

EQUALITY IMPACT ASSESSMENT

GUIDANCE AND TEMPLATE

UPDATED FOR 2005/06

Incorporates the requirement to impact assess all new functions and policies and those that have a high relevance to the General Duty of the Race Relations Amendment Act (2000). This requirement is set out in the Council's Race Equality Scheme.

EQUALITY IMPACT ASSESSMENT

Name of the policy or function being assessed: Direct Payments

Directorate Social Services

Date Impact Assessment completed 31/3/2006

Is this a policy or function? Policy/function Function

Is this a new or existing policy or function? New Existing

Names and roles of the people carrying out the Impact Assessment:

(Explain why the members of the impact assessment team were selected i.e. the knowledge and experience they bring to the process).

1. Marion Tunstall – Direct Payments Co-ordinator
2. Barbara Disney - Service Manager, Commissioning Physical Disabilities
3. Emdad Haque - Policy Officer (Equalities), Policy and Planning
4. Vicky Dunne - temporary Policy Officer

Managers are selected for the roles in managing and delivering the services. The Service Manager has the strategic role to ensure quality and equity in service delivery.

The temporary Policy Officer has been appointed to carry out the impact assessment under the guidance of the Policy Officer (Equalities) who is also responsible for carrying out equality policy work in the Directorate.

Service Head	JOHN GOLDUP
Signature	
Date	

Once you have filled in this document please send a copy to the Equalities Team.

If you have any questions regarding this form please call the Equalities Team on 020 7364 4723.

Briefly summarise why has this been identified as a 'relevant' policy/function (i.e. in what way it is perceived that it may discriminate or have an adverse impact on equality target groups)

The Direct Payments (DP) service is a direct service to vulnerable people and their carers in Tower Hamlets. The service has been identified as a relevant function as it has the potential to have an adverse impact on various equalities groups in the community (ie because of their race, gender, disability, faith, age or sexuality).

Scope of the Assessment as agreed by the impact assessment team (which strands will be covered? Are there any particular exclusions?)

The assessment will cover race, gender, disability, age and faith, although some strands cannot be fully assessed. There is insufficient data on religion to use in the assessment and, although the assessment will make reference to the sexuality strand, this cannot be fully assessed as there are no profile data available for either staff or service users. Most clients of the service have an impairment or long-term condition and have qualified for social services through a community care assessment or a children's care assessment. A smaller proportion of clients are carers. Both children and adults are eligible for Direct Payments, though in the case of children and some young people aged 16-17, the payment will be made to the person with parental/caring responsibility.

This Assessment will cover the 3 aspects of Direct Payments provision:

- Social Workers' assessments of users, including giving information about Direct Payments and applying eligibility criteria to potential users;
- the work of the Direct Payments team in managing policy, procedures and quality assurance; and
- the work of the DP support service, as commissioned by Tower Hamlets.

The Direct Payments function is overseen by a multi-agency steering group.

Deleted: a disability

SECTION 1

AIMS AND IMPLEMENTATION OF THE POLICY/FUNCTION OR DELIVERY OF THE FUNCTION

Identifying the aims of the policy/function¹

What is the policy/function?

To provide people with cash payments in lieu of social service provisions, so that they can purchase their own services or equipment.

What is the aim, objective, or purpose of the policy/function?

To enable service users to have greater control and flexibility in the way they meet their assessed needs, and enable them to live as independently as possible in the community.

Rationale behind the policy/function and its delivery

(If you are impact assessing a function then please state the underlying policy objectives, which underpin, or govern this service and what they are trying to achieve.)

Are there associated objectives of the policy? If so, what are they?

What outcomes do we want to achieve from this policy/function?

What factors could contribute/detract from the outcomes?

The Direct Payments (DP) service was introduced in response to the Community Care (Direct Payments) Act 1996. This empowered local authorities to make cash payments in lieu of services to people aged 18-65 who were assessed as needing community care services, and this was later extended to include older people. The Carers and Disabled Children Act 2000 extended Direct Payments to carers, parents of disabled children and disabled young people aged 16 or 17 years old. Direct Payments are now regulated by the Community Care, Services for Carers and Children's Services (Direct Payments)(England) Regulations 2003, made under the Health and Social Care Act 2001, which made the provision of Direct Payments to eligible people a duty. Accordingly, Tower Hamlets offers the option of Direct Payments to all these groups.

The intended outcome of the service is to give people more control over how they lead their lives by enabling them to plan and buy their own care. As well as providing Direct Payments to eligible social services users, Tower Hamlets commissions an independent support service. This provides information and support to people using direct payments, and will be referred to here as the DP support service.

Direct Payments have been included in the Social Services Performance Assessment Framework (PAF) since 2002/03. Performance Indicator PAF C51/ BVPI 201 is a weighted assessment of the take up of Direct Payments by adult users in each local authority. On the

¹ Please note the term 'Policy/function' is used for simplicity. The broad term can also refer to a function or a service.

most recent assessment, 2004/05, Tower Hamlets was rated '3' (out of a possible 5), indicating 'Acceptable, but possible room for improvement'. This is the rating achieved by the overwhelming majority of councils for this PI. The Commission for Social Care Inspection (CSCI) sets annual targets for the number of users from different groups (Older People, people with physical disabilities etc) that should be receiving direct payments in each local authority. Progress on these targets has a direct bearing on the overall rating of the social services function of the local authority.

There are a number of factors that could detract from the success of the service. These include lack of access, information, staff awareness and training and the fact that this is a relatively new service. If the service is not known to potential users because they have not been told about it by their social worker or other staff then that will act as a barrier to them applying for it. Similarly, if not enough of the right kind of information – in the appropriate language and format – is available to all potential users, then take-up will suffer. Also crucial to this service is the provision of support and advocacy to users at all stages: when they first consider using direct payments, when they apply for the scheme and in the ongoing process of managing the payments.

Who is affected by the policy/function? Who is intended to benefit from it and how?

Who are the main stakeholders in relation to this policy/function?

What outcomes would other stakeholders want from this policy/function?

Are there any groups, which might be expected to benefit from the intended outcomes but which do not?

On the Adult Services side, the following may be eligible for direct payments:

- Older and disabled people aged 18 and over;
- Carers aged 16 and over;

who are eligible to receive a community care service, or a carer's service. Additionally, the potential recipient must be able to consent to receiving a direct payment, and be able to manage it, with assistance where necessary.

On the Children's Services side, the following may be eligible for direct payments:

- Disabled children aged 16 and 17;
- A person with parental responsibility for a disabled child;
- A disabled person with parental responsibility for a child regardless of whether or not that child is disabled;

who are eligible to receive a service under Section 17 of the Children Act, under which services can be provided both to disabled children, and to other family members. As for adults, the recipient must be able to consent to and manage the payment with assistance if necessary. In children's services there is another criterion: that the DP safeguards and promotes the child's welfare.

Stakeholders include social work and health professionals, who can use Direct Payments to empower and enable service users. The Tower Hamlets Coalition of Disabled People, which is commissioned to provide the Direct Payment Support Service to support users of the service, is also a key stakeholder. Also involved are the people and agencies who provide services – such as personal assistants – which are bought with Direct Payments. Other user

groups and campaign organisations for disabled people, and local community organisations and religious groups will also have an interest in the service.

No groups have been identified who are intended to benefit but do not, although service take up will dictate whether different groups are benefiting as fully as they might.

Promotion of good relations between different communities

(How does the policy/function or function contribute to better Community Cohesion?)

How do you promote good relations between different communities you serve based on mutual understanding and respect?

What opportunities are there for positive cross cultural contact between these communities to take place e.g. between younger and older people, or between people of different religious faiths? (Specifically identify the relevance of the aims of the policy/function to the equality target groups and the Council's duty to eliminate unlawful racial discrimination, promote equality of opportunity and good relations between people of different racial groups).

The aim of Direct Payments is to enable users to purchase the services that they want themselves and organise them as they wish, rather than receive services direct from Social Services. For example a Direct Payment user may recruit his/her own Personal Assistant. Additionally, many of the services will be delivered in the client's own home. Given the nature of the service, there is little scope for cross-cultural contact and it would be inappropriate for the Social Services directorate to attempt to direct this. However, there may be some opportunity for cross cultural contact in peer group sessions organised by the support service.

The service aims to be equally accessible to all communities and groups in Tower Hamlets.

Policy/function Priorities:

(If you are impact assessing a policy/function, or a function where there is a clear policy underpinning that function, then please state how does the policy fit in with the council's wider aims? Include Corporate and Local Strategic Partnership Priorities)

How does the policy/function relate to other policies and practices within the council?

What factors/forces could contribute/detract from the outcomes?

How do these outcomes meet or hinder other policies, values or objectives of the council?

Through its Equality and Diversity Scheme the Council actively seeks to promote equality for all who live and work in the borough, in relation to community involvement, service delivery, and employment and training. The Council recognises that it is important to ensure equal access for all residents to all services.

One of the key priorities under the Living Well strand of the Community Plan of the Council for the period to March 2006 is to *improve outcomes for vulnerable adults and children*. In 2004/05, Tower Hamlets attained the highest level (5) of the Equality Standard for Local Government (BVPI 2a). Future planning seeks to maintain this level.

The policy on Direct Payments seeks to reflect these corporate commitments to equality. Tower Hamlets' Direct Payments policy describes the objective of the service as follows: "Direct Payments give people the opportunity to organise and manage their own services, thus promoting independence, choice, and flexibility."

