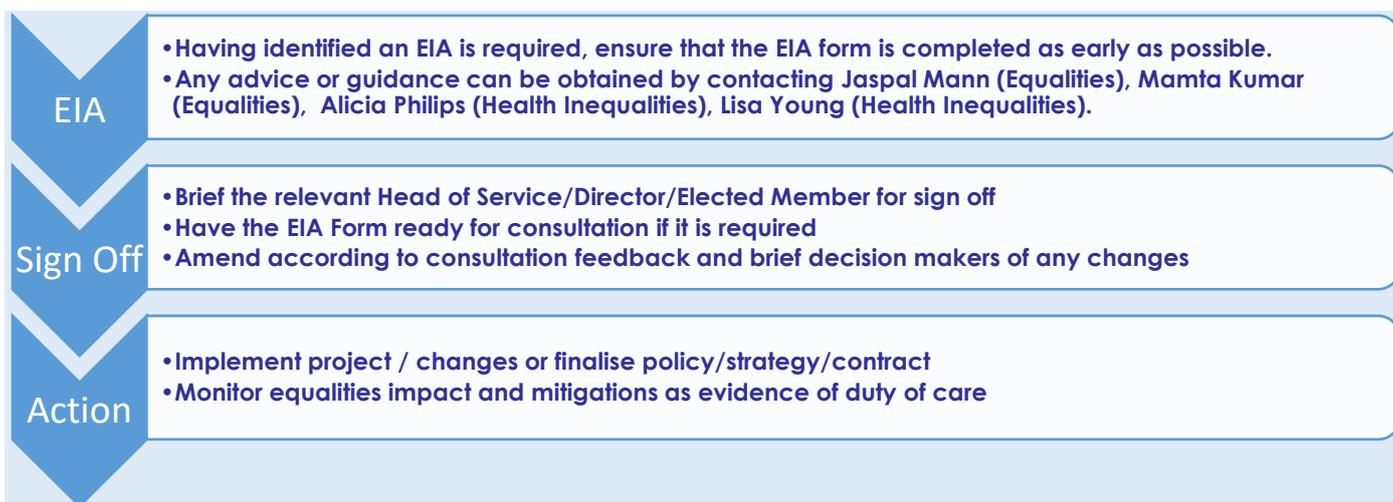


Appendix 1 EQUALITY IMPACT ASSESSMENT (EIA)



Title of EIA	Adult Social Care Preventative Support Grants	
EIA Author	Name	Sharon Atkins
	Position	Joint Commissioning Manager Dementia and Mental Health
	Date of completion	10.11.2022
Head of Service	Name	Jon Reading
	Position	Head of Commissioning and Quality
Cabinet Member	Name	Cllr Mal Mutton
	Portfolio	Adult Services



PLEASE REFER TO [EIA GUIDANCE](#) FOR ADVICE ON COMPLETING THIS FORM

SECTION 1 – Context & Background

1.1 Please tick one of the following options:

This EIA is being carried out on:

- New policy / strategy
- New service
- Review of policy / strategy
- Review of service
- Commissioning
- Other project (*please give details*)

Appendix 1 EQUALITY IMPACT ASSESSMENT (EIA)



1.2 In summary, what is the background to this EIA?

Since 2018, a Preventative Support programme has been operating in Coventry, delivered by voluntary and community sector organisations that support people with mental health needs, learning disability, dementia, physical health needs, older people, and those with caring responsibilities. The grant programme has successfully delivered support to thousands of Coventry residents, including one-to-one support around learning disabilities, mental health, and sensory impairments; carers' assessment and support; support and information for people with dementia and their families; support for people who hoard; online and face-to-face courses to improve and understand mental health; and specialist advice and guidance. It is recommended that the grants programme is now extended for a further two years to enable continued support to people through Covid recovery and the cost of living crisis. Additionally, several IBCF grants for community projects are being brought under the programme.

1.3 Who are the main stakeholders involved? Who will be affected?

- People living in Coventry, especially those with mental health concerns, learning disabilities, dementia or sensory impairments, and older people and carers.
- Voluntary and third sector organisations.
- The City Council
- Coventry and Warwickshire Integrated Commissioning Board

1.4 Who will be responsible for implementing the findings of this EIA?

Sharon Atkins – Joint Commissioning Manager for Dementia and Mental Health

SECTION 2 – Consideration of Impact

Refer to guidance note for more detailed advice on completing this section.

