workforce strategy. It will be responsible for identifying the primary nature and direction of workforce development and how it must underpin service development and the transformation of social care. It will:

- Be responsible for the preparation and updating of the assessment of the implications of social care transformation for Central Bedfordshire's workforce.
- Ensure that the workforce action plan responds directly to this strategic analysis.
- Ensure that the analysis of national and local drivers for change in services and in workforce remains current.
- Ensure that the workforce processes identified in this report are in place and functioning.
- Ensure that a strategy is implemented to extend strategic workforce planning processes into the private, voluntary and independent sectors through healthy partnerships through the provider networks. **This is a matter of timing rather than a question of whether; the responsibility of the Director and the directorate for providing leadership on social care workforce issues is clear and pressing.**
- Ensure that the Council engages with partners from Health and Mental Health on cross sector workforce issues
- Ensure that maximum benefit can be achieved through partnership with children's services, housing and other services provided by the Council.
- Explore the development of future workforce planning scenarios to aid in learning activity design and commissioning.

The strategic workforce assessment should set the direction and framework for workforce planning and development. This will ensure that managers, staff and workforce professionals locate their activity within an agreed framework and represent priority needs. **The primary need is to ensure that all staff are equipped with the skills, knowledge and values necessary to ensure the success of a transformed social care sector based on the values of personalisation.**

The Council must make an early decision on the composition of this board and should act swiftly to extend its coverage within and beyond its boundaries.

3. Individual, team and partnership learning needs assessment: The current training needs analysis process will be developed and enhanced to ensure that it meets the overall objectives established by the Strategic Workforce Board. There will be:

- I. A review of current means of establishing team and individual learning needs and their relation to related processes such as performance review and appraisal
- II. A revised system which will ensure that identified needs are based on the Council's overall strategic analysis of workforce needs. This will ensure that managers and individuals, teams and partnerships are able to identify their learning needs **within** the framework of the strategic workforce assessment.
- III. New tools and support to help managers and individuals, teams and partnerships in managing this process. These will encourage interactive thinking and discourage 'tick box' approaches to needs identification.
- IV. Processes to support the identification of **learning outcomes that may be either general to the whole workforce or specific to particular core groups**. For example, the principles of social care transformation may be general to the whole workforce whereas mental health workers will have highly specific additional needs.
- V. A system that supports professionals to register development with their professional body or other regulatory agencies such as the GSCC. Lack of appropriate registration/re-registration development will be actively discouraged.
- VI. An ongoing review of the outcomes of these processes and the way they are incorporated into the overall workforce action plan.

4. The workforce development action plan: There will be an action plan based on the workforce template in Appendix 1. This will:

- I. Encompass the outputs from all of the above into an overarching action plan that sets targets, priorities and actions within the agreed overall budget.
- II. Ensure that responsibility for the implementation of the plan is assigned to specific senior managers and that line and team managers are clear about their responsibilities.
- III. Assign HR professionals with specific responsibility for the plan's maintenance and for reports to the senior management team and the Strategic Workforce Board on its control, review and management.
- IV. Express priorities and actions as short, medium and long term outcomes.

- V. Deal with the workforce needs of the Council's own staff.
- VI. Ensure that learning activity results in positive outcomes for individuals and teams and that such outcome can be applied to work.
- VII. Extend into coverage of other parts of the social care workforce outside the Council as soon as the Strategic Workforce Board is able to extend its partnership role in response to its overall responsibility for social care leadership.
- VIII. Encourage a wide range of learning activity in which course attendance is but one component.
- IX. Identify clearly the learning commissioning strategy.
- X. Encourage the maximisation of outcomes through both the use of wider funding sources and partnership commissioning where possible and appropriate.

5. The commissioning strategy: There will be a clearly identified strategy for directing and managing the commissioning of learning activity. It will:

- I. Be based on a review of current strategies for commissioning learning activity. This will examine how this is currently managed within and outside the Council.
- II. Ensure that in the first instance outcomes based on the strategic assessment and workforce action plan for the Council's own staff are achieved.
- III. Ensure, through provider networks, the earliest possible integration of the wider social care sector workforce into the commissioning strategy.
- IV. Ensure that learning activity being commissioned is based on clear and transparent expressions of the Council's needs and expectations.
- V. Encourage the broadest possible mix of learning activities and discourage over-reliance on course based activity.
- VI. Involve people who use services and their carers in both the commissioning, design and delivery of learning programmes
- VII. Lay down the basis for a robust relationship with learning providers in which mutual expectations and needs are spelt out and recognised.
- VIII. Set out an overall commissioning plan, with outcomes, budget and timescales
- IX. Show how the Council intends to develop a learning provider network strategy detailing how it intends to do business with learning providers
- X. Support the development of a brokerage and funding agency strategy that supports the achievement of the action plan. This will be based on internal brokerage and on arriving at effective outcomes with external brokerage and/or funding agencies.
- XI. Ensure that the best possible use is made of all possible funding sources.
- XII. Encourage partnership commissioning with children's services, housing, health and mental health.

6. The communication strategy

The experience of Health is that workforce planning fails when people see it as a series of disjointed actions unrelated to the main business purpose. Success lies in its integration into normal business planning routines and other internal processes. Its integration, therefore, into the Council's communication strategy needs to be planned, implemented and managed.

Key questions, issues and opportunities that must be addressed

Leadership: There will be a leadership strategy that ensures that the Council is competent to discharge its responsibilities for the overall direction of workforce issues across social care. Clearly the Directorate has a major role to play in providing leadership and vision but it cannot do this a) in isolation by decree or b) without consensus across social care employers. The relationship between council and social care employers will be key to how well social care can be led and inspired. Further, the relationship between groups and arrangements brought together to manage and coordinate service provision and those that will be set up to coordinate/facilitate workforce matters needs to be seamless.

Leaders will need to:¹

- Look out to people who use services and their communities
- Be skilled at collaboration across systems and boundaries
- Work well within complex systems
- Be developed at all levels in the organisation
- Keep in direct contact with frontline services as their careers develop, as Lord Laming recently identified.²

The biggest challenge here, and the central challenge of leadership, is how to put **safeguarding** at the centre of every workforce consideration; to so ingrain it in the cultural fabric that it drives thought and action.

Qualifications: There will be a clear policy on qualifications for all staff. This will set out the qualifications deemed essential or desirable for staff to have at all levels and across the services. There will be an existing list of recognised qualifications but SfC is in the process of developing a sector qualification strategy and this will need to be built into the workforce planning process.

¹ Working to Put People First: The Strategy for the Adult Social Care Workforce in England: DoH 2009

² The Protection of Children in England: DoH 2009

The qualifications strategy will set out the Council's policy on support to gain professional qualifications and the expectations of the Council on staff supported in this way.

Qualifications and Credit Framework (QCF): The Council will plan ahead to take maximum advantage of impending changes to the national vocational qualification system. From 2010 the QCF will become the regulatory framework for all adult vocational qualifications, Foundation Learning tier (FLT) Apprenticeships and Functional Skills. This is of great potential significance to social care since the current system of NVQs, based on agreed statements of occupational competence, is likely to become more flexible. If employers engage in the debate about this change there is real potential to have qualifications which more closely 'wrap-around' redesigned work roles. SfC is building this into its Sector Qualification Strategy and the outcome will be central to workforce strategies.

Competence based learning: The workforce development plan and commissioning strategy will be based on clear statements of occupational competence requirements. The development of competence based learning has been recognised as critical but in reality has been patchy. However, the existence of a very wide range of occupational standards makes possible the matching of job roles and skills to specific competence statements. There is literature on how this can be achieved and how it can underpin a range of desirable learning and HR related outcomes.

Workforce redesign, job competencies and qualifications: The Council will establish a policy on the use of clear statements of occupational competence in its design of jobs and roles. A number of authorities have taken a more proactive approach using existing job competencies to help frame new work roles and are looking to the QCF to add weight to the outcome through better focussed vocational qualifications.

Thurrock Council, for example, has embarked on an ambitious and ground-breaking strategy to redefine job processes, team structures and job roles. This has been underpinned by the development of job roles based on core competencies and a workforce strategy to ensure their development in support of the personalisation agenda. They have gone on to use the QCF framework as an inspiration for their own 'Thurrock Credit Framework'. As an example of unifying job design, workforce strategy and qualification outcomes linked to personalisation this is leading edge development.

Obviously, the workforce strategy has to reflect the direction of travel by the Directorate. If this is towards single managed services then the workforce needs to be prepared for this in terms of skills, knowledge and behaviours. The

emergence of new 'hybrid' workers should not be left to chance. SfC has undertaken a great deal of work on mapping new roles and new ways of working.

Future needs and scenario planning: The Strategic Workforce Board will explore future needs through the development of future scenario planning. Workforce strategy and planning is not an exact science; economies change and circumstances alter. There is little point in creating a single unified vision of how things ought to be if workers and employers continue to exercise free will! The question therefore ought to be how the council and its partners construct different scenarios and has thought through strategies to meet contingencies. For example, the current economic climate has seen numbers of migrant workers return to their native countries while the numbers of those out of work in England has risen. Does this mean that social care can confidently expect that the skills gap can be filled quickly and with little effort? Historically the answer would be a resounding no; there is little reason to believe that the unemployed have a) the motivation and b) the skills to meet the gap in care provision. Answers to this and other similar questions will be found only through dialogue among care providers, the Council and other agencies.

Career planning and progression: The Council will adopt an approach to career planning that is predicated on creating the real possibility of an individual coming into the sector as a volunteer and being able to progress to Director level. It will also establish career pathways that encourage staff to move between different parts of social care as well as between other key services (inside and outside the Council). The Council will address the issue of how it wants to be perceived by potential workers and volunteers.

In any locality, social care is often the second, after Health, largest employer of labour and an important contributor to economic and social well-being. Despite this it has a major problem in projecting itself as viable place in which to look for both job opportunities and career progression. How the local authority works with its social care partners in addressing this issue will significantly affect the success of its workforce strategy. The overall strategy needs to consider strategies that project social care as a good place to work in which skills and experience can not only be rewarded but may lead to a range of longer term career options.

There is a good deal of useful work being undertaken by SfC on ways in which social care career paths can be illustrated and supported. However, there is also great scope for considering career pathway initiatives across adult, children, health and related services.

Skills for Care have just launched a new career pathways planning tool (<http://www.skillsforcare.org.uk/careerpathways>)

Recruitment and retention: The Council will design and implement a recruitment and retention strategy. This will reflect positive policies designed to reach out to a broader potential workforce as well as keeping the existing workforce motivated will be essential to the workforce strategy. It will show how the Directorate intends to attract people to it and create a climate in which people want to stay with it. NMDS statistics show that in the 12 months prior to May 2009 all social care establishments across Bedfordshire lost 858 employed staff; an overall turnover rate of 21%. That's a lot of people to lose.

