

2012

# Equality Analysis Guidance and Form



## Brent Council Equality Analysis Form

Please contact the Corporate Diversity team before completing this form. The form is to be used for both predictive Equality Analysis and any reviews of existing policies and practices that may be carried out.

Once you have completed this form, please forward to the Corporate Diversity Team for auditing. Make sure you allow sufficient time for this.

<b>1. Roles and Responsibilities:</b> please refer to stage 1 of the guidance	
<b>Directorate:</b> Adult Social Care  <b>Service Area:</b> Commissioning and Quality	<b>Person Responsible:</b> Name: Jo Walton Title: Programme Delivery Officer, PMO Contact No: 020 8937 6879 Signed:
<b>Name of policy:</b> New Accommodation for Independent Living	<b>Date analysis started: 16/10/2014</b> <b>Completion date 14/11/2014</b> <b>Review date:</b>
<b>Is the policy:</b>  New <input checked="" type="checkbox"/> Old <input type="checkbox"/>	<b>Auditing Details:</b> Name: Sarah Kaiser Title: Head of Equality Date: Contact No: 0208 937 4521 Signed: Sarah Kaiser
<b>Signing Off Manager:</b> responsible for review and monitoring Name: Phil Porter Title: Strategic Director, Adults Date Contact No: 020 8937 5937 Signed:	<b>Decision Maker:</b> Name individual /group/meeting/ committee: New Accommodation for Independent Living Project Board  Date:

**2. Brief description of the policy. Describe the aim and purpose of the policy, what needs or duties is it designed to meet? How does it differ from any existing policy or practice in this area?**

Please refer to stage 2 of the guidance.

There are approximately 700 clients in residential care, and 400 in nursing care in Brent. Annual spend on residential and nursing care in Brent is currently £39.2m, or approximately 50% of the Adult Social Care (ASC) budget, and there are significant pressures on this budget, as projections included within our Market Position Statement (attached at Appendix C) suggest that the need for residential or nursing care accommodation in the borough may increase by as much as 31% by 2020. Providing care in people's homes is significantly cheaper than providing the same level of care in a residential or nursing care setting, and generally preferred by service users. However in many cases clients are forced to move into residential care facilities because their physical needs cannot be met in their own home, or because their families are unable to care for them at home and they cannot source suitable independent accommodation.

The New Accommodation for Independent Living (NAIL) project aims to deliver alternatives to residential and nursing care which will help to ease the pressure on ASC budgets, whilst ensuring that individuals' needs are met, and giving people more independence, choice and control. Accommodation Plus (Supported Living and Extra Care) gives people their own front door and allows us to build the support they need around this accommodation to support their independence.

The purpose of the project is to design and develop alternative 'accommodation plus' options, which incorporate:

- 'extra care' living (generally for older clients) and
- 'supported living' for younger people who require support from Adult Social Services due to a physical disability, learning difficulty or mental health condition.

The proposed 'accommodation plus' options will promote independence and provide choice in how and where clients live. Providing services in this way enables clients to live independently in the community, promoting well-being and alleviating social isolation. It also enables primary health, care and support services to come to the individual, rather than the individual being required to change their accommodation in order to receive services that can and should be available in the community. This will involve extensive work with Planning & Development and Providers with the aim of meeting people's needs better at home and using new models of care and support in the community.

Service users will live in their own home, with their own tenancy, and with access to on-site personal care such as help with washing, dressing and medication. The

level of support they receive will be tailored to their specific needs. For people with disabilities or illnesses that require nursing care on a frequent basis or closer monitoring than available in accommodation plus, a nursing home may continue to be a more appropriate option.

This Project is being delivered in two phases:

- **Phase one (completed)** - determined financial viability for the project, and aimed to understand current market intelligence. It included a review of the current client need to inform what would be delivered in phase 2.
- **Phase two** - will deliver a rolling programme of accommodation; 200 units by March 2017, and a further 150 units by March 2018.

The NAIL (Phase 2) project has four key workstreams:

- Delivering the accommodation – the development and delivery of at least 200 homes throughout the borough by March 2017, and a further 100-200 by March 2018.
- Commissioning the right models of care and support for the accommodation, ensuring it meets the needs of the population we support and that the care and support provided in the buildings enhances the focus on independence, choice, control and quality of life
- Identifying and matching individuals to the right accommodation at the right time, and facilitating moves into the Accommodation Plus provision.
- Delivering the operating model for the delivery of future Accommodation Plus developments beyond 2017.

Of the 66 potential sites identified in the NAIL Phase 1 project, some are owned by the council, while some are owned by the private sector or Registered Social Landlords. Brent is only likely to develop around 40 accommodation plus units through the NAIL project on its own land. A key element of the NAIL project will therefore be developing the market to facilitate the construction of the remaining units by registered providers and the private sector. One of the objectives of the NAIL project is to ensure that processes and partnerships are in place to ensure that ASC is involved from the start, enabling us to have more control over the design of sites and ensure that they are designed to better meet the needs of Brent residents.

It is intended that through the NAIL project, adult social care staff will be involved in the site specification of both Council and non-council owned sites from very early on in the process. It is also intended that certain principles will be applied as a “baseline” for sites, such as increased levels of communal space to foster social interaction, and high proportions of wheelchair accessible flats which will enable people to stay in their homes as their needs change.

In addition to using our stronger relationship with providers to influence the design of potential sites, the council will also be able to exert control through the planning process to ensure that the units delivered are of suitable design and tenure to support the needs of our communities. While it must be acknowledged that we will not have complete control over every element of the specification of new sites within the borough, it must also be acknowledged that the majority of service users will not need highly advanced environmental adaptations in order to live independently. In the vast majority of cases, it is the provision of a simple modern design that can be easily adapted, along with a bespoke package of integrated care that will enable an individual to live a full life in independent accommodation.

The provision of adult social care is specified on a case by case basis, with detailed assessments used to identify the bespoke package of care that is needed by an individual service user. Workstreams 2 and 3 will ensure that potential clients for the new properties will be matched to suitable accommodation, and that the right care is commissioned to suit individual needs. Closer relationships with housing providers will enable the council to identify potential clients well in advance of properties being completed, giving time for occupational therapy assessments to be carried out to identify specific physical adaptations that are needed by a particular client. In addition, this early identification of potential clients will enable more support to be provided over a longer period of time to address any concerns that service users may initially have, and allow them and their families time to develop skills and prepare for independent living.

