

TEMPLATE 2 - Full Equality Impact Assessment (EqIA)

In order to carry out this assessment, it is important that you have completed the EqIA E-learning Module and read the Corporate Guidelines on EqIAs. Please refer to these to assist you in completing this form and assessment.

What are the proposals being assessed? (Note: 'proposal' includes a new policy, policy review, service review, function, strategy, project, procedure, restructure)	Consultation on proposed changes to Harrow Council Learning Disability Homes
Which Directorate / Service has responsibility for this?	Community, Health and Wellbeing
Name and job title of lead officer	Amanda Dade – Service Manager Strategic Commissioning
Name & contact details of the other persons involved in the EqIA:	Members of the LD Residential Services Project Board, which includes Deven Pillay - Harrow Mencap Angela Dias - HAD Eithne Staunton (Harrow Council) eithne.staunton@harrow.gov.uk Barbara Korszniak (Harrow Council) barbara.korszniak@harrow.gov.uk Peter Singh (Harrow Council) peter.singh@harrow.gov.uk Amanda Dade (Harrow Council) Amanda.dade@harrow.gov.uk
Date of assessment:	First draft: 6 December 2012 Second draft: 14 January 2013 Third draft: 28 January 2013 following feedback from Chair of DETG

Stage 1: Overview

<p>1. What are the aims, objectives, and desired outcomes of your proposals?</p> <p>(Explain proposals e.g. reduction / removal of service, deletion of posts, changing criteria etc)</p>	<p>Previous reports/studies on Harrow Council Learning Disability Homes have highlighted the needs for change to improve the delivery of these services and they have outlined the following options</p> <ol style="list-style-type: none"> 1. Close the in Harrow Council provided LD homes 2. Change the structure of homes to a Supported Living model (de registration) 3. Transfer the daily management of the homes to a third party/another provider 4. A more individual change of model, looking at a range of suitable structures for each home
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On 13 September 2012 the council's cabinet agreed to talk to service users, their families/advocates and staff about the future of the residential care services directly provided by Harrow Council.

The aims of the review are as follows:

- Enable local residential service provision for adult with learning disabilities that responds to current and future demand for specialist residential services
- Contribute to the achievement of Medium Term Financial Strategy savings of £2.275m in relation to residential care. For the LD homes there is a need to save between £700,000 and £1million which is between 16% and 27% of the whole budget for the service
- To consider all the information/responses received from the consultation
- Consider whether there are any residents who may be supported to live more independently.

Consultation took place between 24 September 2012 and 14 December 2012. The consultation proposals for each home were as follows:

- For Southdown the idea put forward is to move towards a model of 24 hour supported living where people have a tenancy and support
- Bedford House becomes a specialist residential unit for people with profound and complex high level needs. The respite unit would move to an alternative building. The day service will be considered within a separate day centre consultation that will commence shortly.
- Woodlands Drive becomes a specialist residential unit for younger people, the building layout is particularly suitable for this client group as the sleeping and bathing facilities are on the upper floor. Some of the current older clients with a learning disability would live with older people who do not have a learning disability. There is evidence that this model works.
- The proposal put forward is that the service at Roxborough Park is improved and that some of the most vulnerable clients that are placed out of borough have the opportunity to live at this unit. This may mean that people with autism but need less support may need to move to another home
- The proposal put forward is that for 4 Gordon Avenue becomes a specialist respite care unit and current residents, where appropriate, could live with older people who do not have a learning disability. This model has worked well elsewhere, good person centred planning is required around each client.

<p>2. What factors / forces could prevent you from achieving these aims, objectives and outcomes?</p>	<ul style="list-style-type: none"> • Identified negative impact on individuals/groups • Findings of EqlA – will identify if there are any gaps or differential impacts. • Stakeholders do not understand what is being consulted on and are therefore unable to shape recommendations for future service provision; • Lack of support from key stakeholders • Fear and/or resistance to change by all stakeholders, • Limited focus of the review which means that opportunities to develop wider housing options may be missed. • Lack of appropriate solutions that deliver both the financial efficiencies and the improved outcomes for service users • Failure to deliver the improved outcomes for people with learning disabilities e.g. deregistration of homes without clients being empowered to understand the rights and responsibilities of having a tenancy.
<p>3. Who are the customers? Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.</p>	<ul style="list-style-type: none"> • Service users resident in the services under review • Family members • Staff • Service users who are currently placed out of borough who may have the opportunity to move back to Harrow • People with learning disabilities who may have a need to an intensive housing support option in the future
<p>4. Is the responsibility shared with another department, authority or organisation? If so:</p> <ul style="list-style-type: none"> • Who are the partners? • Who has the overall responsibility? 	<p>Overall responsibility: Adult Services</p> <p>Working in partnership with housing services regarding ongoing housing options for people with learning disability</p>
<p>4a. How are/will they be involved in this assessment?</p>	<p>Regular meetings take place with housing services</p>

Stage 2: Monitoring / Collecting Evidence / Data

5. What information is available to assess the impact of your proposals? Include the actual data, statistics and evidence (including full references) reviewed to determine the potential impact on each equality group (protected characteristic). This can include results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys, workforce profiles, service users profiles, local and national research, evaluations etc

(Where possible include data on the nine protected characteristics. Where you have gaps, you may need to include this as an action to address in the action plan)