Recruitment and retention strategies need to be cast wide in order to attract the broadest possible range of potential employees. There are, around England, good examples of initiatives designed to attract people from parts of the community that previously may have had little interest, may have felt excluded or had negative images of what social care was about.

An example, from Kent CC of a positive recruitment retention strategy can be found

<http://www.kent.gov.uk/NR/rdonlyres/C97F4407-6653-4265-B844-590E28DF3B7E/19336/RecruitmentStrategy.pdf>

But a good place to go to see what social care is up against from an area where employment prospects may have been seen in a negative light is the McDonald's careers site at <http://www.mcdcareers.co.uk/flash.htm>

Social Care will need to think about its potential employees coming from a range of backgrounds; older people, returners, attracting more men, ethnic communities, migrants, those seeking a career change and many more. There are, however, two issues that require separate mention.

Young people and social care: The Council will create and implement a strategy for attracting young people into its employment or into social care more widely. Traditionally social care has been an unfriendly place for young people. Restrictions, real or mythical, about what young people are allowed to do have led to the blanking of young people as potential recruits. Previous training initiatives across health and social care have often led to solid take up by health at the expense of social care because health gears itself up to taking in young people. This is not a sensible or healthy approach to selling social care to young people.

SfC's has worked hard on this issue and there are now a number of activities that are there to be pursued with social care partners though this is a good area in which to cast the net wider to health and other partners. These initiatives include:

- the **Health and Social Care 14-19 Diploma** will be an excellent vehicle for helping young people to get to know the sector.

- the development of **Apprenticeships** and the 50,000 new social care apprenticeships as part of the government's multimillion-pound adult social care workforce strategy presents a strong opportunity to make social care more attractive.
- **Care Ambassadors** help to further the idea of social care as a good place for young people to enter and pursue a career.

A workforce that reflects the makeup of the community: The Council will adopt a policy on the creation and maintenance of diversity in its workforce based on the value that the workforce should reflect the makeup of its communities. Of the 3529 workers recorded across social care in Bedfordshire at May 2009 some 1620 are recorded as other than white. On the face of it this seems a healthy percentage but it does need unpicking with more questions. The aim here is to come to an understanding of whether the workforce reflects the communities it seeks to serve and, if not, what should be done about it. It will be important here to consider specific communities and the extent to which they are reflected in the community rather than a broad brush approach based on overall percentages. Are there particular communities within Central Bedfordshire that are not reflected in this way and how important is this to service delivery? This is central to service planning and should not be about tokenism.

Of immediate interest will be the outcome of the disaggregation of the NMDS statistics and what that will then show as being the ethnic diversity of the Central Bedfordshire workforce. If there were a disproportionate number of workers from ethnic backgrounds based in Bedford then that may well affect the rather better pan Bedfordshire position reported above.

Engagement by people who use services and their carers: The Council will adopt a policy designed to ensure the greatest possible influence over and involvement in workforce issues by people who use services. Personalisation requires their involvement in the setting of workforce strategies and in the commissioning, design and delivery of learning programmes in order to enhance workforce outcomes. It will be necessary to draw up guidelines for managers, employers and learning deliverers on how to handle this issue creatively. This should be reflective of and based upon the way in which the Council involves people who use services in the setting of service strategies. Skills for Care have worked closely with Expert Voice Eastern (EVE) on good practice in consultation on workforce matters with people who use services and there are numerous examples of practical ways of progressing this. EVE is especially keen to assist with work on the implications of personalisation, direct payments and other new ways of working.

- **Workforce across the provider sector:** There will be a clear partnership policy, set out early, to involve the broader social care sector in workforce strategy planning and implementation. The majority of the social care workforce sector is employed by the private and independent sectors. Employers in these sectors (though there is a trend to larger organisations) are often either small or micro businesses with resource constraints. Social care transformation cannot be achieved without their active engagement though. The policy will deal with:
 - How the workforce strategy draws these sectors into networks in which decisions about and strategies for the workforce can be planned and applied.
 - How the statutory authority exercises the leadership role it has both for the direction of social care and the supporting workforce strategy.

- **Contracting for services:** There will be a clear policy for service commissioners to follow on the Council's expectations of service provider's workforce strategies. Workforce issues will be expected to be dealt with by providers in their tender submissions and these submissions should reflect the Council's overall workforce strategy.

- **Social care workforce networks:** The Council will work positively through current or emerging workforce networks. Involvement in the Skills for Care Eastern Region committee and subcommittee work ought to be regarded as essential. But beyond this there are decisions to be made about the range and extent of other partnership networks but they should be based on activities where partnership is likely to deliver a more cost effective return. These include:
 - Identification and agreement on key service development policies
 - Identification of key strategic workforce needs
 - Identification and coherence from workforce funding sources
 - Commissioning learning programmes/activities
 - Designing learning programmes/activities
 - Delivering learning programmes/activities
 - Engaging effectively with people who use services and their carers
 - Designing programmes for young people on diploma, apprentice or other activity and acting together on their delivery

Partnership networks will inevitably deal principally, though not exclusively, with relations with Health, Mental Health, Children's services and Housing. They will also want to ensure that the full range of employers across the statutory, private and independent sectors are involved and engaged.

Skills for Care are currently working with its Herts, Beds and Luton sub regional committee to strengthen its role and work.

- **Integrated Local Area Workforce Strategies – InLAWS:** This is an exciting new initiative fostered by ADASS and SfC which aims to provide a practical methodology to assist Directors develop workforce commissioning strategies and lead a step change to a personalised model of social care. It aims to provide:
 - *A breakdown of national policies you are expected to adopt.*
 - *A means to evaluate your local position against those policies.*
 - *An adaptable set of processes to help you design the local workforce change required and*
 - *A framework to help you make the changes and then...*
 - *Evaluate the outcomes.*

The initiative is being trialled in the Eastern Region by Suffolk CC. Through the adoption of a workforce strategy now Central Bedfordshire Council will be in a strong position to provide leadership on future InLAWS work.

- **Complexity and reality:** One of the problems in setting down workforce planning processes is that they can appear too overwhelming. The literature suggests that some plans fail because they attempt to do too much. Yet we know also that the transformation of our services will require us all to achieve a great deal that has not been achieved before. The trick may be to hold onto the central idea of a continuous process and to bring many current activities within the framework. The need is to join the dots and provide focus. ***One of the procedural benefits of workforce planning is that it integrates the various activities and functions of an organisation. However, in practice, it is often done independently of other processes***³
- **Leading edge workforce practitioners:** Although the Directorate is a fairly new entity, there are real opportunities, given the patchy state of social care workforce strategy development around the country, for Central Bedfordshire to become leading exponents of best practice.

³ WORKFORCE PLANNING: THE WIDER CONTEXT A Literature Review July 2003 Employers' Organisation for local government / Institute for Employment Studies

Supporting Excellence: An Adult Social Care Workforce PLAN for Central Bedfordshire 2010/11

- Purpose:**
- To achieve high quality care and support in Central Bedfordshire through a highly skilled workforce across all sectors
 - To promote joint cost effective approaches to learning and development, share knowledge, ensure compliance with legal requirements and support continual improvement through strengthened inter-agency working

1. STRATEGIC LEADERSHIP

| Cross sector strategic leadership through local workforce strategy and action plan being delivered, led by Director of Adult Social Services (DASS) | | | | |
|--|--|---|--|---|
| Specific actions required of Working to Put People First | Sector Skills Agreement Goals for East of England | Central Bedfordshire Priority Actions 2010-2011 | Lead | Timescale |
| <p>DASS provides cross sector leadership through strategic workforce commissioning role</p> <p>Development of user led culture through engagement and influence of people who use services</p> <p>Managerial and political leadership in place</p> | <p>Integrated Local Area Workforce Strategies (InLAWS) initiative sponsored by ADASS/SfC</p> <p>To facilitate integrated workforce planning, procurement and development – both across parts of the sector and with health, housing, education etc</p> | <p>Section 1.01 Governance – Establish Strategic Workforce Board chaired by DASS with vice chair from NHS Bedfordshire and representation from across the different sectors of the local workforce and learning providers. Terms of reference and membership agreed</p> | <p>Julie Ogley</p> | <p>Board established in April 2010 and terms of reference finalised in July 2010.</p> <p>September 2010</p> |
| | | <p>Section 1.02 Strategy and supporting plan to be approved by CBC Executive and supported by other partners</p> | <p>Julie Ogley</p> | |
| | | <p>Section 1.03 Approach – Agree a plan for the first year with a cross sector vision and joint approaches together with methods to measure achieved outputs and outcomes</p> | <p>Julie Ogley</p> | <p>July 2010</p> |
| | | <p>Section 1.04 Cross sector commitment to strategy plan and approach given by all key partners at Chief Executive level</p> | <p>Chief Executive of all key partners</p> | <p>September 2010</p> |

2. CROSS SECTOR WORKFORCE DEVELOPMENT

| Cross sector approaches to make the most of funding through joint programmes | | | | |
|--|---|--|--|---|
| Specific actions required of working to Putting People First | Sector skills Agreement Goals for East of England | Central Bedfordshire Priority Actions 2010-2011 | Lead | Timescale |
| <p>Planning for new cadres of leadership talent</p> <p>National Management Training Scheme</p> | <p>Promote and develop the Leadership and Management Strategy to meet the needs of the region. Strengthen links to all employers including those in receipt of Direct Payments. The regional strategy will cover:</p> <ul style="list-style-type: none"> • Induction • Managing and leading the workforce • Supervisory Skills <p>Entrepreneurial and small business skills</p> <p>Implement the regional leadership and management strategy, including:</p> <ul style="list-style-type: none"> • Regional needs assessment • Roll-out of L&M 'toolkit' / guides • CPD for managers / leaders / supervisors based on L&M strategy <p>Development of mentoring / buddying</p> <p>Action Learning</p> | <p>2.1 Each agency to have a management development programme following agreed local principles and possibly with local accreditation. NHS Bedfordshire to share it's methodology so a joint approach with CBC and other partners can be considered. Consider possible application of national initiatives</p> <p>2.2 Provide more across sector training through opening up more training to local partner agencies</p> <p>2.3 Maximise funding by identifying range of sources and optimising their use through cross sector co-operation. Mechanisms to be agreed</p> <p>2.4 Share information on training providers and develop a register of training providers</p> | <p>Phillipa Hunt & Gareth George NHS Bedfordshire / Rachel Hobbs</p> <p>Claire Gregory & specified Leads</p> <p>Claire Gregory & specified leads</p> <p>Claire Gregory & specified leads</p> | <p>Consider proposals in September 2010</p> <p>September 2010 & ongoing</p> <p>September 2010 & ongoing</p> <p>September 2010 & ongoing</p> |

