Central Bedfordshire Equality Impact Assessment

Title of the Assessment:		**Proposals for the Future of Greenacre Older Peoples Home and Day Centre**	**Date of Assessment:**	Dec 2015
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Stage 1 - Setting out the nature of the proposal and potential outcomes.

Stage 1 – Aims and Objectives

1.1 What are the objectives of the proposal under consideration?

The Council is reviewing the future of Greenacre care home as part of a wider project to reconfigure care home provision for older people.

The proposed offer to residents of Greenacre is currently:

a. The Council is proposing to close the home and find suitable alternative accommodation for the existing residents.
b. Residents will be given a choice of homes to move to within a reasonable distance. These choices would be of homes which offer a good quality of care, modern physical and environmental standards and fee rates that are in line with the Council's fee structure or the host Local Authority rates.
c. There will be places available at Rosewood Court and Dukeminster Court to facilitate residents wishing to stay living as a group to do so.
d. Any resident who wished to move further away (for example to be closer to a relative) would be assisted to do so.

At the same time as the future of Greenacre as a care home for permanent residents is being considered there will also be a need to consider the future of the short term residential rehabilitation 'step-up step-down' facility and the day care facility.

The key objectives of the proposals are to:-

- ensure that all current users of Greenacre care home continue to receive a high quality of care, and that the impact of any potential re-provision of care is actively managed and therefore minimised.

- ensure that future service users of the short term residential rehabilitation facility and day care facility are able to access high quality and accessible specialist services in a range of locations across the county offering choice to all.

1.2 Why is this being done?

<u>Meeting the demands of an aging population</u>

Central Bedfordshire's population of older people is set to grow much more rapidly than the overall population. This is particularly true of the group of people aged 85 and over.

When asked older people consistently say that their preference is to remain living independently in their own home for as long as possible and the Council aims to support this as much as it can.

The vast majority of people will continue to live in ordinary housing throughout their lives, supported by informal carers (such as relatives and friends) and 'paid for' carers sourced privately or commissioned by the Council. Additionally, in recent years the Council has developed extra care housing schemes that are able to deliver a high level of flexible care options to support residents as and when they need it.

However, even with the provision of extra care housing, for a small proportion of older people the best place in which their needs can be met is in a care home setting. In recent years increased expectations of the facilities in care homes have lead to changes in the physical and environmental standards which new care homes need to meet.

In response to the challenges set out above the Council has undertaken the following:

1. Increased the availability of home care services in response to increasing demand and the desire by older people to remain in their own homes for as long as possible.

2. Developed both domiciliary and residential reablement services that assist older people to regain independent living skills which allow them to remain living at home even after a spell in hospital.

3. Commenced the development of extra care housing schemes for independent living in Dunstable (Priory View) and Leighton Buzzard (Greenfields) and is planning deliver a further four schemes of this type over the next six years.

4. The reconfiguration of care home provision for older people to deliver higher standards. This is the most challenging as such changes inevitably mean a degree of disruption to the lives of residents of the homes affected, the scope of the EI A falls within this area.

<u>The reconfiguration of care home provision for older people</u>

The Council owns seven care homes for older people that were constructed by the former Bedfordshire County Council between 1968 and 1982. These homes do not meet physical and environmental standards that modern homes do.

There are two new care homes in Dunstable:

a. A 75-place residential care home at Dukeminster Court, Dunstable owned and operated by Quantum Care was opened in April 2015.

b. A 66-place residential and nursing care home at The Gateway, London Rd, Dunstable is being developed by LNT Construction. The home, to be called Rosewood Court, is to be owned and operated by Only Care Ltd and is scheduled to open in February 2016.

As these are new-build homes they have modern standards of provision including en-suite bathroom facilities for each resident. This is significantly better than the standards of accommodation in the Council's homes, which do not have these facilities.

