
EQUALITY IMPACT ASSESSMENTS AND CUMULATIVE IMPACTS

Responsible Cabinet Member - Councillor Bill Dixon,
Leader and all Cabinet Members

Responsible Director - Chief Officers Executive

SUMMARY REPORT

Purpose of the Report

1. To inform members of the impact of the Medium Term Financial Plan 2016-20 on services, particularly to vulnerable people and the cumulative impacts on protected characteristic groups. This report also makes recommendations about the proposals for mitigation set out in the Future Fund proposals.

Summary

2. In considering the budget proposals the Council needs to comply with the Public Sector Equality Duty. Under Section 149 of the Equalities Act 2010 'due regard' must be given to the need to:
 - (a) eliminate discrimination, harassment, victimisation and any other conduct prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.'
3. To assist the process of taking 'due regard' in all areas where proposals are deemed to have a potentially negative impact or affect protected characteristic groups as part of the consultation exercise, the Council has undertaken equality impact assessments (EIAs).
4. Attached at **Appendix 1** are the individual equality impact assessments for specific MTFP proposals. **The individual equality impact assessment forms contain detailed analysis of the equality impacts of individual proposals and must be read in full by Members. It is insufficient only to read this report.** There are other proposals that were considered, through an initial equalities impact assessment screening, to have no or negligible impacts on the protected characteristics and therefore a full EIA was not undertaken for these proposals.

5. Cabinet have considered the whole of the Council's budget in developing the MTFP and it has and will consider the individual impacts and the cumulative impacts as described below. Where possible, mitigations will be put in place however the scale of budget reductions included in the main MTFP report in addition to those previously made, means that it is not possible to mitigate all impacts.
6. An overarching summary of the protected characteristics impacted by the proposals within the MTFP is given in **Appendix 2**.
7. However, in order to show the cumulative or multiple impacts as simply as possible, a risk based approach has been adopted. This plots the impacts against indices showing both the **likelihood** of an impact on a particular protected characteristic group and the **severity** of the impact if it occurs. These assessments are all provided (one for every protected characteristic) in **Appendix 3**.
8. Based upon the information provided in the individual detailed EIAs in Appendix 1 and the summary provided in Appendix 3 the main impacts relating to each of the protected characteristics are set out in the body of the report below.
9. The protected characteristics that have been considered in this report are:-

Protected Characteristics
Sex
Age
Marriage & Civil Partnership
Race
Disability- broken down into: <ul style="list-style-type: none"> - Mental Health - Learning Impairment - Mobility Impairment - Visual Impairment - Hearing Impairment - Multiple Impairments - Long Term Limiting Illnesses
Religion & Belief
Sexual Orientation
Gender Reassignment
Pregnancy & Maternity

10. Due to the considerable cumulative impact across protected characteristic groups, a section dealing with 'Mitigations' (paras. 58-62) brings together the actions/investments that will help mitigate the worst impacts and can be found later in the main body of this report.
11. Impacts are to be found across all protected characteristics except 'Marriage & Civil Partnership' and to a very small degree on 'Religion & Belief'. The most significant protected characteristic impacts are to be found on women and children/young people (particularly in relation to domestic violence) and on disability: both physical and very significantly on mental health/learning impairment disabilities.

12. The results of the EIAs and the assessment of cumulative impacts across proposals gives further rationale and justification for the Futures Fund proposals in relation to support for vulnerable groups. There is also ongoing constructive dialogue with other public service partners to explore the scope to work together on mitigation as impacts become apparent.