<p>Age (including carers of young/older people)</p>	<p>Information below identifies the key data on the following protected characteristics: Age, Disability, Race and Sex/Gender</p> <table border="1" data-bbox="638 582 2105 901"> <thead> <tr> <th></th> <th>4 Gordon Avenue (8 clients)</th> <th>Roxborough Park (8 clients)</th> <th>Southdown Crescent (7 clients)</th> <th>Woodlands Drive (3 clients)</th> <th>Bedford House – residential (11 clients)</th> <th>Bedford House – respite (49 clients)</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16 – 24</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>1</td> <td>7</td> </tr> <tr> <td>25-44</td> <td>-</td> <td>1</td> <td>2</td> <td>-</td> <td>4</td> <td>31</td> </tr> <tr> <td>45 – 64</td> <td>-</td> <td>7</td> <td>4</td> <td>2</td> <td>5</td> <td>11</td> </tr> <tr> <td>65+</td> <td>8</td> <td>-</td> <td>1</td> <td>1</td> <td>1</td> <td>-</td> </tr> </tbody> </table>								4 Gordon Avenue (8 clients)	Roxborough Park (8 clients)	Southdown Crescent (7 clients)	Woodlands Drive (3 clients)	Bedford House – residential (11 clients)	Bedford House – respite (49 clients)	Age							16 – 24	-	-	-	-	1	7	25-44	-	1	2	-	4	31	45 – 64	-	7	4	2	5	11	65+	8	-	1	1	1	-
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<p>Disability (including carers of disabled people)</p>	<p>The main and secondary disability of all clients is collated on Harrow Council’s Framework i database system</p> <p>See box above for service user specific data</p> <p>All service users accessing the in-house learning disability residential services have a learning disability. Some individuals also have a secondary disability. This information is included below:</p> <table border="1" data-bbox="638 1181 1926 1342"> <thead> <tr> <th></th> <th>Bedford Residential</th> <th>Gordon Avenue</th> <th>Roxborough Park</th> <th>Southdown Crescent</th> <th>Woodlands Drive</th> <th>Residential total</th> <th>Bedford Respite</th> </tr> </thead> <tbody> <tr> <td>Secondary or additional disabilities</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Bedford Residential	Gordon Avenue	Roxborough Park	Southdown Crescent	Woodlands Drive	Residential total	Bedford Respite	Secondary or additional disabilities																																	
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	Emotional and behavioural difficulties			1			1	
	Physical disability, frailty and/or temporary illness	1	1				2	8
	Dual Sensory loss							1
	Visual impairment				4		4	2
	Children with Id/SEN							1
	Deaf/hearing impairment							1
Gender Reassignment	Whilst Harrow Council's Framework i database system is set up to collect this monitoring information there is very little information held on this protected characteristic							
Marriage / Civil Partnership	<p>Whilst Harrow Council's Framework i database system is set up to collect this monitoring information there is very little information held on this protected characteristic.</p> <p>Non of the service users living in the learning disability residential homes or accessing the residential respite at Bedford House are married. However many people have lived together in the same house for a number of years and there are some close friendships that will need to be considered if there are any changes to the homes necessitating moves for any service users.</p>							
Pregnancy and Maternity	<p>Whilst Harrow Council's Framework i database system is set up to collect this monitoring information there is very little information held on this protected characteristic</p> <p>None of the service users accessing LD residential services are pregnant or have recently given birth.</p>							

Information on the ethnicity of service users accessing the in-house learning disability homes is included below:

	4 Gordon Avenue (16 staff)	Roxborough Park (22 staff)	Southdown Crescent (7 staff)	Woodlands Drive (8 staff)	Bedford House – residential (14 staff)	Bedford House - respite (8 staff)
Ethnicity	White or White British (British) – 4	White or White British (British) – 1	White or White British (British) – 1	White or White British (British) – 5	White or White British (British) – 4	White or White British (British) – 2
	White other (Spanish) – 1	White or White British (Irish) – 2	White or White British (Irish) – 1	White or White British (Irish) – 1	White or White British (Irish) – 1	White or White British (Irish) – 1
	Black or Black British (African) – 5	Black or Black British (African) – 9	White or White British (Greek Cypriot) – 1	Black or Black British (Caribbean) – 1	Black or Black British (African) – 4	Black or Black British (African) – 1
	Black or Black British (Caribbean) – 1	Black or Black British (Caribbean) – 7	Black or Black British (Caribbean) – 2	Black or Black British (Seychelles) - 1	Black or Black British (Caribbean) – 2	Asian or Asian British (Indian) – 1
	Black or Black British (Other) – 2	Asian or Asian British (Indian) – 3	Asian or Asian British (Indian) – 2		Asian or Asian British (Indian) – 3	Asian or Asian British (Bangladeshi) – 1
	Asian or Asian British (Indian) – 3					Asian or Asian British (Chinese) – 1
						Other Ethnic Background (Iranian) – 1

Race

Information on the ethnicity of staff working within the in-house learning disability residential homes is included below:

	4 Gordon Avenue (16 staff)	Roxborough Park (22 staff)	Southdown Crescent (7 staff)	Woodlands Drive (8 staff)	Bedford House – residential (14 staff)	Bedford House - respite (8 staff)
Ethnicity	White or White British (British) – 4	White or White British (British) – 1	White or White British (British) – 1	White or White British (British) – 5	White or White British (British) – 4	White or White British (British) – 2
	White other (Spanish) – 1	White or White British (Irish) – 2	White or White British (Irish) – 1	White or White British (Irish) – 1	White or White British (Irish) – 1	White or White British (Irish) – 1
	Black or Black British (African) – 5	Black or Black British (African) – 9	White or White British (Greek Cypriot) – 1	Black or Black British (Caribbean) – 1	Black or Black British (African) – 4	Black or Black British (African) – 1
	Black or Black British (Caribbean) – 1	Black or Black British (Caribbean) – 7	Black or Black British (Caribbean) – 2	Black or Black British (Seychelles) - 1	Black or Black British (Caribbean) – 2	Asian or Asian British (Indian) – 1
	Black or Black British (Other) – 2	Asian or Asian British (Indian) – 3	Asian or Asian British (Indian) – 2		Asian or Asian British (Indian) – 3	Asian or Asian British (Bangladeshi) – 1
	Asian or Asian British (Indian) – 3					Asian or Asian British (Chinese) – 1
						Other Ethnic Background (Iranian) – 1

Service user's languages are recorded. This is important both for a service provision point of view to ensure staff have the appropriate language skills to be able to communicate appropriately and to ensure that we consult in a meaningful way.

	4 Gordon Avenue (8 clients)	Roxborough Park (8 clients)	Southdown Crescent (7 clients)	Woodlands Drive (3 clients)	Bedford House – residential (11 clients)	Bedford House – respite (49 clients)
First language	English – 8	English – 7 Gujarati – 1	English – 7	English – 3	English – 5 Sign language – 1 Urdu – 1 Gujarati – 1	English – 34 Gujarati – 12 Punjabi – 1 Other (not stated) – 1

Staff languages are as follows:

	4 Gordon Avenue (8 clients)	Roxborough Park (8 clients)	Southdown Crescent (7 clients)	Woodlands Drive (3 clients)	Bedford House – residential (11 clients)	Bedford House – respite (49 clients)
Languages spoken other than English	Gujarati – 3	Gujarati – 3	Gujarati – 2	French – 1	Gujarati – 2	Afghan – 1
	Hindi – 1	Swahili – 4	Hindi – 2	Gaelic (Scottish) – 1	Swahili – 2	Bengali – 1
	Swahili – 2	Ghanian – 2	Punjabi – 1	Makaton trained – 2	Amharic – 1	Chinese – 1

	Shona – 2		Swahili – 1		Ghanian – 1	Gujarati – 1
	Yoruba – 1		Gaelic – 1		Kikuyu – 1	Persian – 1
	Spanish, Italian & Portugese – 1		Greek – 1			

Religion and Belief	The religion and belief of clients is collated on Harrow Council's Framework I database system						
	Staff within the LD residential homes support individual service users to follow their chosen religion or belief. Religion and belief are included in each individual service users person-centred plan.						
	Information for service users is included below:						
		4 Gordon Avenue (8 clients)	Roxborough Park (8 clients)	Southdown Crescent (7 clients)	Woodlands Drive (3 clients)	Bedford House – residential (11 clients)	Bedford House – respite (49 clients)
	Religion	Christianity – 7	Christianity – 6	Christianity – 6	Christianity – 3	Christianity – 8	Christianity – 25
		Other – 1	Hinduism – 2	Other – 1		Hinduism – 2	Hinduism – 11
						Islam – 1	Islam – 8
						Sikh – 1	
						Other/Not stated – 4	

Sex / Gender	The sex/gender of all clients is collated on Harrow Council's Framework i database system						
	Information is as follows						
		4 Gordon Avenue (8 clients)	Roxborough Park (8 clients)	Southdown Crescent (7 clients)	Woodlands Drive (3 clients)	Bedford House –residential (11 clients)	Bedford House – respite (49 clients)
	Sex						
	Male	4	6	0	1	7	24
Female	4	2	7	2	4	25	

Sexual Orientation	Whilst Harrow Council's Framework i database system is set up to collect this monitoring information there is very little information held on this protected characteristic
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There is no information available on this protected characteristic in relation to service users accessing the LD residential homes under review.

