

Equalities Screening Record Form

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| Date of <u>original</u> Screening: <u>February 2013</u> Date of <u>revised</u> Screening: <u>August 2013</u> | | Directorate: Adult Social Care, Health and Housing | | <u>Older People's Partnership Board</u> | | <div style="border: 1px solid red; padding: 2px; font-size: 0.8em;"> Formatted: Right: 3 pt. Don't adjust space between Latin and Asian text </div> | | | |
| 1. Activity to be assessed | | Development of a Strategy for Older People in Bracknell Forest | | | | | | | |
| 2. What is the activity? | | <input checked="" type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change | | | | | | | |
| 3. Is it a new or existing activity? | | <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing | | | | | | | |
| 4. Officer responsible for the screening | | Andy Kimber, Joint Commissioning Officer <u>Revised and updated by Kieth Naylor, Joint Commissioning Officer</u> | | | | | | | |
| 5. Who are the members of the EIA team? | | Mira Haynes, Chief Officer: Older People and Long Term Conditions Lynne Lidster, Head of Joint Commissioning Andy Kimber, Joint Commissioning Officer Bob Pennel, Chairman, Age Concern Bracknell Madeline Diver, CAB Cllr. Cliff Thompson, <u>Bracknell Forest Council, Older People's Champion</u> | | | | | | | |
| 6. What is the purpose of the activity? | | The Strategy provides a strategic direction to the Older People's Partnership Board on the identified needs of Older People locally and current local and national policy to inform the future actions of the board. | | | | | | | |
| 7. Who is the activity designed to benefit/target? | | People over 50 years of age and their carers | | | | | | | |
| Protected Characteristics | Please tick yes or no | Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason. | What evidence do you have to support this? E.g equality monitoring data, consultation results, customer satisfaction information etc Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data | | | | | | |
| 8. Disability Equality | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> <tr> <td style="text-align: center;">✓</td> <td></td> </tr> </table> | Y | N | ✓ | | There will be a positive impact for disabled older people | <u>Borough profile</u> <u>2001 Institute of Public Care data (POPPI) projected estimates for 2012, indicate the number of people aged over 65 with a physical disability as 6,563, comprising 2,900 aged 65-74, 2,509 aged 75-84 and 1,154 aged 85+. Prevalence data from the 2001 Health Survey data indicate the number of people aged 55-64 with a moderate or severe disability to be 2,649.</u> <u>Social care profile</u> <u>Of the total number of older people (50+) known to social services 1857, [number] are classified as having a disability.</u> <u>Of the older disabled people known to social services:</u> <ul style="list-style-type: none"> • <u>127 have a learning disability</u> | | |
| Y | N | | | | | | | | |
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| | | | | <ul style="list-style-type: none"> • <u>1396 have a physical disability, of which 13 have a dual sensory loss, 21 have a hearing impairment and 53 have a visual impairment</u> • <u>333 have a mental health issue of which [number] have depression, of which 144 have dementia</u> • <u>1 has autism</u> <p><u>Consultation with older people locally identified a variety of needs relating to disability resulting from old age. The strategy identifies priorities which include the promotion of assistive technology in the home, choice in providers of help and support to those who have a disability, specialist transportation, and befriending and volunteering services for those in need. 37% of older people worry about their mental health. 33% of women and 17% of men have been diagnosed with depression, 26% of women and 13% of men have been diagnosed with anxiety.</u></p> |
| 9. Racial equality | Y ✓ | N | There will be a positive impact for people from Ethnic Minority Communities in Bracknell Forest. | <p><u>Borough profile</u> <u>From Census population estimates (2009), the Borough population is relatively homogeneous with 89.7% of the population in all White categories and 10.3% in BME categories.</u> <u>Of the 34,238 older people in the Borough, census data by age group (60+(women) and 65+ (men)) gives figures of 15,500 White British people, 500 White Other, 300 White Irish, 200 Asian Indian, and 100 people in each of the Asian Pakistani, Black Caribbean and Chinese classifications.</u> <u>The Borough has a significant Nepali population, clustered in the South of the Borough and local evidence indicates social isolation, specific health needs (particularly for women) and lack of awareness and take up to health and social care services.</u> <u>According to Census Data (Table QS204EW), the number of Nepali speakers aged 3 years and above is 975 (0.9% of the Borough population) and the number of Polish speakers is 758 (0.7%). Some research into the proficiency of older people to access and understand information targeted at them needs to be undertaken.</u></p> <p><u>Social care profile</u> <u>Of the total number of older people known to social services:</u></p> <ul style="list-style-type: none"> • <u>1738 have declared they are White British, 46 have declared they are White Other, 22 have declared they are White Irish</u> • <u>9 have declared they are Asian Indian, 3 have declared they are Asian Pakistani, 5 have declared they are Asian Other</u> • <u>5 have declared they are Black Caribbean</u> • <u>5 have declared they are Chinese</u> • <u>1 has declared they are Nepali</u> • <u>4 have declared they are Any Other Ethnicity</u> • <u>1 have declared they are Mixed Other</u> • <u>1 had declared they are Gypsy/Roma</u> <p>Consultation with Older People locally and experience of members of the Older People's Partnership Board identified the needs of Older People from minority communities. These needs included translated resources for those who are unable to access services because of language barriers and the need for affordable meeting places for people from particular minority groups.</p> |