<u>Care home provision in Chiltern Vale</u>

In February 2015 the Executive considered a report on care home provision in Chiltern Vale and

authorised the commencement of a consultation on the future of one of the two homes in that area that the Council owns and operates - Caddington Hall in Markyate. The Executive received a report on the outcome of this process in July 2015 and made the decision that the home should close.

The second home that the Council has in the Chiltern Vale locality is Greenacre on Brewers Hill Road, Dunstable. The home has capacity for 42 residents.

Greenacre has 21 permanent residents and 13 vacancies. It has a further eight places allocated for a short term residential rehabilitation 'step-up step-down' facility..

Greenacre Day centre

The day care facility at Greenacre is currently used by 16 people who live in the locality. The facility averages eight customers each day. The nearest alternative facility is Houghton Regis Day Centre, which has capacity to accept additional customers.

1.3 What will be the impact on staff or customers?

Customers

There are currently 21 permanent residents who live in Greenacre care home and 16 users of the day centre.

Approximately 2400 people over 65 are in receipt of adult social care services (December 2015).

Positive:

- The current and future population of older people in Central Bedfordshire would potentially benefit from the reshaping of services for older people.
- A decision to close Greenacre would result in an improved standard of physical environment in care home provision for older people – both current and future customers
- The new accommodations will have improved facilities for people who have dementia

Negative:

- Potential disruption for existing customers

Staff

Positive:

- The potential to work in an improved standard of physical environment
- There may be some development opportunities for staff

Negative:

- The disruption and stress of potential job loss or change of employer

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

The proposal is underpinned by, and supports the Council's priorities to *"promote health and well being and protect the vulnerable"*. It also contributes, and relates to the following initiatives and strategies that promote service improvement:

Meeting the Accommodation Needs of Older People Program

Central Bedfordshire has developed a program approach towards the delivery of accommodation for older people. The vision for the program is that older people across all of Central Bedfordshire have access to a choice of local, high quality, value for money accommodation that enable them to lead healthy, independent lives within their community.

This should include a range of warm, safe and secure schemes where older people can live without losing touch with their family or community and will include:-

- Good quality sheltered housing, to rent or buy.
- Good quality independent living, to rent or buy.
- Good quality suitable general needs housing, to rent or buy
- Good quality residential and nursing care homes, provided by partner organisations.
- Good quality community facilities at these schemes that bring in the local community.

Central Bedfordshire Council Housing Strategy

The Housing Strategy aims to ensure the Council provides a comprehensive housing service, which improves the quality of life by seeking solutions to all aspects of housing need and through the creation and maintenance of stable communities across Central Beds.

The Care Act 2014

The council (and partners in health, housing, welfare and employment services) has a duty to take steps to prevent, reduce or delay the need for care and support for all local people. The council will aim to provide high quality information and advice about services that operate in the community, or commission universal services that seek to promote well-being and improve people's independence.

By seeking to improve the quality of care home places in Chiltern Vale, in the way that is being proposed, the Council is meeting the powers and duties placed on it by The Care Act 2014 and associated guidance in respect of managing the care market.

In taking forward these proposals the Council needs to be mindful of legal duties in the following areas:

- The 'duty to consult' with people most affected by proposals
- The 'duty of care' to residents, relatives, staff members and others
- The 'Public Sector Equality Duty (PSED)'.
- Employment-related duties to staff

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

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

The review of Housing for Older People in Central Bedfordshire enables the council to review and respond to the needs of older people in the area and meet the demands of an aging population.

Care homes will be reconfigured to deliver higher standards and deliver modern standards of provision for older people in Central Bedfordshire.

1.6 Is it possible that this proposal could damage relations amongst groups of people with different protected characteristics or contribute to inequality by treating some members of the community less favourably such as people of different ages, men or women, people from black and minority ethnic communities, disabled people, carers, people with different religions or beliefs, new and expectant mothers, lesbian, gay, bisexual and transgender communities?

Every effort is being made throughout this process to ensure that residents, their families and staff members do not experience less favourable treatment. The consultation process provides an opportunity to explore any concerns and identify mitigating action.