Access to all adult social services is governed by eligibility criteria under Fair Access to Care Services (FACS), which apply equally to all service users including direct payment users. This ensures a fair and consistent approach to provision of services.

If a person is eligible for a community care service then they are eligible for Direct Payments, provided they are assessed as willing and able to manage the payment, with assistance if necessary. The Direct Payments service operates within the same budgetary environment as other Social Services teams.

How the policy/function is implemented

(How is, or will, the policy/function be put into practice and who is, or will be, responsible for it?)

Who defines or defined the policy/function?

Who implements the policy/function?

How does the council interface with other bodies in relation to the implementation of this policy/function?

Is the service provided solely by the Department or in conjunction with another department, agency or contractor?

If external parties are involved then what are the measures in place to ensure that they comply with the Council's Equal Opportunities policy?

The Government broadly defines how the policy should be implemented in "The Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2003" and in the associated guidance issued by the Department of Health. Local councils implement direct payments according to locally written policy and procedures based on the regulations. Tower Hamlets' policy has recently been updated and a new version is planned for publication in early 2006/07. It was written by the DP Co-ordinator in consultation with the DP Officers Group, and updates existing policy which was consulted on widely.

There is a small Direct Payments team within Tower Hamlets' Directorate of Social Services, overseen by the Service Manager for Physical Disabilities Commissioning and comprising the Direct Payments Coordinator and an administrator. The team coordinates and supports all aspects of direct payment provision within the council, and liaises with the Direct Payment Support Service. The team provides advice and support to social workers on direct payment processes, and collects monitoring information, including financial returns from direct payment users.

Direct Payments are only available after an assessment of needs, which is done as usual by social workers. If the user is interested in, and eligible for, direct payments, they can then meet with the support service (DPSS) to get further information and begin an induction into the service. At this point the social worker and staff from DPSS will assess the client's ability to consent to and manage a direct payment, if this appears to be necessary. If the person

continues with their application, their social worker will ascertain how much money should be paid to the user, based on how much it would cost Social Services to buy services to meet eligible needs, as described in the Care Plan. This must be agreed by the budget holder, as usual.

The user then draws up a plan for how the money will be spent, with support from the DPSS, which also helps the user set up the arrangements. This will include details about any arrangements agreed to help the Direct Payment user in the practical management of the payment, and role of any person nominated to assist. The plan is then approved by the Direct Payments Panel, which checks that everything is safe and in order as per policy, before payments can begin. Payments are made quarterly into a bank account, which the user must set up solely for managing Direct Payments. The user completes financial monitoring forms for Tower Hamlets, recording how the money is spent. The arrangements are reviewed by the social worker after 3 and 6 months of the first year of payment and thereafter at the direct payment user's regular review – 6 monthly for children, and annually for adults.

Tower Hamlets Social Services Directorate commissions and works with Direct Payment Support Service. The Support service provides support to users, enabling them to set up and manage their direct payments. Included in this is advice on employment law and recruitment, since many recipients of Direct Payments will use them to hire their own staff. As a contractor of Tower Hamlets Social Services, the Direct Payment Support Service is required to comply with the usual contractual requirements, including operating an equal opportunities policy consistent with Tower Hamlets' policy. It is a requirement of the contract that the service supports all groups of people eligible to receive Direct Payments appropriately.

People in receipt of Direct Payments purchase their own services from independent providers, though some will also continue to receive some services direct from Social Services at the same time. Users must comply with the principles of Tower Hamlets equal opportunities policy in their role as employers. Note that services cannot be purchased from Tower Hamlets itself using Direct Payments. Users may choose to stop using Direct Payments at any time and opt back into direct Social Services provision.

As well as ongoing support, Carers may also receive one-off payments. These have been used for a range of goods and services including short breaks and washing machines.

SECTION 2

CONSIDERATION OF DATA AND RESEARCH

List all examples of quantitative and qualitative data available that will enable the impact assessment to be undertaken (include information where appropriate from other directorates, Census 2001 etc.)

The following documents have informed this assessment. The data used in Sections 2 and 3 is given in 'List of quantitative and qualitative data' below.

National:

Race Relations Act 2000
 Disability Discrimination Act 2003
 Equalities Standard for Local Government
 Disability Discrimination Act 2005 (duty to promote disability equality)
 The Commission for Social Care Inspection
 The Health and Social Care Act 2001
Community Care, Services for Carers and Children's Services (Direct Payments)(England) Regulations 2003
 The Children Act 1989
 Direct Payment Guidance 2003
 Mental Capacity Act 2005
 Carers and Disabled Children Act 2000
 Carers (Equal Opportunities) Act 2004

Local:

Equalities Standard for Local Government
 Tower Hamlets Community Plan
 Tower Hamlets Strategic Plan
 Tower Hamlets Social Services Business Plan
 Tower Hamlets Multi-Agency Refugee Strategy (MARS)
 Joint Investment Plan – Welfare to Work for Disabled People (1999)
 Physical Disabilities and Sensory Impairment Commissioning Strategy for Tower Hamlets: three year plan 2004-07 (although the support service covers all client groups, the contract is managed by the Commissioning Manager, Physical Disabilities).

List of quantitative and qualitative data:

Residents' Survey 2004
 Diversity and Race Equality Scheme 2005-08
 Equalities Action Plan 2005/06
 Social Services Business Plan 2005-06
 Staff Survey Action Plan 2005-06
 EIAs 2004-05: Commissioning, In-house Day Care, Home Care, OT

The qualitative data used in the tables which follow comes from a range of sources within Tower Hamlets Social Services. These include the SWIFT database and monitoring data required by Social Services in relation to the support service contract.

There are also some messages from a recent Home Care Survey and an ALG London-wide survey (detailed in sections 'Consultation' and 'Awareness of the service' below).

Equalities profile of users or beneficiaries

(Use the Council's approved diversity monitoring categories and provide data by target group of users or beneficiaries to determine whether the service user profile reflects the local population or relevant target group or if there is over or under representation of these groups)

Data has been taken from 'SWIFT', the Social Services client database on which social workers record user information. There is information on both users and carers in receipt of Direct Payments. However, only carers receiving ongoing payments are recorded on SWIFT, and the majority of carers receive one-off payments. Data is available on age, gender, ethnicity and the primary reason for eligibility for social care. However, comprehensive data is not currently available on religion or sexuality. While some data about users' religion is collected on the database, it is scant and it would be misleading to include it here.

With regard to the age profile of users, it is worth reiterating that eligibility for Direct Payments has been rolled out to different age groups at different times (see Rationale/Drivers in Section One above). Eligibility was first applied to the 18-64 age group and older people and children and young people were made eligible at a later date.

The tables below show DP users for two years: 2004/05 and 2005/06 (as at February 2006). It should be noted that the comparator group is the total population of Tower Hamlets. This is not ideal – a profile of all social services users would be better – but this is what is available at the moment.

Tables 1-5 show users by gender and ethnicity, with one table for each of the three age bands (under 18s, 18-64, 65+). Note that as there were no users under 18 years old in 2004/05, there is no data table for this group. Table 6 is a snapshot of the ethnicity and gender profile of carers in receipt of one-off direct payments. Tables 7-10 show the profile of the user group for each of the two time periods, both for social services users and for carers (showing the user group of the person they care for).

Table 1								
Date: Users 2004/05								
Age: 18- 64								
Total users: 49 (includes one carer in receipt of ongoing Direct Payments)								
Ethnicity	Total population age 18-64		% of total age 18-64		No. of service users age 18-64		% of service users age 18- 65	
	Male	Female	Male	Female	Male	Female	Male	Female
Bangladeshi	16240	17642	12.76	13.86	2	14	4.08	28.57
Indian	1144	1137	0.90	0.89	0	0	0.00	0.00
Pakistani	572	445	0.45	0.35	0	0	0.00	0.00
Other Asian	609	516	0.48	0.41	0	1	0.00	2.04
Other Black	205	253	0.16	0.20	0	1	0.00	2.04
Black African	1939	2333	1.52	1.83	1	1	2.04	2.04
Black Caribbean	1555	1794	1.22	1.41	2	3	4.08	6.12
Other Mixed Background	364	395	0.29	0.31	0	0	0.00	0.00
White and Asian	448	357	0.35	0.28	0	0	0.00	0.00
White and Black African	223	224	0.18	0.18	0	0	0.00	0.00
White and Black Caribbean	289	389	0.23	0.31	0	0	0.00	0.00
Other Ethnic group	728	1012	0.57	0.80	1	2	2.04	4.08
Chinese	1303	1472	1.02	1.16	1	0	2.04	0.00
White-Any other	5602	5931	4.40	4.66	2	0	4.08	0.00
White-British	31354	27825	24.64	21.86	12	6	24.49	12.24
White-Irish	1666	1300	1.31	1.02	0	0	0.00	0.00
Other ethnic group: Not stated	0	0	0	0	0	0	0.00	0.00
Not Recorded	0	0	0	0	0	0	0.00	0.00
Total	64241	63025	50.48	49.52	21	28	42.86	57.14