3. SKILLS DEVELOPMENT

| A workforce with the right people having the right skills | | | | |
|---|---|---|---|--|
| Specific actions required of working to Putting People First | Sector skills Agreement Goals for East of England | Central Bedfordshire Priority Actions 2010-2011 | Lead | Timescale |
| <p>Effective initial, professional, post-qualifying learning and development</p> <p>Personalisation skills sets and understanding National Skills Academy</p> <p>Social Care TV</p> <p>Social Care Accolades</p> <p>NQSW framework</p> <p>Supporting the right qualifications</p> | <p>Skills needs identified in the SSA: Skills which prepare new entrants into the workforce</p> <ul style="list-style-type: none"> • Core skills • Communication and interpersonal skills • Information and communication technology skills • Skills to deliver a more preventative approach to service delivery • Skills which help develop a critical approach to reflective practice • Leadership and management skills • To ensure that initial training, induction, continuing professional development (CPD) and workforce support are of a consistently high quality • Commissioning and procurement skills • Skills for people who use services • Skills for Life needs in social care • Skills in commissioning | <p>3.1 Implement training provision to meet agreed priorities for 2010/11. (Involve users of services and carers in designing delivering and assessing training. Evaluate, measure and monitor provision to ensure this includes equalities and that outcomes are achieved through a variety of methods- also relates to 3.2 & 3.3)</p> <ul style="list-style-type: none"> • Safeguarding • Dementia • Dignity in care • Personalisation including support planning • Mandatory training e.g. manual handling • Administration of medication • Induction into Central Bedfordshire's Adult Social Care workforce <p>3.2 Develop training provision in line with new Qualification & Credit Frameworks (QCFs) to support the changing future workforce.</p> <p>3.3 Continuation of cross-sector professional development programmes for a range of professional staff to improve standards of practice and equip for transformation.</p> | <p>Claire Gregory & other Leads</p> <p>Claire Gregory / Rachel Hobbs</p> <p>Claire Gregory / Sector leads</p> | <p>July 2010 Onwards</p> <p>November 2010</p> <p>December 2010 and ongoing</p> |

| | | | | |
|--|--|--|--|--|
| | <p>workforce development</p> <p>To ensure that there are adequate work-based learning and assessment opportunities throughout the sector</p> <p>To involve people who use services, and carers, in defining, developing, delivering and assessing induction and CPD</p> <p>To embed Skills for Life competencies amongst staff (including English for Speakers of Other Languages and ICT)</p> | | | |
|--|--|--|--|--|

4. MARKETING AND RECRUITMENT

| Promote workforce strategy and the benefits of working in Central Bedfordshire to support recruitment of staff across the sector | | | | |
|--|---|---|--|--------------------------------------|
| Specific actions required of working to Putting People First | Sector skills Agreement Goals for East of England | Central Bedfordshire Priority Actions 2010-2011 | Lead | Timescale |
| <p>Raising awareness of employment opportunities in social care Innovative</p> <p>Recruitment/retention strategies at local levels Broadening recruitment avenues</p> <p>Action on vacancy/turnover rates Traineeships</p> | <p>To attract and retain quality workers by improving the image and status of social care</p> <p>To improve retention and increase recruitment and to recruit and retain more young people, returners to work and people from other sectors</p> | <p>4.1 Develop a marketing strategy supported by communications to promote cross sector vision and promote benefits of providing care and support in Central Bedfordshire; this will in turn raise awareness of careers in ASC</p> | Rachel Hobbs | Proposals presented in November 2010 |
| | | <p>4.2 In partnership attend relevant job fairs and build relationships with colleagues, universities and schools to raise the profile of careers in ASC.</p> | Nikki Kynoch / CBC Resourcing team and sector HR leads | November 2010 and ongoing |
| | | <p>4.3 Share information on non contractual benefits and market packages available to attract new entrants and where possible, align them to avoid unnecessary competition.</p> | Pip Towell | November 2010 |
| | | <p>4.4 In response to the ageing workforce target recruitment of young people e.g. all agencies pledge to 'Back Young Britain' and where appropriate develop initiatives either individually or in partnership e.g. work experience opportunities and apprenticeships.</p> | Rachel Hobbs | Proposals presented in November 2010 |
| | | <p>4.5 Establish arrangements through links to partners websites so if there are no vacancies for the post initially sought people are encouraged to consider careers in other parts of the sector</p> | Rachel Hobbs and sector HR leads | November 2010 |

| | | | | |
|--|--|---|--|--|
| | | <p>4.6 Provide placements/employment and training opportunities for people with disabilities e.g. job carving and project search related initiatives.</p> <p>4.7 Ensure there is consistent application of safer and best practice recruitment and selection through sharing briefing and auditing impact across the sector</p> | <p>Pip Towell / Nikki Kynoch and CBC Resourcing and development leads HR leads</p> | <p>September 2010</p> <p>December 2010</p> |
|--|--|---|--|--|

5. WORKFORCE REMODELLING

| Workforce planning and remodelling to achieve service transformation | | | | |
|--|---|---|--|---|
| Specific actions required of working to Putting People First | Sector skills Agreement Goals for East of England | Central Bedfordshire Priority Actions 2010-2011 | Lead | Timescale |
| <p>Sophisticated workforce planning</p> <p>Skilled analysts/technological support for workforce planning</p> <p>Developing the NMDS</p> <p>Building a confident and supported workforce capable of making personalisation the norm</p> <p>Support for people who use services as employers of carers</p> <p>Bringing skills together from across professional groups</p> <p>Providing for effective needs assessment</p> <p>Understanding the needs of the local community: The Joint Strategic Needs Assessment</p> <p>Developing and maintaining social worker roles</p> | <p>To act as a focal point for the collection and supply of high quality workforce intelligence through:</p> <p>encouraging and supporting organisations to complete NMDS-SC</p> <p>ensuring that data is analysed and presented in a coherent and authoritative way using NMDS-SC intelligence to inform strategic workforce planning and development</p> <p>promote the use of workforce data to inform workforce planning processes</p> <p>Support the development of effective workforce planning by embedding the SSA into the regional H&SC skills strategy and integrated workforce planning processes</p> <p>To identify the support and skill development needs for PA's employed under direct payments and individualised budgets</p> <p>To transform ways of delivering services putting the needs of people who use those services at the centre, are flexible and cut-</p> | <p>5.1 Planning – update cross sector NMDS workforce data and provide periodic analytical reports to Board via Skills for Care, in order to maximise value in current workforce and aid future workforce planning</p> <p>5.2 Using workforce data (5.1) and exploring use of NHS workforce planning methodology, highlight further cross sector workforce initiatives to support required remodelling and meet the needs of the changing workforce.</p> <p>5.3 Transformation – Utilise Integrated Local Area Workforce Strategies (InLAWS) initiative and develop a plan for remodelling the workforce in line with the Transforming People's Lives (TPL) programme. In particular, work stream 1 – the revised customer journey - detailing functions, new skill mix, change management proposals and initiatives in work stream 3, such as, support and skill development for Personal Assistants and customers as experts.</p> | <p>Catherine Jones / Claire Gregory</p> <p>Philippa Hunt & Rachel Hobbs</p> <p>David Jones / Ed Thompson Mick Dillon</p> | <p>September 2010 and every 4 months</p> <p>December 2010</p> <p>First stage – September 2010</p> |

| | | | | |
|--|---|--|--|--|
| <p>Social worker understanding of full range of family issues/policies</p> <p>Supervision of front line staff</p> <p>CPD</p> | <p>across traditional boundaries (i.e. 'new types of worker and new types of working')</p> <p>To promote, support and increase self care, self-directed support, and personalised services</p> <p>To develop and promote ways of working effectively with applications of digital technologies (ICT) and develop and promote ways of working effectively with applications of assistive technologies</p> <p>To develop skills in commissioning social care services</p> | | | |
|--|---|--|--|--|

Statistics from National Minimum Data Set

Adult Social Care Workforce May 2010

| Heading | Adult Social Care in Central Bedfordshire |
|---|--|
| Establishments recorded | 65 |
| Scale of employment (employees per establishment) | Micro: 1-4 2 5-9 7 Small: 10-19 20 20-49 15 Medium: 50-99 10 100-199 3 200-249 1 |
| Total staff employed | 2159 92.7% permanent (2,001) 7.3% temporary (158) |
| Other workers | Bank/pool 100 Agency 119 Student 6 Volunteer 1 Total 226 |
| Employment status | Full time 706 Part time 443 Neither 169 Not recorded 471 |
| Vacancies | 174 |
| Vacancy rate | 7.5% |
| Turnover of employed staff | 374 started in last 12 months (17.3%) 435 left in last 12 months Turnover rate 20.1% |
| Principal employment types | All managers/supervision 146 Care workers 1277 Senior care worker 177 Registered nurse 144 Non care providing roles 271 Total main types 2015 |
| Gender (based on where recorded) | 212 male 1177 female 400 Not known or recorded |
| Age | Under 18 7 18-29 309 30-39 388 40-49 433 50-59 261 60-69 140 70+ 27 Not recorded 124 |
| Ethnicity | White 824 |

Appendix 2

| | | | |
|------------------------------------|-------------------------|------|------|
| | Mixed | 22 | |
| | Asian/Asian British | 97 | |
| | Black/Black British | 288 | |
| | Other | 39 | |
| | Not known/recorded | 295 | |
| Disability | No disability | 1193 | |
| | Has disability | 19 | |
| | Not recorded | 577 | |
| Year started in job | 1970-79 | 1 | |
| | 1980-89 | 10 | |
| | 1990-99 | 174 | |
| | 2000-02 | 165 | |
| | 2003-04 | 226 | |
| | 2005-06 | 342 | |
| | 2007-08 | 146 | |
| | 2009-10 | 342 | |
| | Not recorded | 96 | |
| Nature of contracts | Flexitime | 107 | |
| | Annualised hours | 176 | |
| | Home working | 3 | |
| | 9 day fortnight | 18 | |
| | Zero hours | 148 | |
| | Other | 66 | |
| | Not known/none of these | 255 | |
| Induction status | Achieved | 619 | |
| | In progress | 95 | |
| | Not applicable | 207 | |
| | Not recorded | 868 | |
| Principal qualifications held | H&SC NVQ Level 2 | 141 | (87) |
| | Level 3 | 83 | (28) |
| | Level 4 | 10 | (4) |
| Bracketed figures show in progress | Care NVQ Level 2 | 123 | (22) |
| | Level 3 | 36 | (14) |
| | Level 4 | 2 | (1) |
| | Registered managers | 19 | (9) |
| | Other management | 14 | (3) |
| | Assessor NVQ | 14 | (5) |
| | LDAF | 14 | (10) |
| | Registered Nurse | 53 | (7) |
| | Occ Therapy | 3 | (0) |
| | Other relevant | 149 | (18) |