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

Stage 2 - Consideration of Relevant Data and Consultation

In completing this section it will be helpful to consider:

- **Publicity** – Do people know that the service exists?
- **Access** – Who is using the service? / Who should be using the service? Why aren't they?
- **Appropriateness** – Does the service meet people's needs and improve outcomes?
- **Service support needs** – Is further training and development required for employees?
- **Partnership working** – Are partners aware of and implementing equality requirements?
- **Contracts & monitoring** – Is equality built into the contract and are outcomes monitored?

2.1. Examples of relevant evidence sources are listed below. Please tick which evidence sources are being used in this assessment and provide a summary for each protected characteristic in sections 2.2 and 2.3.

Internal desktop research

	Place survey / Customer satisfaction data	X	Demographic Profiles – Census & ONS
	Local Needs Analysis	X	Service Monitoring / Performance Information
X	Other local research		
Third party guidance and examples			
X	National / Regional Research	X	Analysis of service outcomes for different groups
X	Best Practice / Guidance		Benchmarking with other organisations
	Inspection Reports		
Public consultation related activities			
X	Consultation with Service Users		Consultation with Community / Voluntary Sector
	Consultation with Staff		Customer Feedback / Complaints
	Data about the physical environment e.g. housing market, employment, education and training provision, transport, spatial planning and public spaces		
Consulting Members, stakeholders and specialists			
	Elected Members		Expert views of stakeholders representing diverse groups
	Specialist staff / service expertise		

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

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

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

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

National & International Research:

Some key points that emerged from a study by the Centre for Policy on Ageing and Age Discrimination (2009) showed that services for over 65s were worse, in respect of :

- Assumption made about needs and capabilities of older people older people
- Clear evidence of varying standards and expectations in the provision and delivery of services for older people and younger adults – with the former receiving a poorer level of service, and their social needs and wellbeing often neglected
- The focus and quality of assessments are different for older people. The pressure on resources and professional assessment of risk can inhibit the development of person centred assessments for older people..
- Some key concerns with residential care include:- loss of control, identity, and personal possessions; not being valued; cultural and/or religious needs not met,

lack of privacy; lack of activity; insufficient staff and inadequate training; care not provided at appropriate pace.

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Age UK:

- Care Home provision varies around the UK but the shortage of places is acute in some areas, particularly for people who have dementia.
- There are 394,000 older people in residential care.
- An estimated 244,185 people with late onset dementia live in care homes, or 36.5% of people with dementia.
- The proportion of people with dementia who live in care homes rises with age: while 26.6% of people with dementia aged 65-74 live in care homes, the figure is 60.8% for those aged 90 and over.

Health and wellbeing

- Around 40% of care home residents have clinical depression and more than 50% of care home residents have urinary incontinence.
- One study found that 20% of care home have no regular visit from a GP and research suggests that "almost 50% of residents' time is spent asleep, socially withdrawn or inactive, with only 3% spent on constructive activity".
- Only 29% of persons over the age of 65 who are cared for report attending any outside activity (such as a day centre or club).

CQC:

- Behaviours and attitudes of staff were identified as crucial issues in determining not only whether people felt they were treated fairly but also whether the outcome was non-discriminatory. Numerous examples demonstrated discriminatory attitudes based on age – highlighting the importance of effective staff training.
- Other forms of discrimination included incidences of staff "talking over" older people, particularly those with untreated depression.

Local Research & Data:

The total population of Central Bedfordshire is set to increase, and in line with national trends, the biggest increase will be in the 65 year old, and over with the most increase being of those people aged 85 and over. Members of this latter group are most likely to need the care and support.

70% of the residents currently in Greenacre are over 80 years old.

