

Equality Impact Assessment - Local Emergency Support Service

Section 1: General information

- 1a) Name of the savings proposal:
Local Emergency Support Service
- 1b) Services Area:
Adult and Community Services
- 1c) Divisional Director:
Glynis Rogers
- 1d) Name and role of officer/s completing EIA:
Joe Gillam, Commissioning Manager - Market Development.

Section 2: Information about changes to the services

2a) In brief please explain the proposals and the reason for this change:

The Local Emergency Support Service (LESS) in Barking and Dagenham provides grants to residents in crisis for various reasons. Grants range from £40 for food or fuel through to vouchers for furniture for a new tenancy.

The Local Emergency Support Service is one of a range of options by which local residents can be supported in times of extreme hardship and need. Referrals are taken from Council frontline staff, the local voluntary sector and directly through the Citizen's Advice Bureau. In each case other emergency support services available are considered in conjunction with the referral.

Funding from Central Government has substantially reduced, and this EIA looks at the impact of a reduced scheme being funded by the Council.

The contract for the provision of the service is with Harmony House until the 30th September 2015. They are the lead organisation and have a sub-contractual relationship with the Barking and Dagenham Citizens Advice Bureau.

The Cabinet on 16 December 2014 asked for a further report in June 2015 on options for continuing the Local Emergency Support Service from 2015/16 following the confirmed removal of specific funding for the Local Welfare Provision by Central Government. The report will consider the future of the LESS given the reduction in funding, and its context within the myriad of schemes designed to support vulnerable people in the borough. The EIA is an appendix to the aforementioned June report which considers the options for funding and the associated implications for Barking and Dagenham residents.

2b) What are the equality implications of your proposals

This EIA is being conducted to consider the impact of a reduction of the fund, rather than a removal. The Council will continue to fund this service, up until September 2015 in a reduced way. However a reduction in funding will still impact on the most vulnerable.

The model currently delivered has sought to promote dignity rather than create dependence for residents facing financial hardship by providing grants and seeks through the CAB to direct residents to the most appropriate fund in their individual circumstances as well as signposting to debt advice, money management courses and encouraging the opening of a savings account with Liberty Credit Union.

Section 3. Equality Impact Assessment.

With reference to the analysis above, for each of the equality strands in the table below please record and evidence your conclusions around equality impact in relation to the savings proposal.

Race	Will the change in your policy/ service have an adverse impact on specific ethnic groups?																																							
<i>Identify the effect of the policy on different racial groups</i>	<p><i>Please describe the analysis and interpretation of the evidence to support your conclusion</i></p> <p>According to the 2011 Census just over half (50.5%) of the population in Barking and Dagenham are from Black and Minority Ethnic (BME) groups.¹ The largest single BME category in Barking and Dagenham is Black African at 15.4% of the population. The next largest is Other White (7.8%), followed by Pakistani (4.3%), Bangladeshi (4.1%) and Indian (4.0%). Black/Black British categories make up 20.0% of the population, and are the largest non-White group, followed by Asian/Asian British (15.9%).</p> <p>Service monitoring by ethnicity Apr 2014- March 2015</p> <table border="1"> <thead> <tr> <th>ETHNIC GROUP</th> <th>Total</th> <th>% of applications</th> </tr> </thead> <tbody> <tr> <td>Asian/Asian British: Bangladeshi</td> <td>65</td> <td>1.8</td> </tr> <tr> <td>Asian/Asian British: Chinese</td> <td>4</td> <td>0.1</td> </tr> <tr> <td>Asian/Asian British: Indian</td> <td>41</td> <td>1.2</td> </tr> <tr> <td>Asian/Asian British: Pakistani</td> <td>49</td> <td>1.5</td> </tr> <tr> <td>Asian/Asian British: Other Asian</td> <td>30</td> <td>0.9</td> </tr> <tr> <td>Black/African/Caribbean/Black British: African</td> <td>387</td> <td>9.2</td> </tr> <tr> <td>Black/African/Caribbean/Black British: Caribbean</td> <td>184</td> <td>4.4</td> </tr> <tr> <td>Black/African/Caribbean/Black British: Other Black</td> <td>37</td> <td>1.0</td> </tr> <tr> <td>Mixed/multiple ethnic groups: White and Asian</td> <td>5</td> <td>0.1</td> </tr> <tr> <td>Mixed/multiple ethnic groups: White and Black African</td> <td>53</td> <td>1.5</td> </tr> <tr> <td>Mixed/multiple ethnic groups: White and Black Caribbean</td> <td>208</td> <td>3.1</td> </tr> <tr> <td>Mixed/multiple ethnic groups: Other Mixed</td> <td>34</td> <td>1.1</td> </tr> </tbody> </table>	ETHNIC GROUP	Total	% of applications	Asian/Asian British: Bangladeshi	65	1.8	Asian/Asian British: Chinese	4	0.1	Asian/Asian British: Indian	41	1.2	Asian/Asian British: Pakistani	49	1.5	Asian/Asian British: Other Asian	30	0.9	Black/African/Caribbean/Black British: African	387	9.2	Black/African/Caribbean/Black British: Caribbean	184	4.4	Black/African/Caribbean/Black British: Other Black	37	1.0	Mixed/multiple ethnic groups: White and Asian	5	0.1	Mixed/multiple ethnic groups: White and Black African	53	1.5	Mixed/multiple ethnic groups: White and Black Caribbean	208	3.1	Mixed/multiple ethnic groups: Other Mixed	34	1.1
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¹ BME includes White Irish, Gypsy and Irish Traveller, and Other White categories