Table 3								
Date: Users at February 2006								
Age: under 18								
Total users: 4								
Ethnicity	Total population age under 18		% of total age under 18		No. of service users aged under 18		% of service users aged under 18	
	Male	Female	Male	Female	Male	Female	Male	Female
Bangladeshi	14,780	14,542	29.38	28.91	2	1	50	25
Indian	271	258	0.54	0.51	1		25	0
Pakistani	195	204	0.39	0.41	0	0	0	0
Other Asian	281	280	0.56	0.56	0	0	0	0
Other Black	198	218	0.39	0.43	0	0	0	0
Black African	1072	956	2.13	1.90	0	0	0	0
Black Caribbean	573	521	1.14	1.04	0	0	0	0
Other Mixed Background	193	180	0.38	0.36	0	0	0	0
White and Asian	251	260	0.50	0.52	0	0	0	0
White and Black African	174	145	0.35	0.29	0	0	0	0
White and Black Caribbean	438	414	0.87	0.82	0	0	0	0
Other Ethnic group	261	229	0.52	0.46	0	0	0	0
Chinese	275	342	0.55	0.68	0	0	0	0
White-Any other	395	427	0.79	0.85	0	0	0	0
White-British	6,027	5,811	11.98	11.55	0	0	0	0
White-Irish	69	63	0.14	0.13	0	0	0	0
Other ethnic group: Not stated							0	0
Not Recorded							0	0
Total	25,453	24,850	50.60	49.40	3	1	75.00	25.00

Table 4								
Date: Users at February 2006								
Age: 18-64								
Total users: 63 (includes 2 Carers in receipt of ongoing Direct Payments)								
Ethnicity	Total population age 18-64		% of total age 18-64		No. of service users age 18-64		% of service users age 18- 65	
	Male	Female	Male	Female	Male	Female	Male	Female
Bangladeshi	16240	17642	12.76	13.86	2	20	3.17	31.75
Indian	1144	1137	0.90	0.89	0	1	0.00	1.59
Pakistani	572	445	0.45	0.35	0	0	0.00	0.00
Other Asian	609	516	0.48	0.41	0	1	0.00	1.59
Other Black	205	253	0.16	0.20	0	0	0.00	0.00
Black African	1939	2333	1.52	1.83	1	5	1.59	7.94
Black Caribbean	1555	1794	1.22	1.41	2	2	3.17	3.17
Other Mixed Background	364	395	0.29	0.31	0	0	0.00	0.00
White and Asian	448	357	0.35	0.28	0	0	0.00	0.00
White and Black African	223	224	0.18	0.18	0	0	0.00	0.00
White and Black Caribbean	289	389	0.23	0.31	0	0	0.00	0.00
Other Ethnic group	728	1012	0.57	0.80	2	4	3.17	6.35
Chinese	1303	1472	1.02	1.16	1	0	1.59	0.00
White-Any other	5602	5931	4.40	4.66	1	0	1.59	0.00
White-British	31354	27825	24.64	21.86	14	6	22.22	9.52
White-Irish	1666	1300	1.31	1.02	1	0	1.59	0.00
Other ethnic group: Not stated					0	0	0.00	0.00
Not Recorded							0.00	0.00
Total	64241	63025	50.48	49.52	24	39	38.10	61.90

Table 5								
Date: Users at February 2006								
Age: 65+								
Total users: 24								
Ethnicity	Total population age 65+		% of total age 65+		No. of service users age 65+		% of service users age 65+	
	Male	Female	Male	Female	Male	Female	Male	Female
Bangladeshi	1571	778	8.56	4.24	5	5	20.83	20.83
Indian	101	57	0.55	0.31	0	0	0.00	0.00
Pakistani	41	29	0.22	0.16	0	0	0.00	0.00
Other Asian	48	31	0.26	0.17	0	0	0.00	0.00
Other Black	27	16	0.15	0.09	0	0	0.00	0.00
Black African	176	120	0.96	0.65	2	0	8.33	0.00
Black Caribbean	331	311	1.80	1.69	0	1	0.00	4.17
Other Mixed Background	15	21	0.08	0.11	0	0	0.00	0.00
White and Asian	14	18	0.08	0.10	0	0	0.00	0.00
White and Black African	14	9	0.08	0.05	0	0	0.00	0.00
White and Black Caribbean	20	13	0.11	0.07	0	0	0.00	0.00
Other Ethnic group	51	32	0.28	0.17	0	1	0.00	4.17
Chinese	108	74	0.59	0.40	0	0	0.00	0.00
White-Any other	236	234	1.29	1.27	0	1	0.00	4.17
White-British	5389	7745	29.36	42.19	3	6	12.50	25.00
White-Irish	338	388	1.84	2.11	0	0	0.00	0.00
Other ethnic group: Not stated	0	0	0.00	0.00	0	0	0.00	0.00
Not Recorded	0	0	0	0	0	0	0	0
Total	8480	9876	46.20	53.80	10	14	41.67	8480

There is a smaller group of Carers also in receipt of Direct Payments: 23 at February 2006 and 21 in 2004/05. The table below (Table 6) shows the latest profile for carers' gender and ethnicity, for the 18-64 age group. Note that the data is only about carers in receipt of one-off payments, not ongoing payments (but this is still representative because most payments to Carers are one-off). There are only 2 carers aged over 65, both White British men. The profile very clearly does not reflect the population either in terms of race or gender. Almost half of all carers in receipt of direct payments are White British women, women accounting for three-quarters of all carers receiving direct payments. However it should be emphasised that, like the preceding tables, Table 6 uses the whole population of Tower Hamlets as the comparator group. This inevitably dilutes the messages. It would be more useful to compare the ethnicity of Carers in receipt of Direct Payments with the ethnic and gender profile of all Carers in Tower Hamlets. This is not possible at the moment but should be considered for future analysis. Some patterns may be discerned from the table, but they should be treated with caution.

Table 6: Carers at February 2006 (Note that the data only covers carers in receipt of one-off payments)								
Age 18-64								
Total Carers: 21								
ETHNICITY	Total population age 18-64		% of population age 18-64		No. of service users age 18-64		% of service users age 18-64	
	Male	Female	Male	Female	Male	Female	Male	Female
Asian / Asian British / Bangladeshi	16240	17642	12.76	13.86	2	4	9.5%	19.0%
Asian / Asian British / Indian	1144	1137	0.90	0.89	0	1	0.0%	4.8%
Asian / Asian British / Pakistani	572	445	0.45	0.35	0	0	0.0%	0.0%
Asian / Asian British / Other Asian Background	609	516	0.48	0.41	0	0	0.0%	0.0%
Black / Black British / Other Black Background	205	253	0.16	0.20	0	0	0.0%	0.0%
Black / Black British / African	1939	2333	1.52	1.83	0	1	0.0%	4.8%
Black / Black British / Caribbean	1555	1794	1.22	1.41	0	0	0.0%	0.0%
Mixed: Any Other Mixed Background	364	395	0.29	0.31	0	0	0.0%	0.0%
Mixed: White & Asian	448	357	0.35	0.28	0	0	0.0%	0.0%
Mixed: White & Black African	223	224	0.18	0.18	0	0	0.0%	0.0%
Mixed: White & Black Caribbean	289	389	0.23	0.31	0	0	0.0%	0.0%
Other Ethnic group: Any Other Group	728	1012	0.57	0.80	0	0	0.0%	0.0%
Other Ethnic group: Chinese	1303	1472	1.02	1.16	0	0	0.0%	0.0%
White: Any other Background	5602	5931	4.40	4.66	0	0	0.0%	0.0%
White: British	31354	27825	24.64	21.86	3	10	14.3%	47.6%
White: Irish	1666	1300	1.31	1.02	0	0	0.0%	0.0%
Total	64241	63025	50.48	49.52	5	16	24%	76%

Tables 7-10 below describe take-up of Direct Payments by the user group within social services, using the same two time periods as in the earlier tables. Carers' Direct Payments are also given by the user group of the person the carer cares for.

Table 7: DP users by social services user group

2004/05

All ages

	No. of users	% of total
Older people	13	20%
HIV	4	6%
Learning Disability	11	17%
Mental Health	1	2%
Physical Disability	34	53%
Sensory Impairment	1	2%
Grand Total	64	100%

Table 8: Carers in receipt of DP, by the user group of the person they care for

2004/05

All ages

	No. of carers	% of total
Older people	5	25%
Learning Disability	4	20%
Mental Health	3	15%
Physical Disability	5	25%
MH Elderly	2	10%
Not recorded	1	5%
Grand Total	20	100%

Table 9: DP users by social services user group

February 2006

All ages

	No. of users	% of total
Older people	20	22%
HIV	2	2%
Learning Disability	12	13%
Mental Health	2	2%
Physical Disability	46	51%
Sensory Impairment	4	4%
Children with Disabilities	4	4%
MH Older people	1	1%
Grand Total	91	100%

Table 10: Carers in receipt of DP, by the user group of the person they care for

February 2006

All ages

	No. of carers	% of total
Older people	5	22%
HIV	1	4%
Learning Disability	6	26%
Mental Health	5	22%
Physical Disability	1	4%
Sensory Impairment	1	4%
Drugs & Alcohol	2	9%
Children with Disabilities	2	9%
Grand Total	23	100%

Tables 11- 15 below show the profile of referrals to the Direct Payments support service. These are included because not all referrals lead to an eventual Direct Payment and it would be interesting to know the characteristics of the group which is referred to the service but

does not actually take it up. However it is not possible to compare these figures directly with the take-up profiles in Tables 1-6, because a referral and eventual take-up will not always occur in the same time period. The tables below show referrals during 2004/05, but many of the users in receipt of Direct Payments in 2004/05 will have been referred prior to this period. It would be helpful in the future to track referrals and outcomes more closely.