Recommendations

13. It is recommended that:

- (a) Members consider the findings of the individual EIAs and the summary contained in this report and specifically the further detail shown in Appendix 3.
- (b) Members use this to inform decisions regarding the MTFP proposals and the deployment of the Futures Fund.
- (c) Members agree the following Futures Fund allocations to help mitigate the worst impacts identified later in this paper:
 - (i) £160,000 on floating housing related support for vulnerable adults; domestic violence victims and those with substance misuse issues;
 - (ii) £50,000 on a small community development/VCS engagement function to help support the work of developing the third sector.
 - (iii) A non-recurring £100,000 split between: £50,000 for a 'transformation fund' to assist the voluntary sector to drive efficiencies, be in the best position to bid for external funding and to increase resilience in the sector going forward and also £50,000 to support the development of more voluntary sector provision in the delivery of early help services to vulnerable children and families in conjunction with a redesigned early help (statutory service) offer.
 - (iv) £20,000 CDCF match funding for grants to support voluntary sector services, £13,000 council contribution to the Darlington Partnership and a one off £50,000 to increase the volunteering contribution in Darlington – all aimed at increasing capacity, resilience, ability to bid for funds and tapping into and making optimum use of the resources and people of Darlington to build stronger communities.
- (d) Members note that there are also proposals relating to the Community Care Fund and Financial Inclusion Crisis Fund which will have a significant contribution to mitigation of the impacts outlined in this report and reference should be made to a separate report containing recommendations on these funds.
- (e) Members agree that further work is to be undertaken to investigate the retention of the Companion Bus Pass option on the principle of developing a sustainable scheme which is a combination of a more robust criterion and assessment for entitlement and an annual charge at a level to be determined. That the development and implementation of a scheme on these principles be

delegated to the Director of Economic Growth in consultation with the Portfolio holder.

Reasons

14. The recommendations are supported by the following reasons:-

- (a) To build stronger communities and help mitigate some of the impact of the MTFP proposals on vulnerable groups and specific protected characteristics identified through the equalities impact assessment process.
- (b) The duty for members to have 'due regard' to the Public Sector Equality Duty pursuant to Section 149 of the Equalities Act 2010 and to fully consider the contents of the EIAs produced in respect of individual proposals.

Chief Officers Executive

Hilary Hall: Extension 5851

S17 Crime and Disorder	There will be less capacity to help those residents with complex and chaotic behaviours engage with services, treatment and advice which could result in increases in anti-social behaviour and crime. The Future Funds will help to mitigate some of these consequences but is limited in the level of service that can continue to be funded.
Health and Well Being	There will be negative impacts on the health and well-being as the degree of early/preventative work will be significantly impacted, though the Future Funds will in part mitigate these. Work to build stronger communities will require cross sector support to improve health and well-being
Carbon Impact	There are no carbon impact implications in this report
Diversity	The local authority has carried out impact assessments on each of the proposals to cut services referred to in this report. Because of the wide ranging level of cuts the impacts cannot be fully mitigated but the local authority will work with partners from all sectors to look for further opportunities to mitigate the negative impacts where possible.
Wards Affected	All wards will be affected by these proposals although it is likely that the most deprived wards will be more impacted upon than those more affluent areas.
Groups Affected	Groups who are affected cover a wide range of protected characteristics but EIA activity has particularly highlighted women and children and those with a disability/mental health as being affected most.
Budget and Policy Framework	This report forms part of the proposals set out in the MTFP budget and policy framework.
Key Decision	This report forms part of the MTFP and requests the allocation of Future Funds and as such will require decision by Council
Urgent Decision	This is not an urgent decision.
One Darlington: Perfectly Placed	The impacts outlined in this report are specifically on 'people' and therefore proposals referred to in the Futures Fund also focus on what can be done to mitigate the worst risks identified specifically about vulnerable people.
Efficiency	This report outlines the impacts as a result of making efficiency savings to council spend but also proposals to mitigate some of this but it should be noted that significant impacts on services to support vulnerable people will remain.

MAIN REPORT

Equality impact Assessments – identified impacts on Protected Characteristics

15. This report is informed by the detailed equality impact assessments (EIAs) that have been undertaken as part of the MTFP consultation process.
16. Each of the protected characteristics will be considered in turn and reference should be made to Appendix 3. Appendix 3 aims to demonstrate, in a visual way, how specific proposals impact on particular protected characteristics i.e. by considering both the likelihood that the characteristic is impacted and then the severity of that impact. In this way the relativity of impacts can be clearly seen.
17. Specific proposals that impact on individual characteristics are highlighted below (with the MTFP proposal reference number provided in brackets for ease of reference).

