

## SSA EQUALITY IMPACT AND NEEDS ANALYSIS

<b>Directorate</b>	Housing and Regeneration
<b>Service Area</b>	Home Improvement Agency
<b>Service/policy/function being assessed</b>	Discretionary Disabled Facilities Grants
<b>Which borough (s) does the service/policy apply to</b>	Wandsworth
<b>Staff involved</b>	Rachel Field / Dave Worth
<b>Date approved by Policy and Review Manager</b> All EINAs must be signed off by the Policy and Review Manager	12/10/18
<b>Date submitted to Directors' Board</b>	

### SUMMARY

**Please summarise the key findings of the EINA.**

The purpose of this Equality Impact Needs Assessment is to assess the possible effects of Wandsworth Borough Council introducing a new Discretionary Disabled Facilities Grant (DFG) and Housing Assistance Policy. Government funding for DFGs has been increased, but the use of this funding is rigid within the remit of Mandatory DFG guidelines. Local authorities can only use funding for Discretionary DFGs if a policy is in place to set out how funding will be used. Therefore, implementing this policy allows funding to be used more flexibly. The Council will continue to provide Mandatory DFGs to assist those in need of accessibility works and adaptations to their home. Mandatory DFGs remain a statutory duty therefore these will take precedence in terms of funding and resources. The introduction of the Discretionary DFG policy will allow for an extended use of DFG funding which will enable the Council to assist a greater number of vulnerable residents in the Borough remain independent in their homes. The Discretionary DFG and Housing Assistance Policy will not negatively impact on any group of people from a protected characteristic.

#### 1. Background

The introduction of a Discretionary Disabled Facility Grant (DFG) and Housing Assistance Policy will allow for DFG funds, which sit within the Better Care Fund (BCF), to be used more flexibly. This policy will allow discretionary DFGs to be used to provide assistance to help a greater number of residents remain living in their own home independently and safely.

DFGs are used to help disabled or older residents living in the private sector make adaptations to their home so that they can continue living there. Local authorities are required to facilitate mandatory DFGs where certain conditions are met. These can include widening of doors, installing ramps, improving access to shower facilities. In

addition to mandatory DFGs, local authorities have discretionary powers to award grants and use funding for a wider range of resources, works and adaptations to help reach a greater number of residents. Local authorities must publish a policy in order to use these discretionary powers to spend DFG money more flexibly. It must be noted that mandatory DFGs are a statutory obligation and as such must take precedence over discretionary grants.

Deleted:

The Council's Discretionary DFG and Housing Assistance Policy will allow for the expanded use of discretionary DFGs. They must only be used for the following:

- (a) Speeding up the delivery of adaptations: additional staff and training.
- (b) Funding adaptations over the maximum mandatory DFG limit;
- (c) Relocation funding;
- (d) Hospital discharge grants;
- (e) Fast tracked non-means tested assistance;
- (f) Preventative outreach and independence assistance;
- (g) Telecare and telehealth Services;
- (h) Adaptation of temporary accommodation; and/or
- (i) Provision of interim placements

DFGs must be used to improve accessibility of properties and increase independence. Underpinning all DFG arrangements in the need to help residents remain independent for as long as possible and where appropriate prevent, reduce or delay needs for care and support.

