

Equality Analysis Report:

Supported Living (tenancies).

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1. Introduction

The Equality Act 2010 is a statutory act, therefore all the service providers and in particular public sector bodies have mandatory duties placed upon them to comply with the act and to purposely demonstrate this compliance. For the purposes of this report the engaged sections of the act are:

1. Protected characteristics (section 4,6,9 of the Act)
2. Provision of a service (section 29 of the Act)
3. Direct discrimination (section 13 of the Act)
4. Indirect discrimination (section 19 of the act)
5. Duty to make adjustment (section 20 of the Act)
6. Public Sector Equality Duty (section 149 of the Act)

This report looks at the detail of the proposal and assesses them in relation to Public Sector Equality Duty in order for Council to consider the equality aspects of the proposed programme when making their final decision.

2. Proposal and the Detail of the service under review.

A budget saving of 1.8 million from supported living has to be found for years 2016/17. This will be achieved by looking at two aspects of supported living.

- 1) Commissioning
 - Reduction in voids
 - Geographical rezoning of services
 - Development of larger living accommodation
- 2) Assistive technology

The modernization of care packages to include assisted technology and the development of larger properties from which people needing supported living can be homed. Costs savings

There are approximately 360 people currently living in more than 150 Supported Living settings which is the focus of this initiative.

Sefton's vision is to provide a person-centred pathway which ensures a meaningful, inclusive and needs assessed approach, in turn giving independence, choice and control in housing, living and support for our most vulnerable, ensuring value for money for service users and comprises of three models:

Model A - for Learning and Physical disabilities

1. Flexible accommodation, built around assessed needs with a package of care (which may include Assistive Technology) for our most vulnerable and those with complex needs.
2. Our most vulnerable living independently within larger-occupancy accommodation with a package of care (which may include Assistive Technology)
3. Individuals, having an assessed need, with appropriate use of assistive technology and access to formal and informal support

4. Individuals having access to assistive technology to sustain independence and promote self-sufficiency, with signposting to the community for support if required.

Model B – for Mental Health

- Flexible/floating support in short-term accommodation that provides reablement aimed at supporting recovery for those going through an episode of mental ill health. Then ongoing help to secure settled accommodation that provides the basis for people getting back into employment and independence.

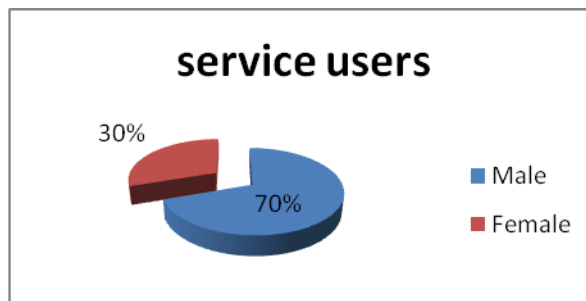
Model C – for Shared Lives

- Independent living with a carer for the most vulnerable with assistive Technology as appropriate

The new model will be applied to individuals requiring service for the first time, including those with complex needs preparing for adulthood. The focus for care leavers and those with mental health episodes will primarily be for a short-term stay that facilitates reablement and building independence and self-sufficiency.

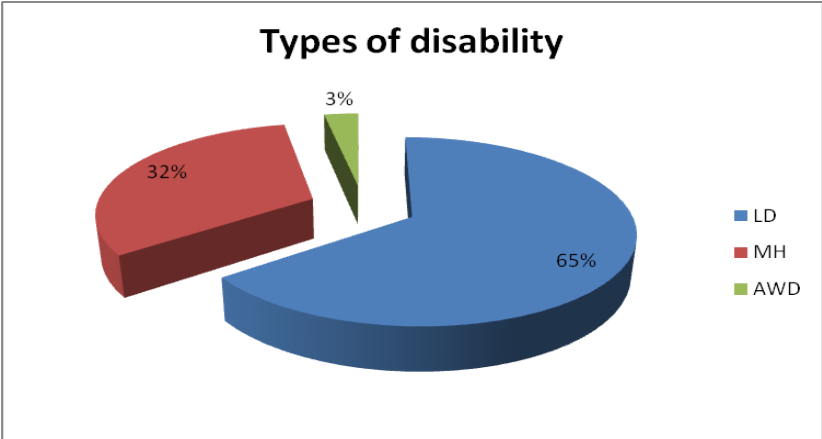
3. Current supported living ‘tenancy’ service user demographic

Current records show 364 people are in supported living accommodation; this figure fluctuates depending on need and demand. Currently the majority are male of service users are male.

