

LBBB

Equality Impact Assessment

tevens
20/4/2011

A quick guide to the stages of the Equality Impact Assessment process

Step 1 Decide on the scope of your Equality Impact assessment

Step 2 Identify your team. Consider having a review team comprising of both managers, performance officers and where appropriate front line staff; Use the Equality and Diversity team as a critical friend and where appropriate invite members of the community to be part of the team. Use the guidance notes that come with this template.

Step 3 Project plan the process – arrange a first meeting

- Decide on what information you have and what you might need to find out and **identify key dates** that you will be able to work to.
- Inform the Equality and Diversity team of the agreed dates
- Send progress reports to the E&D team at each milestone date.

Step 4 Send first draft to the E&D team for comments – who in turn will send back any necessary amendments or

Step 5 Review team to meet to consider comments and make any necessary amendments within an agreed timeframe.

Step 6 Send to E&D(Group Manager CC&E for final approval

- When approval received your OMT to 'sign off' the document
- Decide on the review date and inform the E&D team.

Step 7 Monitor the agreed action plan and provide regular monitoring reports to the Departmental Equalities and Diversity

Version Control				
Doc. Name		Generalist Advice and Local Infrastructure Organisation Tender		
Doc. location:				
Author:		Owner:	Approving Officer	
Zoë Garbett		Zoë Garbett		
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27/11/2012	V1	ZG		Draft for review
28/11/2012	V2	KA		Draft
28/11/2012	V3	ZG		Draft

Signing off when assessment is completed

Sign off by GM Cohesion and Equalities Date

Sign off by OMT/Chair Departmental Equality GroupDate

Date published on the internet

Review

<p>Review date</p> <p>A date for review is required for this EIA to be refreshed and reviewed.</p> <ul style="list-style-type: none"> • This date will be captured corporately • You must ensure that this review is carried out in time to meet this date 	<p>Please indicate date below</p>
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A guide to completing the form

Stage 1: Description of Policy/function /service

The description should include:

- a summary of the policy's/ function /service aims
- intended outcomes
- An explanation of how the policy fits into the Corporate strategic objectives

Stage 2:

- Reviews
- Academic /national research
- Other Authorities
- Databases
- Feedback from previous inspection
- Customer complaints /ombudsman findings

If there is little or no evidence, say what you will do to find some evidence and give examples of the types of evidence you might find. Scope this into your action plan(e.g. improving data collection or analysis to provide more detailed information]

Stage 3 Assessing Impact

In the assessment of your policy /function /service What measures does the policy include, or what could it include, to address possible existing /potential **discrimination, harassment or inequality?**

- **Identify best practice.** In relation to the Policy, / service/ function what are we proud of achieving which contributes to providing equal access to individuals from different equality groups?
- Remember when identifying potential discrimination an individual may face multiple discrimination (facing discrimination on more than one ground e.g. as disabled woman) it will be important to recognise this and address this potential.
- Taking into account the evidence that you have gathered how will you develop the policy/ service / function to make the required improvements? Scope into your action plan.

Stage 4. Promoting equality

– consider all the information that you have gathered about individual groups

Identify areas where more information may be needed, is there any information that you do not collect or have access to, that would help you to improve your knowledge of your customers and their needs.

Identify what action will be taken to fill this gap; including short term measures to be taken to provide a baseline where little or no information is available

What **practical changes** will help reduce any adverse or potential adverse impact on particular groups?

What will be done **to improve access** to, and **take-up** of, services and **understanding the policy**?

What will you do to **promote equality** and **eliminate discrimination** when you procure / commission for goods and service?

Stage 1 – Scope of the equality Impact Assessments about your piece of work

1 Directorate	Adult and Community services
2. Policy / Strategy / Service to be assessed:	Infrastructure support service and advice and case work service including enhanced welfare rights advice.
3. Lead Officer:	Karen Ahmed, Divisional Director Adult Commissioning
4. Equality Impact Assessment Person / Team:	Teresa Evans (Equality & Diversity Officer)
5. Date of Assessment:	27 th November 2012
6. The main purpose and outcomes of policy/strategy / service to be assessed	It is proposed to tender for two new services which combine a number of functions and current contracts in order to ensure that the Council obtains best value for money and that robust services can be delivered within a reduced cost envelope .These services are: <ul style="list-style-type: none"> • The Voluntary and Community Sector Support Service • Advice, Case Work and Enhanced Welfare Benefits Service
7. Groups who the piece of work should benefit or	This service would benefit the local community by offering support and advice,

apply to, for example: - Service users - Staff - Other internal or external stakeholder (Will the piece of work be delivered in partnership with another agency?)	including enhanced welfare rights advice. It would also develop the capacity of the local voluntary sector and ensure the diverse views of the community are represented.
8. Any associated strategies or guidelines i.e. legal/ national /statutory	Health and Social Care Act 2012.

Step 2. Gathering Information

1. Who should be served by the policy / strategy / piece of work?		
All people in Barking and Dagenham over 18 years of age (over 16 for IMCA service) requiring support including older people, people with physical disabilities and sensory impairment, learning disabilities, mental health needs and carers (people eligible for care under the Community Care Act).		
2 .What relevant information do you have about the people who this piece of work is aimed at? (Please complete the boxes below)		
Note: There may be duplications in the number of people recorded as people may access more than one service.		
Equality Groups	Information (research / data)	Known or potential inequalities
Ethnicity	Appendix tables 1 – 2, 18, 21 and Community Cohesion monitoring information, plus social care database	<p>There is currently a good level of engagement with people from Black, Asian, Minority Ethnic and Refugee (BAMER) communities. The reduced funding for Local Infrastructure Organisation will mean there will be less capacity to engage with and provide support to these groups. There are currently a good number of BAMER individuals accessing advice support as well as generic advice and welfare benefit support.</p> <p>The Volunteer service, Race Equality Project and Community Accountancy Projects will be maintained so will be able to continue engaging with these groups. However, the services will be included in larger commissions so it needs to be ensured that quality is maintained.</p>
Gender (including Transgender)	Appendix tables 3 – 4, 16, 20 and Community	Overall, advice services are equally accessed by males and females. Six out of ten services accessed more by females than males which may be expected as there are