Sex

18. There are some specific impacts on Gender. For example, there are a number of proposals that particularly affect those women who are victims of domestic violence and access support through the floating support housing related service (C3). The same individuals make significant call upon the social fund due to their circumstances (S13), they use children's centres as a safe engagement space (HU1), and will be directly impacted by the proposal to remove the target hardening scheme which improves property security thus allowing women (and their children) to stay in their own homes (S7). It should be noted that 94% of cases seen via the MARAC (multi agency risk assessment conference in relation to domestic violence) are female, however, it is unlikely that the proposal in the MTFP (S10) will result in a service reduction.
19. Females are more likely to be on a low income and in debt, particularly as lone parents, more likely to be earning the national minimum/living wage and be part time and therefore are more likely to access financial inclusion services which currently are provided by a range of services partly funded by strategic grants (S14). Proposals are set out later in the mitigation section to address these issues.
20. Other proposals also impact more on the female population – for example: public health mental health - access to arts on prescription (S5) where 80% of service users are female, and access to obesity prevention, support and advice services (S9) due to a higher prevalence in the female population – just under 70% of service users are female; women and girls participation in exercise is generally lower. Also, 70% of service users of DAD are female so the proposal to cease funding for the DAD information co-ordinator (C9) may impact more on women.
21. However, there are some significant impacts on the male population also. Proposals that particularly impact on the male population are floating housing related support for those with substance misuse issues (C6) although the service is available to both genders the service is predominantly accessed by men. Single men are also the biggest single demographic group accessing the social fund (S13)

as they find little support elsewhere and men make up 80% of users of the key point of access services (C4), albeit that access to housing support services will still exist post MTFP implementation with a 'virtual gateway' for individuals to have their needs assessed at point of presentation. It should also be noted that the majority of individuals diagnosed with HIV are men. Men in general are less likely to engage with formal services than women, meaning that the proposal to cease funding to GADD (C9) impacts more on the male protected characteristic, men are less likely to seek out and engage with alternative provision. About 80% of allotment holders are men so an increase in charges (W10) would impact more on this gender and proportionately more than their prevalence in the population as a whole.

Age

22. There is a higher impact on children and younger adults as a result of the proposals – for example: whilst a range of proposals impact (as established above) on women affected by domestic violence – these women tend to be younger women and often with children (68% of the women responding to the domestic violence floating support (C3) EIA were aged 21-30), and a reduction in the target hardening service (S7) may lead to children being more likely to need to move house and school in order to remain secure, with the disruption this causes. Although the MARAC proposal (S10) is unlikely to lead to a reduction in service it should be noted that the average number of children living in every MARAC household since January 2016 has been 1.26 so any reductions in this area would impact on children. 37% of clients using the floating support for domestic violence victims met the MARAC threshold. The housing related proposal within the Futures Fund will mitigate the impacts to some degree with the re-scoped service still making provision for those presenting with greatest needs and able to offer a range of interventions.
23. Other proposed service reductions likewise impact more on children and young people/young adults e.g. removal of the early support service providing assistance to families with 0-3 year olds who have developmental needs linked to a disability (HU5) ; reduction in housing related floating support for young people aged 16-25 on the 'Positive Support Pathway'(C7) which would see community based support reduce by a third; removal of the ASPIRE service (C8) providing support to school leavers with learning difficulties to move from education into employment aiming to support people to live independently - where all the service users are aged between 21 and 28; funding to support GADD for those newly diagnosed with HIV (C9) where the majority of service users are under aged 28 years and reduction in funding to Healthwatch (C12) which specifically focuses on engaging with young people through 'Youthwatch Darlington'. Young people tend to have less alternative support available and on average more than 1 out of every 2 social care grants go towards supporting a child (S13).
24. It should be noted that proposals HU1 – HU5 specifically relate to children's services and are subject to further work to look at the future operating model for children's social care. Specific consultation will take place at a later date regarding the detail of these proposals once determined and therefore are not covered in this report.
25. The library services are used by a range of ages (W03, W05 and W06). The mobile library service is predominantly used by older people, young mothers with small