Table 1: AGE: Demand Forecast - 65 years and Over (Central Bedfordshire)

Category	POPULATION AGED 65 & OVER									
	2014	*% Change*	2015	*% Change*	2020	*% Change*	2025	*% Change*	2030	*% Change*
65-69	15,200	*0*	15,600	*3%*	14,800	*-3%*	16,700	*10%*	19,800	*30%*
70-74	10,700	*0*	11,400	*7%*	14,800	*38%*	14,100	*32%*	16,000	*50%*
75-79	8,500	*0*	8,600	*1%*	10,300	*21%*	13,600	*60%*	13,000	*53%*
80-84	5,900	*0*	6,200	*5%*	7,200	*22%*	8,800	*49%*	11,600	*97%*
85-89	3,400	*0*	3,600	*6%*	4,400	*29%*	5,300	*56%*	6,600	*94%*
90+	1,800	*0*	1,900	*6%*	2,400	*33%*	3,200	*78%*	4,300	*139%*
Total population 65+	**45,500**	*0*	**47,300**	*4%*	**53,900**	*18%*	**61,700**	*36%*	**71,300**	*57%*

Source: POPPI 2014

Table 2: AGE Profile of Residents at Greenacre Care Home

CATEGORY	2015	%
People aged 65-69	0	
People aged 70-74	2	10%
People aged 75-79	4	20%
People aged 80-84	**7**	**35%**
People aged 85-89	2	10%
People aged 90+	5	25%
Total residents 65+	20	

Source: CBC Customer Data – SWIFT and verified with residents(November 2015)

Table 3: AGE Profile of Residents at Greenacre Day Centre

CATEGORY	2015	%
People aged 65-69	1	6%
People aged 70-74	2	13%
People aged 75-79	**5**	**31%**
People aged 80-84	4	25%
People aged 85-89	3	19%
People aged 90+	1	6%
Total residents 65+	**16**	

Source: CBC Customer Data – SWIFT and verified with residents(November 2015)

Table 4: AGE Profile of CBC Adult Social Care

Age	Numbers	%
18-64	150	24%
65+	485	76%
Total	635	100%

Source: CBC Customer Data – SWIFT Report - December 2015)

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

A) National Data:

Disability covers a wide variety of impairments such as learning disabilities, mental health conditions, mobility impairments, blindness and partial sight, deafness and hearing impairment and progressive long term health conditions. It also covers those who may not recognise themselves as having a disability, such as those with long term conditions like diabetes.

Disabled people are not a homogenous group, and issues will vary when considering standards relating to access and adaptability.

i) Age UK:

Care home residents are normally aged 80 and over and have multiple and complex healthcare needs linked to conditions like dementia, arthritis, cardiovascular disease, stroke, or a combination of these.

ii) CQC:

Disabled people experienced barriers to equality in social care services as follows:-

- Physical barriers - the most common barriers
- Environmental barriers – e.g. poor access to or within buildings
- Communication barriers - experienced by a majority of disabled people and not always related to the disabled person's impairment, e.g. providing information in accessible formats, but could be due to the communication skills of staff.
- Social inclusion barriers – with the community e.g. transport or inaccessible community facilities.
- Attitudinal barriers – another very common barrier e.g. social care staff not respecting their right to be treated equally, manifested in patronising attitudes or a lack of regard for the disabled person's rights to make choices about how care is delivered.
- Lack of regard for basic privacy or dignity – in some cases where their human rights may have been compromised.
- Disabled people are at greater risk of experiencing violence than non-disabled people. (Equality & Human Rights Commission (EHRC)
- Disabled people restructure their lives to minimise real and perceived risk to themselves even if they have not experienced targeted violence personally. (EHRC)

Local Data:

The primary need for 46% of adult social care users is personal care support needs, 19.5% of users require support related to a learning disability.