	Cohesion monitoring information plus social care database	<p>more female service users in the borough. Three people identifying as transgender have accessed services showing accessibility.</p> <p>No impact identified, equal accessed expected to continue.</p>
Age	Appendix tables 5 – 8, 17, 19 and Community Cohesion monitoring information	<p>There is variation in the way age is recorded by services.</p> <p>Low numbers of 18-24 year olds access advice services. Advice is mainly accessed by middle aged adults (36-45 years old) which reflects the number of services available to this group. There is a lack of specific support for older people.</p> <p>The pooling of budgets will mean that there will be capacity for all groups to access a service; the service specification will ensure that employees and volunteers have the appropriate skills to work with this age group. The Generalist Advice service will work with all individuals and monitor take up by different age groups.</p>
Disability	Appendix tables 9 – 11, 22 and Community Cohesion monitoring information plus social care database	<p>The data reflects the different investment in services for different disabilities aimed to be considered and improved by the current tender. Specific groups (such as people with a learning disability) may lose support as funding will be used for a generalist advice service to improve the equality of investment across client groups</p> <p>The demand for welfare benefit support is expected to increase due to the changes to the benefit systems affecting disabled people. A significant level of funding will remain so that the Generalist Advice and Welfare Benefit Service are able to provide a substantive service and the maximum capacity within the cost envelope.</p> <p>Loss of Local Infrastructure funding will mean reduced capacity for support for the voluntary sector. The functions of the Volunteer Service and the Community Accountancy project will remain the same, the Volunteer Service is mainly accessed by people who have a mobility problem</p>
Sexual Orientation	Appendix table 12, 24 and Community Cohesion monitoring information	<p>Unknown due to limited data</p> <p>The number of gay, lesbian and bisexual people in contact with the Volunteer Service is positive, this is hoped to continue due to the maintained level of funding.</p>
Religion and Belief	Appendix tables 13 – 14, 23 and Community Cohesion monitoring	<p>Although data is limited, the profile of services users is similar to that of the borough and service users. However, there are no people identifying as having no religion and more people identifying as Muslim accessing advice services.</p>

	information	
Maternity and Nursing Mothers	JSNA (2010 and 2011)	Unknown due to limited data
Social class	Appendix table 15 (limited data)	Limited data. Welfare benefit reforms will impact on people's financial security.
You may also wish to consider Carers	Data included from Carers of Barking and Dagenham. See also, recent Carers Strategy 2011-15 and current commissioned Carer Support Services EIA.	Unknown due to limited data. Support for this group is covered by the carer's support service in the borough.
<p>Do you have enough information about the different groups to inform an equality impact assessment? If not, this area should be addressed in your action plan.</p> <p>Yes: limited data of sexual orientation, maternity and nursing mothers, religion and belief and socio economic status. See action plan.</p>		
<p>3 . Do you have monitoring data or consultation findings specific to your area of work? If yes list the sources of evidence here & go to Step 3, if No list the actions required to get more data.(which should be included in the action plan)</p> <ul style="list-style-type: none"> • Data of LBBD demographics – population and service user (PANSI, POPPI, JSNA) • Monitoring data from nine current advice services in the borough • Consultation with current providers: workshop held with 17 providers on 14 October 2011, visits to organisations (currently visited five organisations) and discussions with other providers (such as libraries) • Consultation with service users: discussion with two HUBB service users 20 October 2011 • Service monitoring (Volunteer Bureau, Mencap/PACT) October 2012 • 		
<p>What consultation activity has taken place / will be taking place on this piece of work and the Equality Impact Assessment?</p> <ul style="list-style-type: none"> • Discussions with BAME groups, mental health service users and older people. 		

Step 3. Assessing Impact

1.	<p>What does your monitoring data on your service users tell you? Are any groups under or over represented compared to what you would expect to see. Please give details below.</p> <p>Note: In total, from the monitoring data of nine services, 14, 056 people accessed support (from informal to formal, including benefits and welfare support) which shows the demand for these services. The majority of data covers the period of April 2010 to March 2011, except for data from Refuge which is mainly the last quarter of the financial year 2010/2011 (therefore the use of this service is underrepresented).</p>
	<p>Ethnicity</p> <p>Generalist Advice, Enhanced Welfare Benefit advice and Hate Crime and Hate Incident support Of the 177,400 population of Barking and Dagenham just under 70% are White (includes British, Irish, Welsh, other white) though this percentage is likely to decrease following the results of the 2011 census. The second largest (18.7%) ethnic population in borough is Black (including British, Caribbean, African, other black) with 9% identifying as Asian and 4% identifying as other ethnic (consensus categories) (table 1). For those currently in receipt of a service from the Council 81% are white and 19% are from a minority group (social care database data). It is predicted that by 2031 the population of the borough will increase to 237,600; 56% (133,500) of residents will be White and 44% will be from a minority group,</p> <p>The majority of people accessing advice services are White (57%, 8,018 residents) and just under 40% (5597 individuals) are from a minority group (table 2). This shows that there are a large number of people from a minority background accessing advice services (including benefit and carer support) which means that the current services are working well to engage minority groups; this bodes well for the predicted increase of people from a minority group in the borough by 2031. It needs to be ensured that where there is targeted work for minority groups, this does not increase segregation and that services are available to all White people requiring services. It is important to make sure that people whose first language is not English and require a translator has one available.</p> <p>The generalist advice service has provided for 5,476 unique clients (Target 5,616). Of these 86.5% (Target 50%) came from the identified priority groups. The ethnicity of clients for the last financial year were 37% White, 30% Black, 6% Mixed, 10% Asian and 3% Chinese (14% of clients did not disclose their ethnicity). This shows that a high percentage of BAME groups have been accessing this service.</p> <p>Race equality project provides for 72 individuals all from BAMER communities.</p>

		<p>Voluntary and Community Sector Support Services Most recent analysis of the Local Infrastructure body shows that 67% of people accessing training in the last 12 months were from BAME backgrounds. There will be a reduction in services due to the significant budget reduction so although groups and individuals from BAME communities can still access support, the capacity will be decreased. It is anticipated that more groups will need support due to the lack of forums to offer support, the voluntary sector forum only formal point of engagement for equalities groups. 71% of the groups that the Community Accountancy Project worked with from 2011 - 2012 represent at least one of the protected characteristics. Between 2010 – 2011 58 groups received support, of those who responded four were from a BAME community. The organisation estimates that a further 21 groups, who did not identify themselves as BAME, have beneficiaries largely drawn from the BAME community. Of the Volunteer Services 5375 service users and volunteers reporting their race, the majority are white (74%) with 15% defining themselves as Black, 5% as Asian and 5% as mixed/other.</p> <p>Conclusion -</p> <ul style="list-style-type: none"> • Number of BAME people in the borough is increasing; needs to be reflected in available services – appropriate advocates/staff available as well as information in an appropriate format/language • Loss of Local Infrastructure funding will mean reduced capacity for support for the voluntary sector, including BAME groups • Reduction of central funding for Legal Aid will impact the number of BAME individuals currently accessing this service, the inclusion of this service with other welfare benefit support contracts aims to provide as much capacity as possible as well as improved coordination of these services • The functions of the Volunteer Centre, Race Equality Project and the Community Accountancy project will remain the same
	Gender (including transgender)	<p>Generalist Advice, Enhanced Welfare Benefit advice and Hate Crime and Hate Incident support Currently, in Barking and Dagenham, 49% of residents are men and 51% are women although there are far more women over the age of 65 than men of this age (table 3). With regards to registered service users 33% are men and 67% are women (social care database data).</p> <p>The proportions of males and females accessing advice services reflects the borough ratios when looking at data from all nine services (table 4) which shows that services are accessible to genders equality (50% female, 48% male). The demand for advice services by females maybe low (compared to the proportion of female service users in the borough) because they do not require it; improved monitoring is needed to ensure that accessibility is not a barrier. Refuge is a domestic violence support service for women therefore no men access this service. IMHA services are accessed equally by men and women, carers</p>