In order to ensure that we do not discriminate in the way our activities are designed, developed, and delivered, we must look at our duty to:

- Eliminate discrimination, harassment, victimisation, and any other conflict that is prohibited by the Equality Act 2010
- Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not

Appendix 1 EQUALITY IMPACT ASSESSMENT (EIA)



- Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)



The grants cover a large number of people from different protected characteristic groups.

Age

Coventry has a relatively young population, with a median age of 32 years compared to the UK average of 40 years. 65% of the population are of working-age (18-64), and 13% are aged 65 and over. The grants seek to provide support for emerging needs, and reflect the age profile of the city.

All grants are awarded for projects that work with people aged 18+, though this will include parents of those aged under 18 who will indirectly benefit from continuing to provide the services. All grants will be for support for people of all age groups, though there are some more geared towards or used more by certain age groups. For example, current services that particularly work with the 18-64 age group are Anjuman, Birmingham Institute for the Deaf (BID), Carers' Trust, Enabling Spaces, Grapevine, Involve, Mind and Trident Reach. Age UK, Alzheimer's Society, Hope Coventry and Moat House Community Trust tend to work more with people in the 65+ category.

Disability

Again, all grants are awarded for projects that are open to those with a disability, but there are some that are particularly tasked with supporting people with a specific type of disability. For example, currently, BID work with (and also employ) people with a sensory impairment, supporting them to access mainstream services. Alzheimer's Society support people with dementia and their carers, and Grapevine and Trident Reach focus on support for people with a range of learning disabilities. Anjuman, Enabling Spaces, Involve and Mind support people with severe (as well as emerging) mental health conditions. Funded services seek to compliment statutory and health services, often aiming to help people avoid or delay needing to access these services.

PANSI (Projecting Adult Needs and Services Information projections provided by Institute of Public Care) estimates for 2020 suggest that in Coventry, of 246,700 people aged 18-64:

Mental health

- 46,221 have a common mental health condition
- 5,872 have a borderline personality disorder
- 8,404 have an antisocial personality disorder
- 1,726 have a psychotic disorder
- 17,728 have two or more psychiatric disorders

Physical conditions

- 10,379 have impaired mobility
- 7,655 have a moderate personal care disability
- 1,808 have a severe personal care disability

Sensory impairment

- 160 have a severe visual impairment



- 1,131 have severe hearing loss

Learning disabilities

- 6,115 have a learning disability, with 1,392 of these being moderate to severe
- 154 people have Downs syndrome
- 111 of those with a learning disability are predicted to display behaviour that challenges
- 2,540 have an Autistic Spectrum Disorder

Dementia

- 76 have early onset dementia

POPPI (Projecting Older People Population Information System projections provided by Institute of Public Care) estimates for 2020 suggest that in Coventry, of 50,700 people over 65:

Mental health

- 1,389 have severe depression

Physical conditions

- 13,895 have a limiting long-term illness that affects their day to day living a lot
- 9,405 are unable to manage at least one mobility task independently

Sensory impairments

- 4,512 have a moderate or severe visual impairment
- 4,099 have severe hearing loss

Learning disabilities

- 1,056 have a learning disability, with 141 of these being moderate to severe
- 471 have an Autistic Spectrum Disorder

Dementia

- 3,647 are living with dementia

Race and Religion or Belief

Over the past decade, the City has become increasingly ethnically diverse, with just under half of its school-aged population from an ethnic minority background in 2021; up from around one-third of the city's population from an ethnic minority background at the 2011 census. POPPI estimates suggest that of over 65s in the city, 90% are White, 8% Asian or Asian British and 2% Black Caribbean, African or British. For 18-64 year olds 73% are White, 18% Asian or Asian British and 6% Black Caribbean, African or British. Additionally almost 2% of this age group are of mixed ethnic group and 2% from another ethnic group.