Table 5: CLIENT CATEGORY Profile of Adult Social Care Users

Main Category	Numbers	%
Physical - Personal Care Support	294	46.3
RAP Learning Disability	90	14.2
Memory & Cognition Support	86	13.5
Learning Disability Support	35	5.5
Mental Health Support	27	4.3
Physical - Access & Mobility Support	26	4.1
NOT RECORDED	21	3.3
RAP Mental Health	19	3.0
RAP Dementia	16	2.5
RAP Sensory Disability-Visual Impairment	7	1.1
Social - Social Isolation/Other Support	4	0.6
RAP Sensory Disability-Hearing Impairment	2	0.3
Sensory - Visual Impairment Support	2	0.3
CIN Primary - Abuse/Neglect	1	0.2
Personal Care Needs	1	0.2
RAP Physical & Sensory Disability and Frailty	1	0.2
RAP Physical Disability	1	0.2

RAP Vulnerable People	1	0.2
	635	

The primary needs for 12 of the of users of the Greenacre Care home is personal care support needs, 6 require memory and cognition support.

Table 6: CLIENT CATEGORY Profile of Residents at Greenacre Care Home

Memory & Cognition Support	6
Physical - Personal Care Support	12
Total	18

The primary need for users of the Greenacre Day Centre is for memory and cognition support.

Table 7: CLIENT CATEGORY Profile of Residents at Greenacre Day Centre

Memory & Cognition Support	6
Physical - Personal Care Support	1
Mental Health Day Centre	2
Dementia	1
Mental Health	1
Total	11

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

National Data:

Age UK:

Older Carers may experience increased stress and depression as a consequence of their work: it is estimated that between a third and a half (33-52%) of spousal Carers of people with dementia suffer from depression.

Furthermore, long hours and intensity of work, frequently without the possibility of breaks, may well result in isolation from social networks and activity.

38% of Carers aged 65+ report that their caring duties have affected their personal relationships, social life, and/or leisure.

Of those reporting such effects, 67% say they have less time for leisure activities, 29% say they are too tired to go out, 31% say they cannot go on holiday, and 21% say their own health has been affected. 20% report less time for friends, 16% less time for a hobby or pastime, and 13% less time for other family members. 18% say they have no social or leisure activities at all.

Additionally, 18% report being more aware of the needs of the disabled because of their caring duties.

Local Data:

Support Provided to Carers by Primary Support Reason (of client)	Support Provided					
	Support Direct to Carer					Support involving Cared for Person
Primary Support Reason (of Cared for Person: most recent) - all ages	Direct Payment Only	Part Direct Payment	CASSR Managed Personal Budget	CASSR Commissioned Support Only	Information, Advice and Other Universal Services / Signposting	Respite or Other Forms of Carer Support delivered to the Cared for Person
Physical Support: Access and Mobility Only	9	20	13	6	50	22
Physical Support: Personal Care Support	14	139	111	36	115	101
Sensory Support: Support for Visual Impairment	4	3	1	3	3	1
Sensory Support: Support for Hearing Impairment	5	2	0	0	2	0
Sensory Support: Support for Dual Impairment	0	1	0	0	4	0
Support with Memory and Cognition	9	47	27	21	17	29
Learning Disability Support	3	53	11	1	17	4
Mental Health Support	32	38	10	7	53	7
Social Support: Substance Misuse Support	0	0	0	0	0	0
Social Support: Asylum Seeker Support	0	0	0	0	0	0
Social Support: Support for Social Isolation / Other	0	16	5	2	3	9
No PSR - Cared for Person not recorded or details not current	306	63	24	82	58	4

ASC Data – Support provided by Carers – 14/15 SALT return – LTS003

Carer aged under 18	0		0	0	0
Carer aged 18-64	164	164	87	68	138
Carer aged 65 to 84	191	191	101	79	161
Carer aged 85 and over	27	27	14	11	23

ASC Data - Carer Support provided during the year, broken down by the Age of the Carer, Primary Support Reason of the Client and the type of Support provided – 14/15 SALT return – LTS003

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

A) National Research & Data:

- 1 in 10,000 people suffer from the recognised medical condition known as gender dysphoria, generally referred to as being transgender or transsexual.
- Recent research estimates that 7% of the transgender population are aged 61 or over.
- Ensure policies, procedures & publicity include transgender people, including the need to address transphobia from staff or other people using services.
- Ensure staff training on equality includes issues for transgender people and that staff and managers have access to resources on transgender issues.
- Use the name and title (e.g. Mr, Ms, Mrs, Miss) that the person prefers.
- Allow transgender people access to appropriate single-sex facilities, which are in line with their gender identity.
- Be aware that some transgender people may have specific personal care needs and handle these sensitively

B) Local Data:

This information is not collected consistently.