Other ethnic group: Arab	12	0.3
Other: Any other ethnic group	186	5.8
Traveller – Romany	3	0.1
Traveller - White Irish	5	0.2
White: English/Welsh/Scottish/Northern	2503	66.0
White Irish	12	0.4
White Other	67	1.5

The data for the service in the period above shows that the service is accessed by all groups within the community and is reflective of the proportional make up for each group. White, (English, Welsh, Scottish, Northern Irish, and British) and African (Black, African, Caribbean, Black, British) respectively make up 66 % and 16.3% of the individuals that accessed the service. This shows that based on population data there is a proportionately higher usage of the service by the White British community.

However, the service is accessed across by residents across the demographic profile of the borough and therefore a reduction in this service will therefore have a **negative impact** on the all ethnic groups, particularly African (Black, African, Caribbean, Black British).

Disability	Will the change in your policy/ service have an adverse impact on disabled people?							
	<i>Please describe the analysis and interpretation of the evidence to support your conclusion.</i>							
<i>Identify the effect of the policy on different disability groups</i>	<p>The 2011 census indicated that 30,460 people described themselves as having a long term health problem or disability which limits their day-to-day activities either a little (14,876) representing 8% of the population or a lot (15,584) representing 8.4% of the population.</p> <p>A snapshot from May 2014- March 2015 shows the breakdown of applicants in receipt of Disability Living Allowance, (DLA), or Personal Independence Payment (PIP).</p>							
	<table border="1"> <thead> <tr> <th></th> <th>% of applicants</th> </tr> </thead> <tbody> <tr> <td>Not working and not receiving DLA/PIP</td> <td>95.2</td> </tr> <tr> <td>Starting work</td> <td>0.5</td> </tr> <tr> <td>Not working and in receipt of DLA/PIP</td> <td>4.3</td> </tr> </tbody> </table> <p>The data in the table above shows that 4.23% of applicants in 2014 -15 were in receipt of DLA/PIP. This reflects the number of people that are claiming the DLA/PIP. However, it does not reflect the total number of people who described themselves as having a long term health problem</p>		% of applicants	Not working and not receiving DLA/PIP	95.2	Starting work	0.5	Not working and in receipt of DLA/PIP
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	<p>or disability, which limits their day-to-day activities.</p> <p>The provider estimates that the number of applicants who have approached the LESS may identify themselves as having a long term health problem or disability, which limits their day to day activities is around 50%. This would therefore mean that a higher proportion of people with disabilities have been supported by the service and therefore a reduction in the service would have a negative impact on people with disabilities.</p>
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<p>Gender</p> <p><i>Identify the effect of the policy on different gender(inc Trans) groups</i></p>	<p>Will the change in your policy/ service have an adverse impact on men or women?</p> <p><i>Please describe the analysis and interpretation of the evidence to support your conclusion</i></p> <p>The 2011 Census shows that 48.5% of the local population are male and 51.5% are female.</p> <p>The LESS data shows that between April 2014 –March 2015 the breakdown by gender of applicants is shown as:</p> <ul style="list-style-type: none"> • 49% male • 51% female <p>This is reflective of the population breakdown for the borough therefore there is no particular impact on the reduction of this service on gender.</p>
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<p>Sexual orientation</p> <p><i>Identify the effect of the policy on members of the LGB community</i></p>	<p>Will the change in your policy /service have an adverse impact on gay, lesbian or bisexual people?</p> <p><i>Please describe the analysis and interpretation of the evidence to support your conclusion</i></p> <p>There is no information LGB community requesting welfare support services as this is not monitored. However, as these services are available to all residents irrespective of their sexual orientation, it is anticipated that there will be negative impact in terms of sexual orientation on accessing financial support in an emergency.</p>