		<p>services are accessed more by men and the six other providers have significantly fewer men accessing their services which reflects the ratios of male to female service users in the borough. An organisation supporting people with a learning disability have slightly more male contacts (56%) accessing the service than females (table 16).</p> <p>Approximately 15 people in the borough will be transgender (JSNA, 2010). The transgender community is considered to be a vulnerable group; work needs to be done to consider how services are best meeting the needs of this group (JSNA, 2011). One provider identified three service users to be transgender; other services need to improve data collection of transgender status to ensure services are inclusive.</p> <p>Voluntary and Community Sector Support Services 70% of people accessing training at the Local Infrastructure Organisation were women. Of the 5115 reporting their gender, 47% of people accessing the Volunteer Service (volunteers/service users) were men and 52% were women, one person self defined as transgender.</p> <p>Conclusion</p> <ul style="list-style-type: none"> • Services with the same level of funding will mean that gender groups can continue to access services • Where changes are proposed, gender groups are expected to be equally provided for
Age		<p>Generalist Advice, Enhanced Welfare Benefit advice and Hate Crime and Hate Incident support Barking and Dagenham has a relatively young population compared to the UK population with a higher proportion of people aged 0-14 and 25-39 years. For those aged 45 years and older there is a much lower proportion than the UK average, up to the age of 90+ where the borough then has a similar level to the national average (table 5).</p> <p>As discussed above, the age of those currently receiving a social service is higher than the general population of the borough. Table 6 shows that 18% are between the age of 18 and 44, 21% between 45 and 64 and 61% are over 65. Currently 12% of service users are 90 years or older, which is the group with some of the highest level of need.</p> <p>GLA population projections (table 7) suggest that over the next 10 years the number of younger adults (40 to 54) will dramatically increase. For those over 65, the numbers are predicted to change less dramatically with a small increase in those 65 to 74, balanced by a decrease in those 80 to 89.</p> <p>From the date, referral pathways and awareness of services for younger people may need to be</p>

		<p>improved. The majority of people asking an organisation for contact with people with learning disabilities (table 17) were between 31 - 45 (34%).</p> <p>Currently, 891 people aged 66-75 have accessed information and advice services (from service data included), although this accounts for 19% of the reported users and is the second largest group accessing these services even with the number of people over 75 (a further 55 individuals) this is far from the number of older people in the borough where 61% of service users are over 65. There is no-one over the age of 90 reported to have received support in the last year despite 12% of service users being in this age bracket. Relying on online information and advice is also not always inclusive of some client groups, such as older people.</p> <p>Voluntary and Community Sector Support Services 71% of the groups that the Community Accountancy Project worked with from 2011 - 2012 represent at least one of the protected characteristics. Between 2010 – 2011 58 groups received support , of these 13 stated they were youth/children focused.</p> <p>45% of people accessing the Volunteer Service are over 60, this is 2370 older people being involved in Volunteer Services (volunteers or service users) which is a high number of older people. 30% of people using the service are between 40 – 60, 17% were between 20 – 39 and 7% below 20 which is low.</p> <p>Conclusion</p> <ul style="list-style-type: none"> • The restructuring of services will benefit older people as there is currently no support services specifically for this group • The generalist/welfare support service will provide for all ages, this coordination will help to ensure equal provision
Disability		<p>Generalist Advice, Enhanced Welfare Benefit advice and Hate Crime and Hate Incident support According to PANSI data (table 9) of the local population between the ages of 18 and 64, 2% have a learning disability, 10% a mental health problem and 1% a serious physical disability. For those over 65 POPPI (table 10) suggests than less than 1% have a learning disability and less than 1% of people over 75 have a registerable eye condition. The proportion of those over 65 with dementia is 1%, those unable to manage one activity on their own 2% and those with a moderate or severe hearing impairment 5%. The JSNA (2011) details that the number of people with a learning disability will increase; many most likely to require reasonable adjustments to be made by services, few will need care packages.</p> <p>For those currently receiving a service 5% are listed as having dementia, 7% as having a learning</p>

disability, 4% have a mental health problem, 15% frail or temporary illness and 56% listed as having a physical or sensory disability. Those with a physical or sensory disability seem to be particularly high compared to other disabilities, but this can be explained by people who require a piece of equipment are listed on the social care database as receiving a service.

Service user disability monitoring data provided by the providers is limited (table 11).

The largest identified need is that of people with a physical and/or sensory impairment which accounts for 28% of the recorded disabilities. This is not as high as the proportion of people with a physical and/or sensory disability in the service user population yet this does not include data from DIAL who primarily work with people with a physical disability.

Mental health service users are provided for through the IMCA and IMHA services which account for 6.5% of the recorded services users. People with a mental health problem accessing services is higher than the population of people with a mental health problems in the service user population (4%) showing that these services are accessible.

Information from an organisation supporting people with a learning disability shows that there have been 1532 cases of support have been from April – October 2012 (tables 16 – 18).

No service identified any service users with dementia, from discussions with providers this is usually included within the mental health category.

Voluntary and Community Sector Support Services

About 30% of the volunteers and service users of the Volunteering Service reported having a disability. Of these, 45% reported restricted mobility, 15% have a learning disability and 14% are wheelchair users. 71% of the groups that the Community Accountancy Project worked with from 2011 - 2012 represent at least one of the protected characteristics. Between 2010 – 2011 58 groups received support, of those who responded six reported a health problem and/or disability

Conclusion

- Loss of Local Infrastructure funding will mean reduced capacity for support for the voluntary sector
- The functions of the Volunteer Centre and the Community Accountancy project will remain the same
- Demand for welfare benefit support and advice is expected to increase