Tables 11 and 12 show referrals by ethnicity in 2004/05 by two age bands: the total of both user and carer referrals are shown in these tables. Tables 13 -16 show user referrals only. Note that in the under-18s group, there are only user referrals (Table 13) so there is no 'all referrals' table for this age group.

Table 11		
All Referrals (Users and Carers)		
18-64 age group		
2004/05	No. of referrals	% of referrals
Asian or Asian British: Bangladeshi	27	32%
Asian or Asian British: Indian	2	2%
Asian or Asian British: Pakistani	1	1%
Asian/Asian British/other Asian background	1	1%
Black or Black British.:African: Somali	2	2%
Black or Black British: African	8	9%
Black or Black British: Caribbean	2	2%
Mixed: White & Black Caribbean	1	1%
Other Ethnic Groups/any other ethnic group	2	2%
Other Ethnic Groups: Chinese	1	1%
White and Black Caribbean	1	1%
White: Any Other White Background	6	7%
White: British	30	35%
White: Irish	1	1%
Grand Total	85	100%

Table 12		
All Referrals (Users and Carers)		
65+ age group		
2004/05	No. of referrals	% of referrals
Asian or Asian British: Bangladeshi	13	30%
Asian or Asian British: Pakistani	1	2%
Black or Black British: African: Somali	2	5%
Mixed: White & Black Caribbean	1	2%
White: Any Other White Background	3	7%
White: British	23	52%
White: Irish	1	2%
Grand Total	44	100%

Table 13 User Referrals only (no Carers) Under 18s		
2004/05	No. of referrals	% of referrals
Asian or Asian British: Bangladeshi	3	50%
Black or Black British: Caribbean	2	33%
White: British	1	17%
Grand Total	6	100%

Table 14 User Referrals only (no Carers) 18-64 age group		
2004/05	No. of referrals	% of referrals
Asian or Asian British: Bangladeshi	15	28%
Asian or Asian British: Indian	1	2%
Asian or Asian British: Pakistani	1	2%
Asian/Asian British/other Asian background	1	2%
Black or Black British: African: Somali	2	4%
Black or Black British: African	7	13%
Black or Black British: Caribbean	2	4%
Mixed: White & Black Caribbean	1	2%
Other Ethnic Groups/any other ethnic group	1	2%
Other Ethnic Groups: Chinese	1	2%
White: Any Other White Background	5	9%
White: British	15	28%
White: Irish	1	2%
Grand Total	53	100%

Table 15		
User Referrals only (no Carers)		
65+ age group		
2004/05	No. of referrals	% of referrals
Asian or Asian British: Bangladeshi	13	35%
Asian or Asian British: Pakistani	1	3%
Black or Black Brit.:African: Somali	2	5%
Mixed: White & Black Caribbean	1	3%
White: Any Other White Background	3	8%
White: British	16	43%
White: Irish	1	3%
Grand Total	37	100%

Equalities profile of staff

(Indicate profile by target groups and assess relevance to policy/function aims and objectives e.g. Workforce to Reflect the Community. Identify staff responsible for delivering the service including where they are not directly employed by the council).

There are two members of staff in the Direct Payments team in the Social Services directorate. Both are women, one White British and one Bangladeshi. Within the DP support service, three staff are employed in the support service for Direct Payments: one man, two women. Both women are White British and the man is Asian/Pakistani.

Both teams are very small and it would be difficult for them to be fully representative of the user group or the community generally. One post can make a big difference in terms of overall proportions here. Women are over-represented at 80% of total workforce, compared to half the overall community, although there is a smaller over-representation of women in the user group. The data is amalgamated in the table below.

Amalgamation of DP team staff and support service staff				
Total no. of staff: 5				
	Number of staff	Number of staff	Percentage of staff	Percentage of staff
	Male	Female	Male	Female
Other Asian	0	0	0%	0%
Bangladeshi	0	1	0%	20%
Indian	0	0	0%	0%
Pakistani	1	0	20%	0%
Other Black	0	0	0%	0%
Black African	0	0	0%	0%
Black Caribbean	0	0	0%	0%
Other ethnic groups	0	0	0%	0%
Chinese	0	0	0%	0%
White Other	0	0	0%	0%
White: British	0	3	0%	60%
Total	1	4	0	1

Evidence of Complaints against the service on grounds of discrimination

(Is there any evidence of complaints either from customers or staff (Grievance) as to the delivery of the service, or its operation, on the equality target groups?)

If a potential user cannot agree the amount of money they should receive in Direct Payments with his/her Social Worker, they can make a complaint. Similarly complaints relating to a refusal to give a Direct Payment to a user (on grounds of inability to manage it), should be referred here. Social Workers should publicise the process for making complaints at the assessment stage.

The Social Services Complaints Section has no recorded complaints about Direct Payments. There could be several reasons for both existing and potential users not making formal complaints. One of the reasons could be that the service is relatively new to some users (e.g. carers and older people) and therefore they are not fully aware of the details of the service. The second reason could be that the service is provided to a limited number of people, and thirdly, that potential complainants are not aware that they can complain. It is quite likely, though, that complaints are resolved at an informal stage and so are not recorded. The complaints service does not have any bilingual staff (though has access to interpretation/translation services). There is a bilingual officer in the Direct Payments team within Social Services.

Barriers

(What are the potential or known barriers to participation for the different equality target groups?)

Communication: People who are unable to communicate in English may not be aware of the service, although once they know it exists, Social Services will provide interpreting and translation services as required in any language. Social workers should tell users about the possibility of opting for Direct Payments when they do an assessment of needs. Users whose initial care plans pre-date the introduction of Direct Payments will be told about the service during their reviews, by their Social Worker. There is one bilingual member of staff on the Direct Payments team and social services provides an interpreting service for any language. The support service provides information in various community languages and one member of staff is bilingual (Urdu).

Awareness/relevance of service: There are two levels to this. Firstly, there are variable levels of awareness of social services generally among different groups. This affects whether people apply for the service in the first place. Secondly, even users of social services may not be fully aware of the Direct Payments service and how they can access it. Direct Payments is relatively new to social services and it may not be perceived as an option by many users who are accustomed to traditional, directly provided provision.

Ability and confidence: By its nature, using Direct Payments demands that the user becomes involved in planning and choosing his/her care, although s/he can nominate others to help with this. This entails preparation at the start and continuing paperwork. This may include advertising and recruiting for staff and quarterly monitoring returns have to be returned to Tower Hamlets, to ensure that the money is spent properly. Although there is support for all of this, it may appear as a daunting process to people embarking on it for the first time. This may be exacerbated by the potential user's language skills or disability or personal circumstances.

Staff perceptions: Around the country, take-up of Direct Payments has been very low in the areas of Mental Health and Learning Disability, and one of the clearest contributors is staff attitudes; a perception that these users would not be able to manage payments and therefore not encouraging them to take up Direct Payments.

Recent consultation exercises carried out

(Detail consultation with relevant interest groups, other public bodies, voluntary organisations, community groups, trade unions, focus groups and other groups, surveys and questionnaires undertaken etc. Focus in particular on the findings of views expressed by the equality target groups)

Tower Hamlets Social Services recently (January-February 2006) carried out a survey of older users of Home Care. This included a question on Direct Payments, asking respondents if their social worker had told them about Direct Payments. Of the 1091 respondents to this question, 50% answered 'no', 25% 'yes' and '24%' 'don't know' (the remaining 1% gave multiple answers).

In 2006/07, the Direct Payments service will introduce a Comment Card for their users, to facilitate feedback on the service. This asks whether appropriate information was provided, whether the user was kept informed about the progress of the work, whether services met their needs and if they were told how to complain. There is also space for the respondent to add their own feedback, and the comments are confidential.

In 2005, the Association of London Government (ALG) carried out a London-wide survey of users of Direct Payments, and some local authorities and voluntary organisations involved in DP provision. The findings are not directly from Tower Hamlets but they may be used here. Users were mostly very satisfied, saying that Direct Payments gave them more independence and control over their own lives. However they also said that accessing Direct Payments was not always straightforward and would like more support in doing this and training about how to use them.

Identify areas where more information may be needed and the action taken to obtain this data.

(You will need to consider data that is monitored but not reported, data that could be monitored but is not currently collected and data that is not currently monitored and would be impossibly/extremely difficult to collect).

Gaps in information:

Currently the language needs of direct payment users are not logged on a local database but this information is found in Swift and therefore relies on Social Workers keeping records up to date. Some information is recorded on users' religion but this is by no means comprehensive. There is no information on sexuality.

There are some significant gaps in comparative data. It would be very useful to compare the user group for Direct Payments with the user group for Social Services overall. It would be invaluable, too, to have information on the levels of need for different social services (and, by extension, potential users of Direct Payments) within the population generally. Finally, it would be useful to have a breakdown within user groups (Learning Disability, Physical Disability and so on), so that we can identify different types of disability, and where a user is in receipt of multiple services. This sort of data would enable a more sophisticated analysis of take-up.

Action needed:

(Include short-term measures to be taken to provide a baseline where no or little information is available)

The Direct Payments team will introduce a field in their database identifying users who speak other languages, so correspondence can be translated where necessary. Staff will make efforts to gather better information about users' religion (if any) and log on SWIFT. Generally, Social Services needs to work towards creating a more comprehensive dataset showing both the need for and take-up of social services in the borough, so that, say, the current user group for Direct Payments may be compared with the overall user group for Social Services, and the incidence of need for social services in the population.