6. Is there any other (local, regional, national research, reports, media) data sources that can inform this assessment?

Include this data (facts, figures, evidence, key findings) in this section.

Perspectives on ageing with a learning disability (Joseph Rowntree Foundation January 2012) report that explores what a group of people with learning disabilities and their families have to say about getting older, their experience and feelings and what is most important to them in later life. The reports findings highlight the need to consider the following:

- The importance of staying in touch with friends
- An active and fulfilling life
- Planning for later life (and end of life) with people with learning disabilities in a person-centred way
- Opportunities to join up initiatives across learning disability and older peoples services
- Equipping the workforce across a range of services to be aware of age-related needs of people with learning disability to make adjustments to their practice and meet them.
- Listen to and learn from what older people with learning disability and their families have to say.

STUCK 869 – People with learning disabilities resident in care homes for older people in Scotland (Learning Disability Alliance Scotland. Identified eight main issues for people with learning disability who are living in older persons care homes:

- People move into care homes for life and rarely move out
- People are often up to 20 years younger than the other people living in the care homes leading to tensions and a lack of interests in common
- People tend to move into care homes in a crisis sometimes due to a lack of planning
- People with learning disability can experience bullying and name calling
- Some people with learning disabilities living in care homes are not getting the help they should to communicate with other people
- Many care home staff do not get special training and support to work with

- people with learning disabilities
- People with learning disabilities who also have dementia are not well understood in care homes
- Advocacy services make a big difference for people with learning disabilities when they are in care homes.

7. Have you undertaken any consultation on your proposals? (this may include consultation with staff, members, unions, community / voluntary groups, stakeholders, residents and service users)	Yes	No
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NOTE: If you have not undertaken any consultation as yet, you should consider whether you need to. For example, if you have insufficient data/information for any of the protected characteristics and you are **unable** to assess the potential impact, you may want to consult with them on your proposals as how they will affect them. Any proposed consultation needs to be **completed before** progressing with the rest of the EqIA. **Guidance on consultation/community involvement toolkit can be accessed via the link below**
http://harrowhub/info/200195/consultation/169/community_involvement_toolkit

Who was consulted?	What consultation methods were used?	What do the results show about the impact on different equality groups (protected characteristics)?	What action are you going to take as a result of the consultation? This may include revising your proposals, steps to mitigate any adverse impact. <i>(Also Include these in the Improvement Action Plan at Stage 5)</i>																												
Clients Respondents to accessible questionnaire: <table border="1" data-bbox="73 1066 907 1348"> <thead> <tr> <th>Respondent</th> <th></th> <th>Age group</th> <th></th> </tr> </thead> <tbody> <tr> <td>Family/Carer</td> <td>17 (44%)</td> <td>16-24</td> <td>3 (8%)</td> </tr> <tr> <td>Service Users</td> <td>11(28%)</td> <td>25-34</td> <td>4 (10%)</td> </tr> <tr> <td>Advocate</td> <td>3 (8%)</td> <td>45-54</td> <td>2 (5%)</td> </tr> <tr> <td>Staff member</td> <td>3 (8%)</td> <td>55-64</td> <td>9 (23%)</td> </tr> <tr> <td>Did not answer</td> <td>5 (13%)</td> <td>65+</td> <td>10 (26%)</td> </tr> <tr> <td></td> <td></td> <td>Did not</td> <td>11 28%)</td> </tr> </tbody> </table>	Respondent		Age group		Family/Carer	17 (44%)	16-24	3 (8%)	Service Users	11(28%)	25-34	4 (10%)	Advocate	3 (8%)	45-54	2 (5%)	Staff member	3 (8%)	55-64	9 (23%)	Did not answer	5 (13%)	65+	10 (26%)			Did not	11 28%)	<ul style="list-style-type: none"> • Formal consultation meetings – one meeting at each of the homes • A single accessible questionnaire • Written feedback 	Points raised by service users/carers and advocates during the consultation meetings <ul style="list-style-type: none"> • Clients have lived together for many years, any change could be very traumatic/stressful for them and families. Many clients stated that, 'I like it here', and families fed back 'we thought this would be a home for life now feel that the rug has been pulled from 	If service users move to alternative provision commissioners will advise the provider to pay particular attention to supporting relationships between residents. Each resident will have a
Respondent		Age group																													
Family/Carer	17 (44%)	16-24	3 (8%)																												
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		answer		through letters and email
From completed by				using the dedicated email address
Myself	20 (51%)	Sex		
With Support from family member/Carer	11 (28%)	Male	13 (33%)	
With support of an advocate	3 (8%)	Female	11 (28%)	ldconsultation@harrow.gov.uk
Did not answer	5 (13%)	Did not answer	15 (39%)	
				• The opportunity to speak directly with Amanda Dade and Barbara Korszniak on a phone
Respondent is part of		Religion and belief		
Gordon Avenue	8 (20%)	Christianity	21 (54%)	
64/66 Woodlands	6 (16%)	Agnostic	2 (5%)	
Roxborough Park	5 (13%)	Hinduism	2 (5%)	
Southdown	3 (8%)	Humanist	1 (3%)	
Bedford House Respite Services where I go for a short break	8 (20%)	Islam		1 (3%)
Bedford Day and Respite Service	1 (3%)	Jainism		1 (3%)
Bedford House where I live	0	Did not answer		11 (27%)
Bedford House Day Services where I go out during the day but do not stay the night	0			
Did not answer	8 (20%)	Ethnicity		
		White: British		22 (56%)
Disability		Asian or Asian British: Indian		3 (8%)
Yes	13 (33%)	White: Irish		2 (5%)

under our feet', 'We are living in fear of service cuts'.

- There was general support for change at Southdown.
- Will future placements be in-borough?/If residents move, will they be able to live in this part of Harrow?
- The proposals are based on the need to save money and not the needs of clients
- The standard of care by private providers is poor and complaints can fall on deaf ears
- Are there any guarantees that current service users will not lose a service?
- The proposed changes result in stress, so there is a need for good communication, The need for signers for people with communication difficulties
- There is a need for a greater number of respite care beds as at the moment some of the respite beds are taken up by emergency placements

More specific points within each home

Southdown Crescent

person-centred plan and a range of housing options will be considered which might include a care home if appropriate but also include: Harrow Shared Lives, supported housing and specialist learning disability services.