Sexual Orientation	<p>No much information about this characteristics</p> <p>Generalist Advice, Enhanced Welfare Benefit advice and Hate Crime and Hate Incident support An estimated 5 - 7% of the UK population identify themselves as lesbian, gay, bisexual or transgender (LGBT) which is around 10,000 individuals in Barking and Dagenham (JSNA 2010). A Needs Assessment was recently completed and the literature review identified that LGBT people as experiencing barriers to services due to the impact of discrimination and stigma. Specifically, a lack of visibility of LGBT issues in service literature was a barrier to access. Also, the JSNA (2011) identified that there is no support/advice service for LGBT individuals who have experienced hate crime.</p> <p>As expected the majority of people accessing advice services are heterosexual (85.4%) with 3.9% identifying as lesbian, gay or bisexual (table 12). Although 3.9% is a lot lower than the 5-7% of LGBT population of the borough this does not include transgender people (three known to the service included) and is underrepresented due to the lack of data collected by services. There is no data available about the sexual orientation of service users.</p> <p>Voluntary and Community Sector Support Services Of the 2988 people accessing the Volunteering Services (as a volunteer or service user) 2.5% (75 people) reported to be gay, lesbian or bisexual.</p>
Religion and belief	<p>Generalist Advice, Enhanced Welfare Benefit advice and Hate Crime and Hate Incident support The census information gives the percentages of people that follow various religions in the borough (table 13). The percentages are mirrored almost exactly by the percentages for current social care users. Christianity is the most popular with 69% amongst both groups. The only difference is the number of people stating they do not believe in a religion, 15% in the borough, compared to 8% of social care users.</p> <p>Only two services collect information about their service users religion and belief (table 14). No-one identified as having no religion and a similar rate of service users (13.6%) as service users (14.1%) do not have a religion recorded, this is higher than in the borough population (8.4%). The advice service users identified religion and belief is similar to the borough and service user profiles, however there are a much larger proportion of people identifying as Muslim accessing services; 9.4% (29 individuals) compared to around 4% of the borough in general and service users.</p> <p>Voluntary and Community Sector Support Services Barking and Dagenham CVS's State of the Sector report in 2010 identified that the most significant change was the proportion of charities in the borough citing religious activities as one of their objects, up</p>

		<p>from 35% in 2005 to 45% in 2010. 66% of the groups accessing the Local Infrastructure Organisation's training defined themselves as Christians and 15% as Muslim.</p> <p>Of the 5563 service users and volunteers reporting their religious beliefs, the main faith groups were Christian (58%), Muslim (18%) and other (14%).</p> <p>71% of the groups that the Community Accountancy Project worked with from 2011 - 2012 represent at least one of the protected characteristics. Between 2010 – 2011 58 groups received support 4 detailed themselves as faith/religious.</p>
	Pregnant and Nursing Mothers	<p>The need for maternity services and care of the new borns is changing rapidly in Barking and Dagenham.</p> <p>This is reflected in the increasing numbers of live births in the Borough which have risen every year since 2001. The annual number of live births increased by 40% between 2003 and 2008 (from 2,594 to 3,619) (JSNA, 2010). Between 2008 and 2009 the increase was very slight, with only 5 additional births, but in 2010 there were 105 more births than in 2009, which suggests a slowing in the trend of increase rather than a complete change in trend. Births to Barking and Dagenham residents have increased at a faster rate than those to residents of the neighbouring borough (JSNA, 2011).</p> <p>The increase in the number of babies born to mothers resident in Barking and Dagenham is a result of babies being born to women who were born outside the UK. The number of babies born to women born outside the UK increased by 75% in 2009 compared with 2004, while the number born to women born within the UK is virtually unchanged (JSNA, 2011)</p> <p>In 2010 there were 3729 births to residents in the borough, and figures for the year up to September 2010 show that 73% of pregnant women had booked by 12 weeks of pregnancy compared to 61% in London as a whole and 66% in England. The UK has one of the lowest rates of breastfeeding worldwide, especially among families from disadvantaged groups and particularly among disadvantaged white young families (JSNA, 2011).</p> <p>Pregnant and nursing mothers are not currently recorded on the social care database. None of the providers collect information about the pregnant and/or nursing mother status of their service users.</p>
	Socio economic	<p>Changes to benefits and welfare reforms will impact the support needs of people in the borough.</p> <p>There is limited data collected by the services for this characteristic.</p>

	<p>The generalist advice service has provided for 5,476 unique clients (Target 5,616). Of these 86.5% (Target 50%) came from the identified priority groups. Low income clients represent at least 48% of the total.</p> <p>The welfare benefit support delivered in Children's Centres reduces the number of families living in poverty and increases household income.</p> <p>There is a high demand for benefit and welfare support in the borough. Caring may cause financial hardship.</p>									
You may also wish to consider Carers	N/A									
Other	The traveller community also need to be considered. It is estimated that there are 250 – 350 permanent and semi-permanent residents who are Gypsy, Roma and Travellers (JSNA 2010).									
2.	Based on the evidence gathered have you identified any potential differential impact for any of the equality groups? Step 2. What are the potential access issues or barriers for people in each of the equality groups									
	<table border="1"> <thead> <tr> <th></th> <th>Positive</th> <th>Negative</th> </tr> </thead> <tbody> <tr> <td>Ethnicity</td> <td> <p>A large proportion of current advice service users are from a minority group which shows that services are accessible to these individuals.</p> <p>The Local Infrastructure Organisation will aim to maintain engagement with BAMER groups.</p> </td> <td>Number of BAME people in the borough is increasing; needs to be reflected in available services. People whose first language is not English and require a translator. Collecting data that reflects the changing demographics of the borough (e.g. increase in Portuguese and Lithuanian populations).</td> </tr> <tr> <td>Gender (including transgender)</td> <td> <p>The proportion of males accessing advice services reflects borough demographics rather than service users showing that men are able to access services.</p> <p>There is also documented information of transgender individuals accessing services in the borough.</p> </td> <td>Need to ensure equal access is maintained</td> </tr> </tbody> </table>		Positive	Negative	Ethnicity	<p>A large proportion of current advice service users are from a minority group which shows that services are accessible to these individuals.</p> <p>The Local Infrastructure Organisation will aim to maintain engagement with BAMER groups.</p>	Number of BAME people in the borough is increasing; needs to be reflected in available services. People whose first language is not English and require a translator. Collecting data that reflects the changing demographics of the borough (e.g. increase in Portuguese and Lithuanian populations).	Gender (including transgender)	<p>The proportion of males accessing advice services reflects borough demographics rather than service users showing that men are able to access services.</p> <p>There is also documented information of transgender individuals accessing services in the borough.</p>	Need to ensure equal access is maintained
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Disability	<p>Provision for people with a mental health problem, this will continue due to separate, specialised service.</p> <p>Retender offers the opportunity to redistribute funding to provide more equally for client groups.</p>	Relying on online information and advice services such as for profoundly deaf sign language users. Translation needs of people with a sensory impairment. Assuming physical disability can be categorised with sensory impairment.
Age	<p>There is a good number of adults aged 36 – 45 receiving advice services.</p> <p>Support services for older people will be improved.</p> <p>Funding maintained for Volunteer Service will allow continuation of engagement with older people.</p>	Relying on online information and advice services may be a barrier for older people who are less likely to be computer literate.
Religion and Belief	Although limited data is available, current services have good engagement with the Muslim community.	Reduction in Local Infrastructure Organisation support
Sexual Orientation	Although limited data is available, current services are in contact with a proportion of the LGBT community.	
Pregnant and nursing mothers	Not sufficient data collected	Not sufficient data collected
Socio economic	Generalist Advice and Welfare Benefits service provided in the borough to ensure that the maximum capacity is being provided for the cash envelope	
You may also wish to consider Carers	Offered to all carers	
<p>Is the differential impact as a result of indirect or direct discrimination? No differential impact resulting from resources</p> <p>Can any differential impact be justified or proportionate in meeting a legitimate aim if yes please provide details</p>		