children and school children. However, Approximately 43.5% of respondents to the library consultation were aged over 64 years. Older people are likely to incur a more significant impact as a result of the proposal to re-locate the central library as they are more likely to have limited mobility or physical disabilities which may make accessibility more difficult when crossing market square or negotiating Tubwell Row due to the sloping nature of the road and steps. For some with carer responsibilities or older people with mobility or visual problems, or those with the need for better disabled access, the out of town library options of Cockerton or mobile library service may make access easier, so the library proposals may negatively impact more on these groups. There will be an impact on primary school children from three local primary schools who attend by walking to Cockerton Library and there would be a reduction in opportunities for baby/young children activities that currently run out of this venue.

26. Older people and/or those with a mobility impairment may currently use the mobile service and gain access by a step lift to the van and may not be able to access a town centre location which may therefore increase their social isolation and lack of feeling of independence. As a single level building with a free car park, very good disabled access and with dedicated disabled spaces, the proposal to close Cockerton library would impact on those with mobility issues who may not be able to access/afford the town centre option, when combined with changes to blue badges and concessionary fares as outlined below. The Housebound service will be expanded and is delivered to the customer's home but this will reduce the opportunity to browse books and would not provide quite the same level of social interaction.
27. Other proposals that impact more on the general adult population or older people are: the reductions in the floating housing related support for vulnerable adults (C5) with the biggest user demographic being 50-59 year olds – there is no alternative community based service provision for this age group and there will be a significant reduction. Direct interventions or prevention programmes aimed at increasing healthier lifestyles, behaviours and reducing obesity (S9) will impact more on the older working population/early retired as residents aged 50-69 are almost twice as likely to be impacted by this proposal. Other impacts include the loss of strategic grants to some voluntary organisations that provide advice and support primarily to adults and for older people who may find it more difficult to access alternative sources of information (S14). 70% of blue badge holders (W20) are aged over 64 years so this proposal will have a disproportionate impact on the older population. Whereas the removal of concessionary bus passes (W15) will have a more negative impact on working age adults as almost 85% of pass holders who are granted a companion bus pass are aged between 17 and 67.
28. Healthwatch provide administrative support for the Ageing Well network which could be impacted by proposal (C12). 36% of DADs service users are aged over 64 years, with the removal of the information co-ordinator post (C9) older people may find it harder to access alternative resources such as on-line. The proposal to increase charges for allotments (W10) would impact more on older people who may be less able or willing to pay an increase – 45% of plot holders are aged over 65 years, 19% are aged 55-64 years.

Marriage & Civil Partnership

29. This protected characteristic is not deemed to be impacted by the MTFP proposals.

Race

30. There is a greater impact on minority ethnic groups as a result of some proposals. The vulnerable adults floating housing related support service (C5) sees a greater percentage of individuals from minority ethnic backgrounds than are represented in the Darlington population overall. Impacts cited are lack of alternative support to deal with correspondence and contact agencies. The futures fund will enable a level of service to be offered to those of greatest presenting need and a safety net of 'duty' support worker for quick interventions. There is likely to be a particular impact on BME groups if the Healthwatch (C12) funding is reduced as currently it provides volunteer Health Connectors to identify with and help represent under supported and isolated residents, overcoming cultural and language barriers. BME groups also tend to be lower income, live in deprived wards and be under claiming benefits, they could be impacted by availability of information and advice re financial inclusion (S14). The proportion of service users of preventative programmes related to reducing Obesity (S9) is 6% and therefore higher than prevalence in the population. There are significant health inequalities related to obesity in BME populations with greater prevalence of obesity related diseases such as diabetes. The proportion of early support service (HU5) users from an ethnic minority group is also greater than for Darlington as a whole. It should be noted that 7% of DADs service users are from a BME background which is twice the prevalence in the population and therefore may be impacted more by the removal of the Information Co-ordinator post (C9).

