

**Swindon Borough Council and NHS Swindon
Diversity Impact Assessment for the review of 1:1 support hours in residential care, nursing care and supported living. (savings plans 2a, 2b, 5, 6, 10 and 12)**

1 What's it about?

Refer to equality duties

What's it there for? What's it set up to deliver? What's the proposed change? What do you want to achieve?

1:1 support hours are used in addition to base line staffing within residential, nursing and supported living. These hours are agreed at the point of initial set up and recent reviews have shown that assistive technology and shared support hours are not always fully utilised by providers.

The proposal is to review all adults with 1:1 support on an individual basis, review support plans and look to maximise opportunities for shared support hours and utilise the advances in assistive technology e.g. to use technology to replace waking nights with sleeping nights.

The aim is to provide cost effective services, maximise opportunities for promoting independence and ensure that staff providing services maintain an ethos of progressive services, moving from a maintenance service.

What potential is there to meet the equality duties?

There is opportunity for advancement of equality duties by moving away from traditional support services to person centred individual solutions.

There is potential for service users have greater access to universal services and integrating further with services provided within the community

There is opportunity to ensure that access to services are fair and equitable, based on individual service user needs.

What equality benefits does it create? (for people, organisation etc...)

Effective person centred planning allows individuals to build a service and pathway to meet their goals and outcomes.

Reduction of 1:1 support hours reduces restrictive movement of users of services and allows greater integration with other users of services.

What are the barriers to meeting this potential?

Service providers ability to make the cultural change from maintenance services to services that promote and maximise individual's potential.

Willingness of providers to access universal services and adapt services .

2 Who's it for?

Refer to equality groups

Who is expected to benefit or use the service (internal/external)?

All current eligible users of adult social care services who receive 1:1 support

What do you know about them (evidence)?

A review of current cases has identified those service users with 1:1 support. Previous reviews and support plans will be referred to during subsequent reviews to compare outcomes, pathways and to explore all alternative options.

Who is missing or may find it difficult to use the service?

None – all service users in receipt of 1:1 support will be reviewed on an individual basis and an

updated risk assessment will be drawn up. 1:1 will only be withdrawn or reduced for those service users where it is deemed appropriate.

Do you know why?

N/a

3 Impact

Refer to dimensions of equality and equality groups
Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Is there any potential or real issue which will stop some groups or people getting involved? (adverse impact)

Age: Some older people requiring 1:1 support may lack capacity and changing their care plans may be restrictive.

Disability: For service users who lack capacity, there could be restrictions to their care plan requiring additional legal framework. 1 to 1 support may have been instigated to manage challenging behaviour and the removal of 1 to 1 support may jeopardise and individual behavioural plan.

Sex, transgender, marriage/civil partnership, maternity/pregnancy: There are no negative impact directly related to gender etc. however reviews of care plans will need to consider if 1:1 support assisted in same gender personal care and remains a priority for the individual.

Race: Where 1 : 1 support was required on cultural grounds, review will need to consider relevance religion/belief: See "race" above

Sexual orientation: There is no known 1:1 support where the need is in relation to sexual orientation, however future need may need to be considered as some gay or lesbian couples may have concerns about their relationship and how they would be considered in care settings requiring 1 to 1 support.

In general the impact is fairly limited but continued oversight is required to ensure particular risk areas with regards to diversity are addressed in the future.

Is that reasonable? Can it be justified or mitigated?

In some cases review will need to consider if 1:1 support on grounds of diversity are still relevant to the person (for example were they set up as an initial action at the beginning of the placement and not effectively reviewed). In mitigation, reviews of care packages will be held on an individual basis to ensure there is limited diversity impact. Where the support was required as a result of someone lacking capacity, reviews are already carried out with an emphasis on promoting less restrictive practises. In instances where 1 : 1 support for behaviour management was required, a full risk assessment will be carried out prior to changes to care plan.