All preventative support services are expected to reflect the makeup of our local population in who they support, though it is acknowledged that some services are currently more successful than others in reaching a diverse group, and in some cases specific efforts are required to achieve this. Mental health, learning disability and dementia, as well as being a carer still have a stigma amongst some groups, so services have worked to reduce this. Additionally, traditional services sometimes inadvertently put off people from certain communities and religious or ethnic groups, so it is important that this is continually under review and efforts are made to deliver culturally sensitive and relevant services to all.

For example, amongst currently funded services, in mental health services, the Mind offer includes two satellite hubs based in primarily Asian and Afro-Caribbean communities which are geared specifically to attracting people from these groups who require support. Likewise, Anjuman offer a particularly culturally sensitive supported accommodation service, and BID are also particularly successful in supporting people from BAME communities, at almost half of those using their services. Specific projects are currently being delivered by some organisations to increase access for people from BAME communities, for example a project with temples at Alzheimer's Society. The Carers Trust employ a dedicated Wellbeing Advisor, specialising in Equality, Diversity and Inclusion, whose role and responsibilities involve engagement with community organisations, faith centres etc. The role has developed links with the Afro-Caribbean Society, Broadstreet community centre and attended numerous events to talk about the role of caring in local communities. The role has also worked strategically with public health in the uptake of vaccinations for carers from underrepresented groups. Hope Coventry is run by a collective of Coventry churches bringing together different denominations to support people from any or no religion in the city.

Continuing to offer services in a way that is accessible and attractive to our diverse community remains a priority and will be a condition of new grants issued. Recent engagement with a group of voluntary sector services on mental health support for people from BAME communities has identified a number of lessons that will be reflected to the wider group of organisations.

Gender Reassignment and Sexual Orientation

Services tend not to collect data on gender reassignment or sexual orientation but are required to have an understanding of protected characteristics and provide a service taking into account people's individual needs. Therefore members of these groups will also experience a positive impact under the recommended option. However, mental health support may be particularly relevant to some people in these groups, and our mental health offer could include specific support if an otherwise unmet need was identified. People who are transgender are four times more likely to experience depression, and have reported experiencing distress related to discrimination, violence and health inequalities. Likewise, people who are LGBTIQ+ are more likely to experience mental health conditions, often triggered by experiences such as discrimination, homophobia, social isolation, rejection or difficult experiences of coming out. Should a specific unmet need be identified for this group this could be provided through our mental health offer. Currently, the Carers Trust employ a dedicated Wellbeing Advisor who has done specific work with carers from LGBTIQ+ groups.



Pregnancy and Maternity

No grants are for services geared specifically towards this group, but all would be open to people with this characteristic, and services do not tend to collect this information. Mental health can suffer during pregnancy and soon after becoming a parent, so while there is a specific perinatal mental health offer available via health services in Coventry, people may access mental health services under this offer for the first time or more frequently during this part of their lives, from which they could be supported and signposted as required. Around 15% of women experience mental health issues during pregnancy or soon after the birth of their child.

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2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

- Positive impact (P),
- Negative impact (N)
- Both positive and negative impacts (PN)
- No impact (NI)
- Insufficient data (ID)

**Any impact on the Council workforce should be included under question 2.6 – not below*

Protected Characteristic	Impact type P, N, PN, NI	Nature of impact and any mitigations required
Age 0-18	P	While the scope of the grants programme is people aged 18+, funded organisations have demonstrated a positive impact on families, including a project to address food poverty for families where an adult has a mental health issue. Continuing to support adults through the cost of living crisis will enable affected parents to better support their children.
Age 19-64	P	People in this age group are supported primarily through the mental health, learning disability, sensory impairment and carer grants. Continuing to fund these services will have a positive impact on this group as they will remain able to access this support. However, other services also support people in this age group – a small number of people will access dementia support with early onset dementia, and many more as carers. Age UK currently offer support and information for all those over 18, and volunteering opportunities are currently provided by other organisations which enhance the wellbeing of people in this age group.
Age 65+	P	Much of the work of currently funded organisations such as Alzheimer’s Society, Hope Coventry, Moat House Community Trust and Age UK is accessed by people aged 65+, so continuing to provide services in these areas offers a positive impact for this group. Organisations help older people access the services and local support they need, and work to reduce isolation for many older people and support them to build relationships within their communities, enhancing their health and wellbeing. As the analysis