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<p>Religion and belief / those of no belief</p> <p><i>Identify the effect of the</i></p>	<p>Will the change in your policy /service have an adverse impact on people who practice a religion or belief?</p> <p><i>Please describe the analysis and interpretation of the evidence to support your conclusion</i></p> <p>According to the 2011 Census the people living in Barking and Dagenham identify themselves to be predominantly Christian (56.0%). Those with no</p>
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<i>policy on different religious and faith groups</i>	<p>religion make up 18.9% of the population and 13.7% are Muslim. The remaining 11.4% includes those who prefer not to say (6.4%), Hindu (2.4%), Sikh (1.6%), Buddhist (0.5%), other religions (0.3%) and Jewish (0.2%).</p> <p>There is no information regarding the religion or belief of people requesting emergency support , however given the demographic characteristics of the residents accessing the service and 81% of residents in the census stated they had a faith it is likely that there this service will have a negative impact on people with the full range of religions and beliefs locally.</p>
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<p>Age</p> <p><i>Identify the effect of the policy on different age groups</i></p>	<p>Will the change in your policy/ service have an adverse impact on specific age groups? <i>Please describe the analysis and interpretation of the evidence to support your conclusion</i></p> <p>There are 185,911 people living in Barking and Dagenham based on the latest population estimates, of whom 10.4% (19,321) are aged 65 plus.² Barking and Dagenham has the highest proportion of children aged 0 to 4 years and 0 to 14 years in England with one in four of the population under the age of 15, and one in ten under the age of five years.³</p> <p>The data for April 2014- March 2015 shows that the service is accessed by all age groups; however the age group with the largest number of applications are for 20-49 years old making up 78.3% of the applications.</p> <table border="1" data-bbox="445 1173 944 1464"> <thead> <tr> <th>Age</th> <th>LESS Applicants (%)</th> </tr> </thead> <tbody> <tr> <td>18-19</td> <td>2.8</td> </tr> <tr> <td>20-29</td> <td>29.4</td> </tr> <tr> <td>30-39</td> <td>28.1</td> </tr> <tr> <td>40-49</td> <td>20.7</td> </tr> <tr> <td>50-59</td> <td>14.5</td> </tr> <tr> <td>60+</td> <td>4.3</td> </tr> </tbody> </table> <p>The borough is among the four worst boroughs for half of the poverty indicators in the London Poverty Profile. Child poverty in the borough for 2013 runs at 30.2% as compared to Child Poverty for London of 23.5%.</p> <p>Working towards reducing child poverty is particularly important in Barking and Dagenham. Comparative assessments of neighbouring boroughs show that the child poverty figures for Havering (18.5%) and Redbridge (19.3%) are significantly lower when compared to Barking and Dagenham which is significantly higher at 30.2%.</p> <p>Although data is not collected on individual children the data for LESS shows</p>	Age	LESS Applicants (%)	18-19	2.8	20-29	29.4	30-39	28.1	40-49	20.7	50-59	14.5	60+	4.3
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² Mid-2012 Population Estimates (ONS, 2013)

³ Public Health Annual Report 2012

that there are:

- 34% of applicants with children
- 66% of applicants without children

Although there are more applicants without children, the numbers of applicants with children generally have more than one child and are supported with basic items such as furniture and white goods, when being accommodated. A reduction in this service will have a **negative impact on the children** of the borough.