How will this service be successfully delivered to a diverse group of people? (positive impact)

For some service user 1 : 1 support can be restrictive and in some circumstance require input under the Mental Capacity Act. For example the need to seek authorisation for a Deprivation of Liberty. Where is believe this is still required in the best interests of the individual, Best Interest Assessments will continue to be reviewed.

Is there any innovative thinking, working or technology that could improve delivery?

Use of assistive technology and telehealth will be explored for all users of services.

What consultation has taken place? How has the consultation influenced the service?

Consultation will be on an individual basis and any changes will only be considered where appropriate to the individual.

4 So what?[Link to business planning process](#)

What changes have you identified?

Any changes to support plans will be based on individual needs, risk assessments, and how needs can be met in alternative ways e.g shared support hours within the existing unit, telecare, televisual and telehealth.

What will you do now and what will be included in future planning?

As above but all future placements within care homes with 1:1 support will be reviewed prior to authorisation to ensure all alternatives have been considered and 1:1 support hours will be reviewed on a regular basis to ensure hours continue to be needed, if the placement is the right placement to meet the needs of the individual and that hours are used in an effective way. Deprivation of Liberty Safeguards and best interest decisions will also be considered with all 24 hour 1:1 support to ensure the least restrictive options are being considered.

When will this be reviewed?

All packages of care are reviewed initially after 6 weeks and as a minimum annually thereafter.

How will success be measured?

Success of placements, number of 1:1 hours being used and that the outcomes within the support plan are being met.

For the record

Name of person leading this DIA: Angela Plummer	Date completed: 24.10.11
Names of people involved in consideration of impact	
Name of director signing DIA	Date signed

Strategic Planning Framework - Diversity Impact Assessments

1 What's it about?

refer to equality duties

- What is it there for? What is it set up to deliver? What is the proposed change? What do you want to achieve?
- What potential is there to meet the equality duties?
- What equality benefits does it create?
- What are the barriers to meeting this potential?

2 Who's it for?

refer to equality groups

- Who is expected to benefit or use the service (internal/external)?
- What do you know about them (evidence)?
- Who is missing or may find it difficult to use the service?
- Do you know why?

3 Impact

refer to dimensions and equality groups

- Is there any potential or real issue which will stop some groups or people getting involved? (adverse impact)
- Is that reasonable? Can it be justified or mitigated?
- How will this service be successfully delivered to a diverse group of people? (positive impact)
- Is there any innovative thinking, working or technology that could improve delivery?
- What consultation has taken place? How has the consultation influenced the service?

4 So what?

- What changes have you identified?
- What will you do now and what will be included in future planning?
- When will this be reviewed?
- How will success be measured?
- Who is signing this off/taking responsibility?

Considerations

Our equality duties

1. Eliminate discrimination, harassment and victimisation
2. Advance equality of opportunity
3. Foster good relations

In the areas of age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation.

Extended by SBC policy to include: financial or economic status, homelessness, political view.

Dimensions of equality

How will the service affect the life chances of different groups?

Consider how the service will impact

1. **Life expectancy**
2. **Physical security:** e.g. freedom from violence and physical and sexual abuse.
3. **Health and well-being:** e.g. access to high quality healthcare.
4. **Education:** e.g. being able to be creative, to acquire skills and qualifications, and having access to training and life-long learning.
5. **Standard of living:** e.g. being able to live with independence and security; and covering nutrition, clothing, housing, warmth, utilities, social services and transport.
6. **Productive and valued activities:** e.g. access to employment, a positive experience in the workplace, work/life balance, being able to care for others.
7. **Individual, family and social life:** e.g. self-development, having independence and equality in relationships and marriage.
8. **Participation, influence and voice:** e.g. participation in decision-making and democratic life.
9. **Identity, expression and self-respect:** e.g. freedom of belief and religion.
10. **Legal security:** e.g. equality and non-discrimination before the law and equal treatment within the criminal justice system.