Given that designs have not yet been drawn up for the units within scope of workstream 1 of the project, this EIA looks at the broader equalities implications of the project, and general requirements for units from an equalities perspective. As each site is designed, a short briefing note that describes the design of the site in relation to equalities considerations will be added to this report and considered by the NAIL project board.

### **3. Describe how the policy will impact on all of the protected groups:**

National evidence suggests that this approach has the capacity to bring significant improvements to people's quality of life by moving away from a limited selection of traditional accommodation settings to a diverse range of accommodation settings which better support individual needs.

There is broad recognition that for some people residential/nursing care homes will continue to offer the best solution, and individual assessments will ensure that moves into "accommodation plus" units are only offered where appropriate. Conversely, there are significant numbers of people within restrictive residential care homes that could be better supported in more independent accommodation

and who have the potential to achieve greater personal independence.

At present, there are over 1000 clients currently in residential or nursing care homes. Clients who are identified as potentially being suitable for accommodation plus will be identified through individual assessment of their health and social care needs. As a result, the likelihood is that the vast majority of accommodation plus units will be filled from those living in residential care homes. Those currently living in nursing care homes are more likely to have needs which are best managed within a nursing setting, and are least likely to be able to benefit from independent accommodation, although they will be considered on an individual basis. As such, this EIA only considers equalities data relating to the 700 individuals living in residential care homes.

The table below shows the four main client categories under which ASC clients living in residential care homes may be receiving support, and the planned number of units that will be developed in the first tranche of developments until March 2017 for each of these categories of service user. The mix of units that will be developed after 2017 has not yet been agreed, and will be decided on the basis of the demographic of clients remaining in residential care at that time.

<b>Client Group</b>	<b>Total clients in residential care</b>	<b>Planned number of units delivered by NAIL project by March 2017</b>
Learning Disability 18-64	220	62
Mental Health	46	22
Older People's Services	407	93
Physical Disability 18-64	23	22
<b>Grand Total</b>	<b>696</b>	<b>200</b>

The number of units that will be developed for each client group is based on data analysis laid out within our market position statement (attached at appendix C). This in turn is generated through POPPI (Projecting Older People Population Information System) and PANSI (Projecting Adult Needs and Service Information System), which are used nationally to predict and plan future commissioning needs.

## Age

The age distribution of service users is shown in the table below.

Age bracket	LD 18-64	Mental Health	Older People's Services (OPS)	PD 18-64	Grand Total
17-24	15				15
25-34	24	2		1	27
35-44	33	5		1	39
45-54	73	14		5	92
55-64	57	20	11	8	96
65-74	17	4	70	8	99
75-84	1	1	134		136
Over 85			192		192
<b>Grand Total</b>	220	46	407	23	696

62% of service users are over 65, and the size of this group is reflected in the high number of units that will be designated specifically for older people. It is also important to remember that the development of independent accommodation options may have the greatest positive impact on younger service users, who are likely to remain in their new homes for the longest period of time. It is intended that sites are designed with a particular group of service users in mind and are thus tailored to the needs of that group. In this way the aim is to meet the needs of each service user regardless of their age. In addition, all the properties that will be delivered by the project will be easily adaptable, and as such the intention is that as someone's needs change, their home can be adapted around them, allowing them to stay in their home as long as possible.

Given that the intention of the project is to provide a range of accommodation that is suitable for those with care needs, we envisage that NAIL will have a positive impact on age as a protected characteristic.

## Disability

22 of the 200 units that will be delivered by March 2017 will be specifically adapted for those with a physical disability. Because of the highly specific nature of adaptations to these units, such as hoists, these will be specified once the service users have been identified and fitted out to meet their specific needs. An example of the specification sent to architects to help inform the design of Clement Close and Peel Road can be found at appendix A. Although these two sites will be allocated to service users with complex learning difficulties the service users likely to live there have substantial physical requirements as well, so this specification gives insight into the level of tailoring that ASC are hoping to achieve for service

users with complex physical needs.

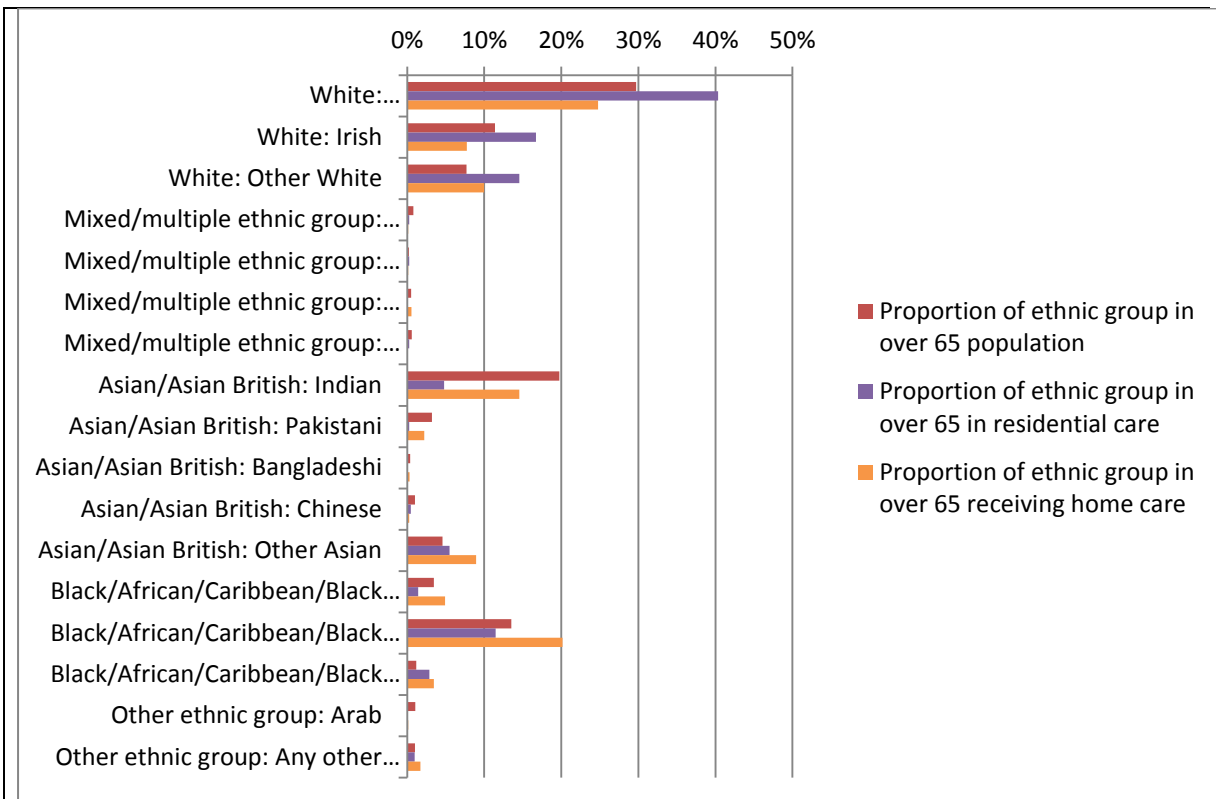
We recognise that although there may be only 23 services users currently in residential care within the Physical Disability category, that many more service users within LD, mental health and older people's services may also have physical impairments. As such it is intended that all units are built to lifetime homes as standard. This specification provides for wider corridors and doorways, and accessible controls such as light switches and plug sockets, and is easily adapted should the clients' needs change. While this would be the basic standard, many units will take this one step further and meet the "Happi" guidelines, or be "wheelchair accessible" homes, which are around 10% larger than lifetime homes, and are designed to be immediately habitable for someone in a wheelchair. It is our intention to use our relationship with providers, and our control of the planning process, to do everything we can to ensure that these standards are met on all sites.

