

FULL EqIAA – WE Care and Repair – Silverlinks and Making Space Funding Impact Assessment

SECTION 1 – INTRODUCTION

On 19 November 2014 the Better Care: Stronger Communities Grant funding for the voluntary and community sector funding from 1 April 2015 to 31 March 2018 was approved by the Children, Adults and Health Committee.

On 24th February 2017 Children, Adults and Health Directorate explored the potential to review voluntary sector funding agreements and to consider whether there were opportunities to identify potential savings (21%) from the current budget. The review aims to relieve pressure on Council budgets and to establish what level of funding each organisation would be allocated, or not in future years.

The following criteria was used:

- Consistent delivery to target for the duration of the contract?
- Is demand for the service growing?
- How strongly does the service align to the original aims of the funding? Are there other services with a stronger alignment in relation to other services
- Which services have the best fit to match the current departmental strategy
- Financial Perspective
- Political Perspective
- Service User Perspective
- Provider Perspective
- Carers/family perspective
- Legal perspective

The funding period is coming to an end and we are undertaking the necessary steps to agree the decommissioning of various grants including:

Making Space

Supports people to reduce hoarding tendencies in an empathetic way. The project was small scale to benefit 5 residents. WE Care and Repair has worked with one client in two years and currently has 2 potential clients.

Silver links

Enables older people to make more informed decisions about their housing and related care. Creating mutual support networks. The service had not supported any clients.

SECTION 2 –RESEARCH AND CONSULTATION

DEMAND	Is there any indication or evidence (locally or nationally) that different groups will have different needs, experiences, issues or priorities in relation to service / function / issue under	Age	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
		Disability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
		Gender Reassignment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input checked="" type="checkbox"/>
		Marriage & Civil Partnership	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input checked="" type="checkbox"/>
		Pregnancy & Maternity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input checked="" type="checkbox"/>

consideration? <i>NB. Primary source of evidence should be locally collected evidence; if none is available, national data can be used in its place.</i>	Race	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input checked="" type="checkbox"/>
	Religion or Belief	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input checked="" type="checkbox"/>
	Sex	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input checked="" type="checkbox"/>
	Sexual Orientation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input checked="" type="checkbox"/>
	More information is needed	<input checked="" type="checkbox"/>		

OUTCOMES	Is there any indication or evidence (locally or nationally) that different groups will have participation levels, satisfaction levels or outcomes in relation to service / function / issue under consideration? <i>NB. Primary source of evidence should be locally collected evidence; if none is available, national data can be used in its place.</i>	Age	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
		Disability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
		Gender Reassignment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input checked="" type="checkbox"/>
		Marriage & Civil Partnership	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input checked="" type="checkbox"/>
		Pregnancy & Maternity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input checked="" type="checkbox"/>
		Race	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input checked="" type="checkbox"/>
		Religion or Belief	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input checked="" type="checkbox"/>
		Sex	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input checked="" type="checkbox"/>
		Sexual Orientation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input checked="" type="checkbox"/>
		More information is needed	<input checked="" type="checkbox"/>		

South Gloucestershire JNSA Demographic (1)

	2016 Estimate (1)	2039 Projection(2)
Total population	277,600	330,800
Older people aged 50 years and over	103,800	134,600
Older people aged 65 years and over	51,400	79,200
Percentage of older people aged 65 years and over	18.5%	23.9%

Sources:

- (1) ONS 2016 Mid-Year Population Estimate
- (2) ONS 2014-based Sub-National Population Projections.

The age group that is predicted to make the largest proportional increases are those aged 65 and older with the number of 80-89 year old males predicted to double, the number of women aged 90 and over is set to triple and the number of males aged 90+ predicted to increase by nearly five times the current estimate.

Overall the health of South Gloucestershire is good. Life expectancy has been increasing and is higher than the national average. In 2011-13, life expectancy for men was 81.2 years compared to 79.4 years for England, and for women 84.5 years compared to 82.2 years for England.