- Pregnancy and Maternity: *e.g. pregnant women / women who have given birth & women who are breastfeeding (26 week time limit then protected by sex discrimination provisions)*

No issues relating to pregnancy and maternity have been identified.

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

A) National Research:

i) Race Equality Foundation:

Research carried out to date has been remarkably consistent in its findings (see, for example, Age Concern and Help the Aged Housing Trust, 1984; Jeffery and Seager, 1993; Jones, 1994; Bright, 1996; Mkandla, 2003; Patel et al., forthcoming). Key issues that have emerged include:

- Lack of awareness or understanding among BME elders of housing options;
- Lack of understanding among service providers of specific religious and/or cultural needs;
- Lack of staff with appropriate language skills and/or cultural knowledge;
- Care home location (e.g. the importance of being near community facilities such as shops selling appropriate foodstuffs, and places of worship);
- Non evidence-based assumptions made by service providers regarding what individual preferences will be;
- The need to involve BME elders in the service-development process.

From the research carried out to date, certain key (and very basic) actions uniformly emerge as essential for service providers. These include:

- Assessing what need is out there: improving monitoring systems, carrying out research;
- Raising awareness of services available (thereby potentially boosting service take-up): outreach, promotion, translation and use of various media;
- Employing staff from diverse ethnic groups;
- Involving BME communities either directly as service providers or as part of the service-development process;
- Involving potential service users (e.g. working with BME elders groups), so that services are tailor-made to meet their aspirations and needs;
- Training staff: for example, in legislation, cultural awareness, equal opportunities, and anti-discrimination practice;
- Incorporating cultural and/or religious requirements into service design and delivery;
- Implementing clear policies and codes of practice.

ii) Age UK:

- Only around 50% of BME social care service users 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 under the age of 60yrs reporting this.

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

- Research has highlighted differences in the health and wellbeing of different religious communities – a finding that provides an opportunity to target services. The British Muslim community, for example, has the poorest reported health, followed by the Sikh population. For both groups, as well as for Hindus, females are more likely to report ill health, whereas for Christians and Jews there is only minimal gender difference. It should be borne in mind that this is not necessarily a case of cause and effect, but more likely is compounded with other factors such as housing and economic and social status.

- 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:

- Sex: *e.g. Women / Girls / Men / Boys*

Table 4: SEX Profile of Residents at Greenacre Care Home

CATEGORY	65 YRS & OVER (Central Bedfordshire)	
	MALES	FEMALES
	2015	2015
Aged 65-69		
Aged 70-74	1	1
Aged 75-79		4
Aged 80-84	2	5
Aged 85-89	1	1
Aged 90 & over	1	4
Total 65 & over	**5**	**15**

Source: CBC Customer Data – SWIFT and verified with residents(November 2015)

Table 4: SEX Profile of Residents at Greenacre Day Centre

CATEGORY	65 YRS & OVER (Central Bedfordshire)	
	MALES	FEMALES
	2015	2015
Aged 65-69		1
Aged 70-74		2
Aged 75-79	1	4
Aged 80-84	3	1
Aged 85-89	2	1
Aged 90 & over		1
Total 65 & over	**6**	**10**

Source: CBC Customer Data – SWIFT and verified with residents(November 2015)

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

A) National Research Data:
Research undertaken by Stonewall indicates that older Lesbian, Gay and Bisexual (LGB) people are much more likely than heterosexual people to face the prospect of living alone with limited personal help from their families and therefore are more likely to rely on formal services for support in later life. Many older LGB people express considerable worries about the future – about having to hide their sexual orientation, about having to move into an environment that is designed for heterosexual people and about a lack of opportunity to socialise with other older gay people. These concerns will need to be considered as the standards are developed. Transgender people could also share similar concerns.