SECTION 3

ASSESSMENT OF IMPACT

Race – testing of disproportionate or adverse impact

Identify the effect of the policy/function on different **race** groups from information available in Section 2.

How is the race target group reflected in the take up of the service?

From the evidence you have, does the policy/function affect, or have the potential to affect, racial groups differently and if so do any of the differences amount to adverse impact or unlawful discrimination?

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for one racial group or for another legitimate reason?

Could the policy/function discriminate, directly or indirectly and if so is it justifiable under legislation? (Include information on adverse impact between different racial groups)

The number of users for the two years is quite small: 65 in 2004/05 and 91 in 2005/06, but we have comprehensive information about ethnicity and no users have been recorded with this 'not stated' or 'not recorded'. Given the nature of the service, it is likely that most of the users recorded in the earlier year are still present in the group the following year, so major changes in the user profile will not occur. Having said that, the group did increase in size by about 40%, however the small numbers involved mean that percentages should be treated with care.

The most under-represented group in terms of take-up among users is White British in both of the two years for which data was analysed, and the difference between take-up and the general population has increased greatly in the current year. In 2004/05 39% of service users were White British, while in 2005/06 this had fallen to 31.9%, both against a proportion of 43% in the local population. The second most under-represented group in the current year is 'White Other' (2.2% of service users, 6.5% of population), and third is 'White Irish', as in 2004/05. It is noticeable that the Bangladeshi group, which was the second-most under-represented community in 2004/05 (30% of users compared with 33.5% of the population) is now the third most over-represented group (constituting 38.5% of users). This is the biggest change in rank order of difference in take-up between the two years.

Consistently over-represented in both years are: 'Any Other Ethnic Group' (though of course this is likely to be a sum of various small communities); Black African and Black Caribbean. In 2005/06, Black Africans represented 8.8% of service users (3.4% of population) and Black Caribbeans 5.5% of users (2.6% of population)

The following ethnic groups are not represented at all in either of the two years: Pakistani, and the four Mixed categories of 'White & Asian', 'White & Black African', 'White & Black Caribbean' and 'any other Mixed background'. All of these are small groups within the local population (less than 1% each) but it is striking that there is nobody at all from these groups using Direct Payments. Although there were no users from Indian backgrounds in the earlier year, 2 users were listed in 2005/06.

Looking at the profile of Carers receiving Direct Payments, it is noticeable that here White British carers are over-represented (65% of carers receiving a DP, 35% of population). It should be stressed that the number of carers is very small (23 in 2005/6) which makes it more difficult to generalise, and the two adult age groups have been amalgamated here. The second largest group in the population generally, Bangladeshis, are more evenly represented, though there are twice as many women as men. Many groups are not represented at all.

The workforce does not reflect the user profile or the population in terms of race, although it is a small workforce.

Only people who have been assessed as needing social services (eligible for community care services excluding residential care, carers' services, or services under section 17 of the Children Act 1989), may access Direct Payments. However, in the absence of baseline data about distribution of need in the community, we can only use the population as a whole to establish representation.

It is not justifiable to discriminate on grounds of race/ethnicity under the legislation. Direct Payments are to be made available to anyone who is eligible for them and is able to manage them, with assistance if necessary. There is no evidence of discrimination, but the patterns of take-up may warrant further investigation. These patterns could indicate a higher level of dissatisfaction with directly provided services amongst some groups, and hence a tendency to opt for Direct Payments.

Gender – testing of disproportionate or adverse impact

Identify the effect of the policy/function on **gender** groups from information available in Section 2.

How are the gender groups reflected in the take up of the service?

From the evidence you have, does the policy/function affect, or have the potential to affect, gender groups differently and if so do any of the differences amount to adverse impact or unlawful discrimination?

If there an adverse impact, can it be justified on the grounds of promoting equality of opportunity for one gender group or for another legitimate reason?

Could the policy/function discriminate, directly or indirectly and if so is it justifiable under legislation?

There is an over-representation of females in both years, accounting for 58% of the group in 2004/05 and 59% in 2005/06, while in the population the genders are evenly represented, with a very slight male predominance. When we look at gender and ethnicity together, some striking differences emerge. The biggest user group in terms of race in 2005/06 is Bangladeshi, but within that group there are around three times as many women as men, (28% of user group, 16% of population). However this is slightly more representative than the picture in the earlier year, when women outnumbered men in this group by a factor of four. White British people are under-represented and within this, women are more under-represented (13% of user group, 21% of population). In the Black African user group, women now predominate (5.5% of service users, 1.7% of population), although in the earlier year they were fairly representative of the population. In the Black Caribbean group, again women account for more of the group, (3.3% of users, 1.34% of population). In the section on 'race' above several groups with no users at all were listed, the only gender-specific groups not represented at all are Chinese and White Irish women, in both years.

Among Carers in receipt of Direct Payments, women are very strongly over-represented, accounting for 16 out of 21 in this group, though in the over 65s group, both carers are men. In Indian and Black African groups each have one carer, who is female. In the other two groups where there are carers, Bangladeshi and White British, in both cases women are over-represented. However, to establish a true picture it would be necessary to obtain a baseline figure of the number and (gender) profile of carers in the community as a whole.

It is not justifiable to discriminate on grounds of gender under the legislation.

The over-representation of women in the carers group may be explained by the common expectation that women will fulfil a caring role in society generally. However there may be other factors which work to make direct payments less attractive to male carers, such as the way they are advertised. It is also possible that male carers are less likely to identify themselves as carers in the first place, but this can only be speculation without further research. The two carers in the 65+ age group are both male, though, so possibly age is also a function here.

Disability – testing of disproportionate or adverse impact

Identify the effect of the policy/function on the **disability** strand from information available in section 2.

How are disabled people reflected in the take up of the service?

From the evidence above does the policy/function affect, or have the potential to affect, disability groups differently and if so do any of the differences amount to adverse impact or unlawful discrimination?

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for one group or for another legitimate reason?

Could the policy/function discriminate, directly or indirectly and if so is it justifiable under legislation?

All Direct Payments users will have a disability or long term condition and thus fall under the definition of disability, so the analysis here needs to concentrate on the take-up by types of disability within this group. Tables 7 and 9 in Section 2 above show this information. The categories used are very broad, and reflect the organisational structure, which itself reflects historical assumptions, so that 'older people' form a category regardless of the underlying cause of their needs which could be physical or learning disability, or alcohol or drug use for example, or a long term condition; people do not receive services simply because they are old. It is current policy that service users no longer automatically transfer from a disability team to an older people team when they become 65, but this was the case until comparatively recently, so the older people category will include people who also received services as younger adults. Work is in progress to redefine disability categories for the registers, and this will inform future recording of disability.

Just over half of the take-up in each time period is accounted for by people with physical disabilities (53% in 2004/05; 51% in February 2006), followed by Older people (20% and 22% respectively) and people with a Learning Disability (17% and 13%) in both periods. Other user groups – those with HIV, Mental Health needs and Sensory Impairment make up a much smaller proportion. Two groups are listed in the February 2006 dataset – Children with Disabilities (4%) and Mental Health Elderly (1%) – for which there were no recorded users in 2004/05.

A different picture emerges in the tables for Carers in receipt of Direct Payments in Tables 8 and 10. Note that the type of disability pertains to the person the carer cares for, and also that since this dataset is about one-off payments, it may be quite volatile. Unlike for users, these payments are not ongoing so those in receipt of them do not necessarily stay in the group over time. Although Physical Disability accounts for a quarter of this group in 2004/05, this has fallen to 4% in February 2006. The spread is more even in 2004/05: 25% each for Elders and PD; 20% LD; 15% MH; 10% MH Elderly and 5% not recorded. Some groups appear in one time period and not the other: there are no MH Elderly in the later period but 'new' groups of Sensory Impairment, Drugs & Alcohol and Children with Disabilities are listed in February 2006, which do not appear in the earlier table.

We do not have data on the incidence of disability in the local community generally. Therefore it is not possible to say whether take-up by disabled people reflects either the number of disabled people living in Tower Hamlets, or the distribution of different types of disability (SI, HIV and so on). Within the user group, it is not possible to say whether people

with multiple types of disability are adversely affected, because each user is identified only by their primary disability. In the absence of baseline data on the incidence of disability, it would be useful to compare take up of Direct Payments with take up of directly provided services, as numbers falling into the different broad categories given are clearly not evenly distributed, with the majority of all service users identified as Older People. However, this information was not available.

Potential users of Direct Payments must be able both to consent to the service and manage it in practical terms with assistance if necessary. Tower Hamlets' policy "aims to make direct payments available to all service users including those who have a learning disability or cognitive impairment" (Section 2.2). In terms of managing the payments, users must be given what support they need, for example advocacy, and information should be made available in a variety of formats. The direct payments support service has prepared an easy-read leaflet, and Social Services offer a booklet, cassette and CD ROM to introduce and explain the service. Users can nominate another person, or set up a trust, to manage the financial aspects of the DP, though the user remains in control of the services themselves. The Department of Health has issued guidance, "Direct Choices – What councils need to do to make direct payments happen for people with learning disabilities'. The policy guidance also suggests introducing direct payments within a mixed package (i.e. some directly provided services are retained). This policy is clearly effective as demonstrated in the proportion of direct payments going to people with learning disabilities, which has been a user group with low take up across the country. It may be useful to apply some of the lessons learned in this area to people with mental health problems.