4. Promoting Equality

1.	<p>What has been done to promote equality in this piece of work? This includes any measures you've put in place to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improve the accessibility of your service <input type="checkbox"/> Improve the quality of outcomes for people from different groups <input type="checkbox"/> Make your service/policy/strategy more inclusive <input type="checkbox"/> Ensure staff are trained appropriately <input type="checkbox"/> Promote community cohesion or good relationships between different groups of people. <p>(Think about physical access, communications needs, staff awareness, partnership working)</p>										
	<table border="1"> <tr> <td data-bbox="309 443 779 483">Ethnicity</td> <td data-bbox="779 443 1986 1366" rowspan="9"> <p>Generalist Advice, Enhanced Welfare Benefit advice and Hate Crime and Hate Incident support</p> <p>The remodelling of the advice contracts will improve the equality of these services – to be able to provide a more coordinated service throughout the borough.</p> <p>The demand for welfare benefit support and advice is expected to increase. The combination of the Community Legal Advice Centre and the Race Equality Project with welfare benefit support for vulnerable adults will improve the coordination of these services, reduce duplication, improve monitoring (to ensure equal access) and is necessary within the funding environment to ensure the best quality and capacity is delivered. These services will continue to bring income into the borough.</p> <p>Voluntary and Community Sector Support Services</p> <p>The reduced funding for the Local Infrastructure Organisation's work to accommodate and support the current equalities fora would become either very different or not possible. By retaining the Local Infrastructure Organisation function, the current fora would be able to use the Local Infrastructure Organisation to support them in identifying possible other sources of funding and finding sustainability. The Local Infrastructure Organisation would be able to continue to provide training, support and advice to local BAME organisations and people in particular although with the reduction in funding to the LIO the support available would be less.</p> </td> </tr> <tr> <td data-bbox="309 483 779 523">Gender</td> </tr> <tr> <td data-bbox="309 523 779 563">Disability</td> </tr> <tr> <td data-bbox="309 563 779 603">Age</td> </tr> <tr> <td data-bbox="309 603 779 643">Religion and belief</td> </tr> <tr> <td data-bbox="309 643 779 683">Sexual orientation</td> </tr> <tr> <td data-bbox="309 683 779 722">Socio economic</td> </tr> <tr> <td data-bbox="309 722 779 762">Pregnant and Nursing Mothers</td> </tr> <tr> <td data-bbox="309 762 779 1366">You may also wish to consider Carers</td> </tr> </table>	Ethnicity	<p>Generalist Advice, Enhanced Welfare Benefit advice and Hate Crime and Hate Incident support</p> <p>The remodelling of the advice contracts will improve the equality of these services – to be able to provide a more coordinated service throughout the borough.</p> <p>The demand for welfare benefit support and advice is expected to increase. The combination of the Community Legal Advice Centre and the Race Equality Project with welfare benefit support for vulnerable adults will improve the coordination of these services, reduce duplication, improve monitoring (to ensure equal access) and is necessary within the funding environment to ensure the best quality and capacity is delivered. These services will continue to bring income into the borough.</p> <p>Voluntary and Community Sector Support Services</p> <p>The reduced funding for the Local Infrastructure Organisation's work to accommodate and support the current equalities fora would become either very different or not possible. By retaining the Local Infrastructure Organisation function, the current fora would be able to use the Local Infrastructure Organisation to support them in identifying possible other sources of funding and finding sustainability. The Local Infrastructure Organisation would be able to continue to provide training, support and advice to local BAME organisations and people in particular although with the reduction in funding to the LIO the support available would be less.</p>	Gender	Disability	Age	Religion and belief	Sexual orientation	Socio economic	Pregnant and Nursing Mothers	You may also wish to consider Carers
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You may also wish to consider Carers											

		<p>Demand for the Local Infrastructure Organisation's services may increase as organisations cannot access informal support through the equalities fora. The Voluntary Sector Forum would be the only formal point of engagement for equalities groups in the borough.</p> <p>The Volunteer Service engages with a lot of older people, people with a disability as well as members of the LGBT community. As the funding for this service is being maintained this engagement will continue. There needs to be better engagement and support for members of the BAMER communities by this service. The majority of people engaging with the Community Accountancy Project fall within the protected characteristics, this engagement will also be maintained.</p> <p>Although the Volunteer Service and the Community Accountancy Project will be maintained, the contracts are included within the Local Infrastructure Service and therefore, although savings will be made, it needs to be ensured that delivery and quality continue although this is reduced.</p> <p>The service specifications will outline the workforce skills, experience and training required to meet the needs of the borough and promote equality; picking up any concerns from this EIA.</p> <p>The specification, and followed up through monitoring, will outline outreach work, advertising/promoting the service and engagement work partner agencies to improve referrals to the service.</p>
2.	What further actions are required? please ensure that these are	To be included in action plan below.
3.	How have you consulted on this Equality Impact Assessment? Contact with current service providers.	<p>Generalist Advice, Enhanced Welfare Benefit advice and Hate Crime and Hate Incident support</p> <ul style="list-style-type: none"> • Monitoring data from advice and volunteer support services in the borough, including discussions with providers • Consultation with current providers: workshop held with 17 providers on 14 October 2011, visits to organisations (currently visited five organisations) and discussions with other providers (such as libraries) • Consultation with service users: discussion with two HUBB service users 20 October 2011 • Service user consultation with a range of current service users of services: further consultation on

	<p>specification/service planned with mental health service users and older people</p> <ul style="list-style-type: none"> • Further discussion with BAME organisations <p>Voluntary and Community Sector Support Services</p> <ul style="list-style-type: none"> • The current themes of the Corporate Grants and Commissioning Programme were set following the Grants Review 2010, which was based on a substantial consultation. The meeting of the Voluntary Sector Forum on 16 July 2012 discussed the options provided. Organisations requested that the cuts be considered with the other budget savings proposals in the autumn of 2012 and the timetable was adjusted accordingly with the response deadline being extended until 30 November 2012. • At the Safer and Stronger Community Select Committee on 31 October 2012, the Voluntary and Community Sector lobbied for additional savings of £10,000 from London Councils to be retained within the budget. Councillor Gill and Members recommended to Cabinet that the budget amount be increased by £10,000. The Safer and Stronger Community Select Committee further recommended that the additional £10,000 be added to the funding for a generalist advice service. • The Council was presented with a petition containing 285 signatures from 232 separate addresses in the borough (including 9 key voluntary sector locations) requesting that the Council reject the proposed cuts to the voluntary sector. This was heard at the Assembly meeting on the 5 December 2012.
4.	<p>How will the outcomes from this EIA be managed and monitored - all of the proposed equality outcome should be managed through the service plans</p> <p>The outcomes from this EIA will be managed by the Adult Commissioning team (see action plan below)</p>