- It is estimated that 5 to 7% of the population in the UK is LGB.
- Older LGB people receiving services at home can feel unsure about the treatment they will receive.

• Three in five are not confident that social care and support services, like paid carers, or housing services would be able to understand and meet their needs.
• The possibility of needing to live in a residential care home is of particular concern to LGB people. While they share many concerns about care homes with their heterosexual peers, they do have an increased level of anxiety.
• 70 per cent of lesbian, gay and bisexual people don't feel they would be able to be themselves if living in a care home

B) Local Data:

Given the small size of the cohort, and in respect of privacy, it would be inappropriate to provide local data on LGB people as their identity may be compromised.

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

Quality of Life in Care Homes (Help the Aged)

a) Quality of Life:
• Quality of life is notoriously difficult to define as it pervades a range of aspects of everyday life in significant and complex ways. It encompasses many dimensions and can be viewed from a range of perspectives.

• Comfort is important for care home residents, who need to feel that their environment is attractive, supportive and safe.

• Care home residents may need to continue past activities or to begin new ones. This support needs to be carefully planned and discussed with residents.

• Maintaining existing friendships as well as developing supportive friendships with other residents is important for residents and should be encouraged.

• What constitutes quality of life is distinct for every person. In order to support and enhance quality of life we must seek to understand the priorities of each individual person.

b) Quality of Care:
Promoting high-quality care within care homes requires consideration of the views and experiences of all major stakeholders: residents, families and staff.

The most recent publication on the subject of care home closures is: "Making Choices Good Practice Guide – Reconfiguration of Statutory Residential Homes" – Health and Social care Board for Northern Ireland

The abstract to this document states: The relocation of older people from one care setting to another can be particularly stressful, and there is a perception that the closure of residential homes can have an adverse effect on residents' health and wellbeing. However, research carried out by AGE NI has found that the effects a home closure has on resident's health and psychological well-being is influenced by the way in which a home is closed and how the relocation is managed.

This document outlines how best practice should be adopted pre- relocation, during relocation and post relocation. For the purpose of this document, pre-relocation refers to the time period from when the resident begins to consider moving to another residence until the actual move. Relocation refers to the actual day of transition from one residence to another; and post relocation refers to the time after the individual has moved from one residence to a new residence.

This document draws on previously published papers which outline lessons learnt in the reconfiguration of care homes in the past, both within the Health and Social Care system in Northern Ireland and in the wider UK. It also draws on examples of best practice for planned, phased or emergency reconfiguration; and on the experience of the community and voluntary sector (AGE NI and the Alzheimer's Society) who have acted as advocates in the closure of care homes in the past.

The guidance states that: "Particular care and attention needs to be shown to those residents who have been identified as most vulnerable. A risk assessment tool should be used to identify those residents who may need more support during the relocation process.

"In understanding how older people cope with moving from one institution to another various factors need to be taken into account. A risk analysis exercise can help determine those who may be most at risk... It can:

- Identify those most at risk of negative experiences arising from proposed action
- Identify those who could be harmed
- Assess level of risk
- Consider measures you can take to mitigate the risks
- Assess the level of risk remaining after mitigation measures have been taken
- Decide if the benefits outweigh the risks

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

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

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

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

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

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

- Race: *e.g. Asian or Asian British / Black or Black British / Chinese / Gypsies and Travellers / Mixed Heritage / White British / White Irish / White Other*
- Religion or Belief: *e.g. Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No religion / Other*
- Sex: *Women / Men*
- Sexual Orientation: *e.g. Lesbians / Gay men / Bisexuals / Heterosexuals*
- Other: *e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion, Marriage and Civil Partnership*
2.4. To what extent are vulnerable groups more affected by this proposal compared to the population or workforce as a whole?
2.5. To what extent do current procedures and working practices address the above issues and help to promote equality of opportunity?
2.6. Are there any gaps in data or consultation findings
2.7. What action will be taken to obtain this information?