Central Bedfordshire Council Adult Social Care Workforce March 2010

| Heading | Adult Social Care in Central Bedfordshire Council | |
|----------------------------------|--|-----|
| Total staff employed | 476 % permanent (442) % temporary (34) | |
| Employment status | Full time | 185 |
| | Part time | 260 |
| | Neither | 34 |
| Vacancies | 83 | |
| Vacancy rate | 14.8% | |
| Turnover of employed staff | 60 started in last 12 months 51 left in last 12 months Turnover rate 10.71 % | |
| Principal employment types | All managers/supervision | 42 |
| | Care/support workers | 280 |
| | Senior care worker | 50 |
| | Social Worker | 53 |
| | Registered nurse | 5 |
| | Occ therapists | 4 |
| | Non care providing roles | 42 |
| | Total main types | 476 |
| Gender (based on where recorded) | Male | 53 |
| | Female | 243 |
| Age | Under 18 | 0 |
| | 18-29 | 34 |
| | 30-39 | 78 |
| | 40-49 | 148 |
| | 50-59 | 166 |
| | 60-69 | 46 |
| | 70+ | 4 |
| Ethnicity | British | 392 |
| | Another white background | 16 |
| | White and black Caribbean | 2 |
| | White and Asian | 1 |
| | Another mixed background | 2 |
| | Indian | 5 |
| | Pakistani | 2 |
| | Bangladeshi | 1 |
| | Another Asian background | 1 |
| | Caribbean | 17 |
| | African | 21 |
| | Another black background | 1 |
| | Chinese | 1 |
| Disability | No disability | 466 |

Appendix 2

| | Has disability | 10 |
|---------------------|----------------|-----|
| Year started in job | 1970-79 | 2 |
| | 1980-89 | 31 |
| | 1990-99 | 111 |
| | 2000-02 | 54 |
| | 2003-04 | 63 |
| | 2005-06 | 104 |
| | 2007-08 | 41 |
| | 2009-10 | 70 |

EQUALITY IMPACT ASSESSMENT

STRATEGY, POLICY & SERVICE DEVELOPMENT **Addressing the needs of all sections of the Community**

Purpose - Delivering Excellent Services and Inclusive Employment Practices:

Central Bedfordshire Council wants to ensure that it provides services which address the needs of all members of the community and employs a workforce that at all levels is representative of the community it serves.

The Council conducts Equality Impact Assessments as strategies, policies and services are developed to:

- Consider issues relating to age, disability, gender, gender reassignment, race, religion and belief and sexual orientation;
- Obtain a clearer understanding of how different groups may be affected;
- Identify changes which may need to be built into an initiative as it is developed;
- Comply with legislative requirements;
- Identify good practice;

Principles of Equality of Opportunity:

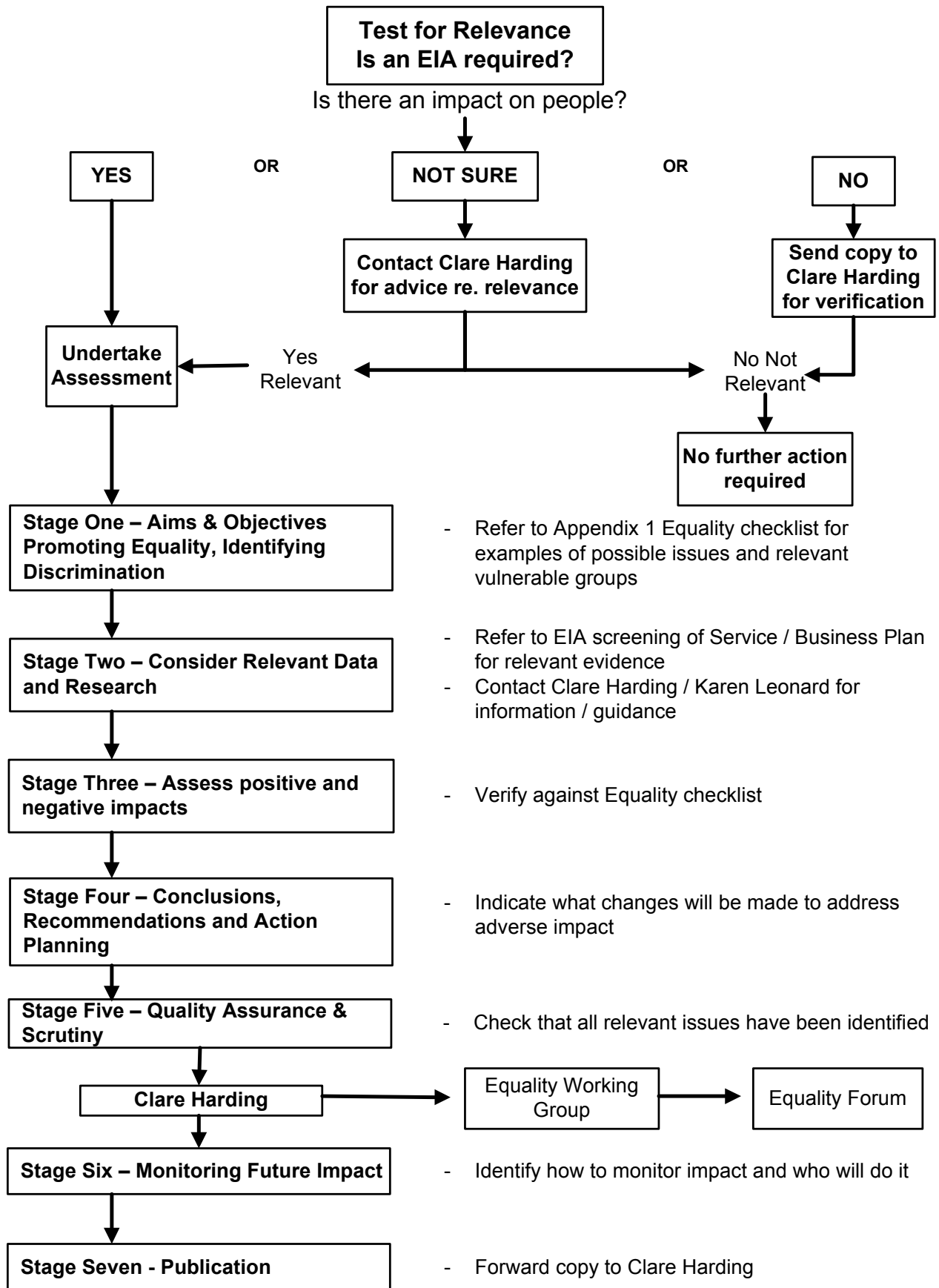
- All sections of the community must have access to information & services.
- Strategies, Policies and Services should be appropriate to the needs of different groups of people.
- Strategies, Policies and Services should be developed in consultation with local communities.
- Services that are delivered through an external contractor or statutory agency must also address the needs of all sections of the community.
- Strategies, Policies and Services should help to
 - **promote equality of opportunity,**
 - **tackle discrimination,**
 - **eliminate harassment,**
 - **promote good relations / positive attitudes amongst different groups of people &**
 - **encourage participation in public life**

Statutory Requirement to Undertake Equality Impact Assessments:

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

If you need any assistance regarding this Assessment, please contact:
Clare Harding, Corporate Policy Advisor (Equality & Diversity) Office of the Chief Executive,
Clare.Harding@centralbedfordshire.gov.uk 0300 300 6109 (Ext 42329)

Overview of Equality Impact Assessment Process Strategy, Policy, Service, Project, Contract or Decision



**Appendix 3
Central Bedfordshire Equality Impact Assessment Template**

| | | | |
|--|---|---------------------------|----------|
| Title of the Assessment: | Adult Social Care Workforce Strategy | Date of Assessment | 14/07/10 |
| Responsible Officer: Email: | Joanne Bellamy Joanne.bellamy@centralbedfordshire.gov.uk | Extension Number | 75691 |

Relevance Test: Is an equality impact assessment required?

| Relevant? | Yes | No |
|---|------------|-----------|
| Does the strategy, policy, service, project, contract or decision impact on people? | ✓ | |
| Will it benefit some people and communities & not others (community cohesion)? | | ✓ |
| Does it involve making decisions based on people's characteristics or circumstances? | | ✓ |
| Will it have a significant impact on someone's life or wellbeing? | ✓ | |
| If you have answered yes to any of the above an impact assessment must be completed | | |
| Not Sure? | Yes | No |
| The service is a support function or administrative | | ✓ |
| There is insufficient evidence to make a judgement | | ✓ |
| If you have answered yes to the above please contact Clare Harding for further advice | | |
| Not Relevant? | Yes | No |
| There is no discernable impact on people | | ✓ |
| If you have answered yes to the above please contact Clare Harding for confirmation that an impact assessment will not be required | | |

Stage One – Aims and Objectives

| |
|---|
| <p>1.1) What are the objectives of the strategy, policy or service being assessed?</p> <p>The Director of Adult Social Services (Director of Social Care, Health and Housing) has a statutory duty to ensure there is a cross sector adult social care workforce strategy and to provide local leadership so workforce issues are at the heart of delivering on the national Putting People First Programme; known as 'Transforming People's Lives' in Central Bedfordshire.</p> <p>The new Workforce Strategy for Adult Social Care covers both the processes necessary to implement and maintain it and the basis of an action plan shaped to provide excellence in managing workforce issues.</p> <p>The Adult Social Care, Health and Housing Directorate of Central Bedfordshire Council's aim is to improve the well-being of local disabled and older people through greater choice and flexibility for individuals and communities. Citizens will be at the centre of these changes.</p> <p>This vision is set within the context of a social care sector facing major transformational change. 'Our health, our care, our say' set out the key elements of a reformed adult social care system in England; a system able to respond to the demographic challenges presented by an ageing society and the rising expectations of those who depend on social care for their quality of life and capacity to have full and purposeful lives.</p> |
| <p>1.2) What needs is it designed to meet?</p> <p>To develop a workforce that can meet the national and local demands on the adult social care service.</p> <p>Key national drivers include Putting People First which has four elements:</p> |

Appendix 3
Central Bedfordshire Equality Impact Assessment Template

Universal services – accessible to everybody that supports communities’ health and well being and quality of life

Early Intervention and Prevention – approaches that prevent and /or delay future need for service

Social Capital - increasing the capacity of local communities to provide solutions and reduce the need for direct support from the state

Choice and Control – the service user being central to decision making and able to determine how their own needs are met, increasingly through Personal Budgets

Key local drivers include:

- Improve Safeguarding of vulnerable adults
- Extend Self Directed Support (Direct payments and Personal Budgets) – increasing personal choice and control.
- Early intervention and prevention – a move towards “predict and prevent” rather than “find and fix”.
- A shift in health services towards primary care provision – ensuring people are able to access services in their community.
- Increasing support for carers.
- Helping older and vulnerable people to remain living safely in their homes if that is their wish.

1.3) What outcomes will be delivered?