## 2. Analysis of need and impact

Protected group	Findings																													
Age	<p><b><u>Age of Wandsworth residents accessing homecare from Adult Services (November 2017) compared to Census data</u></b></p> <table border="1"> <thead> <tr> <th rowspan="2">Age Group</th> <th colspan="2">Homecare service users</th> <th colspan="2">Census 2011</th> </tr> <tr> <th>Total Number</th> <th>%</th> <th>Total Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>18-64</td> <td>277</td> <td>21%</td> <td>224,457</td> <td>73.2%</td> </tr> <tr> <td>65-84</td> <td>595</td> <td>46%</td> <td>23,218</td> <td>7.6%</td> </tr> <tr> <td>85+</td> <td>433</td> <td>33%</td> <td>3,693</td> <td>1.2%</td> </tr> <tr> <td><b>Total</b></td> <td><b>1305</b></td> <td></td> <td><b>306,995</b></td> <td></td> </tr> </tbody> </table> <p>We do not currently hold accurate information on those who have accessed disabled facilities grants, however the client group is comparable to those accessing homecare. Work is being undertaken to ensure that this data on DFG recipients and protected characteristics can be reported on. Both groups are clients who want to remain living at home with some element of support. Due to the nature of the service, the profile of service users are older than the</p>	Age Group	Homecare service users		Census 2011		Total Number	%	Total Number	%	18-64	277	21%	224,457	73.2%	65-84	595	46%	23,218	7.6%	85+	433	33%	3,693	1.2%	<b>Total</b>	<b>1305</b>		<b>306,995</b>	
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	<p>borough profile with 79% of service users aged 65 and over compared to only 8.8% of the entire Borough. This means the new policy will have a greater impact on older people and this impact will be positive.</p> <p>The population aged 65-69 is expected to increase by 44% by 2035. Households aged 85 and over are due to increase significantly by 87%. The Council's strategic direction is to support more people to remain independent at home for as long as their needs can be safely met. Therefore, it is imperative that the Council can provide options to help older residents remain living safely in their own homes and meet the demand for this. Flexible use of DFG funding will allow the Council to support more residents with adaptations/accessibility works.</p>																																		
<p><b>Disability</b></p>	<p><b><u>Wandsworth homecare service users compared to projected Borough populations</u></b></p> <table border="1" data-bbox="357 891 987 1261"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Homecare service users</th> <th colspan="2">Projected population 2020 (PANSI data 2017)</th> </tr> <tr> <th>Total Number</th> <th>%</th> <th>Total Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Older People</td> <td>991</td> <td>76%</td> <td>31,600</td> <td>9%</td> </tr> <tr> <td>Learning Disability</td> <td>36</td> <td>3%</td> <td>5,802</td> <td>1%</td> </tr> <tr> <td>Physical Disability</td> <td>211</td> <td>16%</td> <td>15,633</td> <td>4%</td> </tr> <tr> <td>Mental Health</td> <td>67</td> <td>5%</td> <td>38,428</td> <td>11%</td> </tr> <tr> <td><b>Total</b></td> <td><b>1305</b></td> <td></td> <td><b>333,400</b></td> <td></td> </tr> </tbody> </table> <p>Service level data shows that the service currently supports a higher percentage of residents with a physical disability than the predicted Borough average for 2020. Therefore, the new policy is likely to have a greater positive impact on people with a disability.</p>		Homecare service users		Projected population 2020 (PANSI data 2017)		Total Number	%	Total Number	%	Older People	991	76%	31,600	9%	Learning Disability	36	3%	5,802	1%	Physical Disability	211	16%	15,633	4%	Mental Health	67	5%	38,428	11%	<b>Total</b>	<b>1305</b>		<b>333,400</b>	
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The 2011 census data shows that whilst Wandsworth is primarily white/British it does have an ethnically diverse population.

In Wandsworth, more BME residents use homecare service than the Borough average, in particular more Black or Black British residents use the service than the Borough average. Therefore changes to DFGs are likely to have a greater positive impact on BME residents.

A further analysis of Census data shows that:

- Graveney Ward has a 24% Asian/ Asian British population
- Tooting Ward has a 29% Asian/ Asian British population

This is in line with Council data that shows that:

- 32% of people in receipt of homecare services who live in Graveney Ward are Asian / Asian British
- 25% of people in receipt of homecare services who live in Tooting Ward are Asian / Asian British

**Religion and belief, including non belief**

**Census 2011 data**

Religion	Total	% of total population
Christian	162,590	53%
Buddhist	2,574	1%
Hindu	6,496	2%
Jewish	1,617	1%
Muslim (Islam)	24,746	8%
Sikh	832	0.3%
Other religion	1,283	0.4%
No religion	82,740	27%
Religion not stated	24,117	8%
<b>Total</b>	<b>306,995</b>	<b>100%</b>

**Breakdown of Wandsworth extra care service users by religion (March 2018)**

Religion	% of total population
Christian	28%
Buddhist	0%
Hindu	3%
Jewish	0%
Muslim (Islam)	7%
Sikh	0%