These types of units are easily adapted to suit a service user's changing needs, and so we envisage that NAIL will have a positive impact on disability as protected characteristic.

#### Ethnicity

There are significant differences in ethnic profiles across different age brackets within the borough. As such the graph below compares the ethnicity profile of the 427 service users over 65 years old in residential care, with the same age bracket receiving home care, and the same age range in the borough profile.





The data shows that there is an over-representation of white groups, and an under-representation of Asian groups in residential and nursing care when compared to the same age range in the borough profile. However, when we look at the ethnicity of those receiving care at home (which includes domiciliary care, direct payments, meals on wheels and carers payments), the distribution mirrors the ethnicity profile of the borough much more closely. The under-representation of Asian people in residential and nursing care is often attributed to the anecdotal notion that Asian communities have very strong family links, so the tendency is for families to look after older family members at home. The data seems to confirm this, as all ethnic groups are accessing support services for older people that are delivered in their homes, but where some ethnic groups readily move into residential care as their needs increase, others prefer to stay at home. Through developing the market, we will ensure that this project builds relationships with a variety of providers, including those who specialise in working with Asian groups such as Apna Ghar. In doing this, we should be able to gather improved insight into the reasons for this under-representation, and better understand how it could be addressed. It is also important to remember that a central aim of NAIL will be to try to meet people's needs in their home wherever possible, so if the preference of a certain group is to stay with their families and have increased levels of care provided at home, then this project will enable them to have care provided according to their wishes. As such, an uneven distribution of ethnic groups within residential care or accommodation plus should not necessarily be seen as a failure to provide accommodation options that are suitable to all groups.

The over-representation of white groups within residential care may be due to perceptions of residential care; for example, other ethnic groups may see traditional care home settings as unable to provide the social opportunities that they wish to have. The ability to live in independent accommodation with better access to community activities in accommodation plus environments rather than a restrictive care home setting with hopefully appeal to a broader representation of ethnic groups.

The preferences of different cultural and ethnic groups are recognised by adult social care, and were noted at the consultation for the plot 3 site at Park Royal (see section 5). Ensuring that sites are developed with flexible community space that can serve a variety of purposes will be considered during the design stage of each site, and should enable development to suit mixed communities by fulfilling the needs of people from a variety of ethnic groups.

In addition, attention will need to be paid to the cultural preferences of different groups in relation to the internal layout of accommodation plus units, such as a preference for a separated living room and kitchen. Every effort will be made to build a variety of layouts to ensure that clients can have as much choice as possible, however ultimately the priority will be on meeting people’s health and social care needs, and ensuring the design can be easily tailored to meet changing needs, so we may not always be able to give clients choices over every element of accommodation plus homes. In addition, financial feasibility and physical site characteristics may not always make this practical.

### Religion or Belief

There is likely to be crossover between the distribution of ethnic groups in residential care, and the distribution of religious groups. The Asian communities that are under-represented in residential care are more likely to be Hindu or Muslim, so we would expect to see lower numbers of those religions.

Unfortunately, due to the monitoring categories that are used in ASC, it is not possible to directly compare the distribution of faith groups with the borough profile. The table below shows the religion or belief of those currently living in residential care homes, and those accessing home care within the borough.

<b>Religion / Belief</b>	<b>Number of service users in residential care</b>	<b>Proportion of service users in Residential care</b>	<b>Number of service users receiving home care</b>	<b>Proportion of service users receiving home care</b>
ANGLICAN	0	0.0%	17	0.4%
BAPTIST	3	0.4%	50	1.2%
BUDDHIST	0	0.0%	13	0.3%
CATHOLIC	73	10.5%	280	6.5%
Christian	70	10.1%	425	9.9%

CHURCH ENGLAND	73	10.5%	267	6.2%
GREEK ORTHODOX	3	0.4%	20	0.5%
HINDU	39	5.6%	527	12.3%
JAINIST	1	0.1%	11	0.3%
JEHOVAH WITNESS	4	0.6%	34	0.8%
JEWISH	60	8.6%	160	3.7%
METHODIST	8	1.1%	43	1.0%
MUSLIM	17	2.4%	383	9.0%
NONE	17	2.4%	90	2.1%
OTHER	2	0.3%	35	0.8%
PENTECOSTAL	2	0.3%	42	1.0%
RASTAFARIAN	2	0.3%	10	0.2%
ROMAN CATHOLIC	80	11.5%	233	5.4%
SEVENTH-DAY ADVENTIST		0.0%	31	0.7%
SIKH	1	0.1%	20	0.5%
Unknown / Refused	241	34.6%	1588	37.1%
<b>Grand Total</b>	<b>696</b>		<b>4279</b>	

The data shows that while a broad range of religious groups currently live in residential care within the borough, Christian groups are over represented and the residential care population does not mirror the level of diversity we know is present in Brent.