- (1) Each person's communication needs will be identified and included in their care plan should a move to an alternative placement be required.
- (2) Where people have skills e.g. to carry out household tasks that they value these will be identified in the person-centred plan and opportunities to maintain skills and interests will be built into any future placement should a move be required.
- (3) If service users move to older peoples care

No	9 (23%)	Asian or Asian British: other		1 (3%)	<ul style="list-style-type: none"> There is a need to educate clients on the importance of money management or the concept of money for some clients 	<p>home provision staff within that provision will need to demonstrate their knowledge and skills in managing the identified needs of the individual service users referred to them</p>
Did not answer	17 (44%)	Asian or Asian British : Bangladeshi		1 (3%)		
		Other Asian Group: Greek		1 (3%)		
		Did not answer		9 (22%)		
<p>Response to face-to-face events:</p>					<p>Woodlands Drive</p> <ul style="list-style-type: none"> It is unfair that some clients have been living here for 23 years and they may need to move. Particular concern raised about friendships and the need to maintain these. Could people be moved together? <p>Gordon Avenue</p> <ul style="list-style-type: none"> Older service users at Gordon Avenue have fewer people to speak up for them A number of service users stated that they did not want to move from their homes as they like living at Gordon Avenue 	<p>Whilst any potential move can be distressing and anxiety-provoking good care management, planning and a person-centred approach can reduce the impact. If any move is required an individual transition plan will be developed with each service user in discussion with family, current key worker and advocate (where appropriate)</p> <p>Friendships groups will be identified and if moves take place support to maintain friendships will be included in service user's person-centred transition plan.</p> <p>At present whilst there are nine respite beds at Bedford House</p>
Home/Venue	Date	Service Users	Family, carers and advocates	Staff	<p>Roxborough Park</p> <ul style="list-style-type: none"> Some clients have challenging behaviour, its not always apparent because of the good quality of staff, this should not count against the clients 	
Southdown Crescent	4.11.12	5 from 6 possible	2 plus 1 friend from 8 possible	7 from 7	<p>Bedford House</p> <ul style="list-style-type: none"> The council should consider turning Bedford House into a 20 bed respite unit and that 	
Bedford House	9.10.12	4 from 11 for residential care 0 from 49 for respite	6 from 11 for residential care 10 from 46 for respite Also Cllr Stephen Wright and 2 members of the Friends of Bedford House	21 from 27		

Woodlands Drive	17.10.12	3 from 3	5 from 11 Also 3 from Advocacy Voice		8 from 8	residential clients are moved to another place • There was concern about the use of respite beds for emergency placements	however an analysis of the use of beds has shown that respite beds are also used for emergency placements that 'block' the availability of space available for respite and can also cause cancellation in planned short breaks for families and service users. In redesigning short break provision the effective use of emergency placements will be considered to ensure that there is a reduced impact on respite resources. This is likely to mean that the impact of a reduction in physical bed units will be mitigated and reduced.
Gordon Avenue	19.10.12	8 from 8	3 from 10 4 staff attended as key workers		14 attended from 16		
Roxborough Park	24.10.12	7 from 8	12 from 17		13 from 23 Also 2 from Unison		
Civic Centre*	8.11.12	None	10		n/a		
Bedford House^	22.11.12	n/a	n/a		2 Also 2 from Unison		
Gordon Avenue^	22.11.12	n/a	n/a		No participants arrived		
Bedford House~	6.12.12	2	12 from 46 * Invitation sent to service users and carers who were unable to attend the meetings that had taken place in each Home. ^ Invitation sent to staff who were unable to attend the meetings that had taken place in each Home and to unions ~ Invitation sent only to all service users and carers of the respite service at Bedford House			n/a	

<p>Carers/families/Advocates See box above for breakdown of who responded to the consultation.</p>				<ul style="list-style-type: none"> • Formal consultation meetings – one meeting at each of the homes plus an additional meeting at the civic centre and an additional specific meeting for carers of the Bedford House respite service • A single accessible questionnaire • Written feedback through letters and email using the dedicated 	<p>Please see box above.</p> <p>A particular issue identified was that any proposed changes result in stress, so there is a need for good communication, The need for signers for people with communication difficulties</p>		<p>A consultation report summarising outcomes of all consultation activity will be circulated as soon as it is available. A communication plan will be developed including common questions and answers to improve communication. We have identified staff who have Makaton/BSL skills. Staff in the LD homes know service users and family members well and are able to advise on the most effective communication methods.</p>

	<p>email address – ldconsultation@harrow.gov.uk</p> <ul style="list-style-type: none"> • The opportunity to speak directly with Amanda Dade and Barbara Korszniak on a phone 		
<p>Staff</p>	<ul style="list-style-type: none"> • Informal consultation meetings • A single accessible questionnaire • Written feedback through letters and email using the dedicated email address – ldconsultation@harrow.gov.uk • The opportunity to speak directly with Amanda 	<p>Points/questions raised across the services by staff during their informal consultation meetings. Most staffed focussed on the concerns they had for the service users that they support rather than concerns about their roles or the future of their jobs.</p> <ul style="list-style-type: none"> • Friendships between clients who have lived together for years should be considered in the consultation and following any decision that might necessitate a move for people • What are the implications for the total number of respite hours? • Will proposed services reflect Harrow's diverse population? [this is an aim so that the council is able to meet a greater variety of needs] 	<p>Staff members were engaged as part of the consultation both to ensure that they could feed in their knowledge and expertise to the review in addition to ensuring they had as much information as possible so that they could provide appropriate support to service users and family members.</p> <p>If Cabinet takes a decision leading to a change in the roles, responsibilities and/or the structure of staffing a formal consultation in accordance with the Councils Change Management Protocol.</p> <p>Concerns raised regarding service users are addressed in</p>

	<p>Dade and Barbara Korszniak on a phone</p>	<ul style="list-style-type: none"> • Some staff thought that Bedford House would be may be too big for 11 clients. • Many people at Gordon Avenue are old, can they not continue to live here during their lives and then a decision in made? • Some residents have lived here for 23 years and used to have tenancy rights [this situation changed when the building became a residential unit] <p>How can we ensure that good quality information is used in deciding where service users may be moved to [the assessments will form the basis for this and staff will play an important role in providing information. There is also the need to think about places for younger people transitioning from children's services</p>	<p>the 'client –box' above.</p>
<p>Unions</p>	<ul style="list-style-type: none"> • Informal consultation meetings • A single accessible questionnaire • Written feedback 	<p>GMB were invited to all meetings but did not attend. Due to an email error, Unison were not informed of the first four staff consultation meetings, but attended meetings at Roxborough Park and the additional staff meeting at Bedford House and gave the</p>	<p>Unions were engaged at an early point in the review of the LD residential services in order to inform and shape recommendations. If Cabinet takes a decision leading to a change in the roles, responsibilities and/or the structure of staffing a formal</p>