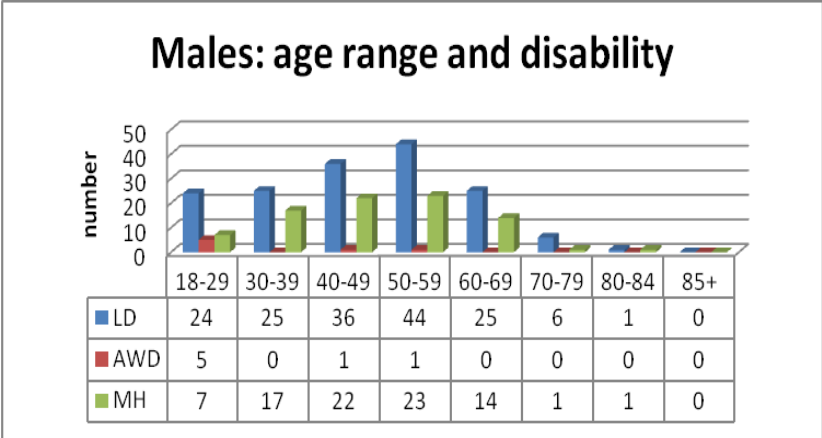
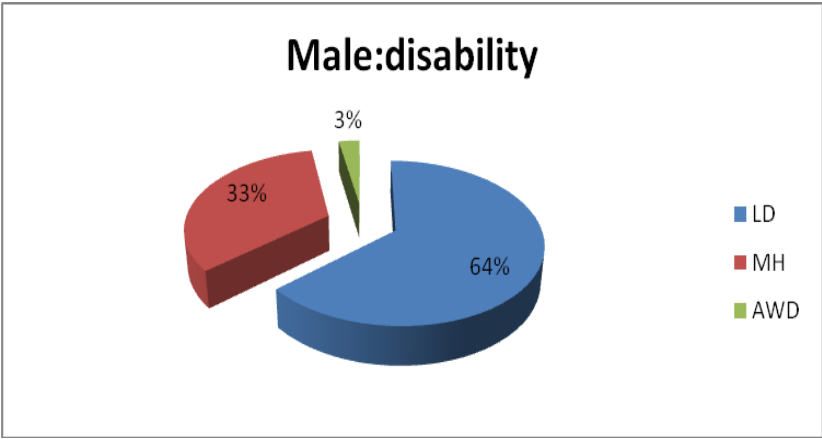


To qualify for supported living a person must have a disability, this can be physical, a learning disability and or mental health problem. Many service users have a mix of disabilities. The record keeping system notes only the most sever of any multiple disabilities and categorises people in to three broad categories: LD (learning disability), AWD (Adult with disability – physical), MH (Mental Health).

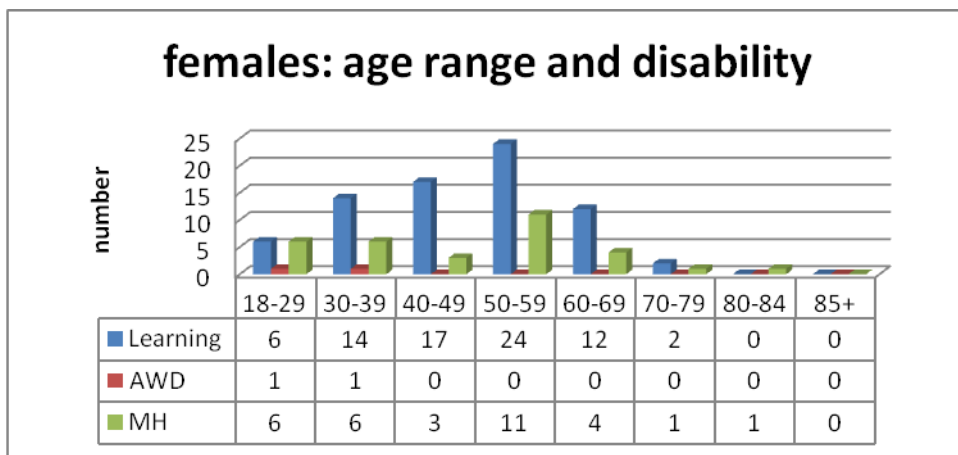
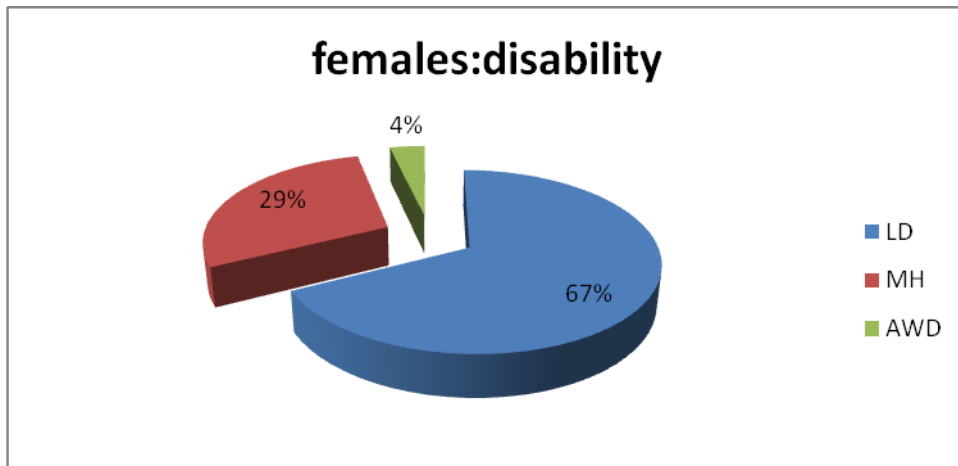
Learning disability and Mental Health impairments are the largest ‘disabilities’ within supported living.