- CBC complies with its statutory duty to ensure there is a cross sector adult social care workforce strategy;
- Leadership of local employers in workforce planning whether in the public, private, or third sectors and of Directors of Adult Social Services in their strategic workforce commissioning role,
- Improvements in recruitment, retention, and career pathways to provide the many talents the workforce needs,
- Workforce remodelling and commissioning to achieve service transformation; and
- Workforce development so we have the right people with the right skills; More joint and integrated working between social, health care and other sectors; and
- Regulation for quality in services as well as public assurance

For customers the outcomes will be a better quality service that meets their individual needs that is delivered by an appropriately trained workforce working in an efficient, effective and integrated system.

For the workforce the outcomes will be better prospects for career development, improved job satisfaction, and pride in a system that is efficient and effective.

1.4) Which other strategies or policies support this?

‘Transforming People’s Lives’ – Transforming Support Through Personalisation
Recovery and Improvement Programme for Adult Social Care

1.5) In which ways does this support Central Bedfordshire’s intention to tackle inequalities and deliver services to vulnerable people?

For example does it consider the needs and interests of people who are at greater risk of lower quality of life outcomes, close achievement gaps, reduce racial tensions, increase participation in decision making and service delivery processes or increase a sense of belonging amongst different communities or groups?)

Workforce planning will ensure that better quality services are provided. The needs of individual

Appendix 3
Central Bedfordshire Equality Impact Assessment Template

employees and customers will also be better understood and met and the adult social care service providers will be prepared to meet the increase in demand for services as a result in the changes in the older population.

1.6) Is it possible that this could damage relations amongst different communities or contribute to inequality by treating some members of the community less favourably such as people from black and minority ethnic communities, disabled people, women, or lesbian, gay, bisexual and transgender communities? (For example, location of facilities, access to buildings, access to translation services, eligibility rules, allocations policies, dress rules etc)

Over the next few years there will be an increased demand in adult social care services due to the ageing population. The delivery of the workforce strategy should ensure that the service providers are prepared for these changes and deliver a fair service than can cope with the increase in demand.

Traditionally adult social care has been predominantly dominated by female employees. Gender stereotypes of caring roles and possibly the working patterns of social care work has dissuaded men from joining the profession. This has a detrimental impact on male employees but also male service users especially with the introduction of personalisation and Personal Assistants. For service users to truly have choice and control they must have a real choice of employees with different gender, age and other backgrounds.

Adult social care recognises the voluntary work of relatives that are carers. This reduces the demand for services and so this must be recognised formally by the strategy and support put in place to assist this informal workforce. By relying on these individuals yet not providing appropriate support, adult social care could inadvertently be contributing to inequalities as carers are more likely to suffer hardship and ill health if they do not receive adequate levels of support.

The younger workforce (under 18) is not representative of the Central Bedfordshire area. Younger people are often overlooked in employment because they are seen to not have the appropriate skills. This leads to inequalities not only for the potential younger employee but also for the service user as there may be a lack of appropriate staff that meet their needs.

The older workforce (over 60) is also under represented compared to the Central Bedfordshire area. Older workers can experience restricted access to the workplace by enforced or incentivised retirement and so the strategy needs to consider this inequality.

Disabled people are more than twice as likely to be out of work as non disabled people. The National Minimum Data Set statistics show that in the private sector workers with disabilities are under represented.

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 and disabled people can also experience a lack of respect. The strategy should be used as an opportunity to address this inequality and introduce an ethos to ensure that throughout adult social care from service development, commissioning and workforce training, it is promoted that older and disabled people should have the same opportunities as younger people.

Disabled people and older people are more vulnerable to violence and so it is important that staff are trained to identify and report abuse and neglect and that the safeguarding system can prevent abuse and respond effectively to reports so that the most vulnerable in society are protected.

Transgender people experience disproportionate levels of discrimination, harassment and violence and so the workforce needs to receive appropriate equality training to understand gender dysphoria and the need for privacy. This relates to employees and service users.

A diverse workforce with a variety of ethnicities and religious and non-religious backgrounds should be encouraged so that the workforce is representative of service users.

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Nationally adults and older people from black and minority ethnic communities are less likely to be provided with social services following an assessment. Diversity information should be collected and monitored to see if this inequality exists in Central Bedfordshire.

Older lesbian, gay and bisexual people want the opportunity to socialise and be with those who understand their concerns and have shared their life experiences. The workforce should therefore be representative of services users to ensure that all service users have equality of choice.

Please refer to Appendix 1 Equality Checklist for examples of potential issues and further details of vulnerable groups

| | | |
|---|---|-----------------------------------|
| Stage 2: Consideration of Relevant Data & Research | Refer to Equality Checklist (Pages 8-12) | |
| | Awareness | Accessibility |
| | Take Up levels | Staff Training Needs |
| | Appropriateness | Partnership - working |
| | Adverse Outcomes | Contracts & monitoring |

2) What sources of evidence and key facts will be used to inform the assessment?

Please refer to the Equality Impact Assessment Screening for your Service / Business Plan for examples of relevant evidence or contact: Clare Harding, Corporate Policy Advisor (Equality & Diversity) for further details

| | | | |
|--|-------------------------------------|---|-------------------------------------|
| Service Monitoring / Performance Information | <input type="checkbox"/> | Demographic Profiles – Census & ONS | <input checked="" type="checkbox"/> |
| Place survey / Customer satisfaction data | <input type="checkbox"/> | Local Needs Analysis | <input type="checkbox"/> |
| National / Regional Research | <input checked="" type="checkbox"/> | Local Research | <input checked="" type="checkbox"/> |
| Best Practice / Guidance | <input type="checkbox"/> | Benchmarking with other organisations | <input type="checkbox"/> |
| Analysis of service outcomes for different groups | <input type="checkbox"/> | Inspection Reports | <input type="checkbox"/> |
| Data about the physical environment e.g. housing market, employment, education and training provision, transport, spatial planning and public spaces | | | <input type="checkbox"/> |
| *Consultation with Service Users | | *Consultation with Community / Voluntary Sector | |
| *Consultation with Staff | <input type="checkbox"/> | Customer Feedback / Complaints | <input type="checkbox"/> |
| Expert views of stakeholders representing diverse groups | <input type="checkbox"/> | Elected Members | <input type="checkbox"/> |
| Specialist staff / service expertise | <input checked="" type="checkbox"/> | | |

****For details of existing consultation findings please contact Karen Aspinall Consultation Manager, Office of the Chief Executive Karen.Aspinal@centralbedfordshire.gov.uk Telephone 0300 300 6286 or internally ext. 42967***

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.

2.1) Existing Data and Consultation Findings: Please give details below of data and consultation findings relating to:

Age:

Customers (national research):

In 2007, for the first time in the UK there were more people over state pension age than children under 16 (Department for Work and Pensions DWP).

Ageism is the most commonly experienced form of discrimination, with 23% of adults reporting experiences of this type of prejudice. (Age Concern)

Seven million people are estimated to be under-saving for retirement which means they may find themselves living in poverty in retirement (DWP). Around 33% of women reaching State Pension Age in 2005 were entitled to a full basic pension, compared to 85% of men (Department for Work and Pensions DWP). 2.1 million Pensioners live in poverty after housing costs are taken into account, while the figure rises to 2.5 million before housing costs (DWP).

33% of people aged 65 to 74 and 35% of people aged 75 and over feel able to influence decisions affecting their local area, compared to 38% of all adults in England and Wales. (Department for Communities and Local Government (DCLG))

Over 65s are estimated to spend 80% of their time in the home (90% for over 85 year olds) (Help the Aged). One million people over 65 report feeling trapped in their homes (DWP).

Around a quarter of a million people aged 65 and over need specially adapted accommodation because of a medical condition or disability and 130,000 of them report living in homes that do not meet their needs (DCLG).

21% of men and 31% of women aged 65 to 74 lived alone in 2006 and 32% of men and 61% of women aged 75 and over lived alone (Office for National Statistics (ONS)). 180,000 people over 65 report having gone for a whole week without speaking to friends, neighbours or family (DWP).

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 (ONS).

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)). In 2006/07 an estimated 2.5 million older people had some need for care and support (Kings Fund / Commission for Social Care Inspection). Older people can experience limiting health and social care options (Department of Health (DOH)).

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).

Research undertaken for the Department of Health looking at age equality in Health and Social Care highlighted the following issues

- **Behaviours and attitudes – the importance of training** Behaviours and attitudes were identified as crucial issues in determining not only whether people felt they were treated fairly but also whether the outcome was non-discriminatory. People gave numerous examples of discriminatory attitudes based on age, summarised in the phrase “**what can you expect at your age?**” The high incidence of **untreated depression** in older people and examples of situations when staff “talked over” older people were also quoted as examples of discrimination.
- **Personalisation in assessment, referral and care planning:** People’s individual needs and situation must be taken into account rather than basing decisions on a series of assumptions

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about the person's chronological age. Information must be consistent and linked between agencies.

- Older people stressed a **frustration at being constantly referred to the internet** – other forms of information should be used as well.

- Decision making processes for an individual's care and organisations' plans and priorities need to be clearer.

- **Too many assumptions** are made about which services older people can and cannot access.

- People needed to be regarded as partners and able to agree mutual expectations and to be supported to make informed choices.

- Service users of all ages should always be offered **different approaches to personalisation** and staff should not assume whether people of a certain age may or may not want a specific approach. Services should be accessible and easy to navigate, in practice this is often not the case.

- **Advocacy** was seen as very important, particularly at times of personal stress as its availability was seen as critical to the system working well

Staff (national research):

Younger people often meet assumptions that they do not have relevant skills or experience (Employers Forum on Age).

Older workers can experience restricted access to the workplace by enforced or incentivised retirement (Government Equalities Office (GEO)). 62% of over fifties feel they have been turned down for a job because they are considered to old, compared with 5% of people in their thirties. (GEO)

In February 2008, 72.1% of people aged 50 to State Pension Age and 11.6% of people over State Pension Age were working in the UK, compared to 74.9% of people aged 16 to 59/64 (Office for National Statistics (ONS)).

- The employment rate for men between the ages of 50 and State Pension Age was 72.8% and for women was 70.1% (DWP).
- 10.7% of men aged 65 and over and 12.2% of women aged 60 and over were still in employment (Economic and Labour Market Review).

5.2% of men and 5.3% of women in the UK aged 50 to State Pension Age are economically inactive but want paid work. This represents 280,000 men and 200,000 women (ONS).

37% of those aged 50 and over remain unemployed for more than 12 months, compared to 28% of those aged 25 to 49 (ONS).

19% of people aged 50 to 64 have no qualifications, compared to 9% of people aged 19 to 49 (Department Innovation Universities and Skill).