	<p>through letters and email using the dedicated email address –</p> <p>ldconsultation@harrow.gov.uk</p> <ul style="list-style-type: none"> • The opportunity to speak directly with Amanda Dade and Barbara Korszniak on a phone 	<p>following feedback.</p> <p>The Council should avoid some of the issues that arose from previous major service changes, for example, Unison thought that when older people moved from Sancroft some residents suffered a deterioration in health and that the changes in day care for people with challenging behaviour led to a decrease in the number staff needed to sufficiently meet client needs.</p> <p>If cabinet decisions have an impact on staff, Unison thought that the following information/analysis would be required within each formal staff consultation</p> <ul style="list-style-type: none"> • a job evaluation for staff effected in each service • projection/benchmark of staff numbers and new job profiles, reflecting service and job requirements in relation to client numbers • it was understood that there are no plans for job losses of permanent staff, but any planned changes 	<p>consultation in accordance with the Councils Change Management Protocol.</p>
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		<p>to temporary/agency staff and this impacts on permanent staff</p> <ul style="list-style-type: none"> • a breakdown of the anticipated savings for each service 	
<p>Specific feedback from Harrow Association of Disabled People</p>	<p>Whilst we understand the council's dire financial situation, and don't advocate residential care as a good practice solution for care, the reality is that those places are home to the people who have lived there for years. HAD has done advocacy cases in the past for individuals who really want to stay there when plans were being discussed to move them on, so we are very aware that this is a traumatic experience which will feel very negative to many people.</p> <p>So in the first instance, as long as the people who live there clearly want to be able to stay, we'd like to see other ways of keeping them open, at least until falling numbers make the services totally financially unviable.</p> <p>Do the homes need to be closed as long as there are people who want to live in them? In other areas, spare rooms (I believe there are a few, as when people die or move out, they are not really filling them) are being given to local people such as students in return for their guaranteed availability to offer support at certain agreed times. Of course those people undergo the same reference and CRB checks as staff, but it reduces the cost of sleep over staff hugely.</p> <p>Generally, outsourcing services makes them much cheaper than managing them in the statutory sector, and this should be considered. The not for profit sector can sometimes get funding to make changes to the property to create innovative services for more than one client group, which would deal with the falling numbers, and improve inclusion. Try to avoid private placements where quality of life declines to ensure shareholders needs are met.</p> <p>If the consultation indicated that moving could be a positive option for the people who live there, the following issues are important.</p>		

People must have realistic and informed choices, in a way which is accessible to them, about where they could live, who they live with and how their home meets their other life choices. Where the person is not able to represent their views clearly, and could have their views overpowered by well meaning families, staff members and commissioners, independent advocacy should be considered. For many people, capacity assessments and Best Interests decisions should be used.

Support planning for options need to be very creative and include visits and other means of people being able to understand options to the best level possible.

There would also need to be support to move, including proper transitional arrangements, appropriate to each person's needs.

Where people want to live in some form of residential, the quality of their life should not be reduced. It may be that people are interested in living with a mixed client group, not everyone with a learning disability wants to spend their lives with others with learning disabilities.

Therefore if for example, someone prefers residential, and is happy to live with older people, only homes where current quality of life would clearly be maintained should be considered. Not all, but many older people's homes seem very keen in practice on promoting exclusion, institutionalisation and lack of dignity, and just because generic older people are unfairly forced to live in this way, does not meant that people with learning disabilities should also meet this fate.

There must be guarantees that where support is needed to maintain essential relationships (with people, pets etc), or activities, that a move will not jeopardise this. However, steps must be taken to find out what really matters to people, so that they are not forced to stay in touch with people they would actually be quite relieved to leave behind.

I think housing needs to be involved and other council departments and external service areas which may be part of the solution.

<p>Specific feedback from Harrow Mencap</p>	<p>Harrow Mencap welcomes this consultation and the opportunity to respond. It is worth noting that most of these homes were opened in the 80/90s in response to the closure of long stay hospitals and whilst we acknowledge the good standard of these residential care homes their limitations must also be recognised in order for the council to meet existing and future needs and demands.</p> <p>We note that there is a:</p> <ul style="list-style-type: none"> • Predominance of residential care as the main housing option for people with learning disabilities in Harrow • Lack of local provisions for people with complex needs; people with a dual diagnosis of mental health and learning disability and for people on the autistic spectrum. <p>Q1. The Council would like to think about using the residential homes on supporting people with higher needs</p> <p>We disagree that the council's residential care homes should be used solely for people with higher support needs as residential care should not be the only option open to people with higher needs. With individualised packages of support, all people regardless of needs should have a full range of options including homes of their own, supported living, living with a family and as well as residential group homes.</p> <p>However whilst housing options are limited, priority or consideration of use of existing provisions should be given to those with higher needs. This must be done on an individualised basis rather than considering or moving people as a 'group' and at the individuals pace with the involvement of families and advocates. If the council goes down this route they need to consider the capacity of current advocacy services in the borough.</p> <p>Q2. As an idea the council were thinking that young adults with learning disabilities and who need lots of support including those people with autism and challenging behaviour should be helped to stay living in Harrow near to their family rather than moving further away</p>
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We fully agree that young adults with complex needs and those on the autistic spectrum should be living as full citizens and be part of their local community. We feel that moving people out of borough isolates them from families and friends and makes them more vulnerable to poor care and at greater risk of abuse. We would also draw the councils attention to the Winterbourne View final report which guides councils to plan provision from childhood for the care and support needs of people with challenging needs.

Q3. At Bedford House the Council would like to separate -
This would mean the respite and the day services would be in different buildings

We agree with the separation of day services, respite and residential care at Bedford House. Whilst we know some individuals and their carer's are happy with the respite service at Bedford House (in part due to the lack of alternative options) there is a growing population who feel it does not meet their individual needs or requirements; too large and 'institutional'. We would urge the council to think more creatively about 'respite' / 'breaks'. As well as looking at a building based option, The Council should work with providers to develop the market to provide a range of flexible and individualised options to include opportunities for breaks away from home such as supported holiday, time with other families etc and support in the home whilst the carer is away or pursuing another activity etc.

Q4. We are thinking about using Gordon Avenue as Harrows respite service
This means anyone staying for a short break will go here and not to Bedford house

Please see answer above

Q5. The council would like to use other places you can go to for a short break like Harrow Shared Lives Scheme
Shared Lives is where you would go and stay with a family in their home

We are in agreement with a wide range of respite support options being available and feel that shared lives should be **one** of these.

- Q6. The Council would like to use more supported living instead of residential care in the future
Supported living can also be used by people who need 24hr care
We could change the homes to Supported Living Supported Living helps you take more control of your life
In supported living you have a tenancy, you pay rent and you will have support from staff.
You may be able to get help to pay your rent with housing benefit
You will have control over who lives with you and who provides your support
Supported living can be for people who have lots of needs

We are in agreement that there should be **a range** of options in Harrow for people with learning disabilities. We feel it is important that the council recognizes unregistering a care home does not make it a supported living home. Work needs to be done with the tenants on their rights and responsibilities and work with staff teams on the fundamental differences between residential care and supported living.