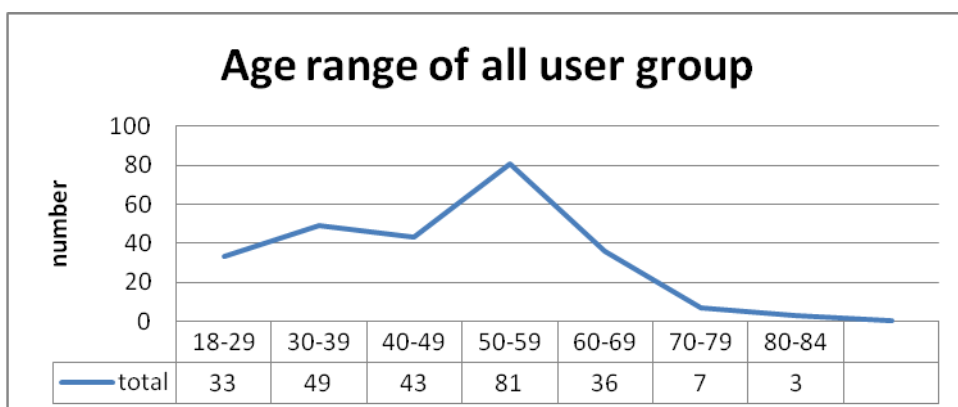
Males: total number = 253

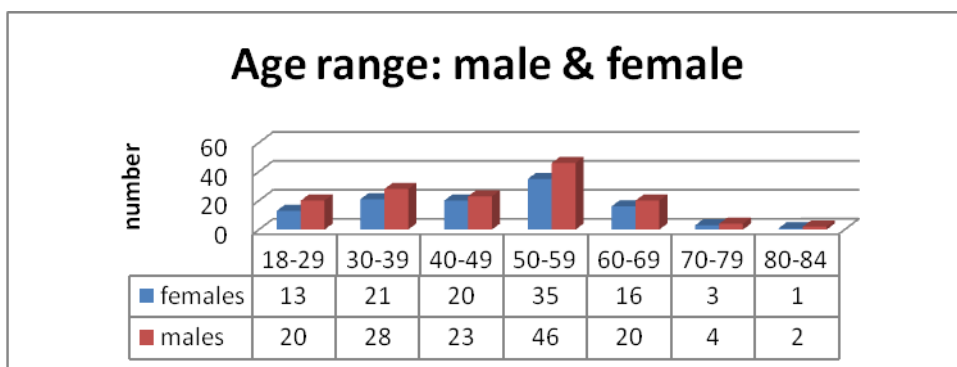


Females – total number =111



With both male and female the main disability is learning disability and the age clusters between 30-59. This indicates the need for a long term commitment to service provision so it's vital that Sefton plans for future need and long term usage.





4. What is changing?

There are a number of changes that over time will be made, the majority of the changes will come from re-commissioning and working with housing and care providers to improve services and reduce costs. Currently there is a 'patchwork' of providers, supplying services across Sefton. Appendix A shows how the spread of providers is mixed and over lapping. Each provider is drawing costs to run a service where by a more integrated provider framework will reduce running costs.

The changes can be roughly split in to short term, medium term and long term.