Staff (local findings):

Out of 65 establishments recorded in the National Minimum Data Set for May 2010 the age profile is as follows:

| Age | Number | % |
|----------|--------|----|
| Under 18 | 7 | 0 |
| 18 – 29 | 309 | 18 |
| 30 – 39 | 388 | 23 |
| 40 – 49 | 433 | 26 |
| 50 – 59 | 261 | 15 |
| 60 – 69 | 140 | 8 |
| 70+ | 27 | 2 |

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| | | |
|--------------|-------|---|
| Not recorded | 124 | 7 |
| Total | 1,689 | |

The population of Central Bedfordshire (2001 Census) was as follows:

| Age | Number | % |
|-------|--------|----|
| 15-18 | 8897 | 5 |
| 18-29 | 29891 | 16 |
| 30-39 | 39527 | 21 |
| 40-49 | 34478 | 18 |
| 50-59 | 31130 | 17 |
| 60-69 | 20584 | 11 |
| 70+ | 22050 | 12 |

Of the working age population there is low representation from young people under 18 and over-representation of 40-49 year olds. Overall, although there is not a significant difference compared to the overall population, it should be noted that the workforce does not just reside within the Central Bedfordshire area.

Disability:

Customers (national research):

Using the widest definition there are more than 11 million disabled people in the UK, that's more than one in five of the adult population and one in 20 children. 80% of people experience a year of being disabled at some point in their lives and 66% of disabled people develop impairments during working age.

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.

The income of disabled people is on average less than half that of non disabled people. (EFD).

Disabled people are at greater risk of experiencing violence than non-disabled people (Equality and Human Rights Commission (EHRC)). Disabled women are found to be twice as likely to experience domestic violence as non-disabled women (EHRC).

An investigation into the health inequalities experienced by people with mental health problems or learning disabilities found that many people reported problems with gaining access to services, with staff attitudes, and with getting the necessary treatment and support (Equality Review).

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 (Commission for Social Care Inspection).

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

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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.
- A minority of disabled people report experiences where their human rights may have been compromised, e.g. a **lack of regard for basic privacy or dignity**.
- 94% of social care services reported that they were undertaking some general work on equality, such as policy development or staff training.
- Only 33% of social care services identified any focused action that they had taken on equality for disabled people

Much of the social housing stock is unsuitable for disabled people. Sub standard housing can make some conditions worse (Department for Communities and Local Government).

For many disabled people the main barrier they encounter is people's attitudes:

- 1 in 3 people believe wheelchair users to be less intelligent;
- 1 in 2 people express a fear of disabled people;
- 1 in 4 people feel resentment and anger towards disabled people (Employers Forum on Disability).

Staff (national research):

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 make 2.5 times more job applications than non disabled people, yet receive fewer job offers (Employers Forum on Disability (EFD)).

There are currently 1.3 million disabled people in the UK who are available for and want to work. Only half of disabled people of working age are in work (50%), compared with 80% of non disabled people. Employment rates vary greatly according to the type of impairment a person has; only 20% of people with mental health problems are in employment (Shaw Trust).

Staff (local findings):

Out of 65 establishments recorded in the National Minimum Data Set for May 2010 the disability profile is as follows:

| | Number | % |
|----------------------------|--------|------|
| Staff with a disability | 19 | 1.1 |
| Staff without a disability | 1193 | 66.7 |
| Not recorded | 577 | 32.3 |

This data shows that the number of staff with a disability is very low, however the data is unreliable due to the number not recorded.

1.4. Gender:

Customers (national research):

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It is estimated that at least 1.7 million single older men could be living in isolation in the UK. Nearly 400,000 of these are single older men aged 75 and over. Furthermore, it is estimated that 289,000 single older men are living in poverty. (Age Concern)

Staff (national research):

Women still earn on average 22.6% less per hour than men (Government Equalities Office (GEO)). The vast majority of people employed in local government are women (70%) but most are concentrated in lower paid and part-time jobs (EOC). Women who work full time are paid on average just 87.4% of men's hourly earnings (GEO).

The part-time gender pay gap in April 2007 was 39.1% (GEO). Occupation segregation is one of the main causes of the gender pay gap. Women's employment is highly concentrated in certain occupations and those occupations which are female-dominated are often the lowest paid (GEO). Women are still under-represented in the higher paid jobs within occupations – the "glass ceiling" effect (GEO).

Many women bear the majority of the responsibility for childcare with the result that 44% of women work part time compared to 10% of men. Part-time work can limit career progression; lead to lower pay and reduced pensions (EOC). 38% of mothers and 11% of fathers have left a job or been unable to take one due to caring responsibilities (EOC).

Staff (local findings):

Out of 65 establishments recorded in the National Minimum Data Set for May 2010 the gender profile is as follows:

| Gender | Number | % |
|-----------------------|--------|------|
| Male | 212 | 11.9 |
| Female | 1177 | 65.8 |
| Not known or recorded | 400 | 22.4 |

The working age population of Central Bedfordshire (ONS 2008 estimate) was as follows:

| Gender | Number | % |
|--------|---------|------|
| Male | 126,500 | 49.6 |
| Female | 128,500 | 50.4 |

1.5. Gender Reassignment:

Customers (national research):

1 in 10,000 people suffer from the recognised medical condition known as gender dysphoria, generally referred to as being transgender or transsexual.

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. Tackling transphobia must be a priority.

Recent research estimates that 7% of the trans population are aged 61 or over (Equalities Review).

Staff (national research):

Trans people faced problems similar to those they may encounter within the workplace: respondents

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‘felt isolated and needed to stay “in the closet”; they experienced harassment from teachers and other students (Equality and Human Rights Commission).

Trans people are more likely than others to experience difficulty in finding work or retaining it if their background becomes known to others. High numbers report feeling obliged to change jobs because of workplace harassment and abuse (EHRC).

They have been found to be in jobs that are below their skills and educational capacity and appear more likely to work in lower-paid and insecure employment in the public sector, or to be self-employed (EHRC).

1.6 Race:

Customers (national research):

Gypsies and Irish Travellers have the poorest life chances of any ethnic group today. Life expectancy for men and women is ten years lower than the national average (Commission for Race Equality (CRE)).

Adults and older people from black and minority ethnic communities are less likely to be provided with social services following an assessment (Commission for Social Care Inspection (CSCI)). Only 33% of all social services users in England thought that matters of race culture and religion were noted by local authority social services staff (CSCI).

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.

- Only 37% of providers said that they had taken specific action to address equality for black and minority ethnic people

Gypsy and Traveller Communities experience a lack of access to culturally appropriate support services for people in the most vulnerable situations, such as women experiencing domestic violence (EHRC).

Staff (national research):

Overall black and minority ethnic people are more likely to be unemployed, irrespective of their qualifications, place of residence, sex or age. They are less likely to hold senior management positions (Equality Review (ER)).

Recent experiments show clear evidence of discrimination in whether people are offered employment opportunities, with interviews depending on the apparent ethnicity in their CVs (National Equality Panel).

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People from an ethnic minority community are 13% less likely to find work than a white person (Labour Force Survey 2008).

Pakistani and Bangladeshi women with the same characteristics as White women are 30% more likely to be out of work (ER). Black African and Bangladeshi men, can also experience significant employment penalties (ER).

Gypsies and Irish Travellers can face barriers to employment due to low literacy levels (Commission for Race Equality). Based on current rates of progress it is predicted that it will take nearly 100 years for people from ethnic minority communities to attain the same job prospects as white people (Government Equalities Office).

Staff (local findings):

Out of 65 establishments recorded in the National Minimum Data Set for May 2010 the age profile is as follows:

| Race | Number | % |
|---|--------|------|
| All Persons; Aged 16-64/59; White | 824 | 52.7 |
| All Persons; Aged 16-64/59; Mixed | 22 | 1.4 |
| All Persons; Aged 16-64/59; Asian or Asian British | 97 | 6.2 |
| All Persons; Aged 16-64/59; Black or Black British | 288 | 18.4 |
| All Persons; Aged 16-64/59; Chinese or Other Ethnic Group | 39 | 2.5 |
| Not known/recorded | 295 | 18.8 |

The working age population of Central Bedfordshire (ONS 2007 population estimate) was as follows:

| Race | Number | % |
|---|--------|------|
| All Persons; Aged 16-64/59; White | 147700 | 92.7 |
| All Persons; Aged 16-64/59; Mixed | 1800 | 1.1 |
| All Persons; Aged 16-64/59; Asian or Asian British | 4800 | 3.0 |
| All Persons; Aged 16-64/59; Black or Black British | 2800 | 1.8 |
| All Persons; Aged 16-64/59; Chinese or Other Ethnic Group | 2200 | 1.4 |

The two tables above show that the workforce is significantly over profile for Black or Black British staff and under profile for White staff. However again with nearly 19% of staff ethnicity not known which may skew the figures.

1.7 Religion or Belief:

Customers (national research):

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 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:

- 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
- Religious observance / prayer and festivals
- Customs and practices to be followed in the case of birth and bereavement
- Cultural stereotypes for maleness and femaleness.

For many people, belief is not merely external it is often based on a strong inward philosophy that has out workings in day to day life. For some religions (including atheism) there are not many outward signs of belief (i.e. festivals, dietary requirements etc.) Therefore there is danger of causing

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offence if organisations only focus on the outward, often more visible, aspects of religion and do not understand the moral constructs of the religion or belief. Such an approach can also result in an unbalanced bias towards more regimented, visible religions.

Customers (local findings):

Local authorities need to bear in mind that a significant proportion of the population (16% in Central Bedfordshire) may have humanist or non religious beliefs and their views should also be taken into account when addressing community cohesion, service delivery and employment.

Staff (national research):

Only 61% of Muslim men have jobs compared to 80% of Christian men and 82% of Hindu men (Government Equalities Office).

There is emerging evidence that Indian and White Muslims experience employment disadvantage when compared to Indian and White Christians (Equality Review).

Women from nearly all ethnic / religious backgrounds have pay between a quarter and a third less than a White British Christian man with the same qualifications, age and occupation (National Equality Panel).

1.8 Sexual Orientation:

Customers (national research):

It is estimated that 5 to 7% of the population in the UK is LGB (Stonewall)

Research has identified that Lesbian, gay, bisexual and transgender people want:

- **To feel safe and be free from discrimination**, where services take seriously any discrimination, whether from people providing services, other people using services or from the wider community; and LGB people have choice in the way that this is handled.
- **To be valued for who they are**, where services provide an environment where LGB people know that they will be valued, have opportunities to 'come out' when they choose and receive a positive response from staff.
- **Support to live the lives that they choose**, where services enable people to have choice about their social life, leisure activities and relationships. For many people, this means support to have contact with other LGB people.
- **To live a variety of lifestyles**, where services recognise that not all LGB people are the same and understand the aspirations and needs of each individual, ensuring they have choice and control over the support they use (Commission for Social Care Inspection).

Older LGB people grew up at a time when homosexual acts were 'against the law' until 1967. As older gay men grew up when it was a criminal offence to engage in sex, they were forced to act secretly with fear of prosecution or 'outing'. Discrimination against being lesbian or gay was accepted, and many older LGB people behaved publicly as if they were 'straight', keeping their domestic and leisure activities strictly private and separated from their public lives. This can impact upon older LGB people's sense of well-being and upon their feelings about their sexual orientation making them reluctant to discuss their private lives with strangers.