Action plan template

This template is to help you make an action plan. You might want to consider the following categories

Improving Involvement and Consultation. Improving data collection and evidence, Improving Assessment and analysis of information. Developing procurement and partnerships arrangements to include equality objectives and targets within all aspects of the process (including monitoring of the contract / commission)

Improvement Required	Priority	Key Actions	Timescale	Outputs demonstrating progress	Resources	Outcome	Lead
Improved Monitoring - improve	High	Improve monitoring – to be outlined in specification/contract	In time for retender/start service	Monitoring	ACS and new service provider	Awareness of number of people accessing	Adult Commissioning

consistency around ethnicity reporting, as well as the collection of some characteristics (such as sexual orientation) (for all contracts)		Also, ensure eligibility criteria is understood by all stakeholders				services and act on information where necessary to ensure that access and provision is available to protected characteristics	
Less ability to identify and engage with new equality groups and representatives		Develop the Council's online consultation tool to provide a channel for consulting with individuals and groups representing each of the equalities characteristics	July 2013		Existing facility	Ongoing engagement with representatives from each group in Council consultations Capture of contact details of new and emerging organisations	Group Manager – Policy and Performance
Maintain good practice and engagement with priority voluntary groups and individuals	High	With the reduction in funding to some services and the inclusion of services (such as the race Equality Project) within bigger commissions it is vital that exit strategy, and handover are managed appropriately Also managing adverse impacts of changes in services	Start of new contracts	Services, access, monitoring	ACS and new service provider	To continue good engagement and to maintain trust and good relationships with people from priority communities Effective signposting and information provided	Adult Commissioning
Investment in client	High	Improved monitoring,	Start of	Services	ACS and new	Improved	Adult

groups accessing services		assessment and coordination will ensure that services are provided equally, on a needs basis Specifications to include workforce details to meet needs of different communities	new contracts		service provider	coordination of and access by groups previously excluded e.g. older people	Commissioning
Welfare benefit changes impacting all residents especially people who are disabled and from a low socio economic group. Demand for welfare benefit support is also expected to increase	High	Pooling budget for services supported people with welfare benefit, legal aid issues is the best use of available funding to provide the maximum capacity	Start of new contracts	Services	ACS and new service provider	Ensure boroughs most vulnerable are provided for Duplication will reduce and monitoring will be improved	Adult Commissioning
Weakening of accountancy and financial advice to voluntary and community sector organisations in the borough.		Whilst combining the service within a larger contract could pose a risk to the quality of the service, this would be mitigated by ensuring that that new commission included clear targets and a requirement for a quality system to be used.	April 2013				Group Manager – Adult Commissioning
Engaging hard to reach communities (all services –	High	Ensure engagement is being made with all groups including	Ongoing	Service	ACS and new service provider	Groups and individuals will be aware of the	Adult Commissioning

voluntary groups and individuals)		outreach work Ensure social media techniques are being used to maximise public visibility of services			External training Businesses	available services	
Loss of contact details of equality groups and representatives		Council to maintain database of groups and individuals interested in engaging in future consultations and discussions.	Ongoing		Existing resources	Future consultations can be sent electronically to interested parties, and the consultation tool kept up to date	Group Manager – Policy and Performance

Summary

Please provide a summary document / storyboard of the findings of your EIA (including best practice what we do well, our challenges , our opportunities and what we planned to do This will be used for publication on the internet

Background

It is proposed to tender for two new services which combine a number of functions and current contracts in order to ensure that the Council obtains best value for money and that robust services can be delivered within a reduced cost envelope .These services are:

- The Voluntary and Community Sector Support Service
- Advice, Case Work and Enhanced Welfare Benefits Service

Broad consultation on the current services providing the functions above has been conducted.

What was found

Ethnicity

There is currently a good level of engagement with people from Black, Asian, Minority Ethnic and Refugee (BAMER) communities. The reduced funding for Local Infrastructure Organisation will mean there will be less capacity to engage with and provide support to these groups. There are currently a good number of BAMER individuals accessing advice support as well as generic advice and welfare benefit support.

The Volunteer service, Race Equality Project and Community Accountancy Projects will be maintained so will be able to continue engaging with these groups. However, the services will be included in larger commissions so it needs to be ensured that quality is maintained.

Gender (including transgender)

Overall, advice services are equally accessed by males and females. Six out of ten services accessed more by females than males which may be expected as there are more female service users in the borough. Three people identifying as transgender have accessed advice services showing accessibility. No impact identified, equal accessed expected to continue.

Age

There is variation in the way age is recorded by services.

IMCA services are accessible from 16 years old yet no-one of this age is recorded as using the service, therefore this needs to be made clear to referral agencies and ensure the service is accessible.

Low numbers of 18-24 year olds access advice services, mainly accessed by middle aged adults (36-45 years old) which reflects the number of services available to this group. There is currently no specific support for older people which is reflected by no-one over 90 accessing advice despite the large number of service users over 90.

The pooling of budgets will mean that there will be capacity for older people to access a service. The Generalist Advice service will work with all individuals and monitor take up by different age groups.

Disability

The disability data is limited which calls for improved monitoring (such as some services do not record this at all and for others).

The demand for welfare benefit support is expected to increase due to the changes to the benefit systems affecting disabled people. A significant level of funding will remain so that the Generalist Advice and Welfare Benefit Service are able to provide a substantive service and the maximum capacity within the cost envelope.

Loss of Local Infrastructure funding will mean reduced capacity for support for the voluntary sector. The functions of the Volunteer Service and the Community Accountancy project will remain the same, the Volunteer Service is mainly accessed by people who have a mobility problem.

Religion and belief

Although data is limited, the profile of services users is similar to that of the borough and service users. However, there are no people identifying as having no religion and more people identifying as Muslim accessing advice.

Sexual Orientation

The number of gay, lesbian and bisexual people in contact with the Volunteer Service is positive, this is hoped to continue due to the maintained level of funding. Full impact unknown due to limited data.

Maternity and nursing mothers

The number of births increasing in the borough. No data is collected of service user population or of service users for this category.

Social class

Changes to benefits and welfare reforms will impact the advice needs of people in the borough. There is limited data collected by the services for this characteristic. The generalist advice service has provided for 5,476 unique clients (Target 5,616). Of these 86.5% (Target 50%) came from the identified priority groups. Low income clients represent at least 48% of the total. The welfare benefit support delivered in Children's Centres reduces the number of families living in poverty and increases household income.

There is a high demand for benefit and welfare support in the borough. Caring may cause financial hardship.