Socio-economic

Identify the effect of the policy in relation to socio economic inequalities

Will the change in your policy /service have an adverse impact on people with low incomes?

Please describe the analysis and interpretation of the evidence to support your conclusion

The London Poverty profile demonstrates the heightened levels of deprivation in Barking and Dagenham.

Barking and Dagenham was the London borough hit hardest by the recession⁴. In the updated Index of Multiple Deprivation (2010), Barking and Dagenham continues to be in the bottom 7% of most deprived boroughs. In a population weighted ranking of its areas (LSOAs' rank of average rank), the borough is ranked 8th worst in England⁵

In Barking and Dagenham a total of 12,370 residents have been claiming out of work benefits for one year or more. This represents 10.4% of the working age population, compared to the London figure of 7.3%. Over the last 10 years the rate in the borough has consistently been at least 3% higher than the London figure. Almost 6,000 residents have been claiming for five years or more. More recently there has been a rise in people in work who are in poverty as wages are lower than the living wage.

When Barking and Dagenham is compared to other London boroughs across the series of indicators reported by the London Poverty Profile, it is amongst the worst four boroughs for 10 (almost half) of the indicators, this is summarised in the table below⁶: Further comparisons have been made with both Havering and Redbridge to give a local perspective. In all the comparisons Barking and Dagenham remains the borough with the highest percentage across all indicators.

Indicator	LBBB	London	Havering	Redbridge
Percentage of children in poverty (2012)	30.2	23.5	18.5	19.3
Modelled Percentage of unemployment (July 2013 – June 2014)	11.2	7.4	6.4	7.7
Percentage of low pay by residence (those paid under the London living wage, 2011-2013)	27	20	19	20

⁴ London's Poverty Profile 2010 www.london.gov.uk/press-releases/npr-2010-07-20

⁵ JSNA <http://www.jsna.gov.uk/>

⁶ Health and Wellbeing Board 2013/14 - London Poverty Profile 2013 <http://modern.gov.barking-dagenham.gov.uk/documents/g7091/Public%20reports%20pack%20Tuesday%2025-Mar-2014%2018.00%20Health%20and%20Wellbeing%20Board.pdf?T=10>

Landlord repossession (per 1,000 households) for 2011Q4 to 2012Q3	23.5	14.0	9.1	11.8
Mortgage repossession orders (per 1,000 households buying homes with mortgage)2010/11	15	8	6	8
Percentage of childhood obesity 2013/13	26.3	22.4	20.5	22.9
Percentage of people with a limiting long-term illness or disability (limited daily activity), 2011	8.4	6.7	8.2	7.0
19 year olds lacking level 3 (equivalent to A-levels) qualifications, 2013	47	37	42	27
Percentage of people receiving Job seekers allowance. Claimant count 13 th November 2014	3.6	2.6	2.1	1.9
Proportion claiming out of work benefits (may 2014)	13.7	9.6	8.5	7.9
Percent of household claiming LHA(Local Housing Allowance), 2013	48	27	39	34

The percentage of households claiming Local Housing Allowance, (LHA), in 2013 is the highest for Barking and Dagenham (48%) when compared to both London (27%) and neighbouring boroughs of Havering (39%) and Redbridge (34%). This means that just under half of the boroughs population is in receipt of LHA based on this data. As applicants that are eligible for support under LESS would also be eligible for support from the LHA, (Housing Benefit) there is a direct correlation.

Due to the multiple indices above in relation to Barking and Dagenham residents it is clear that the borough has a significantly higher number of people on low incomes. The LESS funding is targeted at these residents and referrals are made by agencies that work primarily with people on lower incomes with the CAB, LBBD housing services and the Job Centre being the highest referral agencies.

Based on the information above a two thirds reduction in the LESS fund will have a **negative impact on people on low incomes**.