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 secretly, and therefore feel unable to make what would be a very public declaration of their sexual orientation. Similarly, they are unlikely to be in a position to 'come out' for the first time and begin demanding rights at a time of deep emotional trauma, such as the illness or death of a partner. Older LGB people receiving services at home can feel unsure about the treatment they will receive and so can

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feel obliged to hide any outwards signs of their identity such as photos before home carers etc arrive at their home.

Of the UK population over State Pension Age, it is estimated that between 500,000 to 800,000 people are lesbian, gay or bisexual (Age Concern).

Older LGB people are 2 ½ times more likely to live alone and 4 ½ times less likely to have no children to call upon in times of need be without informal care and support networks, making their need for appropriate social care services even more acute (Stonewall).

Older LGB people want the opportunity to socialise and be with those who understand their concerns and have shared their life experiences (Age Concern).

Staff (national research):

Even though employers and public bodies have a responsibility to protect lesbian and gay people from discrimination, lesbian and gay people still encounter prejudice in their day-to-day lives (Stonewall).

Nearly one in five lesbian and gay people (almost 350,000 employees in Britain) have experienced homophobic bullying in the workplace during the last five years.

Lesbian and gay people in occupational groups C2DE are 50 per cent more likely to experience bullying than those in occupational groups ABC1.

A third think that lesbian and gay people who are open about their sexual orientation are more productive in the workplace, because they do not have to cover up their home situation. However, they fear the risk of being bullied if they do come out.

One particularly difficult area is where individual staff have objections to addressing issues of equality for lesbian, gay and bisexual people because of religious reasons. Under access to services legislation the rights and needs of the LGB service user to access non discriminatory services should be upheld.

1.9 Other issues

Carers (national research):

Over 2 million people become carers every year (Carers UK). Every day, another six thousand people take on a caring responsibility. 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).

Carers' contribute an extra £1 billion a year in helping to set up and run services in the community helping disabled and older people and in advising organizations and public authorities. They did this on top of the care they already provided as carers. The basic saving to the NHS, social services and other statutory bodies resulting from the work of carers starts at something in excess of £34 billion a year.

Over 1 million people experience ill health, poverty and discrimination at work and in society because they are carers (Carers UK). 18% of carers have left a job or been unable to take one due to caring responsibilities.

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Among those of working age, 36% of carers were 'struggling to make ends meet'. 38% said they were 'managing on the money coming in', while 26% were 'reasonably comfortable financially'. Carers who are struggling financially are more likely to be: in poor health (34%); unqualified (21%); caring for 20+ hours per week (88%).

40% of carers new to caring are not getting the right information and support to help them manage their lives (Carers UK).

Carers (local findings):

There are approximately 25,210 carers in Central Bedfordshire
6,302 (1 in 4) are likely to be caring for someone with a mental health problem
2,801 (1 in 9) are looking after someone with dementia

- 17,647 (70%) care for someone 65 or over.
- 60% of people with learning disabilities will be looked after by a family carer – 3,025 carers
- 1,797 in Central Bedfordshire currently report that they are not in good health.

There will be approximately 7,913 new carers each year in Central Bedfordshire, a total of 28,960 by 2021⁴.

2.2) To what extent are vulnerable groups experiencing poorer outcomes compared to the population or workforce as a whole?

See 1.6.

2.3) Are there areas where more information may be needed?

More information is needed on the diversity of service users of all adult social care services in Central Bedfordshire.

Improved diversity monitoring for non-CBC staff is needed for age, ethnicity, gender and disability as the high number of not known or not recorded is compromising the accuracy of the data.

Diversity monitoring data on Central Bedfordshire Council (CBC) staff and staff that provided CBC contracted services should be provided for the numbers:

- Of staff in post;
- Of applicants for employment, training and promotion;
- That receive training;
- That are involved in grievance procedures;
- That are the subject of disciplinary procedures; or
- That cease employment.

2.4) Are there any gaps in data or consultation findings?

This workforce strategy was developed with partner organisations via workshops and stakeholder events and so rather than a formal consultation there was an ongoing discussion with partners and stakeholders.

The 2011 Workforce Strategy would benefit from satisfaction survey data from staff, service users

⁴ All statistics taken from Carers UK, *Review of Services For and Needs Of Bedfordshire Carers*, 2009

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and carers and a formal consultation to test whether the way forward proposed suits the needs of the workforce and the service users.

2.5) What action will be taken to obtain this information?

Service user diversity data can be extracted from the Council's social care database.

CBC staff data can be extracted from Human Resources' database. For the National Minimum Data Set further discussion is required with Human Resources to ensure the regular collection of accurate data.

For advice on developing inclusive approaches to consultation and working with vulnerable / disadvantaged groups please contact Karen Aspinall Consultation Manager . Telephone 0300 300 6286 or internally ext. 42967 or Clare Harding, Corporate Policy Advisor (Equality & Diversity), Telephone 0300 300 6109 (Ext 42329)

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

Meeting increased demand from ageing population

The Workforce Strategy recognises the need to plan to meet the needs of an ageing population. This is further supported through the Council's priority to support and care for an ageing population.

Female dominated workforce

The Workforce Strategy states that 'The Council will adopt a policy on the creation and maintenance of diversity in its workforce based on the value that the workforce should reflect the make up of its communities'.

The Workforce Strategy action plan includes the development of a marketing strategy to raise awareness of employment opportunities in social care and the development of recruitment/retention strategies to broaden recruitment avenues. This however does not specifically make reference to under represented groups such as men.

Supporting carers

The Council has a number of initiatives in place to support carers (as shown below) but this commitment is not made explicit in the Workforce Strategy.

At the end of the financial year 2009-10

1,260 carers were received a service including advice and information following an assessment or review. This was below the target for Central Bedfordshire Council but in line with the average of similar authorities

Over 300 carers were using Direct Payments or Carers Vouchers to help them enjoy a life of their own outside of their caring role

Through new NHS funding for carers, 135 new breaks were given to carers who did not meet the eligibility criteria for a Carers Direct Payment or Carers Voucher or for whom taking a break is particularly complicated

Over 400 carers received advice and information through the Central Bedfordshire Carers Helpline Carers were receiving emotional and practical support, training, advocacy and social opportunities through 6 voluntary and charitable organisations funded to provide generic and specialist support to carers

Over 78 carers work with Central Bedfordshire Council and our partners as 'Experts by Experience' and through the Central Bedfordshire Carers Forum to design, develop and monitor services for carers

A joint carers plan between Central Bedfordshire Council and NHS Bedfordshire had been agreed by Elected Members

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A Carers Lead is in post within Primary Care for NHS Bedfordshire
There is a specialist worker in post within the voluntary and charitable sector to support Black & Minority Ethnic carers

Encouraging younger workforce

The Workforce Strategy states that 'The Council will adopt a policy on the creation and maintenance of diversity in its workforce based on the value that the workforce should reflect the make up of its communities'.

The Council recognises the need to attract a younger workforce and the Workforce Strategy action plan includes the commitment to recruit and retain more young people (action 4.4) through various initiatives such as the 'Back Young Britain' pledge.

Retaining older workforce

The Workforce Strategy states that 'The Council will adopt a policy on the creation and maintenance of diversity in its workforce based on the value that the workforce should reflect the make up of its communities'.

The Workforce Strategy action plan includes the development of a marketing strategy to raise awareness of employment opportunities in social care and the development of recruitment/retention strategies to broaden recruitment avenues. This however does not specifically make reference to under represented groups such as the over 60s age group.

Encouraging employment opportunities for people with disabilities

The Workforce Strategy states that 'The Council will adopt a policy on the creation and maintenance of diversity in its workforce based on the value that the workforce should reflect the make up of its communities'.

The Workforce Strategy action plan includes a commitment to providing placements/employment and training opportunities for people with disabilities.

Delivering expectations of older and disabled people.

The Workforce Strategy states that 'the Council will adopt a policy designed to ensure the greatest possible influence over and involvement in workforce issues by people who use services'. The risk of vulnerable people receiving a poorer service will be reduced through the introduction of personalisation which provides the service user with more choice and control and sharing feedback from engagement activities with staff so that the workforce understands the expectations of service users.

Safeguarding older and vulnerable adults

One of the key drivers for the Social Care, Health and Housing Directorate is to improve safeguarding of vulnerable adults. The Workforce Strategy action plan includes the commitment to implement training provision for safeguarding (action 3.1) and to ensure that there is consistent application of safer and best practice recruitment and selection (action 4.7)

Encouraging diversity of workforce

The Workforce Strategy states that 'The Council will adopt a policy on the creation and maintenance of diversity in its workforce based on the value that the workforce should reflect the make up of its communities'.

The Strategy also includes a commitment to investigating the diversity of the workforce further to come to an understanding of whether the workforce reflects the communities it seeks to serve. Recruitment and retention is also a priority as career development for all will ensure that the workforce is diverse at all levels.

Understanding equality issues to reduce discrimination against staff and service users.

Central Bedfordshire Council delivers in house diversity awareness training however this issue is not specifically addressed within the Workforce Strategy.

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Monitoring diversity of staff and service users at assessment stage
The Workforce Strategy includes the commitment to implement a mechanism and a named lead person to collate and report workforce data. The Strategy however does not extend this commitment to monitoring service users.

| | | |
|--|---|-----------------------------------|
| Stage 3 – Assessing Positive & Negative Impacts | Refer to Equality Checklist (Pages 8-12) | |
| | Awareness | Accessibility |
| | Take Up levels | Staff Training Needs |
| | Appropriateness | Partnership - working |
| | Adverse Outcomes | Contracts & monitoring |

| Analysis of Impacts | Impact Yes | Impact No | Summary of impacts and reasons for this |
|---|-------------------|------------------|---|
| 3.1) Age | ✓ | | The younger and older workforce are under represented in the adult social care sector in Central Bedfordshire. Assumptions are sometimes made that it's natural for older people to have lower expectations. Older people are more vulnerable to abuse and neglect. |
| 3.2) Disability | ✓ | | Disabled people are at greater risk of experiencing violence than non-disabled people. Disabled people do not always have the same opportunities or choices as non-disabled people. Disabled people are more than twice as likely to be out of work as non-disabled people. |
| 3.3) Gender | ✓ | | Social care attracts predominantly women and due to gender stereotypes and working patterns men are dissuaded from joining the sector. |
| 3.4) Transgender | ✓ | | Transgender people experience disproportionate levels of discrimination, harassment and violence. |
| 3.5) Race | ✓ | | Adults from black and minority ethnic communities are less likely to be provided with social care services following an assessment. |
| 3.6) Religion / Belief | ✓ | | A lack of awareness about a person's religious or other beliefs can lead to discrimination. |
| 3.7) Sexual Orientation | ✓ | | Some older LGB people choose to self-exclude and want the opportunity to be with those who understand their concerns and have shared their life experiences. |
| 3.8) Other e.g. . Poverty / Social Class/Deprivation, Looked After Children, Offenders, Cohesion | ✓ | | Carers could be exploited if the workforce strategy is reliant on their assistance but does not provide appropriate advice, respite and support. |

Stage 4 – Conclusions, Recommendations and Action Planning

4.1) What are the main conclusions from the assessment?
The social care workforce has a number of equality implications affecting all equality groups and carers. However the Workforce Strategy mitigates many of these inequalities and those that it does

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not directly address will be dealt with in the planning and implementation of the 2011 Workforce Strategy.