Appendix 1 EQUALITY IMPACT ASSESSMENT (EIA)



		above highlights, older people are also affected by learning disabilities, mental health needs, sensory impairments and caring responsibilities, so we will continue to ensure grants are used for services to support people in this age group.
Disability	P	Many of the grants under this programme support people with specific disabilities or long-term conditions. Currently, Alzheimer's Society, Grapevine and BID work specifically with people with disabilities, and the mental health organisations, alongside supporting people with emerging support needs, support people with severe and enduring mental health conditions that would fall under this category. These services help people with disabilities navigate mainstream services and their communities, mitigating against the barriers posed by their disability and increasing equity for this group. Removing these services would have a significant negative impact on this group.
Gender reassignment	P	People who are transgender are four times more likely to experience depression, and have reported experiencing distress related to discrimination, violence and health inequalities. Should a specific unmet need be identified for this group this could be provided through our mental health offer. People within this group are able to access all of the services so would benefit from continued funding.
Marriage and Civil Partnership	NI	
Pregnancy and maternity	P	Mental health can suffer during pregnancy and soon after becoming a parent, so while there is a specific perinatal mental health offer available via health services in Coventry, people may access mental health services under this offer for the first time or more frequently during this part of their lives. Around 15% of women experience mental health issues during pregnancy or soon after the birth of their child, so continuing to fund mental health preventative support will have a positive impact on this group.
Race (Including: colour, nationality, citizenship ethnic or national origins)	P	All services are open to people from all races, but there are certain currently funded services that are especially successful in supporting people from minority ethnic groups, for example Anjuman, Sahil and Tamarind (part of the Mind service) and BID. People from these groups are often under-represented in support services, so removing these services would have a specifically negative impact on this group. All organisations strive to provide

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		culturally sensitive services, but we will continue to take into account the need for specific offers for people from BAME groups where needed, and we will use the provider forum to ask particularly successful organisations to share knowledge with others, and will reflect findings from a recent engagement exercise on mental health provision for people from BAME backgrounds in how we deliver and develop services.
Religion and belief	P	<p>All services are open to people from all religions, but there are currently certain services that are especially successful in supporting people from minority religious groups, for example Anjuman, Sahil and Tamarind (part of the Mind service) and BID. People from these groups are often under-represented in support services, so removing these services would have a specifically negative impact on this group. All organisations strive to provide culturally sensitive services, but we will continue to take into account the need for specific offers for people from BAME groups where needed, and we will use the provider forum to ask particularly successful organisations to share knowledge with others.</p> <p>Additionally, we currently fund Good Neighbours, a church-based initiative bringing together different denominations to support the wider community. Continuing to provide funding supports collaborations such as this.</p>
Sex	NI	
Sexual orientation	P	<p>People who are LGBTIQ+ are more likely to experience mental health conditions, often triggered by experiences such as discrimination, homophobia, social isolation, rejection or difficult experiences of coming out. Should a specific unmet need be identified for this group this could be provided through our mental health offer. People within this group are able to access all of the services so would benefit from continued funding.</p>

HEALTH INEQUALITIES

2.3	Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.
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<p>Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics, and experiences, such as age, gender, disability, and ethnicity</p> <p>A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities</p> <p>Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.</p> <p>If you need assistance in completing this section, please contact: Alicia Philips or Lisa Young in Public Health for more information. More details and worked examples can be found at https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx</p>	
Question	Issues to consider
2.3a What HIs exist in relation to your work / plan / strategy	<ul style="list-style-type: none"> ● Explore existing data sources on the distribution of health across different population groups (<i>examples of where to find data to be included in support materials</i>) ● Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation
	<p>Response:</p> <p>Services delivered under this grant programme support people from groups that often experience health inequalities including lower-life expectancy, poorer health and difficulties accessing mainstream health services (including health screenings), including people with mental health conditions, learning disabilities and sensory impairments. People with learning disabilities often have comorbidities, and medication for severe mental health conditions can have side effects that affect the health of the patient, particularly when a combination of drugs are required to stabilise mental health. Additionally, carers, older people and those with limited mobility or who are socially isolated are less likely to access screenings and address health concerns early due to access issues. This can exacerbate health issues meaning they are more serious when they are identified, and therefore prognosis poorer. People with dementia or learning disabilities are also at risk of receiving less effective or later care for other health concerns due to issues with communicating pain or health needs.</p>