<p>Other</p> <p>Identify if there are groups other than those already considered</p>	<p>Will the change in your policy /service have an adverse impact on any other people (e.g. carers/ socio-economic wellbeing)</p> <p><i>Please describe the analysis and interpretation of the evidence to support your conclusion</i></p> <p><u>Carers</u></p> <p>In Barking and Dagenham there are at least 16,201 carers. The Government's national carers' strategy, 'Carers at the heart of 21st-century</p>
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<p>that may be adversely affected by the policy e.g. Carers</p>	<p>families and communities'⁷, and 'Recognised, valued and supported: the next steps for the Carers Strategy'⁸, includes amongst others the following priorities;</p> <ul style="list-style-type: none"> • Carers will be supported so that they are not forced into financial hardship by their caring role • Supporting carers to remain mentally and physically well <p>Although data on carers is not collected for this service, given the number of carers identified in the borough a reduction in the service will have a negative impact on carers in the borough.</p> <p><u>Prison Discharges</u> Between April and December 2014 the service has supported 56 vulnerable individuals who have left prison and potentially reduced re-offending behaviour in this cohort due to the delays in accessing benefit payments on discharge.</p> <p>A reduction in the service could potentially lead to re-offending behaviour as the individual waits for welfare payments to come through for food and gas and electricity. With the other vulnerabilities associated with the offenders, this may also result in an increase in associated negative behaviours such as anti-social behaviour.</p> <p>A reduction in the LESS service will have a negative impact on prison leavers and remove a support at a time when the individual could be support to have a positive outcome</p>
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<p>Staff <i>Identify if there are any staff groups that maybe adversely affected by the policy</i></p>	<p>Will the change in your policy /service have a particular adverse impact on staff from any of the equalities categories? <i>Please describe the analysis and interpretation of the evidence to support your conclusion</i></p> <p>Not applicable</p>
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Section 4: Equality Impact Assessment Action Plan

Please list in the table below any adverse impact identified and, where appropriate, steps that could be taken to mitigate this impact.

If you consider it likely that your proposal will have an adverse impact on a particular group (s) and you cannot identify steps which would mitigate or reduce this impact, you will need to demonstrate that you have considered at least one alternative way of delivering the

⁷ Carers at the heart of 21st-century families and communities 2008

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136492/carers_at_the_heart_of_21_century_families.pdf

⁸ Recognised, valued and supported: Next steps for the Carers Strategy 2010

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213804/dh_122393.pdf

change which has less of an adverse impact. You will be required to provide updates on the actions until they are completed, so it is important they are SMART.

Adverse impact	Please describe the actions that will be taken to mitigate impact	Outcomes
On people with the protected characteristics of: race, disability and socio-economic deprivation	<p>Work with the current providers to support relevant referrals</p> <p>The Strategic Welfare reform group will look at the funding to residents through various sources to residents accessing support schemes</p>	<p>A reduced number of residents receive a service, but this is focused on those with greatest need</p> <p>Increased coordination of the support residents facing financial challenges receive</p>
Reduced number of residents demonstrating the protected characteristics funded with rent deposits	Frontline staff will be advised of changes in the fund level and criteria will be revised as appropriate	Residents will be signposted to the most appropriate funds, to seek to mitigate the impact
Reduced number of residents demonstrating the protected characteristics receive furniture or rent deposits to help sustain new tenancies	The service provider will continue to work with voluntary sector and businesses to achieve the most economically viable options for the provision of furniture and white goods	Impact of the fund maximised
Reduced funding to deliver the service therefore less accessible	Further work will be done to look at the use of online applications and referrals via professionals and key times for staffing the service will be identified to minimise impact.	Access to the fund improved

Section 5: Future Review and Monitoring.

<p>Please explain how and when the impact of these changes will be reviewed</p> <ul style="list-style-type: none"> • The LESS contract will be monitored on a quarterly basis, and part of the monitoring will be the number of rejections and where residents have been signposted • The Council’s strategic and Local Welfare Reform Groups will look at the impact of all funds to residents to ensure maximum benefit for residents.
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