There is no evidence that people with different disabilities experience a disproportionate adverse impact from this service, and there are safeguards in place to mitigate against this, in both local and national policies.

Age – testing of disproportionate or adverse impact

Identify the effect of the policy/function on different **age** groups from information available in Section 2.

How are young and old people reflected in the take up of the service?

From the evidence you have, does the policy/function affect, or have the potential to affect, age groups differently and if so do any of the differences amount to adverse impact or unlawful discrimination?

If there is an adverse impact, can be justified on the grounds of promoting equality of opportunity for one group or for another legitimate reason?

Could the policy/function discriminate, directly or indirectly, and if so is it justifiable under legislation?

In both years, the largest proportion of users is in the 18-64 age group, (77% in 2004/05, 69% in 2005/06). The over-65s usually account for around one in four users (23% in 2004/05, 26% in 2005/06). There are no users under the age of eighteen in the earlier year, but 4 in 2005/06.

It is impossible to say whether the age profile of the user group for Direct Payments fairly reflects either the profile of the Social Services user group or the level of need in the population generally because we do not have robust data for either of those groups. There are some messages from the data we have, but we need to treat these with caution in the light of these limitations. The under-18s (including young people aged 16-17 years) are strongly under-represented. There is a slight improvement in their representation over the two years but it should be remembered that the starting point was zero. Note that payments for Children's Services would be recorded as payments to under-18s (even though they would be made to an adult with parental responsibility). Currently no distinct payments are made to 16-17 year olds but this is likely to change soon.

There are two possible mitigating factors here. Firstly the way that legislation around who is eligible for Direct Payments has developed. The original legislation in 1996 made them available to 18-65s only, in 2000 this was extended to the over-65s and only since 2001 have they been legally available for 16 and 17 year olds and the parents of disabled children. So there is an element of 'catch-up' here and it is to be anticipated that the group of younger users will grow in the future. There needs to be close monitoring to see if this does happen, and reflects the number of children and young people in the Social Services user group. If no such growth occurs, then there should be investigation of why this group is not accessing Direct Payments.

Lesbian, gay bisexual – testing of disproportionate or adverse impact

Identify the effect of the policy/function on **lesbian, gay and bisexual** (LGB) groups from information available in Section 2.

How are LBG groups reflected in the take up of the service?

From the evidence you have does the policy/function affect, or have the potential to affect LBG groups differently and if so do any of the differences amount to adverse impact or unlawful discrimination?

If there is an adverse impact which, can it be justified on the grounds of promoting equality of opportunity for one group or for another legitimate reason?

Could the policy/function discriminate, directly or indirectly and if so is it justifiable under legislation?

It is not possible to identify any adverse impact of the service on people of different sexual orientations as the service does not routinely record information about people's sexuality.

Although we have no formal record of any discrimination against people on the grounds of their sexuality, the Direct Payments service has the potential to discriminate against people based on their sexual preferences indirectly, as have all Social Services.

LGBT people should be targeted for inclusion in any consultation exercises.

Religion/Belief – testing of disproportionate or adverse impact

Identify the effect of the policy/function on different **religious/belief** groups from information available in section 2.

How are the religious/belief groups reflected in the take up of the service?

From the evidence you have, does the policy/function affect, or have the potential to affect, religious or belief groups differently and if so do any of the differences amount to adverse impact or unlawful discrimination?

Could the policy/function discriminate, directly or indirectly, and if so is it justifiable under legislation?

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for one group or for another legitimate reason?

Tower Hamlets has a very diverse religious community. While there is an increase in the Muslim population the Council needs to ensure that it actively promotes religious equality for smaller religious groups like Buddhists, Sikhs. The service has the potential to affect religious groups, but we do not have sufficient evidence to draw conclusions. We would need to use the data we do have – on ethnicity – to make some assumptions about the religious beliefs of users, and this is fallible. A recommendation of this assessment will be that, in future, there is better monitoring of the religion, if any, of users. It would not be justifiable to discriminate on the grounds of religion.

Health Impact – testing of disproportionate or adverse impact

Identify the effect of the policy/function on physical or mental **health** of service users and the wider community from any information that is available. (This might include an increased risk to health for some groups in the community, which although not intended, may have still occurred. The impact on health might include: increased mental stress, greater risk of accident or injury, reduced opportunities to have a quality diet, reduced opportunity for physical exercise, or greater incidence of diseases such as heart disease and diabetes.)
From the evidence above does the policy/function affect, or have the potential to affect the health of groups differently? If so, which groups and how does the impact occur?

The Service has a real health impact on people who have long term disabilities, and on the health of carers. The purpose of Direct Payments is to enable people to buy services according to their own needs and personal preferences and those who do not have access to Direct Payments may not have their needs met in the best way and therefore will not experience any resulting health benefits. The services that users may purchase – including personal care, skills support and domestic help – can be crucial in enabling them to maintain independence, stay in their own home and improve their quality of life. Direct Payments can also be used to purchase the kind of services that traditionally have only been provided for users in directly-provided day centres; for example going to classes at a local college, taking part in a sport or going to the cinema. The user is given much more choice and control over his or her own life and this can bring great health benefits. Carers in receipt of Direct Payments can use the money for travel expenses, sitting services and one-off purchases like washing machines or a mobile phone. Again, being able to make these choices can have a positive impact on a carer's health, and may be decisive in their ability to continue as a carer.

There is a high incidence of poor health amongst disabled people including older people in Tower Hamlets. Moreover, disabled people and older people live on low incomes. The services that users can purchase via Direct Payments can go some way to offset these disadvantages. Carers' own health and wellbeing can be put under strain by their responsibilities and the opportunity to buy services of their own choosing can mitigate against this.

However it should be noted that the responsibility for managing Direct Payments may also be experienced as a pressure on the user or carer. Completing paperwork, dealing with employment issues and looking for the appropriate service can all be stressful, and could lead to a negative impact on health. There are structures and procedures in place to mitigate against this, such as the support service and the ongoing review process. It is important that the user is well-supported in managing Direct Payments.

Users choose and purchase their own services, which often includes recruiting a personal assistant. There are of course some controls and limitations in place: users can only purchase services which meet their needs as specified in their care plan, and this is kept under review by social services staff. The purpose of Direct Payments is to enable the user to make their own choices about how their needs are met, for example by recruiting their own personal assistant. This opportunity to specify how care will be provided can have a positive effect on the user's health.

Additional groups which may experience a disproportionate or adverse impact

Identify if there are groups, other than those already considered, that may be adversely affected by the policy/function?

For example those in poverty may be adversely impacted by the policy/function and it might be useful to consider them as a separate group in the light of the Council's overall policy/function objectives.

It is possible that some potential users may feel that their needs cannot be met via services they would arrange themselves rather than those provided directly in the traditional way. This might affect users with particularly complex needs and the perception that such services cannot be bought or will be troublesome to arrange may or may not be justified. We do not have evidence that any particular group is affected in this way, though, and this would not necessarily be a failing of the Direct Payment service itself.

Opting for Direct Payments necessarily demands greater involvement and initiative by the user. While there is support available throughout the process, some potential users may just feel that this is too great a responsibility, and of course this may be compounded by their existing disabilities and personal circumstances. Users who have been receiving directly provided provision for a long time may be particularly reluctant to try direct payments.

To receive Direct Payments, users must set up a bank account dedicated solely to this purpose. There is evidence that the poorest in society are often excluded from mainstream financial and banking services, and disability and age are, of course, often associated with poverty. Potential users may not be familiar with banks or have had negative experiences in the past. Despite the support available to them, it is possible that this aspect of the payments acts as a disincentive to some potential users.

New residents in the borough, including refugees, may find it difficult to access information about social services and direct payments. So this group could be adversely affected.

People in receipt of benefits may be wary of Direct Payments because there is a belief that it will adversely affect their overall income. There is also the impact on people who have health care needs in addition to social care needs. Direct Payments cannot be used to meet health care needs and this may cause confusion and entail further work for the user.

Additional factors which may influence disproportionate or adverse impact

Management Arrangements

(How is the Service/function managed, are there any management arrangements which may have a disproportionate impact on the equality target groups?)

The Commissioning Manager for Physical Disabilities is responsible for the Direct Payments team as well as commissioning the support service. The DP team operates to a policy agreed by the directorate management team and the support service is managed via a Service Agreement and provides regular monitoring reports to the commissioning manager. There is also a 'virtual' panel associated with the service. This group meets when necessary to ensure that cases meet eligibility criteria, that there is a viable plan in place for the management of the Direct Payment and to authorise the start of direct payments to a user. The panel reviews paperwork and advises care management staff as necessary. It also monitors for consistency in decision-making and can initiate and agree changes to policy.

There is no evidence that the management arrangements have a disproportionate or adverse impact on any equality groups.

What is the custom and practice in the provision or allocation of this service?

(Could these have a disproportionate impact on the equality target groups?)

Tower Hamlets uses the Department of Health's guidelines, "Fair Access to Care Services" (FACS), which should ensure equality of allocation of services. The guidance says that councils should operate just one eligibility decision for all adults seeking social care – should they be helped or not? The current regulations on Direct Payments, which came into force in April 2003, make it a duty for local councils to offer Direct Payments to all eligible users. The specific eligibility criteria for receiving a Direct Payment are outlined in the item 'Who is affected by the Policy/Function' in Section 1 above. Within these are two criteria which may be important here: the ability to consent to Direct Payments, and the ability to manage them. Note that both the Direct Payment team and the support service deal with users directly, not their carers. Carers can and do apply for Direct Payments, but this is 'in their own right' applying for and using Carers' Direct Payments.