As we saw with ethnicity, there appears to be a greater diversity of religious groups accessing home care, and this appears to more closely mirror the religious profile of the borough as a whole. As stated above, a core aim of NAIL is to provide alternatives to residential and nursing care, and to meet people's needs at home wherever possible. However, should someone need to move into accommodation plus, our aim is that all religious groups will feel equally able to do so. The 66 potential sites that were identified by the phase 1 project are spread throughout the borough as per the site map in appendix B, and demonstrate the potential for NAIL units to provide a good range of choices that will enable access to places of worship. However, the final selection of sites will be fewer, and since they will be developed by our partners, will be based largely on the financial feasibility of developing on each site. While we can do our best to influence the design of sites, we are unlikely to be able to influence their location, and we accept that not all sites will be close to a variety of places of worship. As such the project may potentially have a negative impact on this protected characteristic, however the priority must be to develop suitable and cost effective housing that meets people's health and social care needs first and foremost.

The inclusion of flexible communal spaces within all schemes will be designed to allow a variety of social activities, including enabling faith groups to come together, but also enabling activities that enable inter-faith interaction.

## Gender

There are considerable gender differences across clients living in residential care within the different client groups, though much of this is explained by looking at the gender balance across different age brackets.

<b>Gender</b>	<b>17-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65-74</b>	<b>75-84</b>	<b>Over 85</b>	<b>Total</b>
<b>LD 18-64</b>	<b>15</b>	<b>24</b>	<b>33</b>	<b>73</b>	<b>57</b>	<b>17</b>	<b>1</b>		<b>220</b>
Female	5	10	13	25	28	6	1		88
Male	10	14	20	48	29	11			132
<b>Mental Health</b>		<b>2</b>	<b>5</b>	<b>14</b>	<b>20</b>	<b>4</b>	<b>1</b>		<b>45</b>
Female			3	3	3		1		10
Male		2	2	10	17	4			35
<b>OPS</b>					<b>11</b>	<b>70</b>	<b>134</b>	<b>192</b>	<b>406</b>
Female					4	36	76	141	257
Male					7	34	58	50	149
<b>PD 18-64</b>		<b>1</b>	<b>1</b>	<b>5</b>	<b>8</b>	<b>8</b>			<b>23</b>
Female				2	1				3
Male		1	1	3	7	8			20
<b>Grand Total</b>	<b>15</b>	<b>27</b>	<b>39</b>	<b>91</b>	<b>96</b>	<b>99</b>	<b>136</b>	<b>191</b>	<b>694</b>

It is to be expected that higher numbers of women live in older people's residential and nursing care, as women have longer life expectancy than men, are more likely to outlive their partners and to move into residential care in later years if they are unable to cope living on their own.

Elderly men and women are unlikely to have different needs in terms of physical layout of accommodation plus homes; both groups are likely to be frail, and equally likely to develop mobility problems that may necessitate a wheelchair in later years.

The data also highlights that there are higher numbers of men in LD, MH and PD residential care. This may be due to the increased likelihood that males develop a disability as a result of more manual professions, however census data contradicts this as the number of individuals who consider themselves disabled is equal across the genders. These groups are quite small, so aren't statistically significant, but it is important to recognise that there are likely to be more men in accommodation plus schemes.

Men and women, especially older men and women, may have different needs in terms of support, in particular domiciliary support, given the different skill sets they may have developed over the course of their lives. The purpose of NAIL is to

provide tailored support to every individual in their own home and based on their needs, as such if men and women do have different needs, this will be picked up in their assessment and reflected in their package of care, however any differences in the package of care provided to an individual will be based upon their needs and not their gender.

We recognise that regardless of their gender, all clients moving to accommodation plus schemes will be vulnerable, and as such it will be important that both their home, and the public realm around it makes them feel safe and secure, with adequate security and lighting. As such all schemes will be “secure by design” certified, and we will encourage partner developers to consider security in detail when designing schemes.

### Gender Reassignment

At present information on this protected characteristic is not collected, so it is not possible to draw any conclusions as to potential impact on this protected group.

### Sexual Orientation

At present information on this protected characteristic is not collected, so it is not possible to draw any conclusions as to potential impact on this protected group.

### Marriage and Civil Partnership

At present information on this protected characteristic is not collected, however the project will potentially have a positive impact on this. At present, couples who are married or are in a civil partnership may be unable to live in the same location due to conflicting health and social care needs. The variety and flexibility of the units that will be delivered by NAIL have the potential to enable couples with differing needs to live with or near to one another.

### Pregnancy and Maternity

At present there is no information on this protected characteristic.

The intention is to build a mix of one and two bed units to cater for all needs. This has already been designed into the site at Vivien Avenue (Willow House), which has 38 one bedroom properties and 2 two bedroom units. A similar mix will be the aim on other sites where appropriate, and as such service users with children could be allocated a two bedroom property to accommodate their family.

It is not yet known what types of tenancy will be offered to service users living in accommodation plus (assured, assured shorthold etc.). While the hope would be

that service users can remain in their home with physical adaptations and tailored support, there may be circumstances, such as pregnancy, when a service user's needs change so significantly that they need to move to another property. The project team will need to ensure that this is taken into account when making decisions about tenure in the new accommodation.

### Summary

The core purpose of adult social care is to prevent deterioration of physical and mental health, to promote independence and social inclusion, and to improve opportunities and life chances by provision of person-centred and needs-based support. The ability to live independently whilst receiving this tailored support has been shown to enable people to achieve better outcomes, and is what service users have told us that they want. The NAIL project will enable the Council to support the development of the types of accommodation that is needed, and to get involved earlier in the process so that we have adequate time to address any concerns our service users may have, and to build the skills they need to prepare for independent living.

The detailed needs assessments that are central to adult social care will be used to match service users to the appropriate accommodation. These assessments are based upon need, and not on whether someone exhibits any of the protected characteristics, and as such are fair and transparent.

The NAIL project is key to ensuring that the council can continue to provide the necessary support to individuals by enabling us to make budget savings, whilst continuing to address individual needs appropriately, and improving flexibility and independence. Whilst there may be a change in the way services are provided, they will continue to be provided according to individual need, and every attempt will be made to ensure all the needs of every individual are met.