Disability

31. This term can cover a wide range of disabilities so the sections below aim to show the more specific impacts on particular disability groupings. The more detailed analysis is summarised for each group in Appendix 3 and should be referred to.

Mental Health

32. Significant proportions of the respondents to the EIA process identified themselves as having a mental health problem and were concerned about the detrimental impact on their mental health. This was the most common 'disability' characteristic identified through EIAs. These were reported at much higher levels than the general prevalence within the population so would disproportionately impact. Consistent themes are around: the ability of the services to provide support to improve the emotional and mental health well-being of individuals and thereby to increase their confidence and ability to undertake tasks of daily living, create a routine, support to attend appointments and engage with treatment services, having meaningful daily activities and be signposted to and supported to engage with education, training and employment. Support currently available also helps individuals maintain a tenancy successfully and prevent homelessness, learn independent living skills, manage self-harm and social isolation, take back control of their lives, know how to access support and advice, deal with debt and correspondence and access support to move to healthier lifestyles.

33. A significant or very high mental health impact can be seen in the following proposals with significant proportions of users of these services identifying themselves as having a mental health issue: (C6) Cease drug and alcohol floating housing related support, (C5) Cease vulnerable adults floating housing related support, (S5) reductions from Public Health mental health access to arts on prescription, (C9) Cease funding to Gay Advice Darlington, (S13) Social fund budget – individuals with a mental health issue are 5 times more likely to be in debt crisis; (S14) impact of Strategic Grants and availability of financial inclusion advice/support; (S9) Prevention proposal relating to obesity – where significant inequalities already exist regarding the impact of obesity on health outcomes for this group and where exercise is proven to have a significant positive effect on improving mental health.
34. Other significant impacts are noted for: (C3) Cease floating housing related support for domestic violence victims, (C4) Cease Key Point of Access where often individuals with more complex issues prefer to present and engage with a non-statutory provider and (C7) cease some elements of the young person's pathway. 14% of DADs service users have a mental health condition and therefore may be impacted more by the removal of the information co-ordinator post (C9). Healthwatch provide administrative support for the Learning Impairment Network and the Mental Health network which could be impacted by the proposal to reduce funding (C12).
35. The section on mitigation later in this report outlines the proposed investments in the futures fund to specifically address impacts relating to housing related support, social fund and financial inclusion.

Learning Impairment

36. Another significant disability protected characteristic impacted by the proposals is people with a learning impairment. This is particularly the case in the area of (C8) to cease the funding of the Aspire service which supports school leavers with a learning impairment to move from education into paid employment. Some individuals accessing this service will also have chronic long term conditions or multiple impairments. There is some mitigation in that young people still have access to support services at Darlington College and Careers England and work is starting with Darlington Cares to explore potential support in this area too however, some employers have indicated they would not be able to continue the placements for these individuals without support from these services. This would have a detrimental impact upon their well-being.
37. Other areas with a high impact on people with a learning impairment are: (HU5) removal of the early help support service, a large proportion of the children accessing the early help support service have developmental delay – some families may still receive some level of statutory support and the development of a first point of contact function elsewhere in the council will provide some sign posting and advice and will assist in mitigating some of the impact on families. (W15) removal of concessionary bus passes for companions' impacts as just under a quarter of pass holders were granted a companion bus pass on the basis that they have a learning impairment. Should this proposal therefore mean that the individual is no longer able to travel - as neither they or their companion are able or willing to pay - then

the potential impact on their quality of life would be significant.