There also needs to be openness, honesty and transparency in any changes – for example people will **not have total control** over who lives with them or support them.

Further information on changing from care home to supported living including **changes in culture** can be found in “Feeling settled” By the National Development Team For Inclusion”

http://www.ndti.org.uk/uploads/files/Insights_6_-_Feeling_Settled1.pdf

- Q7. The Council plans to make more places available in independent/supported living
We would like to use Southdown as supported living where people can have a tenancy and support

Please see answer above

Q8. The council think it would be good if older people with learning disabilities live with older people who do not have a learning disability
We are thinking about this for some of the clients at Gordon Avenue and 66 Woodlands Drive

Whilst there is an argument that older people with learning disabilities should be living with other older people. The following must be taken in consideration:

- a) Older people with learning disabilities should be afforded the same range of housing choices as those offered to other older people. This should include sheltered accommodation, extra care, care in the home as well as residential care.
- b) If the council is defining older people with learning disabilities as over 65 it should be noted that this is significantly lower than the current population of older people in care homes. This could mean them living with people older and frailer than they are.
- c) Funding for older people's care homes and requirements are different from those for people with learning disabilities therefore the council will need to ensure that there is funding available to maintain people's social lives and activities.

Without consideration of these factors and adjustments made for older people with learning disabilities their health and wellbeing will suffer and they will not receive adequate care and support; evidence for this can be found in "Stuck 869 People With Learning disabilities Resident in Care Homes for older people" (Learning Disability alliance Scotland)

<http://www.ldascotland.org/docs/STUCK.pdf> (NB referred to in section 6 above)

Q9. We would like to make Roxborough Park into a home for people who have autism and need lots of support
This may mean that people with autism but need less support may need to move to another home

We believe that the council needs to have more provisions for people with complex needs. However there should be a range of options based on the needs of individuals rather than a 'group' as we have highlighted

above.

Other Comments

Whilst we welcome this consultation we feel it is narrow in its focus and there may be a lost opportunity to develop an integrated Accommodation and Housing strategy which is sustainable and responsive to the future needs of disabled people. In addition services for people with a learning disability needs to be viewed in a holistic way thereby acknowledging the critical interconnectedness of day provisions/ opportunities; community resources/facilities/activities and Accommodation/Housing.

Stage 3: Assessing Impact and Analysis

8. What does your information tell you about the impact on different groups? Consider whether the evidence shows potential for differential impact, if so state whether this is an adverse or positive impact? How likely is this to happen? How you will mitigate/remove any adverse impact?

Protected Characteristic	Positive	Adverse	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur.	What measures can you take to eliminate or reduce the adverse impact(s)? E.g. consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 5)
Age (including carers of young/older people)			<p>If a decision is made that means that older people with learning disabilities move into care homes for older people without a learning disability possible adverse impacts are as follows:</p> <ul style="list-style-type: none"> • People may experience harassment and bullying and viewed as being different if they move into care homes for older people. 	<ul style="list-style-type: none"> • Research has shown that incidents of harassment and bullying are more likely to occur when people first move in. The same research has recommended that people with learning disabilities who move to care homes for older people should have access to independent advocacy. If service users move

				<p>to alternative provision commissioners will advise the provider to pay particular attention to supporting relationships between residents.</p>
			<ul style="list-style-type: none"> • People may experience multiple loss (death) as they may be much younger than the other care home residents without a learning disability. The PSSRU (University of Kent) estimates survival rate of 'older people' at an average of 30 months in care homes and the Centre for Death and Society (University of Bath) estimates the average age of residents in care homes as 90. <p>People may lose routines, opportunities to utilise skills, and support with communication to make needs known.</p>	<ul style="list-style-type: none"> • Each resident will have a person-centred plan and a range of housing options will be considered which might include a care home if appropriate but also include: Harrow Shared Lives, supported housing and specialist learning disability services. <p>(1) Each person's communication needs will be identified and included in their care plan should a move to an alternative placement be required.</p> <p>(2) Where people have skills e.g. to carry out household tasks that they value these will be identified in the person-centred plan and opportunities to maintain skills and interests will be built into any future placement should</p>

				<p>a move be required.</p> <p>(3) If service users move to older peoples care home provision staff within that provision will need to demonstrate their knowledge and skills in managing the identified needs of the individual service users referred to them.</p>
			<p>People may be disorientated by change and may experience exacerbation in anxiety-related conditions.</p>	<p>Whilst any potential move can be distressing and anxiety-provoking good care management, planning and a person-centred approach can reduce the impact. If any move is required an individual transition plan will be developed with each service user in discussion with family, current key worker and advocate (where appropriate)</p>
			<p>People may lose long-term friendships if assessed needs mean they require a different housing option than other residents in the home where they live.</p>	<p>Friendships groups will be identified and if moves take place support to maintain friendships will be included in service user's person-centred transition plan.</p>
			<p>Reduction in the number of respite beds from 9 at Bedford House to 8 at Gordon Avenue may impact on the availability of respite at popular times e.g. weekends.</p>	<p>At present whilst there are nine respite beds at Bedford House however an analysis of the use of beds has shown that respite beds are also used for emergency placements that 'block' the availability of space available for respite and can also cause cancellation in planned short breaks for families and service users. In redesigning short break provision the effective use of emergency placements will be considered to ensure that there is a reduced impact on respite resources. This is likely to mean that the impact of a reduction in physical bed units will be</p>

				mitigated and reduced.
Age (including carers of young/older people)			Younger people with profound and multiple learning disability, autism and challenging behaviour will have more opportunity to remain in Harrow near to their family and friends if there is more local provision that can support people with challenging or complex need	Positive impact
Disability (including carers of disabled people)			Same type of potential impacts as Age above in addition to: People with mobility difficulties who live in homes with stairs and are moved to single-storey accommodation may lose the opportunity to maintain their coordination, balance and naturally occurring exercise that comes from living in a two-story property. However service users may also experience a positive impact on their independence for example where they have relied on others to ensure their safety when climbing stairs.	<p>(1) Each resident will have a person-centred plan and a range of housing options will be considered which might include a care home if appropriate but also include: Harrow Shared Lives, supported housing and specialist learning disability services.</p> <p>(2) Each person's communication needs will be identified and included in their care plan should a move to an alternative placement be required.</p> <p>(3) Where people have skills e.g. to carry out household tasks that they value these will be identified in the person-centred plan and opportunities to maintain skills and interests will be built into any future placement should a move be required.</p> <p>(4) If service users move to older peoples care home provision staff within that provision will need to demonstrate their knowledge and skills in managing the identified needs of the individual service users referred to them.</p> <p>(5) If individual service users move to</p>