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| | | | | The strategy proposes actions to provide translated resources (in line with the updated Council policy guidance) to those groups who require it and to facilitate the use of community centres for those groups who wish to meet together. |
| 10. Gender equality | Y ✓ | N | There will be a positive impact for men and women in Bracknell Forest | <p><u>Borough profile</u> Of the 113,700 people in Bracknell Forest 30% (or 34,238) people are aged 50+. The 2011 Census indicates that 16,399 (14.4% of total population) are men aged 50-64 and 17,839 (15.7%) are women. Of the 7,520 (6.6%) aged 65-74, 3,556 (3.1%) are men and 3,964 (3.5%) are women. Of the 4,724 (4.2%) aged 75-84, 2,072 (1.8%) are men and 2,670 (2.3%) are women. Of the 1,885 (1.7%) aged 85+, 604 (0.5%) are men and 1281 (1.1%) are women.</p> <p><u>Social care profile</u> Of the total number of older people known to social services:</p> <ul style="list-style-type: none"> • 652 are men • 1205 are women <p>Of the older people known to social services aged 50-64, 170 are men and 161 are women; aged 65-74, 116 are men and 155 are women; aged 75-84, 184 are men and 334 are women; aged 85+, 182 are men and 555 are women</p> <p>Local consultation identified some differing needs of men and women, for example that consultation responses were more likely to be completed by women on behalf of a couple, and proposals are made to engage with both genders based on this finding. Life expectancy is greater for women, and therefore the needs of widowed and single older women are identified to be addressed in the action plan.</p> <p>Women are more likely to say that a partner will be important to future income (42%) and as older people become more vulnerable with age, the impact may be higher for women, particularly older single women and for LGB people.</p> <p>The results of the Bracknell Forest New Entrant Health Assessment Service which ran from June – August 2011 for Nepali females demonstrates:-</p> <ul style="list-style-type: none"> • Almost 70% had a BMI of 30+; • Almost 50% were diagnosed with UTIs and prescribed antibiotics; • 40-50% assessed as potential diabetics but only 3 people were on medication; • 1/3rd had no cervical screening since arriving in the UK; • More than 50% over the age of 50 had no breast screening since arriving in the UK; • 30% were assessed with having hypertension; • There was no awareness of osteoporosis or HRT; • Almost all patients were found to have dental problems. |
| 11. Sexual orientation equality | Y ✓ | N | The will be a positive impact for those of all sexual orientations. | <p><u>Borough profile</u> Of the 113,700 people in Bracknell Forest and at national prevalence of 1.6%, the disclosed lesbian and gay population in Bracknell Forest 1,819 people. Of the 34,238 people aged 50+, prevalence is equivalent to 548 older people. Note that this</p> |