38. Areas that significantly impact include: proposals (C6) cease vulnerable people floating housing related support where 15% of respondents to the EIA identified themselves as having a learning impairment and (C7) reduce some elements of the young people's pathway where 25% of respondents to the EIA identified themselves as having a learning impairment, gaining help to obtain and maintain accommodation, understand correspondence and paying utilities. Likewise, a higher proportion of people with a learning impairment have used the Social Fund (S13) compared to the make-up of the population as a whole. Individuals with a learning impairment often have higher costs of living than those without and can find it harder to manage their budgets, particularly if they do not have access to support with financial capability. The Futures Fund proposes a continued community based housing related support service based on the greatest presenting need albeit at reduced levels and similarly a proposal relating to the social fund and financial inclusion.
39. Proposal (S9) to reduce preventative support regarding obesity will directly impact on this group as currently information, advice and support is tailored to meet the needs of this group and there are already significant inequalities relating to obesity and health outcomes for people with a learning impairment. People with a learning impairment are more likely to access the Key Point of Access (C4) than would be expected given their prevalence in the population of Darlington however the mitigation plan involves the development of the virtual gateway to allow a range of organisations to undertake assessments at the point of presentation or for the initial assessment to be completed by a worker who is already involved with the individual.
40. Mount Pleasant Primary School maintains a local authority funded Resource Provision Unit for approximately 20 pupils with social and communication difficulties, including Autism, from across the authority. Consultation on the proposal to close Cockerton Library (W05) identified that these children will find it hard to adapt to a change in personnel and place. They visit the library regularly as part of class visits and were sad to hear that the library might close. Walking to the library provides a free, safe and interesting visit for the children and affords them the opportunity to choose their own books.

Mobility Impairment

41. Residents with mobility issues would be disproportionately affected by proposals (W20) to introduce charging for off street parking for blue badge holders; (W15) the removal of concessionary bus passes for companions and (HU5) removal of early help support service. In order to be eligible for a Blue Badge, individuals must either have a diagnosed mobility and/or visual impairment. There is no breakdown available but it is likely that over 58% of holders have a mobility impairment. Likewise, just over half of concessionary pass holders were granted a companion bus pass on the basis that they have a long term disability/injury preventing ability to walk. In order to be eligible for a companion pass individuals must have been deemed unable to travel without the aid of a companion. Should this proposal therefore mean that the individual is no longer able to travel - as neither they or their companion are able or willing to pay - then the potential impact on their quality

of life would be significant.

42. Lesser impacts may be felt by those with mobility impairment in relation to the (S7) Sanctuary proposal regarding the removal of target hardening, as people with mobility problems would find it particularly difficult to relocate to a similar property, if it was unable to be made secure. Individuals with mobility issues often have higher costs of living than those without, which makes it harder to manage their budgets. Welfare reform, other MTFP proposals, including changes to adult social care charging policies, may also put further pressure on this group's incomes – 18% of grant recipients of the social fund (S13) identified themselves as having a physical disability. Strategic grants for providers of money information/advice services (S14) are impacted and a considerable proportion of people accessing these services will have a mobility problem or a long term limiting illness. Some mitigation will be possible via the financial inclusion crisis support and community care fund futures fund proposals, detailed in a later section of this report.
43. Based upon respondents to the EIAs there is also a higher usage of certain floating support housing related services by people with a mobility issue than would be expected based upon the prevalence of these disabilities within the population of Darlington as a whole i.e. (C6) drug and alcohol floating support. The application of the futures fund will allow a much reduced level of support for floating housing related support for those with drug and alcohol problems.

Visual Impairment

44. There will be a significant impact on people with a visual impairment from proposals (C5) Cease floating support to vulnerable adults and introduction of charges to blue badge holders (W20). 32% of respondents to the EIA regarding floating support identified themselves as having a visual impairment and specified the need for support in relation to correspondence and contact agencies. There is no breakdown available but it is likely that over 23.5% of blue badge holders have a visual impairment. There is a separate consultation ongoing currently regarding the re-location of the visual impairment service currently located at Vane House which although not part of the MTFP (and the service will continue) will impact on this group in terms of venue for the service. All options will be considered and the service will continue to work with service users on this issue.
45. Not as marked but still a considerable impact is noted in relation to (HU5) Early support – where 13% of users have identified themselves as having a visual impairment; with respectively (C6) drug and alcohol floating support (18%) and (W15) concessionary passes (8%). It is not known what proportion of the Sanctuary target hardening scheme's users have visual impairments but these individuals would find it particularly difficult to relocate to a similar property, if it was unable to be made secure, due to the reduction of the scheme.