What actions will be taken

- Service tender aims to improve investment in different client groups
- Improve monitoring of services – more consistent, accurate data needed for social class, maternity and nursing mothers, sexual orientation, traveller status, disabilities (including dementia separately recorded) and age categories
- Information around staff requirements, outreach work to promote the service and engage individuals, outcomes and monitoring
- Targeted outreach
- Specification for service to include workforce skills, experience and training to meet the needs of service users/organisations needing support and promote equality
- Develop the Council's online consultation tool to provide a channel for consulting with individuals and groups representing each of the equalities characteristics

- Council to maintain database of groups and individuals interested in engaging in future consultations and discussions.

Many of the current short falls will be addressed by the current retender, other actions will be picked up by Adult Commissioning, Policy and Performance and Service Review Officers.

Appendix

Table 1: GLA ethnic group population projections, London Boroughs, 2011

	2011	Percentage	2031	Percentage
All Ethnicities	177,400		237,600	
White	121,400	68%	133,500	56%
Black Caribbean	6,100	3%	10,500	4%
Black African	20,800	12%	39,000	16%
Black Other	6,300	4%	12,700	5%
Indian	6,000	3%	9,800	4%
Pakistani	5,600	3%	9,900	4%
Bangladeshi	1,900	1%	3,800	2%
Other Asian	2,800	2%	4,800	2%
Chinese	2,800	2%	6,400	3%
Other	3,800	2%	7,200	3%

Table 2: Ethnicity breakdown for advice service users

Ethnicity	Black (British, African, Caribbean, Nigerian, other)	White (British, Cypriot, English, Irish, Welsh, Other European)	Asian (inc. Asian British, Indian, Punjabi, Other Asian)	Mixed (any other backgro und white/ot her)	Any other	Not recorded	Total
IMHA	35	94	11	1	1	8	150
IMCA	25	78	4		2	22	131
DABD (UK)	143	714	113	69	21		1060
CLAC	2147	2886	759	403	308	296	6799
ILA	48	171	48	6			273
DIAL	203	2281	200				2684
Refuge	22	61	20	7	1	70	181
Positive East	141	13	1			2	157
Carers B&D	392	1720	166	45	255	65	2643
Total	3156	8018	1322	531	588	463	14056
Percentage	22.5	57	9.4	3.8	4.2	3.3	100

Table 3: GLA population projections, 2010, age and gender breakdown

Age	Males	Females	Persons
0 - 4	8,554	8,140	16,694
5 - 9	6,184	5,929	12,113
10 - 14	5,670	5,574	11,244
15 - 19	5,839	5,685	11,524
20 - 24	5,798	5,677	11,476
25 - 29	6,865	7,313	14,178
30 - 34	7,071	7,522	14,593
35 - 39	6,733	6,945	13,679
40 - 44	6,736	6,947	13,683
45 - 49	5,946	6,448	12,394
50 - 54	5,080	5,108	10,188
55 - 59	3,968	4,132	8,101
60 - 64	3,809	3,850	7,659
65 - 69	2,692	3,049	5,740
70 - 74	2,127	2,532	4,658
75 - 79	1,700	2,369	4,069
80 - 84	1,259	2,242	3,501
85 - 89	767	1,680	2,447
90 +	468	961	1,428
Total	87,267	92,103	179,370
Percentage	49	51	100

Table 4: Gender breakdown of advice service users

Gender	Female	Male	Transgender	Not recorded	Total
IMHA	77	73			150
IMCA	74	57			131
DABD (UK)	701	356	3		1060
CLAC	3567	3190		42	6799
ILA	172	101			273
DIAL	1529	1151		4	2684
Refuge	78				78
Positive East	104	53			157
Carers B&D	676	1778		189	2643
Total	6978	6759	3	235	10456
Percentage	50	48	< 1	1.7	100

Table 5: Office of National Statistics mid-year estimate 2009, age breakdown of borough population.