Short term:

Assistive Technology

The immediate changes will come in the form of the wider adoption of Assisted Technology (AT), as service user's needs are assessed. On the whole AT allows the service user more independence from a carer. The use of AT reduces the need for 'watchful care', i.e. having a person on hand in case there is a need. AT often is designed to allow remote monitoring and the dispatching of a carer when and if they are needed.

All supported Living service users as part of their continual assessments of how their needs are being met will be considered for AT. AT will not be suitable for all service users and especially the most complex needs.

A list of how AT can be used for different needs is at appendix A.

Positive Behaviour Support Service (PBSS).

Some service users have very severe behavioural problems, and typically service providers will continue to ask for more carers to support the individual. Whilst this may be appropriate in some case in others a more considers and tactical approach is needed in understanding the triggers for a person's behaviour and how care staff can 'work through' the phases without needing yet more personnel.

The Positive Behaviour Support services (the PBSS pathway) is there to review care givers and service models and to help improve the quality of life of service users referred with behaviour(s) which are a challenge to service/families. The pathway aims to achieve this via the collation of all relevant information concerning an individual and their lifestyle in order to develop a positive behavioural support plan. This approach will be utilised to support carers.

Medium term (12 -18 months):

Voids:

Via commissioning and re- commissioning Council will seek to eliminate unnecessary 'voids'. Council in anticipating the number of service users and service user needs has to commission a number of appropriate accommodations. Some time they can be unused for various reasons (such as the service user does not want to go to a particular property, the property is too big for the user or the property is unsuitable for the user's needs) and therefore leaves a void property, for which the Council continues to pay for.

Whilst Council can look at eliminating voids (faster placement service and shaving of oversupply) some void may be necessary in order to prevent discrimination, especially in relation to properties that are adapted to severe disability with complex needs, needing a particular modified environment. There may be occasion where this property is unused until a particular person with sever needs requests independence. The removal of these properties from the supply chain would not only cause a barrier for independence for some severely disabled individuals (and as such may be discriminatory) but would incur extra cost for the Council in continually readapting properties.

Council has to be mindful not to eliminate all voids, in its drive for efficiency, if a void is attached to specially adapted premises.

Re-Zoning.

The patch work effect of service providers (see appendix B) means that there is a defuse and opaque spread of care services and property providers which has resulted in approximately 40 housing provides and 26 care providers. Council wishes to re-commission and apply market forces in an attempt to create fewer but larger providers, servicing users in discrete local geographic clusters.

Should this happen the only change to service users may be changes of personnel in terms of their carers, as organisation merge or service different clusters of service users.

Change in care personnel would have an effect on service users, people with disabilities and in particular learning disabilities, develop trust and feeling of safety with liked and established staff that provider their care and routine. However, in a market economy this to

some extent cannot be avoided, in that, care staff do leave their jobs and companies providing care do change.

Council when working with service providers may need to ensure that there are mechanisms to reduce the change of care staff where possible to minimise unnecessary disruption for service users.

Long Term (36 months plus)

Over the long term Council will work with housing provider partners to develop purpose built dwellings for supported living. The vision is to create small blocks with 5-10 dwellings. Each dwelling will be a self contained flat – so service users will have their ‘own front door’, and there will also be a shared common room within the building to aid socialising and friendships.

This will help to alleviate the patchwork effect and the use of old and unsuitable buildings that are part of the current supply side.

As service users come in to the service they will be directed to one of these developments (as and when they are available). Current service users will not be forced from their current tenancies, but they will have the option of transfer should they wish.

Concern from the disabled community at large comes from the fear of ‘re-institutionalising’ disabled people and a return to the bad old days of large institution and ward beds. As such Council needs to continue to work with disabled groups and individual in order for them to help design the dwelling and have a continued and strong input with the housing providers. Council needs to continually reassure service users of:

- No one currently in a tenancy will be forced to leave.
- The new dwellings will not be institutions and will maintain acceptable levels of individuality and independence for service users.

5. Effects of change – potential detriments

All of the plans will create change; some will affect service users more than others and can be summarised as:

- Less reliance on person centred care and the ‘waiting watch’ approach
- More reliance on technology to offer support and pathways to shared carer services
- Care personnel may change
- Property options for meeting severe needs may change (voids)
- Direction of travel over time for service users to be homed in larger properties (where service users are not based in their own homes)