The legislation states that potential users must have the capacity to consent to receive a direct payment, and that nobody should be forced into them against their will. A direct payment can only be managed by an Enduring Power of Attorney if it was set up at a time when the individual still had the capacity to consent. Tower Hamlets policy is to assume an ability to consent to Direct Payments and undertake any assessment of this on an individual basis when it appears necessary, during which assistance should be made available to the client. Where there is doubt, the social worker is directed to refer their assessment to the Direct Payments Panel.

The assessment of the user's ability to manage the DP is part of the overall process for agreeing the payment. The support service works with the client to specify how the DP will be used, what assistance will be needed with it, how emergencies will be dealt with and can also provide ongoing support itself via a payroll service, for example. The user is entitled to nominate another person to support them in managing the payments or set up a trust to assist with the financial aspects. However control and decision-making must remain in the hands of the user. It is also worth noting that there is a six month probationary period at the start of direct payments, so that the user can decide if s/he wishes to continue or make changes to the arrangements.

Tower Hamlets policy is to make Direct Payments available to everyone who is eligible, including those with a learning disability or cognitive impairment. The support it provides to

those opting for Direct Payments, much of it commissioned from the support service, should mitigate against any adverse impact on these groups.

Some people are excluded by law from receiving direct payments. These include those restricted by certain mental health or criminal justice legislation, and these proscriptions are outlined in local policy.

It is also worth noting that Tower Hamlets Social Services retains responsibility for users even when they purchase all their services via direct payments. The Social Worker continues to review the user's plan and arrangements and if s/he is not satisfied that the arrangements made are meeting the user's needs, then it is Tower Hamlets' responsibility to provide those services directly. The Social Worker needs to monitor whether the user's needs are being met and also their ability to manage the direct payments: if the user's needs change then a new assessment will be done and the care plan changed. In short, opting for Direct Payments does not end the user's relationship with Tower Hamlets social services.

The support service commissioned by Tower Hamlets is responsible for promoting the best quality of life for users, as well as discharging specific functions like advising on staff contracts.

The Process of Service Delivery

(In particular look at the arrangements for the service being provided).

A flowchart of the process is given at Appendix 1. Please refer to this in addition to the outline description below.

There are two main elements to service delivery: the initial assessment of suitability and level of direct payments; and the ongoing process by which payments are made to the user.

Payments are made quarterly in advance to a dedicated bank account, which the user must set up for the sole purpose of managing their direct payment. The initial payment includes a start-up grant of £200. The user is responsible for recording how s/he spends the money, keeping receipts, and must return quarterly financial monitoring forms to Tower Hamlets.

There are rules about how money may be spent and what happens if there is under- or over-spending. After 3 months, there is the first review of direct payments, to ensure that the arrangements are working as intended. At 6 months, the social worker and user (plus any nominee, carer, friend or advocate) will undertake another review to ensure that the needs identified in the care plan are being met, and that payments are being made at the correct level. Thereafter, reviews are done annually between January and March, though additional reviews may be done if, for example, the users' needs change. It is worth reiterating that it remains the responsibility of Tower Hamlets Social Services to ensure that the user's needs are met, which may entail updating their care plan or changing what Direct Payments are used for, as time goes on. The user may choose to stop receiving Direct Payments at any time, and will then receive directly provided services .

Operation Times

(When is the service provided; are there seasonal issues; are there barriers to the service based on the time and delivery of the service which may affect the target groups?)

The support service and direct payments team work Monday to Friday 9-5. However, the services bought are ongoing and support is provided according to the Service User needs.

The purpose of Direct Payments is to empower the user to buy the care services s/he needs, which include specifying the times and ways in which the service is delivered. The Direct Payment team enables this to happen but details of individual service delivery are decided by the user.

Methods of communication to the public and internally

(What methods do you use to communicate this service? Include review and assessment of methods, media, translations, interpretation etc. bearing in mind the extent to which these media forms are accessible to all sections of the community)

Externally

The main means of communication is via a potential user's Social Worker. Booklets on Direct Payments are available through Social Work Teams in English, Bengali and Somali. New leaflets are currently being produced and will be available in the same languages. There are also contact details for the service, and downloadable information, on the Tower Hamlets website.

Social Workers and the Support Service describe the service to users, and interpreters/translators in any language are provided where required. The Support Service includes information about Direct Payments, and its role in supporting them, on its own literature and publicity, which is provided in English, Bengali and Somali.

Internally

All information relating to Direct Payments is available on the intranet. Regular training sessions are commissioned for Social Workers and Community Mental Health nurses and other relevant Health and Social Care staff to attend, ensuring that they know about the service. The Direct Payments Co-ordinator attends team meetings on request, facilitating Q & A sessions in order to spread the word about Direct Payments. A Direct Payments Officers group meets every quarter, bringing together service managers, Senior Practitioners and Social Workers from the range of adults' and children's social care services.

Awareness of Service by Local People

(Assessment of the extent to which local people are aware of the service based on available data. What measures do you undertake to reach traditionally excluded communities?)

The service is only available to people who have been assessed as needing social services, therefore awareness of Direct Payments rests on local people's awareness of social services generally. These are advertised to residents via the council's free weekly

newspaper, East End Life, which is delivered to every household in the borough. Social Services also disseminate literature and publicity – in a variety of languages and formats – to local community groups, libraries and meeting places. Representatives of the service try to raise awareness by attending or facilitating Open Days in the borough.

Social Workers should be informing all users at assessment and review that they can apply for Direct Payments. Although this is a fairly new service, users who have traditionally used directly provided provision, should also be informed about Direct Payments via the Annual Review process. Compared to take-up of social services overall, this is a very small but growing user group.

A survey of older Home Care Users done in early 2006 included a question on whether respondents had been told about Direct Payments by their Social Worker. Of the 1091 respondents to this question, 50% answered 'no', 25% 'yes' and '24%' 'don't know' (the remaining 1% gave multiple answers).

Evidence of disproportionate or adverse impact *(Is there any evidence or view that suggests that different equality, or other, target groups in the community have either a disproportionately high or low take up/impact of/from this service/function?)*

yes no

SECTION 4

MEASURES TO MITIGATE DISPROPORTIONATE OR ADVERSE IMPACT

Specify measures that can be taken to remove or minimise the disproportionate impact or adverse effect identified at the end of Section 3. If none were identified in Section 3, identify how disproportionate impact or adverse effect could be avoided in the future. (Consider measures to mitigate any adverse impact and better achieve the promotion of equality of opportunity).

While there is no clear evidence of adverse or disproportionate impact, given the phased implementation explained above (see Rationale/Drivers in Section One and in 'Age' in Section 3), take-up of Direct Payments remains fairly small (compared with, say, the number of Home Care users) and does not directly reflect the profile of the population. We do need to be careful, though, about drawing definite conclusions from small groups such as Direct Payments recipients. It is important to remember, too, that using Direct Payments is a choice made by users. It is their decision alone whether to opt for the payments or continue to use directly-provided services.

That said, there are some groups which may need particular attention to ensure they have, and continue to have, equality of access to the service. The number of under-18s using the service has grown in the current year, and this needs to be cultivated. It may be that 16-17 year olds need extra support in taking on Direct Payments for the first time or that parents of disabled children need to be made more aware of the service. There are policies and practice guidelines to ensure that people with learning disabilities are able to access Direct Payments, and support for this must be maintained. In view of the low take up by users of Mental Health services, these policies and guidelines could be more vigorously applied in a mental health setting. It is likely that everyone starting with Direct Payments will need some support and Tower Hamlets should ensure that the support service they have commissioned is properly fulfilling this role. Social workers should continue to remind eligible people, who may currently be using directly provided services, that the option of Direct Payments is still available to them. It is striking that some ethnic groups are not listed as users of Direct Payments in either of the two years considered: Pakistani and the four 'Mixed' categories. It may be that since these are small communities within the local population, they do not pick up information via dedicated religious or cultural organisations, and may benefit from outreach work. Similarly, the reasons for the over-representation of female and White British carers should be explored. It should also be considered whether the over-representation of some minority ethnic groups in the take-up of Direct Payments signifies a dissatisfaction with directly provided services.

In future, social services need to collect data about users' religious beliefs, if any. This will enable them to monitor if any adverse impact is taking place on these grounds. It would also be helpful to know more about sexuality, to ascertain the impact on LGBT groups.

It may also be useful to provide more support in the banking aspect of using Direct Payments, and the DP team has already begun to address this. There is a form letter – agreed with the British Bankers Association – that users can take to their local branch,

explaining how the account will be used It may also be helpful to approach local banks individually to make them more aware of the system

Finally the take-up of the service by different user groups (those with Physical Disabilities, Learning Disabilities and so on) should be kept under careful review.

SECTION 5

CONCLUSIONS AND RECOMMENDATIONS

Does the policy/function comply with equalities legislation, including the duty to promote race equality? Take into account your findings from the impact assessment and consultations and explain how the policy/function was decided upon its intended effects and its benefits.)

yes no

What are the main areas requiring further attention?