Based on the 2011 census figures it is estimated that there are currently approximately 23,000 people aged 65 or over with a limiting long term illness that limits their day to day activities, this figure is predicted to rise to 33,400 by 2030. Of those aged 18-64, it is estimated that there are approximately 16,900 with a moderate or severe physical disability, a figure set to rise to 18,000 by 2030.

South Gloucestershire had a Black and minority ethnic population of 5% in 2011 – defined as the ethnic groups other than White. This has increased from 2.2% in 2001 but remains substantially lower than the England and Wales average of 14%. The largest ethnic groups were Asian (2%), Mixed (1%) and Black (1%). The White Gypsy or Traveller population is around 270 (0.1%). Younger age groups have the highest proportion of ethnic minorities.

National Statistics (2)

In 2010, the Equality and Human Rights Commission (EHRC) produced its first progress report on equality, entitled *How Fair is Britain?* In October 2015, the EHRC published its follow-up report on both equality and human rights, entitled *Is Britain Fairer?* Taken from "***Is Britain Fairer? The state of equality and human rights 2015***" - the Equality and Human Rights Commission's statutory five-yearly report on equality and human rights progress in England, Scotland and Wales.

The report found that there is a need to **improve the evidence and the ability to assess how fair society is** – The nature of the disadvantages faced by some vulnerable people (for example, the fast-growing numbers of people in their 80s/90s, transgender people, Gypsies and Travellers, ...) risks rendering them 'invisible'. Greater effort is needed to identify the scale and nature of the issues affecting people with these and other characteristics.

The following conclusions were included in the report:

Age & Disability

Older disabled people who experience disadvantage were significantly less likely than nondisabled older people to report that they were receiving the practical support they need. This was also the case for older women aged 65 and over.

Access to public and community transport – a key means of combating social isolation for people without the opportunity/means to use other types of transport – was affected by funding cuts.

Overall life expectancy rose and the gender gap narrowed. However, some people, such as those with learning disabilities and serious mental illness, Gypsies and Travellers, and homeless people had lower life expectancy rates than the general population.

In the next 20 years there are likely to be more people with ‘complex health needs’ (more than one health problem) who require a combination of health and social care services. For example, the percentage of people over 85 will double.

Consultation information collected

The consultation data collated was not significant because the sample size was small, there were only two responses. We have therefore not been able to include a summary of the data in the report.

SECTION 3 - IDENTIFICATION & ANALYSIS OF EQUALITIES ISSUES AND IMPACTS

There is a lack of take up for both services. Neither service is likely to achieve targets. There were also a small number of responses to the consultation which makes it difficult to demonstrate any likely impact on equalities groups.

WE Care & Repair has learnt that to undertake activities such as Making Space and Silverlinks organisations need to have either established local networks or additional service activity to develop those links to recruit volunteers and make contacts in a local area.

SECTION 4 - EqIAA OUTCOME

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.	<input checked="" type="checkbox"/>	Neither service is likely to achieve agreed targets. There is no evidence that equalities groups will be adversely impacted from ceasing this funding.
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	<input type="checkbox"/>	
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	<input type="checkbox"/>	
Outcome 4: Stop and rethink.	<input type="checkbox"/>	

SECTION 5 - ACTIONS TO BE TAKEN AS A RESULT OF THIS EqIAA

Inform WE Care and Repair that the funding will cease, giving the appropriate notice period.

Ensure that end of service monitoring includes a summary of lessons learned from these initiatives.

Making Space

WE Care and Repair will continue to support current clients and will use existing volunteers in the wider west of England area.

Locally we are promoting the Avon Fire and Rescue offer advice on de-cluttering.

Silver Links

WE Care and Repair will cease provision of the Silverlinks in South Gloucestershire. The information and advice relating to housing options is available through the council website and various council contact centres.

SECTION 6 - EVIDENCE INFORMING THIS EqIAA

1. South Gloucestershire JNSA - <http://edocs.southglos.gov.uk/jsna2017>
2. "***Is Britain Fairer? The state of equality and human rights 2015***" - the Equality and Human Rights Commission's statutory five-yearly report on equality and human rights progress in England, Scotland and Wales
<https://www.equalityhumanrights.com/en/britain-fairer>