4.2) What are the priority recommendations and actions?

The inequalities alluded to in 4.1 can be addressed as follows:

- Extend remit of recruitment and retention strategy to specifically address the underrepresentation of men and the over 60s.
- Extend the training provision to include diversity awareness training. Such training needs to be relevant to social care and health settings. Private and voluntary sector providers should be encouraged to access such training.
- Improve the diversity monitoring of service users.
- Seek to improve the data quality of the National Minimum Data Set.
- Improve the availability of diversity monitoring data for CBC staff.
- Improve the diversity monitoring of service user satisfaction surveys.
- Clarify Central Bedfordshire's Together commitment to supporting carers and recognition of the contribution carers make to the workforce.

4.3) What changes will be made to address any adverse impacts that have been identified?

See 4.2.

4.4) Are there any budgetary implications?

To be evaluated as part of the development of the 2011 Workforce Strategy.

4.5) Actions to be Taken:

| Action | Date | Priority (high / medium low) |
|---|----------------|-------------------------------------|
| Extend remit of recruitment and retention strategy to specifically address the underrepresentation of men and the over 60s. | 2011 | H |
| Extend the training provision to include diversity awareness training. | April 2011 | H |
| Improve the diversity monitoring of service users | April 2011 | H |
| Seek to improve the data quality of the National Minimum Data Set. | September 2010 | M |
| Improve the availability of diversity monitoring data for CBC staff. | September 2010 | M |
| Improve the diversity monitoring of service user satisfaction surveys. | September 2010 | M |

Stage 5 Quality Assurance & Scrutiny:
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?

Checks have been made with:

Step 1:

- The Corporate Policy Advisor (Equality & Diversity) for comment & decision re further scrutiny ✓

Step 2:

- The Equalities Working Group - The Equalities Forum

- Other Please give details e.g. LGBT Network:

Checks will be made with the Equalities Forum during the development of the 2011 Workforce Strategy.

5.2) Were any additional actions / amendments identified?

Please give details:

Further information was provided on inequalities experienced by carers and specific equality information relating to the adult social care sector. The action plan also had two actions upgraded from a low priority.

Stage 6 – Monitoring Future Impact

6.1) How will implementation of the actions be monitored?

The actions will be monitored through the Strategic Workforce Board.

6.2) What sort of data will be collected and how often will it be analysed?

Diversity monitoring of service users – quarterly
National Minimum Data Set - quarterly
Diversity monitoring data for CBC staff – quarterly
Diversity monitoring of service user satisfaction surveys – annually

6.3) How often will the policy be reviewed?

The Workforce Strategy will be reviewed in 2011.

6.4) Who will be responsible for this?

To be determined by the Director of Social Care, Health & Housing.

6.5) Have the actions been incorporated in the service / business plan or team targets?

The action to review the Workforce Strategy and address equality implications raised through this Equality Impact Assessment will be included in the Adult Social Care service plan 2010/11.

Stage 7 – Publication

7.1) The results of all equality impact assessments must be accessible to the public. Please forward a copy of your completed equality impact assessment to:

Clare Harding Corporate Policy Advisor (Equality & Diversity) – Office of the Chief Executive
Clare.Harding@centralbedfordshire.gov.uk Telephone 0300 300 6109 (Ext 42329)

Finalised Assessments can be used to inform the Equality Section of Committee Reports and should be saved with the strategy, policy, project, contract, or decision file for audit purposes and Freedom of Information Act requests

Equality & Diversity Checklist

Central Bedfordshire Council is legally required to:

- **Deliver** high quality, accessible services that meet the needs of all our customers.
- **Understand** issues relating to disability, gender, gender reassignment, race, religion or belief, age, and sexual orientation.
- **Engage** with service users, local communities, staff, stakeholders and contractors to identify and implement improvements
- **Tackle** barriers which restrict access to services
(*e.g. inaccessible buildings, lack of employee understanding about customer needs*)
- **Employ** a representative, well trained workforce

Services must demonstrate how they address the following issues:

1) PUBLICISING SERVICES:

- ★ **How does the service ensure that all sections of the community are aware of the service?** (*e.g. variety of approaches to publicity, awareness levels measured?*)
- ★ **When is the service available?** (*e.g. opening hours and any out of hours service*)

2) ACCESSIBLE SERVICES:

- ★ **How does the Service ensure that all sections of the community have equality of access?**
(*e.g. variety of contact mechanisms and delivery points provided such as phone or website. Provision to help customers with additional needs to access the service such as disability access, provision of Interpreters?*)
- ★ **Does the service monitor and analyse levels of service take up?** (*e.g. are certain groups not using the service or over-represented? Are the reasons for this investigated?*)
- ★ **Does the service consider options for delivering services in a different way to facilitate easier access for customers?** (*e.g. outreach approaches*)

3) APPROPRIATE SERVICES:

- ★ **How does the service check that it is meeting the needs of all customers?**
(*e.g. Has the service set up inclusive Customer feedback mechanisms? Is this feedback analysed by equality criteria?
Is the service using a variety of inclusive consultation mechanisms for both existing, potential and ex-customers, including customers with special needs & community groups?*)
- ★ **Do the findings inform service development and improvement?**

4) SERVICE SUPPORT NEEDS:

- ★ **How does the service identify staff training needs?** (*e.g. via staff appraisal process*)
- ★ **What E&D training has been undertaken?**

5) PARTNERSHIP AND PROCUREMENT:

- ★ **How does the Service ensure that equality legal requirements are addressed when working in partnership or with contractors?** (*e.g. contract clauses, targets and monitoring*)

Equality & Diversity - Key Issues to Consider:

The following key issues are not intended to provide a comprehensive or exhaustive list of issues, but should help give an indication of issues which need to be taken into account. Whilst a particular section of the community will have common interests and concerns, views and issues will vary within groups. For example, women will have differing needs and concerns depending on age, ethnic origin, disability etc.

Gender: Issues for women may include:-

- Personal security & safety
- Mobility & transport
- Caring for dependents
- Access to education
- Access to leisure and recreation facilities
- Health and social services
- Participation in public life
- Employment and training opportunities

Consider:-

- Whether service development or employment proposals promote a safe, secure and accessible environment for women, including access to public transport.
- Whether proposals recognise women's overwhelming responsibility for domestic labour and caring for dependants

Gender: Issues for men may include:-

- stereotyping
- educational attainment
- low take up of health services
- School exclusion
- recognition of caring responsibilities
- lack of access to flexible working

Consider -

- Whether outreach approaches are required to encourage men to engage with services

Gender: Issues for transsexuals may include:-

- Bullying / Harassment
- Right to Privacy
- Support during transition stage
- Time off for Medical Treatment
- Dress Codes
- Use of single sex facilities

Consider:

- whether it will be necessary to brief or train colleagues about appropriate behaviour

Race: Issues for ethnic minority groups may include:-

- Access to jobs and training
- Culture e.g. diet, dress
- Participation in public life
- Awareness of services
- Access to appropriate services
- Access to translation & interpretation
- Educational attainment/Exclusion rates
- Resources for voluntary/community groups
- Racial harassment and violence
- Support for business development

Consider:-

- Differences between and within ethnic groups.

Disability: Issues for disabled people may include:-

- Social isolation
- Mobility and transport
- Access to education/leisure activities
- Safety and security
- Low incomes/reduced employment
- Access to information (alternative formats)
- Accessibility of buildings/services
- Participation in public life

Consider:-

- The vast range and varying degrees of disability. Some people may have more than one disability
 - Whether proposals promote independent living through improvements in access, mobility & safety
 - The likely impact on carers and / or dependants.
-

Religion or Belief: Issues for people who follow a religion or belief may include:

- Dietary requirements / Fasting
- Religious Observance
- Dress / Jewellery
- Arrangements for Birth/Bereavement
- Leave for Religious Festivals
- Washing / Bathing

Consider:-

- Variations within religions can be significant and people will differ in the extent to which they actively practise their religion – Never make assumptions, ask individuals what's relevant for them
 - Some people are humanists, atheists or agnostics do not assume everyone has a religion
-

Age - Older People: Issues for older people may include:-

- living in a safe community
- Loneliness and isolation
- Bereavement
- Access to local facilities
- being able to live in their own home
- Being in control/having choice over care
- Reduced income
- Affordable, accessible transport

Consider:-

- Ways of involving older people in consultation
-

Age - Young People: Issues for younger people may include:-

- Bullying / Peer Pressure
- Access to leisure activities
- Personal Development Relationships
- Education / Training / Employment Options
- Income / budget management
- Transport

Consider:-

- - Whether or not children may be made more or less vulnerable as a result of the service development
- Age appropriate methods of consultation with young people

Sexual Orientation: Issues for gay lesbian or bisexual people may include:-

- bullying / hate crime
- rejection by family
- attainment /staying on at school
- workplace benefits for partners e.g. pensions
- intrusive questions / right to privacy
- stereotyping
- depression / self harming
- safe environment to come out in

Consider:-

- Issues of sexual orientation may be compounded by other equality strands such as race, religion, age and disability making issues more difficult to manage. For example as a result of previous legislation, older LGB people may be very nervous about disclosing their sexual orientation and may feel very isolated

More Information:

All Equality Groups:

<http://www.cehr.org.uk/>

http://www.theequalitiesreview.org.uk/publications/interim_report.aspx

Gender

<http://www.womenandequalityunit.gov.uk/index.htm>

Gender Reassignment

<http://www.beaumontsociety.org.uk>

Race:

<http://www.voluntaryworks.org.uk/brec/Index.asp>

Disability:

<http://centralbedsaccessgroup.co.uk>

<http://www.sightconcern.org.uk/>

<http://www.drcbeds.co.uk/>

Religion Faith and Belief:

<http://www.bcof.org.uk/>

<http://www.bbc.co.uk/religion/tools/calendar/index.shtml>

Age:

Older People - <http://www.ageconcernbeds.com/>

Young People <http://www.connx.org.uk/>

Sexual Orientation

<http://www.stonewall.org.uk/>

<http://www.bproud.org.uk>

If you need any assistance regarding this Assessment, please contact:

Clare Harding, Corporate Policy Advisor (Equality & Diversity)

Office of the Chief Executive, Central Bedfordshire Council

Clare.Harding@centralbedfordshire.gov.uk 0300 300 6109 (Ext 42329)