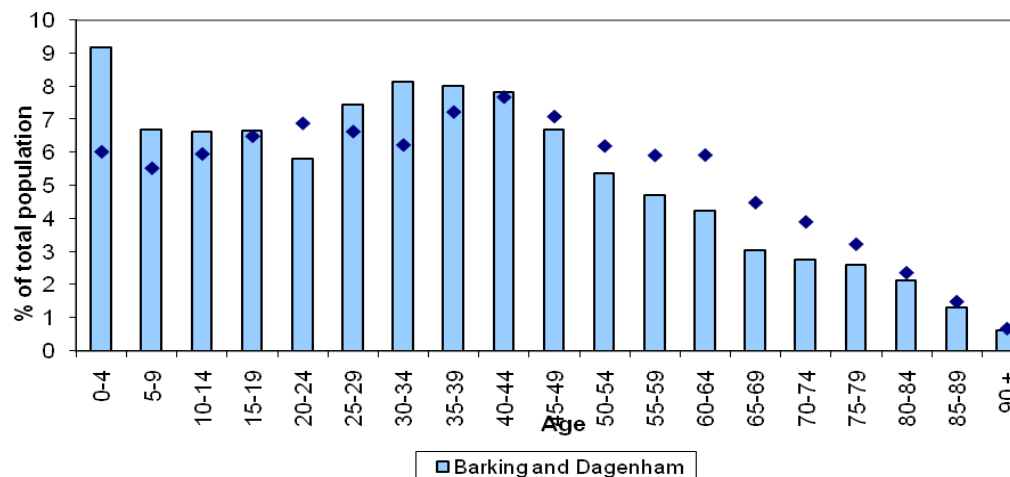


Table 6: Age breakdown of service users

Current SU Age Profile

18-44	837	17.5%
45-64	1020	21.3%
65-90	2338	48.8%
90+	592	12.4%
	4787	100.0%

Table 7: GLA Population Projections

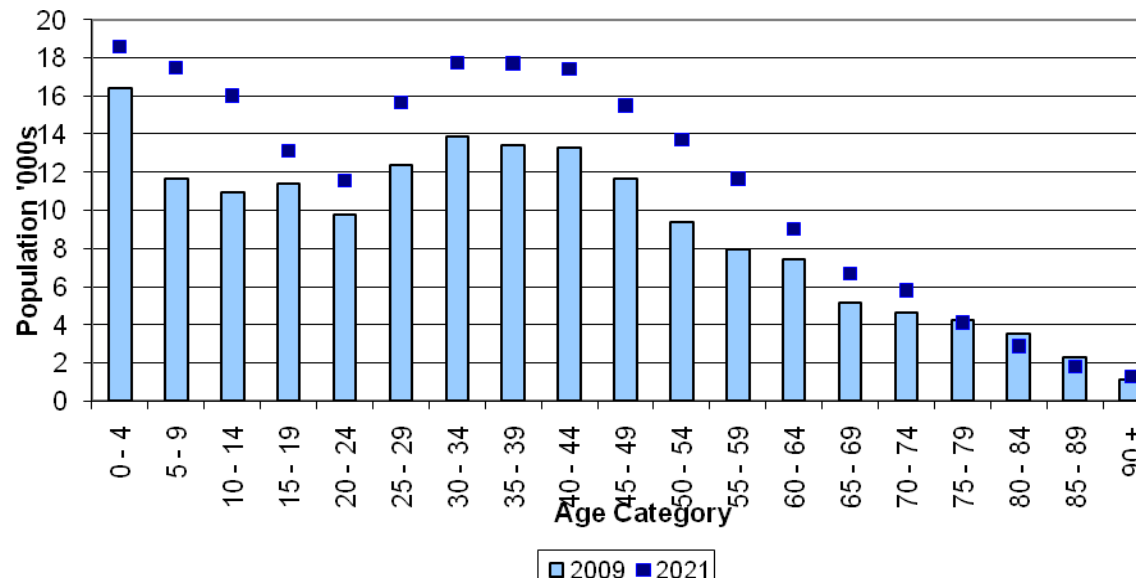


Table 8: Age breakdown of advice service user

Age	Under 18	18-25	26 - 35	36 - 45	46 - 55	56 - 65	66 - 75	76 - 85	86 - 95	96+	Not recorded	Total
IMHA		17	55	65	8						5	150
IMCA		5	15	18	16	10	20	24	10		13	131
DABD(UK)	742					318						1060
CLAC	0 – 16 11	17-24 655	25-34 1693	35-49 2670	50-64 1179	65-200 312					279	6799
ILA		28	32	48	52	72	12	8	12		9	273
DIAL	71		194	1159		400	857				3	2684
Refuge	16-25 25		22	12	4	0	66+ 1				14	78
Positive East	0-19 13		20-34 46	35-44 58	45 – 65 34		65-74 1				5	157
Carers B&D	101	18-64 888				65-74 387		75+ 163			1104	2643
Total (inconsistent reporting therefore totals not given)												

Table 9: Client group populations for 18 – 64 year olds and predictions (PANSI data)

	2010	2015	2020	2025	2030
Barking and Dagenham: Total population aged 18-64 predicted to have a learning disability	2,616	2,707	2,781	2,871	2,955
Barking and Dagenham: People aged 18-64 predicted to have a common mental disorder	17,285	17,886	18,386	18,947	19,541
Total population aged 18-64 predicted to have a serious physical disability	2,100	2,160	2,288	2,403	2,451

Table 10: Client group populations for 65 year olds and over and predictions (POPPI data)

	2010	2015	2020	2025	2030
Barking and Dagenham population aged 65 and over predicted to have dementia	1,566	1,541	1,539	1,593	1,705
Barking and Dagenham population aged 65 and over predicted to have a moderate or severe hearing impairment	8,949	8,636	8,442	8,921	9,435
Barking and Dagenham population aged 65 and over predicted to have a learning disability	400	395	393	413	455
Barking and Dagenham: Total population aged 65 and over unable to manage at least one activity on their own	3,942	3,805	3,756	3,885	4,158
Barking and Dagenham: People aged 75 and over predicted to have registrable eye conditions	666	621	589	640	659

Table 11: Client group breakdown of advice service users

Client group	Dementia	Frality/temporary illness	Learning disability	Mental health	Physical/Sensory Impairment	Vulnerable people	Other	Not recorded	Total
IMHA				150					150
IMCA				131					131
DABD (UK)			170	127	591		172		1060
CLAC				83	1234	188	4424	870	6799
ILA					273				273
DIAL								X	
Refuge								X	
Positive East							157 (HIV)		
Carers B&D								X	
Total			170	491	2098	188	4596		7593 (recorded)
Percentage			2.3	6.5	27.6	2.5	60.5		100

Table 12: Sexual orientation breakdown of advice service users

Sexual orientation	Bisexual	Gay	Heterosexual	Lesbian	Not recorded	Total
IMHA	1		123		26	150
IMCA					X	
DABD (UK)					X	
CLAC					X	
ILA		12	257	4		273
DIAL					X	
Refuge			138	1	42	181
Positive East	1	10	132	0	14	157
Carers B&D					X	
Total	2	22	650	5	82	761
Percentage	0.3	2.9	85.4	0.7	11	100

Table 13: Religion and belief breakdown for service users and all borough residents

Religion and Belief	Borough profile: number of service users	Borough profile: all residents
Christian	3277 (68.5%)	69%
Buddhist	4 (0.1%)	0.2%
Hindu	32 (0.7%)	1.1%
Jewish	23 (0.5%)	0.3%
Muslim	195 (4.1%)	4.4%
Sikh	38 (0.8%)	1.1%
Other	143 (3%)	0.2%
No religion	399 (8.3%)	15.3%
Religion not stated	676 (14.1%)	8.4%
Total	4787	100%

Table 14: Religion and belief breakdown for advice service users

Religion or belief	No religion	Christian	Buddhist	Muslim	Hindu	Jewish	Sikh	Other	Not recorded	Total
IMHA		108	2	16					24	150
IMCA									X	
DABD (UK)									X	
CLAC									X	
ILA									X	
DIAL									X	
Refuge									X	
Positive East		86	1	13	1	0	0	38	18	157
Carers B&D									x	
Total		194	3	29	1	0	0	38	42	307
Percentage		63.2	> 1	9.4	> 1	0	0	12.4	13.6	100

Table 15: Social economic status breakdown for Positive East advice service users

Social economic status	Employed full time	Employed part time	Receiving benefits	Social service support	Nass Support	Self employed	Student	No income	Not recorded
Positive East	10	10	47	9	9	2	3	64	3
Percentage	6.3	6.3	29.9	5.7	5.7	1.2	1.9	40.7	1.9

Table 16 - 18: Monitoring data from Mencap/Pact April – October 2012

16	Gender	Cases
	Male	863
	Female	642
	Total	1532

17	Age	Cases
	16-18	0
	18-30	115
	31-45	528
	46-64	374
	65+	237
	Unknown	165
	Total	1419

18	Ethnicity	Cases
	White	1190
	Black	49
	Asian	22
	Mixed race	2
	Chinese	3
	Traveller	0
	Unknown	12
	Total	1278

Table 19 - 24: Monitoring data from Volunteer Bureau (volunteers and users)

19	Age	Cases
	Under 20	392
	20-39	917
	40-60	1581
	Over 60	2370
	Total	5260

20	Gender	Cases
	Male	2411
	Female	2703
	Transgender	1
	Total	5115

21	Ethnicity	Cases
	White	3974
	Black	816
	Asian	246
	Mixed race	33
	Other	3
	Total	5375

22

Disability	Cases
Visual	51
Speech	33
Wheelchair user	237
Mental health problem	153
Hearing	51
Restricted mobility	735
Learning disability	248
Other	131
Total	1639

23

Faith	Cases
Christian	3214
Muslim	1023
Sikh	114
Hindu	57
Jewish	79
Buddhist	8
None	271
Other	797
Total	5563

24

Sexual orientation	Cases
Heterosexual	2913
Gay	49
Lesbian	21
Bisexual	5
Total	2988