				accommodation that does not provide an opportunity to maintain mobility e.g. climbing stairs, this will be identified in their person-centred care plan to ensure opportunities to maintain mobility are maximised.
Gender Reassignment	Non identified	Non identified		
Marriage and Civil Partnership	Non identified	Non identified		
Pregnancy and Maternity	Non identified	Non identified		
Race	Non identified	Non identified		
Religion or Belief	Non identified	Non identified		
Sex	Non identified	Non identified		
Sexual Orientation	Non identified	Non identified		
Other (please state)	Non identified	Non identified		
<p>9. Cumulative impact – Are you aware of any cumulative impact? For example, when conducting a major review of services. This would mean ensuring that you have sufficient relevant information to understand the cumulative effect of all of the decisions. Example: A local authority is making changes to four different policies. These are funding and delivering social care, day care, and respite for carers and community transport. Small changes in each of these policies may disadvantage disabled people, but the cumulative effect of changes to these areas could have a significant effect on disabled people's participation in public life. The actual and potential effect on</p>			<p>Harrow Council is considering reviewing all day service provision which includes the Neighbourhood Resource Centres accessed by some of the service users affected by the review of in-house residential services. There is a need to consider the cumulative impact of the two reviews and whether there are any individual service users that may need to continue to access day opportunities in order to help with a transition or move should this prove necessary following any decision on the future of the learning disability homes.</p>	

equality of all these proposals, and appropriate mitigating measures, will need to be considered to ensure that inequalities between different equality groups, particularly in this instance for disabled people, have been identified and do not continue or widen. This may include making a decision to spread the effects of the policy elsewhere to lessen the concentration in any one area.			
<p>10. How do your proposals contribute towards the requirements of the Public Sector Equality Duty (PSED), which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.</p> <p>(Include all the positive actions of your proposals, for example literature will be available in large print, Braille and community languages, flexible working hours for parents/carers, IT equipment will be DDA compliant etc)</p>			
Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	Advance equality of opportunity between people from different groups	Foster good relations between people from different groups	Are there any actions you can take to meet the PSED requirements? <i>(List these here and include them in the Improvement Action Plan at Stage 5)</i>
The proposals and consultation were developed carefully in order to prevent unlawful discrimination. Both written and spoken information were delivered in user-friendly manner in order to support greater and meaningful involvement	This review aims to deliver the development of good quality services that support people with learning disabilities to live as independently as possible. Whilst current services are performing well there are some people who may be 'over-provided for' for example where an individual is living in residential care but may benefit from moving to a supported living environment. The review aims to deliver against the personalisation agenda as outlined in Putting People First (2007) One of the key expectations of this		

	<p>agenda is that people will be supported to live as independently as possible, providing them maximum choice and control. Within this there is an assumption to provide as many people as possible with support to live in settings other than residential care, and that where residential care is provided that it should be a “personalised” as possible.</p> <p>In January 2011 the Think Local, Act Personal Partnership built upon Putting People First with an updated framework for delivering more personalised social care. This framework expressed the need for improvements in a range of areas, including more flexible alternatives to residential care, more personalisation with residential settings and greater control and flexibility for children in transition to adult services.</p>		
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11. Is there any evidence or concern that your proposals may result in a protected group being disadvantaged (please refer to the Corporate Guidelines for guidance on the definitions of discrimination, harassment and victimisation and other prohibited conduct under the Equality Act)?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No									

If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a below - link this to the aims of the proposal and whether the disadvantage is proportionate to the need to meet these aims. (You are encouraged to seek legal advice, if you are concerned that the proposal may breach the equality legislation or you are unsure whether there is objective justification for the proposal)

If the analysis shows the potential for serious adverse impact or disadvantage (or potential discrimination) but you have identified a potential justification for this, this information must be presented to the decision maker for a final decision to be made on whether the disadvantage is proportionate to achieve the aims of the proposal.

If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. (select outcome 4)
 If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. (select outcome 4)

Stage 4: Decision

12. Please indicate which of the following statements best describes the outcome of your EqlA (tick one box only)

Outcome 1 – No change required: when the EqlA has not identified any potential for unlawful conduct or adverse impact and all opportunities to enhance equality are being addressed.	
Outcome 2 – Minor adjustments to remove / mitigate adverse impact or enhance equality have been identified by the EqlA. <i>List the actions you propose to take to address this in the Improvement Action Plan at Stage 5</i>	
Outcome 3 – Continue with proposals despite having identified potential for adverse impact or missed opportunities to enhance equality. In this case, the justification needs to be included in the EqlA and should be in line with the PSED to have ‘due regard’. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. (explain this in 12a below)	
Outcome 4 – Stop and rethink: when there is potential for serious adverse impact or disadvantage to one or more protected groups. (You are encouraged to seek Legal Advice about the potential for unlawful conduct under equalities legislation)	

12a. If your EqlA is assessed as **outcome 3** or have ticked ‘yes’ in Q11, explain your justification with full reasoning to continue with your proposals.

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Stage 5: Making Adjustments (Improvement Action Plan)

13. List below any actions you plan to take as a result of this impact assessment. This should include any actions identified throughout the EqlA.

Area of potential adverse impact e.g. Race, Disability	Action proposed	Desired Outcome	Target Date	Lead Officer	Progress

<p>People may experience harassment and bullying and viewed as being different if they move into care homes for older people.</p>	<p>If service users move to alternative provision commissioners will advise the provider to pay particular attention to supporting relationships between residents.</p>	<p>Service users will settle in to a new home, be valued and develop new relationships</p>	<p>Dependent upon any decision made by Cabinet in March 2013</p>	<p>Allocated social worker</p>	
<p>People may experience multiple loss (death) as they may be much younger than the other care home residents without a learning disability.</p>	<p>Each resident will have a person-centred plan and a range of housing options will be considered which might include a care home if appropriate but also include: Harrow Shared Lives, supported housing and specialist learning disability services.</p>	<p>The determinants for a person's care and treatment will be need rather than age. People will be supported in an appropriate setting that is able to meet their assessed needs.</p>	<p>Dependent upon any decision made by Cabinet in March 2013</p>	<p>Allocated social worker</p>	
<p>People may lose routines, opportunities to utilise skills, and support with communication to make needs known</p>	<p>(1) Each person's communication needs will be identified and included in their care plan should a move to an alternative placement be required.</p> <p>(2) Where people have skills e.g. to carry out</p>	<p>Individuals will be able to maintain their skills and interests in provision that supports their health and wellbeing enabling an active and fulfilling life.</p>	<p>Dependent upon any decision made by Cabinet in March 2013</p>	<p>Allocated social worker</p>	