Issue	Protected characteristic (active)	Effect Potential negative effect of change giving rise to discrimination	Mitigation to avoid discrimination and meet PSED
Voids	Severe disability	Blocking of suitable accommodation for most severe	Retain some voids on specialist properties
Re-zoning	Disability (all)	<ul style="list-style-type: none"> • Change in staff • Fear of property loss 	<p>Service users: Change of carers may be unsettling. Where this cannot be avoided give clear warning and support service user through transition.</p> <p>Try to ensure that carers, where ever possible, are kept with service users in attempts to minimise disruption</p> <p>Care providers: As part of re-commissioning work – ensure providers are responsible employers and comply with:</p> <ul style="list-style-type: none"> • Correct employment law • Redundancy rules and regulation • TUPE regulations • Equality act 2010 <p>Treating staff with dignity and respect as the restructure goes ahead.</p>
Assistive technology	Disability (all)	1.Worries over quality of reassessment	1.People in receipt of social service support are well aware of the need to save on costs, therefore any re-assessment must be a quality assessment in line with the Care Act

	Disability (all)	2.Change in AT as a provision	2014. 2 Introducing AT in to care packages as to be fit for purpose and relevant to the individuals needs. Assessors would need to show the advantages of the AT to the client in addition to cost saving.
	Age (older) Female	3.Acceptance of new technology. The demographic has quite an 'older cohort' with long term service provision – so there may be some worry over new technology.	3. Continue to introduce ideas of AT to service users. The consultation events actually show that service users are familiar with most AT and welcome its introduction.
	Pregnancy & maternity Female Disability (LH & MH) Sexuality	4.Less supervision: AT and larger dwellings will mean less supervision by care staff. As part of user need assessment, users (as appropriate) are counselled and advised on contraception and relationships both physical and emotional. There may be an 'uptick' in pregnancy and or aggressive /violent behaviour	4. This may be unlikely but is a foreseeable problem and monitoring need to be put in place to capture any events of this nature to help highlight any possible change in support practices. Assessors need to have these issues at the fore front of their minds when advising and counselling individual on physical and emotional relationships.
	Disability (family members/legal guardians)	5. Fear from families use to 'watching care' provision for their family member in supported living.	5. Support and educate families that have got use to and are emotionally attached to the idea that a 'person' needs to be with their family member in supported living to

			'watch over them'. AT can represent a shift in thinking for a family member with a loved one in care.
Larger Dwellings	Disability (all)	<ul style="list-style-type: none"> • Fear of the return of institutionalisation • Fear of being forced to leave current tenancy 	<p>There isn't a desire from young people coming into services for the way things are done now.</p> <p>Properties will consist of 'own front door' and will be self-contained units. Places will be allocated based on needs.</p> <p>Current tenants will not be forced to leave their current dwelling.</p> <p>Ensure disable community actively involved in design and planning of new dwellings.</p>

6. Consultation

The consultation process was an extensive and considered process (see appendix c). At each stage the protected characterises of service users where taken in to account.

Meetings between Sefton Council and CVS regularly took place to look at the needs of the service users in relation to informing them and engaging them in debate to ascertain their views and to make clear what the changes would mean for them. This process informed the engagement and consultation mechanisms.

The consultation report details the events for service users, care provider and landlords and the different mediums that were used- including 'easy read' documents. Feedback received highlights general positivity around the programme, where there are expressions of worries and concerns these have been reflected in section 5 above (effects of change).

All parties had the option of submitting written evidence or views. All parties where invited to attend purposely designed events.

Service users' attendance at events was low (around 10% of service user population). Anecdotally carers where reporting that 'friends would decided amongst themselves' who would go and report back to their own peer groups.

Protected characteristic data that was gathered at events shows that there was a good representation across the demographic of the service user cohort

7. PSED Compliance

PSED Criteria	Explanation	Is the criteria met?
<p>Objective 1 – eliminate discrimination.</p>	<p>Supported living tenancies and care packages will continue to be provided on the basis of assessed need to disabled people and people with mental health needs.</p> <p>AT is already part of some packages and will be introduced as and where it fits the person’s needs.</p>	<p>yes</p>
<p>Objective 2 – Advance equality of Opportunity</p> <p>a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;</p> <p>(b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;</p> <p>(c) encourage persons who share a relevant protected characteristic to participate in public life</p>	<p>Supported living designs support packages based on a disabled person’s individual need (2a & b) and offers opportunities for people to live as independently a life as possible, pursuing their own interest in community settings with their own dwelling (2c).</p>	<p>yes</p>
<p>Object 3 - foster good relations Between persons who share a relevant protected characteristic and persons who do not share.</p> <p>(a) tackle prejudice, and (b) promote understanding</p>	<p>Supported Living facilitates people with disabilities to live within the community thus making sure that disability is accepted and understood by the wider community.</p>	<p>Yes</p>
<p>PSED sub section 2 – A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard the three objectives</p>	<ol style="list-style-type: none"> 1) Council will continue to work with landlords and care providers to ensure that they provide appropriate services to disabled people on a contract specification bases and monitoring of service delivery 2) Council as commissioning agent will remind service 	<p>YES</p>