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	<p>There is not an equal likelihood of having good physical and mental health in England. Risks for poor physical health and poor mental health are higher for people in lower socioeconomic groups, some BAME groups and for women. People from households with the lowest income are 30% less likely to take part in physical activity.</p> <p>Women, people from BAME communities, carers, people with a history of unemployment or unstable, poorly paid employment, manual workers, and people living in areas of deprivation are at a greater risk of isolation, physical inactivity, and lack of mental stimulation because of the environments and circumstances in which they live. Poverty and low income, living alone, caring responsibilities, living in poor housing conditions or degraded neighbourhoods, lack of access to green space and learning opportunities prevent people from remaining socially connected, physically active and mentally stimulated, increasing their risk of health concerns.</p>
<p>2.3b How might your work affect HI (positively or negatively).</p> <p>How might your work address the needs of different groups that share protected characteristics</p>	<p>Consider and answer below:</p> <ul style="list-style-type: none"> ● Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income ● Consider what the unintended consequences of your work might be
	<p>Response:</p> <p>a. Potential outcomes including impact based on socio-economic status or geographical deprivation</p> <p>Currently funded organisations deliver across the City, but some projects focus specifically on areas where people have greater health inequalities. For example:</p> <ul style="list-style-type: none"> - Grapevine are running a community pilot in Willenhall. - Sahil and Tamarind (via Mind grant) operate Wellbeing Hubs in more deprived communities, and in areas that are easily accessible by local people. - Age UK offer support and information with a wide range of issues people may experience, including related to socio-economic status.



We will continue to require that funded organisations take these needs into account and that all face-to-face work is delivered in accessible venues to as many people in the City as possible.

- b. Potential outcomes impact on specific socially excluded or vulnerable groups e.g. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.

All services funded under this grant must work towards outcomes which include improved health and wellbeing for people they support. Some examples of specific work to address health inequalities by currently funded organisations include:

- Grapevine support delivery of annual health checks for people with learning disabilities, meaning emerging health concerns can be identified.
- Sahil and Tamarind (via the Mind grant) work specifically in BAME communities where disproportionately low use of mental health services has been identified. They undertake specific activities to destigmatise mental health and encourage members of these communities to access support, including speaking on local radio programmes and running cooking and social groups that also offer mental health support.
- Carers Trust deliver Carers Assessments which identify the specific needs of the carer. Carers often experience health inequalities due to a focus on the needs of the cared for person.
- Good Neighbours seeks socially isolated older people and connects them with volunteers and their local community, improving their wellbeing.
- Mind offer support for people with mental health conditions to access services, supporting them to attend appointments and identify ways to improve their health and wellbeing. Mind's Recovery Academy runs courses to meet identified needs, which include focus on staying well with certain conditions.

We would expect funded organisations to continue taking initiatives such as these to tackle health inequalities. Organisations will be monitored to ensure they remain vigilant to any health inequalities inadvertently affecting people in the way they deliver services – for example where there are comorbidities (e.g. ensuring the mental health offer is accessible to people with a learning disability).

2.4 Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above?



- Ensure EIA is considered and regularly reviewed as part of development with services and monitoring.
- Possible inequalities and ways to address these will be explored as part of individual work with providers and also provider forums.
- Provider forums will be used to develop relationships between organisations and ensure comorbidities are catered for in service delivery.
- Coproduction activity will be increased, ensuring groups are as representative as possible. Potential barriers to access will be explored and mitigated.