### **Please give details of the evidence you have used:**

Data has been included in this report from the following sources;

ASC data on diversity and equality from Framework-I

Brent census data from the "Brent data" website  
Feedback from service users involved in the LD Partnership, BHeard advocacy project, and the families of service users affected by the potential de-registration of care homes in the borough.

**4. Describe how the policy will impact on the Council's duty to have due regard to the need to:**

**(a) Eliminate discrimination (including indirect discrimination), harassment and victimisation;**

Every single service user has an individual needs led assessment which includes social care eligibility and takes into account all the issues around the protected groups. A support plan will be put into place which will meet the needs of people with all the protected characteristics appropriately.

The accommodation plus setting will provide service users with the choice of how and where to live, in an environment which is fit for purpose, yet at the same time promoting independence. Appropriate care packages will still be in place, as they are currently, to meet the needs of the individual.

For those whose needs demand it, traditional residential settings will remain an option.

**(b) Advance equality of opportunity;**

Brent has produced its first Market Position Statement (MPS) which aims to signal our intention to share better, more transparent information with the market; for the benefit of both current and potential providers of Accommodation Based Care and Support Services (ABCSS). It will support better relationships between Commissioners and service providers, acting as a foundation for better engagement and partnership working resulting in a full range of services that fully meet the needs of people as close to home as possible and to promote real choice for local people.

The following four principles guide our thinking around how we develop models of ABCSS going forward:

- **Principle 1:** Wherever possible we meet people's needs at home or as close to home as possible and we will build local capacity in the marketplace to achieve this
- **Principle 2:** We recognise that the needs of individuals may change over time, and we work with individuals receiving care and support to review the services they receive in line with these changes; which may mean a change in service provision to better meet their needs
- **Principle 3:** We work proactively with the market to ensure that services are always of an excellent quality and value for money is always achieved.

- **Principle 4:** For local people, who genuinely need residential or nursing care, we actively review and monitor the quality of these services, to ensure they are safe, personalised, and deliver excellent quality and good outcomes for individuals.

The Brent Health and Wellbeing Strategy 2012-2015 stipulates that people will need to take on much greater personal responsibility for their own wellbeing, making the right choices when these are open to them. At the same time, recognising those people who are vulnerable or at risk, so that we can focus on keeping people safe, offering prevention and early help for them.

Packages of social care are based upon an individual's social care needs, irrespective of what protected groups they may or may not be part of. In doing this, services users are provided tailored support to enable them to live more independently and thus improve their equality of opportunity.

### **(c) Foster good relations**

No changes to the level of the service are proposed, other than opportunities identified during phase one to improve both the quality of service delivery and the commitment by Brent to support local residents to stay at home for as long as possible or as close to home for as long as possible with excellent quality, personalised care and support.

It must be noted that Adult Social Care play an important role in ensuring that older people; people with learning disabilities, physical disabilities or mental ill health access the right support within the community. Also in doing so, Adult Social Care support social inclusion for these groups within the wider community in Brent.

In addition, it is the intention of the NAIL project to provide suitable, flexible communal space within schemes whenever possible that can be used for a variety of purposes, enabling different groups to participate in activities with one another.

**5. What engagement activity did you carry out as part of your assessment?**  
Please refer to stage 3 of the guidance.



## **1) Consultation with LD service users on Accommodation Plus / Market Development Strategy**

### **Who did you engage with?**

Service users and carers.

### **What methods did you use?**

Adult social care commission an advocacy project, BHeard, which is aimed specifically at ensuring that service users have a voice and can get involved in shaping ASC services. Members of the advocacy project held sessions in day centres and other venues with ASC service users to get feedback on the accommodation plus model, and to help inform our market development strategy. In addition, service users and their carers sit alongside staff on the LD Partnership Board, which is part of continual engagement

### **What did you find out?**

The feedback from the BHeard advocacy project has been overwhelmingly positive – LD service users have been very clear that they want to have more choice, and to be given more opportunities for independent living.

### **How have you used the information gathered?**

This feedback has helped inform our market development strategy, and service users from this group helped co-facilitate a provider workshop on this topic, at which they presented the service user feedback to ensure that providers as well as commissioners know what they want.

### **How has it affected your policy?**

It has confirmed that we should continue the policy, and that the accommodation plus model is not only more cost effective for the council, but also what service users want.

## **2) Consultation with service users on the potential extra care site at Plot 3, Park Royal**

### **Who did you engage with?**

Service users and their families

### **What methods did you use?**

A face to face meeting was held to provide information and gain feedback on the proposals. 8 Service users and their representatives attended.

### **What did you find out?**

Service users were positive about the initial proposals.

A summary of the feedback is as follows;

- The site has great bus links, but the local train stations are not very accessible for those with mobility problems,
- They didn't feel that a combined total of 300 units across the three plots was too large, and recognised that being larger would enable more services to be provided and provide greater opportunities for a variety of activities – but would like to see the community facilities available to all sites and not segregated.
- The proximity to the hospital was positive in case of emergency and makes regular trips easier
- Feeling secure is important, so good lighting and door entry systems will be vital
- The sites should be well linked to the shops / plot on Acton lane – which ideally should be sheltered from the rain.
- There are no hotels locally, so adequate guest facilities should be provided to enable relatives / friends to visit.
- There is a lack of green space in the surrounding area so it would be good to include some of this in the design.

### **How have you used the information gathered?**

The information gathered at the Park Royal plot 3 consultation has helped to decide whether Brent should be supporting the site, and to inform the requirements which ASC can push to achieve through planning. The more general feedback may also be used to inform other sites as well.

### **3) Consultation on the potential de-registration of some residential care facilities**

#### **Who did you engage with?**

Ten service users and their families living at three residential care homes (Kinch Grove, Beechwood Gardens, and Manor Drive).

#### **What methods did you use?**

Engagement has been undertaken at public meetings, one on one, and in correspondence with families and representatives.

#### **What did you find out?**

Almost all of the clients / families were positive about the proposed changes; however a limited number of families were concerned about changes to staffing, and distress caused by the inevitable uncertainty that surrounds a change such as this.