Hearing Impairment

46. The impact on hearing impaired residents is less marked in respect of (W15) - fewer than 2% of concessionary passes are issued to those with a hearing impairment and there is a low level impact in respect of proposal (C4) key point of access. The proposal (C9) to cease room hire funding for the Deaf Club has an impact on those with a hearing impairment attending meetings but a solution has

been found to cover the cost of this via the club's existing subscriptions so is of minimal impact.

Multiple impairments

47. 60% of respondents to the EIA for the reduction of drug and alcohol floating support (C6) identified themselves as having multiple impairments (mainly due to the physiological and psychological impact of substance misuse) and half of the Aspire service (C8) users identified an additional impairment to their learning impairment, whilst a fifth of those responding to the young person's pathway (C7) EIA identified themselves as having more than one disability. There would continue to be community based support for young people based on the greatest presenting need and support through 'duty' support but this would be substantially less than present. Lesser levels of impact were identified in relation to the social fund – 6.5% of social fund grants went to households with multiple impairments (S13); early support service – 5% of children have multiple impairments (HU5) and the Key point of access (KPA) – 17% of respondents to the EIA identified themselves as having more than one disability (C4). A mitigation plan is being proposed for the KPA – as per the mitigation section below and a proposal regarding the social fund is in the futures fund.

Long term limiting illnesses

48. Almost a quarter of participants accessing the Arts on Prescription service (S5) have a long term limiting illness. Referrers will signpost individuals and families to resources provided by other agencies which will include web based information, telephone support or self-help groups, where they exist, but there is no similar service offered locally.
49. By the nature of the GADD information and advice support service for newly diagnosed HIV service users (C9), 100% have a long term limiting illness; there is no similar provision in this area which offers intensive and extensive counselling for this vulnerable group living with this condition.
50. Other proposals that may impact on the availability of support for those with a long term limiting illness are: (W15) concessionary passes; (S14) financial inclusion services provided by organisations partially funded by a strategic grant, (C5) floating support for vulnerable adults – 24% of respondents to the EIA identified themselves as an individual with a long term limiting illness and (C6) floating support for those with drug and alcohol problems – where the figure is 18%. The future fund will mitigate some of the impact in respect of the provision of a reduced level of outreach support and a proposal around financial inclusion crisis support.
51. Proposal (C9) to cease funding for the DAD information post will have a direct impact on the disabled population - 55% of DAD service users have a physical disability, 15% have a visual impairment, 8% have a hearing impairment, 8% have a learning impairment and 14% have a mental health condition. Removal of the Information Co-ordinator post would make it harder for individuals to find accessible information and advice specifically related to their disability. However, access to information is far better now than when the service was originally commissioned - via the internet and the Darlington Advice Network (DAN). Adult social care will be looking to consolidate its first point of contact and develop its ability to deliver high

quality information and advice. Work will also be taking place via the Better Care Fund to look at signposting to support /advice and work is to take place regarding the development of a community asset register to build on the support available to people within communities.

52. Proposal (S9) reductions in services for obesity, will potentially impact to a greater degree on people with a mobility/visual/hearing disability/multiple impairments as currently access to information, advice and interventions can be more specifically tailored to the needs of these groups through the Healthy Darlington Hub.

Religion and Belief

53. The only impact identified for this group as a result of the proposals is the reduction of funding to Healthwatch, (C12) who have undertaken specific work through Health connectors in relation to religious beliefs and cultural customs in an attempt to reduce barriers to engagement and access to services, this type of work could be impacted by service reductions.