DIGITAL INCLUSION

<p>2.5</p>	<p>The Covid-19 pandemic accelerated the uptake of digital services nationally, whereby people who are digitally enabled have better financial opportunities, can access new information and are better connected to others (Lloyds Consumer Digital Index, 2021). However, for those who are digitally excluded, the digital divide has grown during the last two years, and without intervention people will be left behind with poorer outcomes across employment, health and wellbeing, education and service access. Some people are more likely to be excluded including: older people, people from lower income households, unemployed people, people living in social housing, disabled people, school leavers before 16 with fewer educational qualifications, those living in rural areas, homeless people, or people who's first language is not English (NHS Digital.)</p> <p>Some of the barriers to digital inclusion can include lack of:</p> <ul style="list-style-type: none"> • Access to a device and/or data • Digital skills • Motivation to get online • Trust of online safety <p>Digital exclusion is not a fixed entity and may look different to different people at different times.</p> <p>Example 1. Person A, has access to a smartphone and monthly data and can access social media apps, however lacks the digital skills and confidence, and appropriate device to create a CV, apply for jobs and attend remote interviews, and/or access educational and skills resources.</p> <p>Example 2. Person B, is digitally confident and has their own laptop, however due a lower household income and other financial priorities, they cannot afford their monthly broadband subscription and can no longer get online to access the services they need to.</p> <p>Example 3. Person C has very little digital experience and has heard negative stories on the news regarding online scams. Despite having the financial resource, they see no benefit of being online and look for</p>
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Appendix 1 EQUALITY IMPACT ASSESSMENT (EIA)



<p>alternatives whenever possible. A new council service requires mandatory online registration, therefore they do not access it.</p> <p>It is important that we all consider how we can reduce digital inequalities across our services, and this may look very different depending on the nature of our work.</p> <p>Please answer the questions below to help identify if the area of work will have any impact on digital inequalities, positive or negative.</p> <p>If you need assistance in completing this section please contact: Laura Waller (<i>Digital Services & Inclusion Lead, CCC</i>). More details and worked examples can be found at https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx</p>	
Question	Issues to consider
2.5 What digital inequalities exist in relation to your work / plan / strategy?	<ul style="list-style-type: none"> • Does your work assume service users have digital access and skills? • Do outcomes vary across groups, for example digitally excluded people benefit the least compared to those who have digital skills and access? • Consider what the unintended consequences of your work might be.
	<p>Response:</p> <p>Services do not assume people have digital access and skills. While many of our existing providers moved to a more digital offer during the pandemic and in many cases an element of this has been retained, all organisations will be required to also provide a face to face offer to ensure they remain accessible to all.</p>
2.5b How will you mitigate against digital inequalities?	<ul style="list-style-type: none"> • If any digital inequalities are identified, how can you reduce these? For e.g. if a new service requires online registration you may work with partner organisations to improve digital skills and ensure equitable processes are available if someone is unable to access online.
	<p>Response:</p> <p>We will continue to monitor organisations' use of digital and face to face offers. Current services such as Age UK and Alzheimer's Society actively support people who are digitally excluded by offering telephone or face to face information that others may access via the internet. We will ensure that engagement does not rely solely on an online offer.</p>

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2.6 How will you monitor and evaluate the effect of this work?

This will be monitored and evaluated through quarterly grant monitoring with each organisation, and via the provider forum where organisations will be asked to share experiences and expertise.

2.7 Will there be any potential impacts on Council staff from protected groups?

There may be positive impacts on council employees who use these services as individuals, but numbers are not available.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

Headcount:

Sex:

Female	
Male	

Age:

16-24	
25-34	
35-44	
45-54	
55-64	
65+	

Disability:

Disabled	
Not Disabled	
Prefer not to state	
Unknown	

Ethnicity:

Religion:

Any other	
Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
No religion	
Sikh	

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White	
Black, Asian, Minority Ethnic	
Prefer not to state	
Unknown	

Prefer not to state	
Unknown	

Sexual Orientation:

Heterosexual	
LGBT+	
Prefer not to state	
Unknown	

3.0 Completion Statement

As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:

No impact has been identified for one or more protected groups

Positive impact has been identified for one or more protected groups

Negative impact has been identified for one or more protected groups

Both positive and negative impact has been identified for one or more protected groups

4.0 Approval

Signed: Head of Service:	Date: 17/11/22
Name of Director: Pete Fahy	Date sent to Director: 17/11/22
Name of Lead Elected Member: Councillor Mal Mutton	Date sent to Councillor: 17/11/22

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Email completed EIA to equality@coventry.gov.uk