The recent growth in the number of children and young people receiving Direct Payments should continue and this needs to be monitored. Some of the smaller ethnic groups locally are not currently using Direct Payments at all and it would be useful to pay attention to this, ensuring that appropriate outreach and communication has been done with these potential users. The service also needs to ensure that it is reaching possible male users from particular equalities groups, given the current over-representation of women in the take-up of the service. Reaching these groups might involve better communication, different types of support and advocacy in accessing Direct Payments, and responding to customer feedback. The over-representation of white carers also needs to be addressed.

However it must be borne in mind that opting for Direct Payments will always be the choice of the user and a decision not to use them has to be respected.

Summary of recommendations for improvement

Staff need to ensure that they collect data on the religion (if any) of users, which will enable managers to plan better provision for different groups and also monitor if there is any disproportionate impact on users of different religions. Social Services generally also needs to consider how they might approach collecting data on users' sexuality, this issue is by no means confined to the Direct Payment service alone. This has been identified as an action in the Business Plans.

There should be regular monitoring of take-up by different user groups and this should be compared to the totals of those groups in service users overall, with a concentrated effort to increase the number from Older People, Learning Disabilities and Mental Health user groups. It would also be useful to examine – in terms of equalities data – how many referrals for Direct Payments eventually go on to take-up Direct Payments.

The service needs to ensure that customers are given the opportunity and access to provide feedback about their experience of the service in order to make improvements to communication and accessibility. The comments card which will be introduced in 2006/07 will enable this, and informal feedback will also continue to be useful. There should continue to be an emphasis on ensuring that all potential users of Direct Payments are reminded about the service at assessment and review, and via other channels. This is particularly important for reaching male users, children and young people, and people from some of the smaller ethnic groups not currently represented in the user profile.

How will the results of the IA feed into the performance planning process?

The results of the EIA will be fed into the business planning processes of the directorate, and are also reflected in the Equalities Action Plan. Action plan items not already incorporated into the 2006/7 Equalities Action Plan will be added as an update at the 6 month monitoring stage. The EIA findings are also used in developing the commissioning strategies, reviewing and updating communication materials and planning recruitment and training.

Future Monitoring and Consultation

How and when will the policy/function be monitored?

The Commissioning Manager, Physical Disabilities, will retain ownership of this EIA and will report on its findings – and how it is used in planning – to the directorate ASMT and the Directorate Equalities Focus Group (DEFG) and Corporate Equalities Steering Group (CESG).

Suggested consultation for the future.

(Identify areas for future consultation and any barriers to participation in consultation with proposals to overcome these).

Physical Disabilities and Sensory Impairment social work teams have introduced a Comment Card which asks service users if their Social Worker has told them about Direct Payments. The Direct Payments Team are about to introduce a similar Comment Card which will establish the quality of the information and service given by the team. This information can be used to effectively target future communications and support work. It will be important to track changes over time and gauge the impact of any service changes in improving accessibility and take-up .

A more in-depth survey of actual DP users should be considered, as should an 'exit' survey of those who, following referral to the support service, decide not to pursue Direct Payments, to find out the reasons for their decision.

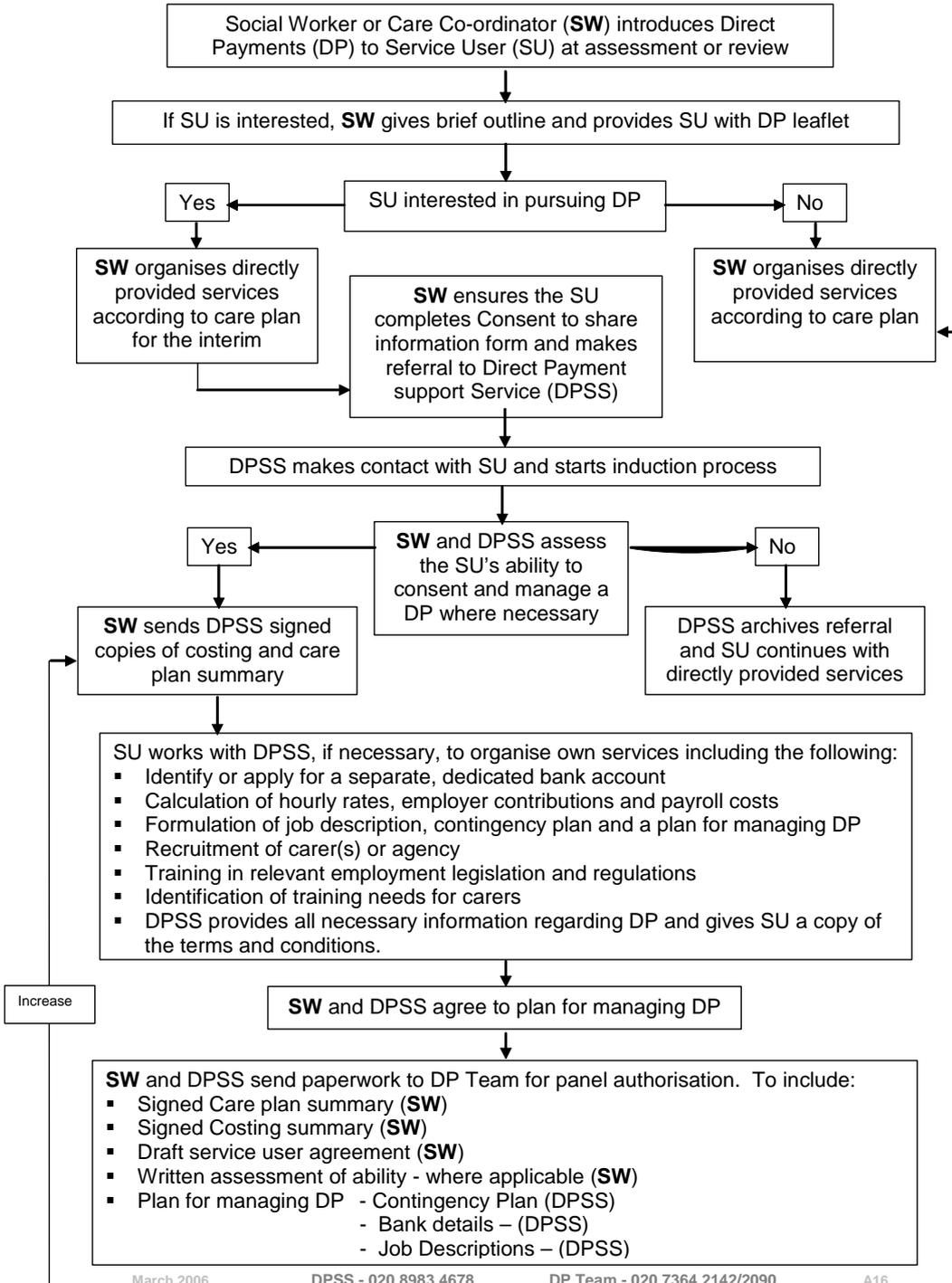
Any future consultation with existing and potential users will need to use the Social Services Consultation Framework and Toolkit, to ensure the results are captured for the corporate consultation database.

SECTION 6 – ACTION PLAN

	Recommendation	Links to EAP and BP	Key activity	Progress milestones	Officer Responsible	
1.	Produce user profiles showing <ul style="list-style-type: none"> the religion (if any) of users the user group (LD, MH etc) they belong to use this to detect any differences in impact of the service and plan for appropriate provision.	To demonstrate that accurate service user profiles are being used to inform service changes and improvements	Ensure that Social Workers and other staff collect this data and enter it on to SWIFT database.	Produce reports on service take up by equalities groups. Ensure data input on to SWIFT October 2006 Service take up report produced by March 2007	All service managers (as per EAP)	
2.	Find out how aware potential users are of the DP service and use this to shape future communications.	To review/improve equal access to services, objectives and targets	Ensure a question is added asking how service users heard about Direct Payments in the Direct Payments Service Comment Card which will be introduced early in 2006/07	Delivery of card to all service users in Physical Disabilities and Sensory Impairment who receive an assessment or review during 2006-07. All current and new Direct Payments users will receive a Comment Card which ascertains information provision and quality of Direct Payments Service.	Barbara Disney	
3.	Ensure that potential and actual users are able to access	To ensure that the Council use	Leaflets produced in main community languages and	Leaflets produced in English, Bengali & Somali	Margot Fonseca/Barbara	

	Recommendation	Links to EAP and BP	Key activity	Progress milestones	Officer Responsible	
	information about the service in appropriate languages and formats	best practice in communication and the provision of information	widely distributed	April 2006 Leaflets distributed during June/July 2006	Disney Barbara Disney/Marion Tunstall	
4.	Continue to closely monitor the uptake of the service by: children and young people and 16-17 year olds receiving DPs in their own right, and also by people from LD, MH and OP groups, with the expectation that these groups will expand.	To review/improve equal access to services, objectives and targets.	Analyse uptake statistics Alert relevant Service Managers & suggest measures to improve take-up	Continue with monthly analysis of referral statistics by service user group Continue Quarterly analysis	DP team Barbara Disney/Marion Tunstall	
5.	Track the outcomes of a sample of referrals to see if any pattern in terms of eventual take-up of DPs emerges. See if any equalities groups are affected in this way.		Track referrals over a period of time to ascertain this.	Direct Payments Service to set up a system monitor reasons for non-take-up of Direct Payments and whether any equalities groups are affected in anyway by September 2006	Barbara Disney/Marion Tunstall	

Direct Payments Process



March 2006

DPSS - 020 8983 4678

DP Team - 020 7364 2142/2090

A16