	providers , when undergoing changes to their services to treat their staff in accordance with Equality and Employment law	
PSED sub section 4 – The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons’ disabilities.	Service users are and will continue to be assessed in a qualitative manner in accordance with national guidance and Care Act 2015 Long term planning of appropriate accommodation and service provision is an essential step in maintaining services for the disabled community.	YES
PSED sub section 6 – Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.	Supported Living is a program specifically designed, costed and targeted for disabled people that are able to live in the community with help and support.	Yes

8. Conclusion & Action plan:

This programme meets PSED and recognises that overall there was a positive acceptance of the proposal. The main concerns and worries that were expressed from service users, were not necessary about AT, but the fear of returning to ‘large institutions’.

Whilst this is clearly not Sefton Council’s intention, continued communication with service users, their families and support groups, engaging them in the design and development of future properties would be highly recommended.

The tasks below are there to mitigate any potential detriments that could arise and it’s recommended that they are followed in order to minimise any discriminatory forces that could accrue in carrying out this programme of work.

Actions:

Issue	task
Eliminating voids	Consider the retention of some voids on specialist properties where the cost of decommissioning and re- commissioning specially

	adapted properties would outweigh the cost of short term voids.
Fear of returning to 'large institutions' model	Continue to work with service users, carers, family and support groups on design of future dwellings.
Consistency of re-assessments	Ensure there is quality control process on reassessments and that the organisation can demonstrate quality and consistency across all assessments in the event of 'challenge'
Continuation of an individual care provider	Work with providers to minimise where ever possible carer disruption during organisational changes.
Potential rise in violence due to removal of staff and introduction of AT	Monitor incident rate (violence /abuse) in relation to reduced staff 'watching hours' with the introduction of AT. Consider this factor as part of the re-assessments
Possible resistance from families over introducing of AT and removal of a 'watching human'	Work with families over their potential fears of AT and how it will affect their loved ones.

End of report.

Appendix A – Assistive technology

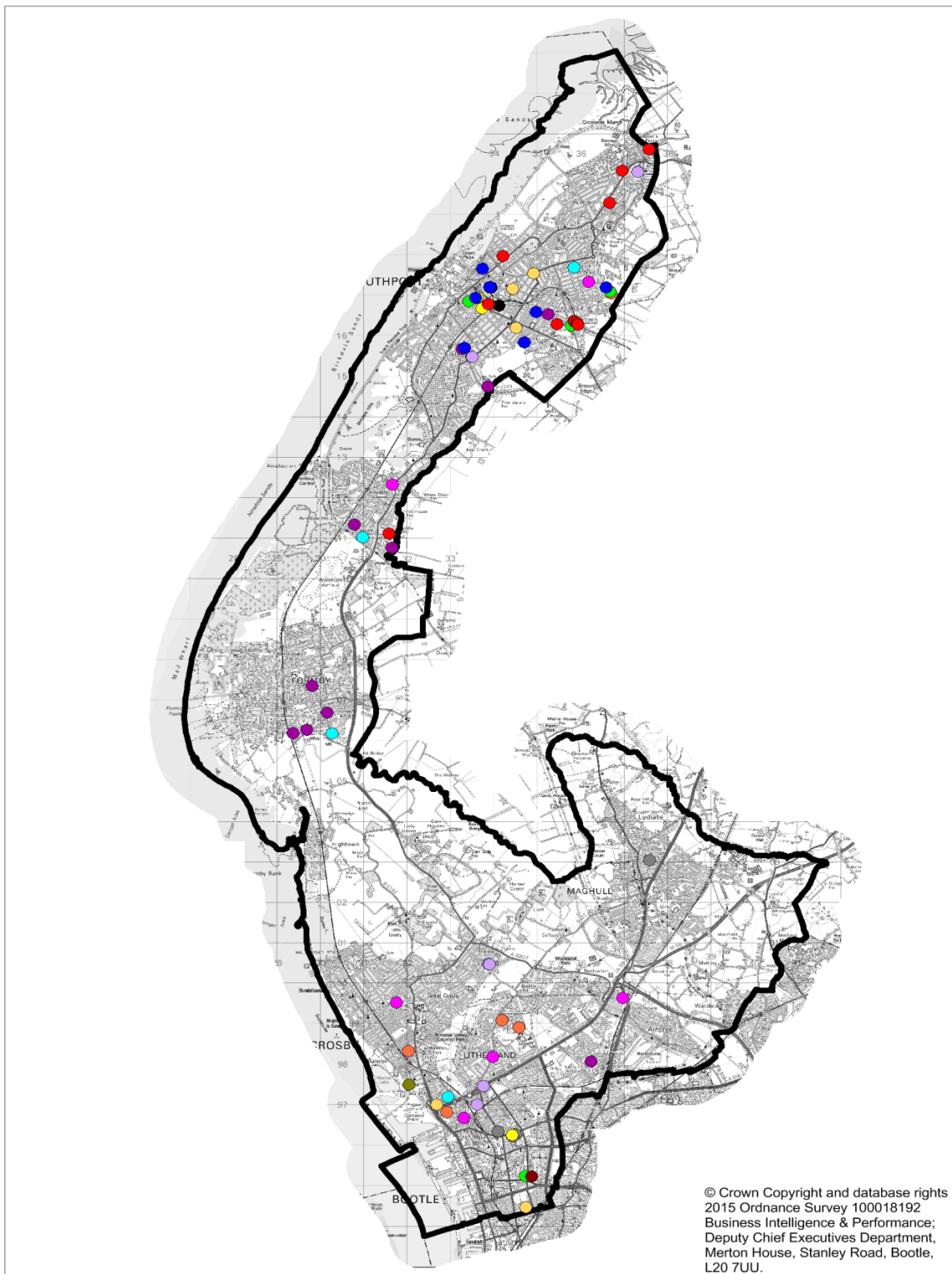
Examples of potential changes/impact for various service users are as follows:

- To support people who have **hearing impairments**. In addition to the Lifeline and linked Smoke Detector there is a vibrating pillow alert available to wake the clients during the night if there is a fire. A flashing beacon and wearable pager can be provided to ensure the client is alerted should the smoke detector be activated, the doorbell or telephone rings.
- For people with **complex disabilities** receiving 24-hour care one of the main roles Telecare can play is reducing the cost of care packages by supporting sleeping nights as opposed to waking nights while maintaining client safety. There can be a provision of equipment that would alert an onsite carer to such activities as epileptic seizures, alerting to falls or getting up from the bed during the night or leaving the property when it would not be in best interests or safety.
- For people with **learning disabilities** Lifeline provides a simple and effective means to summon help in the event of an emergency. Where other equipment may be of benefit further assessment for and a number of different items of Telecare equipment include monitored temperature extreme sensors, flood detectors, carbon monoxide detectors, and pull-cords.
- To support people with **physical disabilities** where falls may be considered high risk. This includes falls detectors either wrist worn or neck worn which has the benefit of automatically alerting if a person has a fall meaning that in the situation where they would not be able to press their provided lifeline button (if they have one).
- A bed occupancy monitor which is a pressure sensor that goes under the mattress detects when a person gets out of bed and if they do not return to the bed after a pre-set time which is set for the individual. It sends a signal to the lifeline box as this is a strong indication that a fall or accident has occurred. The addition of this piece of equipment means that should someone fall during the night they will not be left alone for a prolonged period which may result in increased likelihood of a hospital admission and increase the length of stay in hospital. In addition to this a pull cord can be provided at key locations such as bathrooms and toilets. As the pendant supplied is waterproof this can also be used in the shower or bath a key concern for many people with **physical disabilities**.
- For people with **cognitive impairments** one of the most common items recommended is a property exist sensor. This piece of equipment is commonly recommended for clients who may purposefully walk and therefore leave the safety of their home at times that may be considered inappropriate or place them at increased risk of danger. This item can help to alert if somebody has left their property at a time where they may be at increased risk of danger and allow immediate action to be taken to ensure their safety. This piece of equipment may reduce or prevent early admissions to care.

- To **support carers** there is a system to alert an onsite carer to the activation of any of the Telecare equipment currently provided

Appendix B

Map of Sefton showing geographical spread of service providers



List of Providers: N.B. the property providers and care providers can be separate and different organisations.