**How have you used the information gathered?**

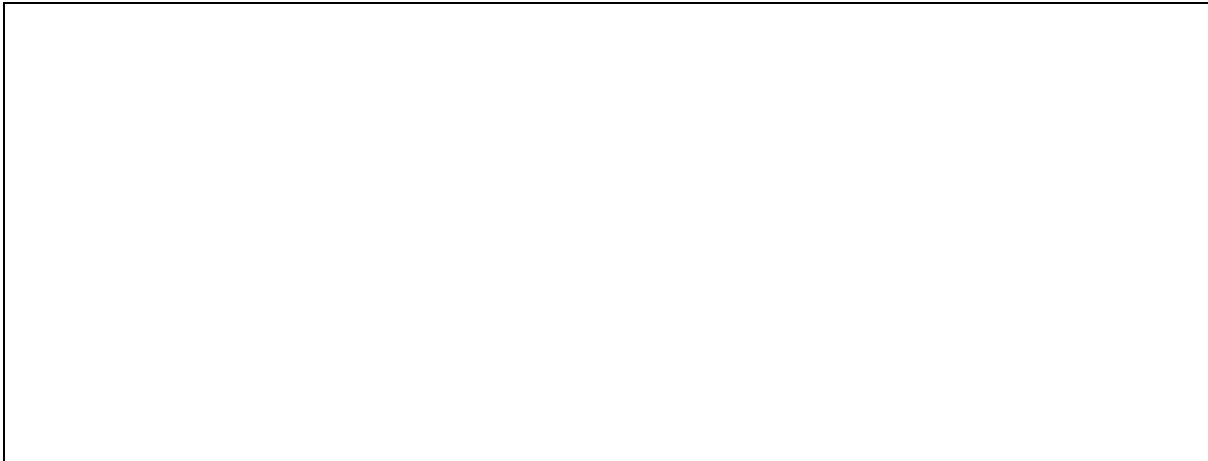
The feedback has highlighted the need to manage the ambiguity around these changes, ensuring that families are well-informed throughout the process. This element of the project has been written into the job description of NAIL Project Manager. This experience has provided useful insight into the concerns of service user's families, and ways that we can improve our approach to the de-registration of care homes, in particular for LD service users who may be more fearful of change. This is within scope of the NAIL project, as some units will be contributed through conversion of existing residential schemes.

**4) Future Consultation**

At the time of writing, two council-owned sites are at the stage of having detailed specifications sent off to architects to provide potential designs; Clement Close and Peel Road. The specification for these has been drawn up in partnership with ASC staff, and it has already been agreed that these will be designed with learning disabilities and complex needs clients in mind. A copy of the specification sent to architects to help inform the design of these sites can be found at appendix A, and gives insight into the level of tailoring that ASC are hoping to achieve for service users with complex disabilities.

Once these, and future sites are close to completion, lists of potential residents will be drawn up and consultation will be carried out with potential residents and their families / carers on a one to one basis. The focus of this project is to increase the amount of choice and control that service users can exercise in relation to their accommodation and care arrangements, and as such their feedback will be central to this process. This one-to-one consultation will also ensure that we fully understand the concerns and needs of service users and their families, and that we can ensure that appropriate care and support is put in place for them.

In addition, it is intended that consultation events will be held to discuss the design of specific sites where appropriate; this will be determined by the size of the site, the client group, and other factors.



**6. Have you identified a negative impact on any protected group, or identified any unmet needs/requirements that affect specific protected groups? If so, explain what actions you have undertaken, including consideration of any alternative proposals, to lessen or mitigate against this impact.**

Please refer to stage 2, 3 & 4 of the guidance.

We anticipate a positive impact in relation to most service users across all protected groups, as the opportunity to live independently with the right support and care is a preferable long term outcome than living in institutionalised and restrictive care settings.

The levels and type of service provision will remain as at present, but will be improved by giving service users more choice and independence to decide how and where they live.

It is recognised that for many service users across all different groups, relocation may cause emotional distress and orientation issues in their new surroundings. To mitigate this, it will be necessary to offer a 'resettlement package' to ensure that appropriate support and assistance are in place, both during and after the move.

For those with a physical disability, the transition from a residential care setting to a semi independent setting will require practical support to help them settle in their new surroundings.

As the project will move a significant number of service users throughout the borough, there is potential for a negative impact on faith / belief. While we hope that the varied distribution of potential sites mitigates this risk, the benefits of the project, and the financial pressure on adult social care budgets mean that we must pursue the most suitable and viable sites and may not be able to take into account the relative location of places of worship. Should we identify a negative impact as

the project progresses, we could consult with the Brent Multi-Faith forum to ascertain whether we can engage faith groups to provided added community support.

**Please give details of the evidence you have used:**

### 7. Analysis summary

Please tick boxes to summarise the findings of your analysis.

Protected Group	Positive impact	Adverse impact	Neutral
Age	x		
Disability	X		
Gender re-assignment			Unknown
Marriage and civil partnership			Unknown
Pregnancy and maternity			x
Race			x
Religion or belief		Possible adverse impact	
Sex	x		
Sexual orientation			Unknown

### 8. The Findings of your Analysis

Please complete whichever of the following sections is appropriate (one only). Please refer to stage 4 of the guidance.

**No major change**

*Your analysis demonstrates that:*

- *The policy is lawful*
- *The evidence shows no potential for direct or indirect discrimination*
- *You have taken all appropriate opportunities to advance equality and foster good relations between groups.*

*Please document below the reasons for your conclusion and the information that you used to make this decision.*

Overall, this analysis has found that the proposals will be beneficial for all service users. The analysis has only identified a minor negative impact in relation to religion or belief as sites cannot be guaranteed to be close to places of worship. While we hope that the varied distribution of potential sites mitigates this risk, the benefits of the project, and the financial pressure on adult social care budgets mean that we must pursue the most suitable and viable sites and may not be able to take into account the relative location of places of worship.

This aside, the project has the potential to have a significant positive impact on all service users, regardless of what protected characteristics they exhibit, by enabling them to have choice and control over their lives, and ensuring that tailored support is provided to them to improve their equality of opportunity and the overall quality of their lives.

**9. Monitoring and review**

Please provide details of how you intend to monitor the policy in the future. Please refer to stage 7 of the guidance.

It is intended that a short report is added to this EIA to take account of equalities considerations as and when each site is at the design stage. These documents will be considered by the NAIL project board.