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| | | | | <p><u>data only counts disclosed sexuality and does not include bisexual, transgender or those of uncertain or undisclosed sexual identity from the same household survey and therefore the figures are likely to be higher. There are generational issues here, with older older people less likely to disclose sexual identity than younger older people.</u></p> <p><u>Social care profile</u></p> <p><u>The number of older people aged 50+ who have disclosed sexuality is extremely low, to the point where only 92 have disclosed they are heterosexual, and none have disclosed any other sexuality. There are a number of reasons for this information not being gathered, and it is essential to explore why this figure is so low to ensure that it is not a matter of prejudice.</u></p> <p><u>Older LGB people suffer the same concerns as heterosexual people about care, independence, mobility, health, housing and mental health (ranked list). There is a statistically significant difference between the number of older LGB people with depression compared to heterosexual people, with 49% (c. 269) expressing concern about mental health. 43% (c. 236) feel that services do not understand their needs (cf 33%) and 61% (c. 334) feel social services do not understand their needs (cf 51%), 50% (c. 779) not confident of being out in care home settings, 33% (c. 514) in hospital settings and 19% (c. 296) in front of GP.</u></p> <p><u>Smaller friendship and family circles necessitate a reliance on social care, health and charitable service, however, the fear of a homophobic response is widespread across health, social care, private providers, housing providers and from care homes. As a result, 37% of older disabled LGB people do not access services to which they are entitled (compared to 28% of the heterosexual population) comprising 19% do not access social care and 23% who do not access MH services. 37% (c. 576) of older LGB people worry about their mental health. 40% of women and 34% of men have been diagnosed with depression, 33% of women and 29% of men have been diagnosed with anxiety.</u></p> <p><u>As older LGB people are more likely to live alone (41% (c. 638 people) compared to heterosexual peers at 28%), and less likely to engage with community groups (25%) than their heterosexual peers, LGB older people are more socially isolated, relying heavily on the care of partners in older age.</u></p> <p><u>LGB people are more active, 13% (c. 202) take no exercise and 35% (c. 545) take exercise at least 5 days a week.</u></p> |
| 12. Gender re-assignment | Y | N | Neutral | <p><u>Borough profile</u></p> <p><u>People who have undergone gender reassignment also tend to define themselves by gender alone and do not disclose re-assignment status. This makes it difficult to obtain a real figure and impact. Therefore, the extrapolated prevalence of transgender people who experience some degree of gender variance in Bracknell Forest is estimated at 542 (GIRES figures). Proportionate to the number of older people in the Borough (34,238), this equates to 164 people aged 50+.</u></p> <p><u>As no information is gathered on this equalities strand, there is no evidence at this time to suggest an adverse or positive impact on health and social care improvement or reducing inequalities is experienced on the basis of gender re-assignment alone and further evidence may arise over the lifetime of this strategy.</u></p> |
| 13. Age equality | Y ✓ | N | There will be a positive impact for those people over 50 years of age, their carers, | <p><u>Borough profile</u></p> <p><u>Of the 113,700 people in Bracknell Forest, 30% or 34,238 people are aged 50+. 20,091 (17.7%</u></p> |