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

Stage 3 – Assessing Positive & Negative Impacts					
Analysis of Impacts	**Impact?**		**Discrimination?**		**Summary of impacts and reasons**
	(+ve)	(- ve)	YES	NO	
3.1 Age	X	X		X	The proposal aims to better meet the needs of older people, in particular those of 80 years and above – the group most likely to need a care home setting. The risk of adverse impacts relating to relocation increases with age
3.2 Disability	X	X		X	Most older people living in a care home are likely to have a disability, so a consistent provision of disability access in both private and communal rooms needs to be available. This is more likely in homes with modern standards of

					accommodation. The relocation of older people from one care setting to another can be particularly stressful and there is a perception that the closure of residential homes can have an adverse effect on resident's health and wellbeing. However, the effects a home closure has on resident's health and psychological well-being is influenced by the way in which a home is closed and how the relocation is managed. The risk of adverse impacts relating to relocation increases with the level and type of impairment. Particular care and attention needs to be shown to those residents who have been identified as most vulnerable
3.3 Carers	X				
3.4 Gender Reassignment					
3.5 Pregnancy & Maternity					
3.6 Race					
3.7 Religion / Belief					
3.8 Sex					
3.9 Sexual Orientation					
3.10 Other *e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion Marriage and Civil Partnership*					

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

Stage 4 – Conclusions, Recommendations and Action Planning

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

- A good understanding of the needs and preferences of each resident, along with detailed transition plans that reflect these needs are important in reducing the risk to residents.
- A high level of communication and engagement with residents, relatives and staff is important in helping to deal with issues as they arise and manage people's anxieties.
- The relocation of older people from one care setting to another can be particularly stressful, and there is a perception that the closure of residential homes can have an adverse effect on residents' health and wellbeing.

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

- A number of steps have been taken to ensure the move does not have an adverse impact on residents; lessons learned from other similar projects have been used to make improvements for the residents in Greenacre. These include:
- Implementing a person centred approach to minimise risk to reduce potential for adverse impacts for protected groups who may be moving.
- The risks of a move to each resident will be assessed (both before and after mitigation measures have been identified and put into place) and this information will be available to decision-makers when determining the future of the home.
- Each resident will have an assessment undertaken by both medical and social work professionals as part of the transition process, should the decision be made to close the home.
- Throughout the process a high level of communication and engagement with residents, relatives and staff will be maintained.

4.3 Are there any budgetary implications?

No

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

Action	Lead Officer	Date	Priority
The actions outlined above were identified prior to the completion of the EIA and incorporated into the planning of activities. No additional actions were identified.			

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

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?

Step 1:
Has the Corporate Policy Advisor (Equality & Diversity) reviewed this assessment and provided feedback? *Yes*

Summary of CPA's comments:
The essential points have been captured.

Step 2:
5.2 Feedback from Central Bedfordshire Equality Forum

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

Stage 6 – Monitoring Future Impact	
6.1	**How will implementation of the actions be monitored?** Monitoring and follow up work with the people directly affected.
6.2	**What sort of data will be collected and how often will it be analysed?** Qualitative feedback from customers/residents, relatives and carers.
6.3	**How often will the proposal be reviewed?** If and when feedback or data indicate that a review may be required. .
6.4	**Who will be responsible for this?** MANOP Head of Service
6.5	**How have the actions from this assessment been incorporated into the proposal?** The actions outlined above were identified prior to the completion of the EIA and incorporated into the planning of activities. No additional actions were identified.

Stage 7 - Finalising the assessment.

Stage 7 – Accountability / Signing Off
7.1 Has the lead Assistant Director/Head of Service been notified of the outcome of the assessment **Name:** **Date: 22nd January 2016**
7.2 Has the Corporate Policy Adviser Equality & Diversity provided confirmation that the Assessment is complete? **Date: __ 28th January 2016 _____**