A retrospective EIA will be carried out at project closure.

**10. Action plan and outcomes**

At Brent, we want to make sure that our equality monitoring and analysis results in positive outcomes for our colleagues and customers.

Use the table below to record any actions we plan to take to address inequality, barriers or opportunities identified in this analysis.

Action	By when	Lead officer	Desired outcome	Date completed	Actual outcome
Short briefing note covering equalities issues on each site to be considered by the NAIL project board as designs become available		Shamym Humdani	Ensure that the unit mix we deliver throughout the life of the project meets the needs of our client groups		
Consider (where appropriate) the inclusion of rooms that can be used for faith activities in larger sites		NAIL Project Manager			

**Please forward to the Corporate Diversity Team for auditing.**

## **CLEMENT CLOSE AND PEEL ROAD – initial brief from ASC**

### **Overview requirements for the accommodation**

This new accommodation has been identified for the provision of long-term assured tenancies for clients of our learning disabilities service. The priority will be to support people with severe and profound learning disabilities and multiple disabilities, including autism, sensory loss, and challenging behaviours. Many of these people will come to the new accommodation from residential care homes, secure hospitals, or from their family home when they have completed their education. We see the accommodation as supported living with very high care and support levels.

The tenants are expected to have high care, support and communication needs throughout the day, evening and night. Many will have significant mobility issues. We anticipate that some tenants will need the assistance of two care staff either due to their physical needs (especially around personal care and bedroom routines) or due to challenging/violent behaviours.

Due to the range of physical, cognitive and sensory impairments of the tenants, the layout of the building should be straightforward and simple, to allow people to get around as independently as possible.

We would ask that the architect considers the option for making the living units small to support the sense of living 'at home' rather than 'in a (care) home', e.g. 2 inter-connected blocks of 6 flats on each site rather than one block of 12 flats. The blocks would be connected together, allowing staff and tenants to move easily between the two. There would be easy access to an enclosed garden space, perhaps accessed through communal space in the inter-connected area.

The buildings must take account of the principles of Lifetime Homes Standards and Lifetime Mobility Standards. There will be a need to take account of design ideas for people with dementia, sight loss, physical disabilities, and autism. Many of the good practice principles overlap. When they are in conflict, then the focus should be on autism and physical disabilities.

Some of the tenants will challenge both staff and the fabric of the building, so the build must be robust to account for this, e.g. challenging behaviours like banging own head against walls, throwing objects at walls, repetitive slamming of doors, wheelchairs scraping skirting boards & doorways.



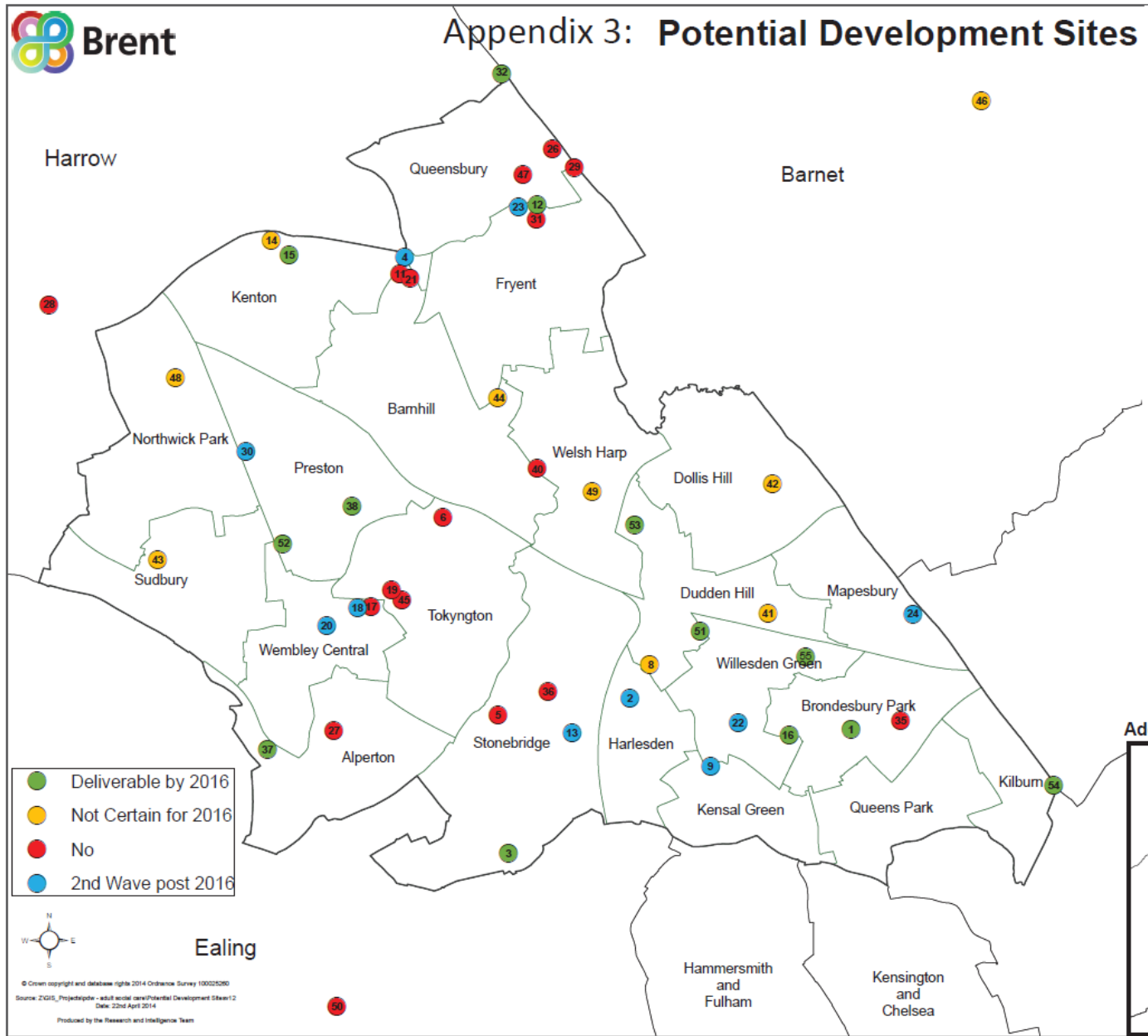
<b>1. What do we know about the types of people who we think would move into Clement Close and Peel Road?</b>	
a. What level of physical disabilities do we expect?	High levels, some wheelchair uses, some electric wheelchair uses, some people with limited mobility e.g. holding onto a carer, shuffling walks, wobbly walks.
b. What level of independence are we anticipating?	We are expecting people to see care staff often through the day; personal care in bathrooms & bedrooms; for activities and meal preparation.  The goal is to allow people with significant disabilities to be as independent as they can be but realistically they will have high needs.
c. What client group?	Learning Disabilities with associated issues, including autism, mental health, anger issues, challenging behaviours.  Some people will have destructive behaviours, so the build needs to be robust.
d. Will there be a need for a lift to the first floor?	Yes, aim is this will be a home for life and the tenants' physical abilities may deteriorate over time; will allow all the flats to be available to prospective tenants with wide range of mobility needs, not just those on the ground floor.
<b>2. Number of bedrooms?</b>	
a. Will everyone need a one-bed flat?	Yes, but this could be more a studio / open plan design if this gives greater flexibility for living arrangements.
b. How many two-bed flats?	None
c. Any extra large flats for specific needs?	As people have different needs, could the one-bed design include a movable partition wall between the bedroom and living area or similar? This will give people the choice to have a one-bedroom flat or an open plan studio style flat. This will better accommodate people with large pieces of equipment (e.g. hoists) or are uncomfortable with small spaces (e.g. claustrophobia, repetitive pacing up and down).
d. What storage will be required?	Good sized space for normal household storage plus equipment needs (a decent storage cupboard that could take at least an electric wheelchair)
e. Bathroom	Create as an en-suite, must meet all disability needs; all wetrooms; need to have room for e.g. a hoist, carer and large shower chair, room for carer