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| | | | relatives and friends. There will be no adverse impact on other age groups. | <p><u>of total population) are aged 50-64. 7,520 (6.6%) are aged 65-74, 4,724 (4.2%) aged 75-84 and 1,885 (1.7%) aged 85+. Over the life of the strategy, the 45-49 age group will move into the 50+ category adding a 9,181 (or 8.1%) to the numbers.</u></p> <p><u>Social care profile</u></p> <p><u>Of the 1857 older people aged 50+ known to social services, 331 (17.8%) are aged 50-64, 271 (14.6%) are aged 65-74; 518 (27.9%) are aged 75-84, and 737 (39.7%) are aged 85+. As would be expected, the number of older population aged 65+ known to social services increases with age compared to the Borough profile.</u></p> <p>The need to engage all age groups in the support of older people is identified in the strategy. The strategy also identifies the wide variety of needs of people of different ages from 50 years upwards. The focus on the over 50's cohort is intended to provide equality generally by identifying and meeting the specific needs of this age group which do not apply to those people who are younger.</p> <p><u>28% of older people take no exercise and 28% take exercise at least 5 days a week.</u></p> |
| 14. Religion and belief equality | Y | N | Neutral | <p><u>Borough profile</u></p> <p><u>Extrapolating census data on religion for Bracknell Forest, of the 34,238 people aged 50+, 22,186 (64.8%) would be Christian, 274 (0.8%) Buddhist, 582 (1.7%) Hindu, 68 (0.2%) Jewish, 411 (1.2%) Muslim, 137 (0.4%) Sikh, 171 (0.5%) Other religion and 10,408 (30.4%) indicate no religion.</u></p> <p><u>Social care profile</u></p> <p><u>Of the 1857 older people aged 50+ known to social services:</u></p> <p><u>601 (32.4%) have declared they are Christian (all denominations)</u></p> <p><u>0 have declared they are Buddhist</u></p> <p><u>1 (0.1%) have declared they are Hindu</u></p> <p><u>3 (0.2%) have declared they are Jewish</u></p> <p><u>3 (0.2%) have declared they are Muslim</u></p> <p><u>1 (0.1%) have declared they are Sikh</u></p> <p><u>9 (0.5%) have declared they are Other</u></p> <p><u>44 have declared they are of no religion</u></p> <p><u>The figures indicate that only 662 people known to social services have declared their religion (only 35.6%) and it is essential to explore why this figure is so low to ensure that no prejudice can be evidenced in services or practices on the basis of religion or belief.</u></p> <p><u>As it stands, the strategy includes all older people, from all regions and beliefs. There is no evidence at this time to suggest an adverse or positive impact is experienced on the basis of religion alone and further evidence may arise over the lifetime of this strategy.</u></p> |
| 15. Pregnancy and maternity equality | Y | N | There is no impact. | Pregnancy and Maternity issues will not apply strategically to the over 50's cohort. |
| 16. Marriage and civil partnership equality | Y | N | There will be a positive impact for those who are married or in civil | <p><u>Borough profile</u></p> <p><u>The You Gov survey indicates 15% of men and 26% of women over 55 are single, with 54%</u></p> |

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| | | <p>partnerships</p> | <p><u>cohabiting and 3% in a non-cohabiting relationship.</u> <u>This compares to LGB people over 55 where 40% of men and 30% of women are single, 44% cohabiting and 9% in a non-cohabiting relationship.</u> <u>Relationship status has a significant impact on smoking prevalence, with single people more likely to smoke and take drugs than couples. Daily or five or six days a week alcohol consumption is higher in people in relationships than single people.</u> <u>Single people are more likely to consider their mental health as poor (13%) compared to 4% in a relationship.</u> <u>Women are more likely to say that a partner will be important to future income (42%), such high prevalence has a potentially negative impact on older single women and for LGB people who may not be in a civil partnership.</u> <u>Relationships in later life are the focus of research by <i>relate</i> which indicates that there are significant relationship issues (couple, family and social) affecting baby boomers born between 1940 and 1960's, who are the largest wave of people in history to enter old age in the UK. Social and emotional isolation are significant issues for this group, particularly older carers, as relationships are more fluid with long-term cohabitation having an impact of familial and financial security. Positive couple, family and social relationships have been repeatedly shown to protect against illness, impact on the progression of illness and reduce the time of recovery from illness. They have a positive role to play in preventative life choices, such as taking more exercise, eating healthily, reducing smoking, drinking less, adhering to medical routines and coping with stress, anxiety and having better mental health. This research has been underlined by observations from the Retirement Fair 2013 when people aged 50+ were asked about coping with the life change brought about by retirement with large numbers indicating social networks in particular as important when families live away or partners have died. The relate report recommends the embedding of relationship support in local service landscape, and considering the strength of couple, family and social relationships at touch points with health and social services when determining care and support for older people, particularly as rates of divorce are increasing in this age group.</u></p> |
| <p>17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carer's/ex-offenders) and on promoting good community relations.</p> | <p>The strategy identifies and proposes to meet the differing needs of those on lower incomes, and those who are supported by the Adult Social Care, Health and Housing department. The needs of Carers are also identified, particularly in line with the 2012 Draft Care and Support Bill which for the first time offers equal rights for support to carers.</p> <p><u>Carers</u> <u>LGB people are more likely to rely on partners in older age for their caring needs due to mistrust of social, health, personal and community services and fear of being misunderstood or discriminated against on the basis of sexual orientation. There is also fear within family networks with 44% of lesbian or bisexual women and 32% of gay or bisexual men reporting hostility or poor treatment from family members due to sexual orientation.</u> <u>LGB people are also more likely to be excluded from communication and decisions relating to a partner's health or care (14% compared to 6% of heterosexual couples).</u></p> <p><u>Borough profile</u></p> <p><u>Social care profile</u> <u>Of the 898 carers known to social services, 754 cares are aged 50 years or over, of which 265 are men and 489 are women. In terms of age, 314 are aged 50-64, 197 are aged 65-74, 171 are aged 75-84, and 72 are aged 85+.</u></p> | | |