<u>Property providers (land lords)</u>
Adactus
Ascot Property Group
Autism Initiatives
Barry Hitchin – Private
Braecrest
Christine Ward – Private
Clarke and Keating
Countrywide Integrated Solutions
Crosby Housing Association
David Kenningly - Private
European Lifestyles Limited
First Priority Housing Association
Harbour Lights
Hilldale Housing Association
Housing Initiatives
HIS Properties
Ian Conway - Private
Jenny Watts - Private
Jenny Watts and Mr Fadi Thomas – Private
Livercare leased to Mr Ray Edwards
Liverpool Housing Trust
Maurice Donaldson – Private
Mr Edwards – Private
Mrs Edwards - Private
Mr Neil Atkins
Mr Thornton
One Vision
Phil McGinn – Private
Pier Head Housing
Plus Dane

Care providers

<u>Provider</u>
Re-Think
CIC
Care in Safe Hands
Embrace
Alternative Futures Group
Autism Initiatives
New Directions
Natural Breaks
Glenelg
Access

Brothers of Charity
Rialto
Royal Mencap
Independent Living Alliance - Lifeways
Options
Frances Taylor Foundation
Nugent Care
SLC Raglin
Merseycare
New Directions - Woodlands
Expect
Making Space
Livercare - Bootle Support Ltd.
Imagine Mental Health
Transitions Care
Park Haven
Warren Care

Appendix C: consultation

Supported Living Review - ENGAGEMENT SCHEDULE. (Revised November 2015)

Date - 2015	Task/Event /Venue/Time	Who to contact and lead for engagement	Target Audience/ Key Focus	Resources required at event
6th August - 14th August	Draft Cabinet Report on draft vision and model(s)	Council Lead Officer	To put together a Cabinet Report detailing the proposed vision and models and the engagement process.	Council Team
13th August	Share vision and models with VCF	Council Lead Officer	VCF, to get feedback on the vision and models before going to Cabinet.	Senior Leadership and Cllrs
18th August - 27th August	Finalise the Cabinet Report	Council Lead Officer	Cabinet, to write a final version of the Cabinet Report, ready to go to Cabinet for approval on 3rd September.	Head of Service
15th September to January 2016	Meeting with VCF sector and People First (LD lead)	Council Lead Officer	People First and VCF to discuss the format of the service user engagement events and assist in planning and reviewing	Council Team
18th September	Public Engagement Panel	Council Lead Officer	To get approval for engagement methods.	Head of Service

Date - 2015	Task/Event /Venue/Time	Who to contact and lead for engagement	Target Audience/ Key Focus	Resources required at event
Various – commenced 13 th August 2015 to January 2016	Regular Meetings with CVS, Sefton Advocacy, SPOC, SPAC; Key groups such as: <ul style="list-style-type: none"> • Visually Impaired • Mental Health • Learning Disability • Valuing people 	Council Lead Officer	To discuss the format of the service user engagement events. To present and discuss models and obtain feedback.	Council Team and VCF
November 2015 to December 2016	Social Workers and Positive Behaviour Support Service (PBSS) to reassess care plans	Council Lead Officer	Reassess care plans and whole accommodation.	2 x Social workers & PBSS officers
September/October 2015	Briefing events for ASC and commissioning and housing staff	Council Lead Officer	Staff - to make them aware of the proposals for a new vision and model/s for supported living and how this may affect their work.	Head of Service & Team;
5 th October	1 st Care Provider engagement	Council Lead Officer	To inform providers of the proposed vision and models for supported living services – and obtain feedback	Head of Service & Team;
18 th October	2 nd Care Provider engagement	Council Lead Officer	As above following up after 3 months	Head of Service & Team;

Date - 2015	Task/Event /Venue/Time	Who to contact and lead for engagement	Target Audience/ Key Focus	Resources required at event
7 th December 2015 (Bootle) – post care provider event	Service user and carer informing/engagement event (South)	Council Lead Officer	Service users and carers, to make them aware of the proposals for a new vision and model/s for supported living and how this may affect them.	Head of Service & Team; Assistive Technology team; Advocacy groups, VCF
9 th December 2015 (Southport)– post care provider event	Service user and carer informing/engagement event (North)	Council Lead Officer	Service users and carers, to make them aware of the proposals for a new vision and model/s for supported living and how this may affect them.	Head of Service & Team; Assistive Technology team; Advocacy groups, VCF
11 th December 2015	Housing Provider engagement event	Council Lead Officer	To inform providers of the proposed vision and models for supported living services – and obtain feedback	Head of Service & Team;
November & December 2015, January 2016	Range of meetings with individual care and housing providers	Council Lead Officer	Obtain a confidential response (if appropriate)	Head of Service & Council Lead Officer
September to January 2016	Consultation, equalities and cabinet reports to be written	Council Lead Officer	For Cabinet approval	Council Team
4 th February 2016	Cabinet	Council Lead Officer	To gain approval to implement proposed vision and models.	Head of Service & Council Lead Officer
February 2016	Feedback to all stakeholders	Council Lead Officer	Providers; service users and staff	Council Team, Communications and VCF

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