	to move around to assist in personal care. Need ability for ceiling hoists to be retro-installed.
<b>3. Level of independence expected of tenants?</b>	
a. Will tenants pay their own bills, so will they need to have separate boilers for each flat, or just one communal one?	Will have their own tenancies but would be happy for a communal boiler as part of the service charge, as staff/family are likely to manage the tenants' finances.
b. Will tenants be cooking in their flats, with gas or electric?	Yes sometimes, usually cooking by staff or supervised by staff.
i. Will they need gas cut off switches?	Yes, external to the flat.
ii. Gas boilers in flats?	Each flat needs to be able to have full control of radiators and hot water; does not matter how this is achieved.  Will need to be able to turn off hot water in individual flats to protect individuals from deliberate/accidental scalding; will need to be able to turn off hot and cold water in individual flats to prevent individuals from accidental/deliberate attempts to flood their flats.
<b>4. Communal space requirements?</b>	
a. Should there be a communal area, a lounge, kitchen, or something else?	Yes. To create a sense of community, and have an area for activities. Could this be part of the linking between the two blocks of flats and/or connecting to the outdoor space?  Do not want a 'conservatory'; needs to have better temperature regulation so can be used comfortably throughout the year.
i. What size would be required?	Need to be able to accommodate all tenants, staff, and a few guests in this space. e.g. birthdays, Christmas, Sunday lunch, summer bbq's would be how we would create the community feel and development of friendships for people who are usually very isolated.
b. Will there be a need for toilet facilities in this area?	Yes with full disabled access.
c. What storage will be required?	A large storage room, e.g. storing of equipment for activities, shared games, overflow from individual flats (e.g. tenants may receive a month's supply of

	inco-pads at a time)
d. Electric scooter charging spaces?	Yes, for 1/3 of the total flats. This will also ensure that the flats can be re-commissioned for client group 'physical disabilities' at a later time.
e. Will an assisted bathing / care suite be required?	No. wetrooms in each flat will replace this.
i. Need for communal showers, sluice?	No.
<b>5. Staff requirements?</b>	
a. Will there be low or high need for support and care staff in the building?	People will have high needs with severe/profound impairments including sensory needs and challenging behaviours (currently living in residential care), so expect staff to be on site 24/7.
b. Will they require an office space?	Yes, with full internet access
c. What storage will be required?	Yes for files, equipment used by multiple tenants
d. Where will meetings be held, when the client's flat is not appropriate?	Office space or communal areas.
e. Will there be overnight staff, with waking or sleep-in requirements?	Need to anticipate sleeping night requirements for up to 2 staff. Need small shower and changing facilities.
<b>6. Outdoor space?</b>	
a. What use will be made of the outdoor space?	<p>A secure back garden so tenants can use this independently without the risk of accessing the street.</p> <p>Tenants will have need for a garden that allows them to access and work outside, e.g. sensory gardens, raised beds; paths that go somewhere, e.g. figure of 8</p> <p>Great if the outdoor space can flow from the indoor space/s.</p> <p>Outdoor and communal areas will be the major spaces that people use with the support of staff.</p>
b. Parking needs for tenants, guests, staff?	<p>Need space for an accessible van or minibus to park up and allow wheelchair access safely away from the street;</p> <p>guessing 4 park spots if possible, but staff and guests may need to use street parking; no</p>

	requirement for tenant parking.
c. Gardening spaces, quiet areas?	Yes, will be part of the tenants care and support plans to be outdoors; design needs to account for needs of people with both sensory loss and hypersensitivities.
d. How will the outdoor space be used?	The space will be well used by tenants, usually escorted by staff. Need it to be secure where people can be left to themselves without direct access to the street.
i. What outdoor storage space is required?	Yes, for garden games, equipment and tools.
<b>7. Security needs?</b>	
a. How will people get into the facility?	Staff will usually need to let people in e.g. linked to phones they carry; use of some electronic system, fob, keypad or something, possibly linked to assistive technology / telecare so some tenants can let in their own guests to their flat
i. Use of CCTV?	Don't think this is required
b. Will there be a warden-type role or just the care staff?	No, Just care staff
c. Will assistive technology be part of the design?	Yes. Lots of wireless and Bluetooth options around the building. Could be hard-wired in but with future-proofing and ability to add wireless connections. We want telecare / assistive technology to be part of the care and support solution for tenants, so want this functionality to be available from the outset.

## Appendix B: Distribution of potential Accommodation Plus sites in Brent



## Appendix C – Market Position Statement



Market Position Statement - 2014.pdf