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| | <p><u>Lower socio-economic factors</u></p> <p><u>12% of people aged 55 and over are daily smokers. Figures are higher in social groups C2DE (14%) than ABC1 (6%). Only 4% of people aged over 70 are daily smokers. Smoking is more prevalent in single people than people in relationships. Drug use in the last year is 2% across all social categories. In terms of alcohol consumption, 25% of men and 15% of women drink every day or at least five or six days a week, figures are higher in ABC1 (27%) compared to C2DE (15%).</u></p> <p><u>80% of people aged over 55 in social categories ABC1 planned for their financial future compared to only 58% of people in categories C2DE at only 58%. And 39% of people aged over 55 are concerned about future housing arrangements, with 80% in social categories ABC1 and 59% in C2DE relying on their home as their major asset.</u></p> <p><u>Although more likely to exercise than heterosexual people in the same age category, older LGB people, particularly in social categories C2DE are more likely to smoke, misuse drugs and alcohol compared to heterosexual people and to suffer from the inherent illnesses. 12% of LGB people aged 55 and over are daily smokers. Figures are higher in social groups C2DE (20%) than ABC1 (9%). Only 4% of people aged over 70 are daily smokers. Smoking is more prevalent in single people than people in relationships. Drug use in the last year is 14% in C2DE categories and 7% in the ABC1 group. In terms of alcohol consumption, 35% of men and 19% of women drink every day or at least five or six days a week, figures are higher in ABC1 (33%) compared to C2DE (22%). LGB people are more active, 13% take no exercise and 35% take exercise at least 5 days a week.</u></p> <p><u>Older LGB people are less likely to receive financial support from children or family members as a source of future income or support compared to heterosexual people. More older LGB people work for longer than their heterosexual counterparts with 15% LGB people still in work aged 70 compared to 6% of heterosexual people, despite reporting higher levels of discrimination at work (35%).</u></p> <p><u>Older LGB people were better prepared for with 90% in categories ABC1 and 66% in C2DE respectively having made financial provisions for the future. However, 50% of LGB people aged over 55 are concerned about future housing arrangements, with 74% in social categories ABC1 and 51% in C2DE relying on their home as their major asset.</u></p> <p><u>LGB people in social categories C2DE are less likely to access services than heterosexual people: health services 25% less likely compared to 15%; mental health services 14% compared to 4% and social services, 11% compared to 6%.</u></p> | |
| <p>18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?</p> | <p>No adverse or negative impacts are identified.</p> <p><u>However, should adverse or negative impact be identified in the life of the strategy, organisations responsible for planning, commissioning or delivering health or social care services may only differentiate by age in the treatment of service users if this can be objectively justified, e.g. pensioners rates, flu jabs for over 65, etc.</u></p> | |
| <p>19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?</p> | <p>There is a positive difference in the impact for people over 50 years of age, but the difference is not significant in respect of equalities. There is no statistically significant impact on maternity and pregnancy equality for women over 50.</p> | |
| <p>20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?</p> | <p>Y</p> | <p>N ✓</p> |
| <p>21. What further information or data is required to better understand the impact? Where and how can that</p> | <p>None</p> | |

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| information be obtained? | | | |
| 22. On the basis of sections 7 – 17 above is a full impact assessment required? | Y | N ✓ | |
| 23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed. | | | |
| Action | Timescale | Person Responsible | Milestone/Success Criteria |
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| 24. Which service, business or work plan will these actions be included in? | | | |
| 25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening? | Please list | | |
| 26. Chief Officers signature. | Signature: | | Date: |

When complete please send to abby.thomas@bracknell-forest.gov.uk for publication on the Council's website.