	Other religion	2%
	No religion	4%
	Religion not stated	56%
	<b>Total</b>	<b>100%</b>
	<p>There are fewer service users that identify as having no religion than the borough average (4% compared to 27%). However, there are a substantially higher proportion of residents who did not state their religion (56% compared to only 8% in the Census.) Therefore this could explain the increase in 'no religion' category.</p> <p>There are a greater percentage of extra care service users that identify themselves as Christian than the Borough average. However, generally the religious breakdown of the extra care population is in line with the Borough population.</p>	
<b>Sexual orientation</b>	The 2011 census did not record information regarding sexual orientation. There is limited data available regarding the number of people with this protected characteristic who are in receipt of homecare services commissioned by the Council.	
<b>Across groups i.e older LGBT service users or bme young men</b>		

**Data gaps.**

<b>Data gap(s)</b>	<b>How will this be addressed?</b>
<b>Accurate data on recipients of DFGs</b>	The HIA currently gathers equalities information during initial assessments with clients. However, it is not possible to input this information into the IT system used. The HIA are working with the system administrator to resolve.
<b>Sexual orientation</b>	The Council now collects this data as of October 2017 however there has been no data recorded for sexual orientation since its addition to the mosaic client information system.
<b>Gender Reassignment</b>	The Council now collects this data as of October 2017 however there has been

	no data recorded for gender reassignment since its addition to the mosaic client information system.
<b>Pregnancy and maternity</b>	There is no data available regarding the number of people with this protected characteristic who are in receipt of homecare services commissioned by the Council.

**3. Impact**

<b>Protected group</b>	<b>Positive</b>	<b>Negative</b>
<b>Age</b>	Implementation of a Discretionary DFG and Housing Assistance Policy will allow the Council to use funding more flexibly. This will enable the Council to provide a greater range of assistance and reach a greater number of vulnerable residents. For example, the use of the funding for recruitment will improve service delivery and therefore enable more adaptations to be completed for elderly residents.	There will be no negative impact. The introduction of a Discretionary policy does not alter existing processes and mandatory DFGs remain statutory.
<b>Disability</b>	Implementation of a Discretionary DFG and Housing Assistance Policy will allow the Council to use funding more flexibly. This will enable the Council to provide a greater range of assistance and reach a greater number of vulnerable residents. For example, the use of the funding for recruitment will improve service delivery and therefore enable more adaptations to be completed for disabled residents.	There will be no negative impact. The introduction of a Discretionary policy does not alter existing processes and mandatory DFGs remain statutory.

<b>Gender (sex)</b>	No identified positive impact.	There will be no negative impact. The introduction of a Discretionary policy does not alter existing processes and mandatory DFGs remain statutory.
<b>Gender reassignment</b>	No identified positive impact.	There will be no negative impact. The introduction of a Discretionary policy does not alter existing processes and mandatory DFGs remain statutory.
<b>Marriage and civil partnership</b>	No identified positive impact.	There will be no negative impact. The introduction of a Discretionary policy does not alter existing processes and mandatory DFGs remain statutory.
<b>Pregnancy and maternity</b>	No identified positive impact.	There will be no negative impact. The introduction of a Discretionary policy does not alter existing processes and mandatory DFGs remain statutory.
<b>Race/ethnicity</b>	No identified positive impact.	There will be no negative impact. The introduction of a Discretionary policy does not alter existing processes and mandatory DFGs remain statutory.
<b>Religion and belief, including non belief</b>	No identified positive impact.	There will be no negative impact. The introduction of a Discretionary policy does not alter existing processes and mandatory DFGs remain statutory.
<b>Sexual orientation</b>	No identified positive impact.	There will be no negative impact. The introduction of a Discretionary policy does not alter existing processes and mandatory DFGs remain statutory.

**4. Actions**

Put in this table actions you have identified that will be included in your strategy/policy and supporting action plan or mitigating actions you have identified that need to be undertaken.

Include how the impact of actions will be measured for example if you resolve to make a service more accessible for older residents say what your current baseline is and what target you want to achieve.

These actions will be tracked by the Policy and Review Team.

Action	Lead Officer	Deadline
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Ensure equalities data on DFG recipients is input on the system and monitored to ensure all appropriate groups are reached.	Jasber Dobson	
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**5. Consultation.**

Where a significant change is proposed to a service or where a new policy/service/service specification is being developed it is best practice to consult on the draft findings of an EINA in order to identify if any impact or need has been missed.

The DFG policy was drawn up in consultation with the Better Care Fund Group which includes partners from relevant agencies such as Clinical Commissioning Group and Adult Social Services.
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