	<p>household tasks that they value these will be identified in the person-centred plan and opportunities to maintain skills and interests will be built into any future placement should a move be required.</p> <p>(3) If service users move to older peoples care home provision staff within that provision will need to demonstrate their knowledge and skills in managing the identified needs of the individual service users referred to them</p>				
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<p>People may be disorientated by change and may experience exacerbation in anxiety-related conditions.</p>	<p>Whilst any potential move can be distressing and anxiety-provoking good care management, planning and a person-centred approach can reduce the impact. If any move is required an individual transition plan will be developed with each service user in discussion with family, current key worker and advocate (where appropriate)</p>	<p>Service users will be supported to maintain their social networks</p>	<p>Dependent upon any decision made by Cabinet in March 2013</p>	<p>Allocated social worker</p>	
<p>People may lose long-term friendships if assessed needs mean they require a different housing option than other residents in the home where they live.</p>	<p>Friendships groups will be identified and if moves take place support to maintain friendships will be included in service user's person-centred transition plan.</p>		<p>Dependent upon any decision made by Cabinet in March 2013</p>	<p>Allocated social worker</p>	
<p>If a decision is made to move residential respite from Bedford House to Gordon avenue there would be a reduction in the number of beds available from 9 to 8. This may impact on availability of respite however the number of</p>	<p>At present whilst there are nine respite beds at Bedford House however an analysis of the use of beds has shown that respite beds are also used for emergency placements that 'block' the availability of space available for respite and can also cause</p>	<p>Families will continue to access short breaks/respite in order to support their caring role</p>	<p>Dependent upon any decision made by Cabinet in March 2013</p>	<p>Barbara Korszniak</p>	

<p>service users who access respite is not simply reliant on bed-space but on support needs and staff availability. There is no intention to reduce the number of staff working within residential respite within this review.</p>	<p>cancellation in planned short breaks for families and service users. In redesigning short break provision the effective use of emergency placements will be considered to ensure that there is a reduced impact on respite resources. This is likely to mean that the impact of a reduction in physical bed units will be mitigated and reduced.</p>				
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Stage 6 - Monitoring

The full impact of the decision may only be known after the proposals have been implemented, it is therefore important to ensure effective monitoring measures are in place to assess the impact.

<p>14. How will you monitor the impact of the proposals once they have been implemented? How often will you do this? <i>(Also Include in Improvement Action Plan at Stage 5)</i></p>	<ul style="list-style-type: none"> • Service users will continue to be monitored via annual reviews. However if any service user moves they will be reviewed at week 6 following the move. Discussions are taking place regarding potential to take a ‘patient experience approach’ to assess people’s experience of any change that may take place if a decision is made that necessitates change for individuals. • Contract monitoring is in place for local services. • A project group to monitor the in-house residential review and to act as ‘critical friend’ regarding the process will continue to meet and advise on the ongoing process should change take place following any decision made by Cabinet. 			
<p>15. Do you currently monitor this function / service? Do you know who your service users are?</p>	<p>Yes</p>		<p>No</p>	

<p>16. What monitoring measures need to be introduced to ensure effective monitoring of your proposals? <i>(Also Include in Improvement Action Plan at Stage 5)</i></p>	<p>As 14 above.</p>
<p>17. How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 5)</i></p>	<p>Since 2009 we have been developing a QA system which brings together the planning and design of care services with a variety of perspectives on the quality of services, including feedback from independent bodies, consumers, professionals and providers. It has resulted in major improvements to provider services and outcomes for vulnerable people and carers.</p> <p>In order to ascertain a holistic understanding of the quality of our services, a QA quadrant model and review tool (QAQ) was developed. This is based upon four key areas: independent challenge, provider challenge, professional challenge and consumer/citizen challenge. The Local Account is an important tool for the public to use in holding the local authority to account for how money is spent and on the quality of the services it provides.</p> <p>During 2012/13 we have established a group of Harrow residents that include people who use services along with those who don't. They work with us to develop the Local Account throughout the year. The outcome of this review will be reflected in the Local Account.</p>
<p>18. Have you received any complaints or compliments about the policy, service, function, project or proposals being assessed? If so, provide details.</p>	<p>Yes as follows:</p> <p>2.10.12 – Letter from NS raising concerns about possible supported living model at Southdown and potential impact on family member</p> <p>13.10.12 – Letter from SP regarding accessible questionnaire and also the experience of member of Cabinet taking decisions.</p> <p>1.11.12 DH letter regarding concern about cuts to transport, day services and continued spend on services under review.</p> <p>3.12.12 Press enquiry following a letter to Harrow Observer regarding the review of services at Gordon Avenue.</p> <p>12.12.12 email from MS regarding proposed changes to Gordon</p>

	Avenue and the potential impact on a family member 13.12.12 Letter from PM regarding proposed closure of Woodlands Drive and the potential impact on a family member 13.12.12 Letter from local MP regarding the review of the in-house residential services and the possible impact, stress and anxiety.
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Stage 7 – Reporting outcomes

The completed EqIA must be attached to all committee reports and a summary of the key findings included in the relevant section within them.

EqIA's will also be published on the Council's website and made available to members of the public on request.

19. Summary of the assessment

NOTE: This section can also be used in your reports, however you must ensure the full EqIA is available as a background paper for the decision makers (Cabinet, Overview and Scrutiny, CSB etc)

What are the key impacts – both adverse and positive?

Are there any particular groups affected more than others?

Do you suggest proceeding with your proposals although an adverse impact has been identified? If yes, what are your justifications for this?

What course of action are you advising as a result of this EqIA?

Officers recommend that the Council proceed with the following proposal for each of the in-house learning disability homes as follows:

- A. **Bedford House** - work to achieve separation between the long term residential, respite and day services at Bedford House
- B. **Gordon Avenue** – to change the model of the service and identify a choice of alternative housing options for the service users living at the home. To use the service as a Residential Respite provision in the future
- C. **Woodlands Drive** - to change the model of the service and identify a choice of alternative housing options for the service users living at the home
- D. **Southdown Crescent** - de-register the service and support people to live in a supported living environment
- E. **Roxborough Park** - maintain and develop the current model of the service delivering high quality care to people with autism and challenging behaviour.

There are some potential adverse impacts associated with the proposed recommendations which will include: supporting people with learning disabilities to move to a new home often when they would prefer to remain where they are currently living this could lead to impacts such as: an increase in stress and anxiety caused by moving home, loss of friendships and support from staff who have known service users for a long time, potential loss of opportunities to take part in activities and hobbies if staffing in a new home is at a lower staff to service ratio than is currently in place. It would be important to plan any move should moves be required carefully using a person-centred approach that identifies what is important for each service user and what support needs to be put in place to mitigate any potential adverse impact. If people with learning disability move to homes that are not specialised learning disability specific homes then commissioners must ensure that staff are able to meet assessed needs of individual service users and in particular any specific communication needs..

20. How will the impact assessment be publicised? E.g. Council website, intranet, forums, groups etc	Council website Learning Disability Homes Project Board		
Stage 8 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)			
The completed EqlA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.			
21. Which group or committee considered, reviewed and agreed the EqlA and the Improvement Action Plan?	EqlA Scrutiny Meeting – 4 February 2013		
Signed: (Lead officer completing EqlA)	Amanda Dade	Signed: (Chair of DETG)	
Date:	28.1.13	Date:	