Sexual Orientation

54. Specific impacts that have been identified for this protected characteristic are: a higher level than population prevalence would suggest in the number of presentations made to the social fund (S13) by the LGBT community and (C4) cease key point of access (KPA) - possibly higher numbers access the First Stop service as this group feels more comfortable accessing a non-statutory service. A mitigation proposal for both elements of the social fund and KPA is given in the mitigation section below.
55. The biggest impact however, on the LGBT population, is proposal (C9) cease funding to GADD. Whilst the funding specifically funds advice to those newly diagnosed with HIV (which is a very small number per annum) the funding in effect contributes overall to GADD being able to provide an advice and support service to the wider HIV population and those of a gay, lesbian, bisexual or transgender protected characteristic. The ceasing of this support would very significantly impact on this protected characteristic group and the impacts on the HIV population specifically would be a very adverse impact upon their mental health including management of suicidal feelings and self-harm; anxiety and relationship issues, feelings of social isolation, deteriorating mental health upon diagnosis, loss of control and worry about the impact on daily life/employment.

Gender Re-assignment

56. The specific impact that has been identified for those with the protected characteristic of gender re-assignment is from proposal (C9) cease funding to GADD. This is the only service to represent and provide support to this protected characteristic group locally.

Pregnancy and Maternity

57. The proposal (C3) cease floating support to victims of domestic abuse has been identified as impacting on this protected characteristic group – there is strong evidence to suggest that when women are pregnant this acts as a catalyst to

increased occurrence of domestic abuse. 5.9% of sanctuary (S7) users over the last year were pregnant women so the impact of this proposal on this group is significant. A proposal to retain some funding for floating housing related support to victims of domestic abuse is contained within the futures fund.

Mitigations

58. As indicated above, proposals are contained within the proposed Futures Fund for a range of support to help mitigate the worst of the impacts identified. The proposals include retaining £160,000 of the non-statutory spend to help support particularly vulnerable adults, domestic violence victims and those with substance misuse issues, albeit not to current levels of service. There are also separate proposals relating to the Community Care Fund (£150,000) and Financial Inclusion Crisis Fund (£100,000) – both of which are covered within a separate report. All of these will target the most vulnerable in the Darlington community and help to mitigate some of the risks identified for protected characteristic groups especially around mental health and disabilities. The mitigation plan for the ceasing of the Key Point of Access is the development of the Virtual Gateway which will provide the opportunity for a range of organisations to undertake assessments of needs at the point of presentation or for the initial assessment to be completed by a worker who is already supporting the individual. Also, it is proposed that the removal of the discretionary early support service is deferred until 1 April 2017 and is reconfigured as part of a new overall early help service.
59. A small community development and engagement resource (£50,000) is proposed to work with the third sector to develop a robust voluntary sector that can become more resilient and self-sufficient in funding terms and the Futures Fund also proposes some one-off investments: £50,000 for a Transformation Challenge Fund to assist the voluntary sector to collaborate and share resources and make the optimum use of funding and ability to bid for external funding to build on what is available locally. In recognition of a poorly developed children's voluntary sector £50,000 is proposed to support the pump priming/development of a stronger provision for vulnerable children and families in conjunction with the design of a new early help offer.
60. The council is committed to working with other partners on the development of a more flexible grant regime. £20,000 match funding for bids to CDCF is proposed and through working with other partners, the council is committed to building a bigger fund for voluntary sector groups helping to cover some core running costs but building in incentives for collaboration across the sector and efficiency. The aim is to enhance the voluntary sector contribution to Darlington working alongside statutory services. The results of the impact assessment work undertaken will help to shape priorities for the use of this fund.
61. The council will also continue to fund its contribution to the Darlington Strategic Partnership that vitally brings together the business, public sector, voluntary sector and the council to collectively work together to develop and deliver solutions to Darlington's problems and opportunities (£13,000). It will continue to support the work of the Partnership and Darlington Cares and will seek to use the impact assessment work undertaken for the MTFP in influencing priorities for future work and in steering volunteering opportunities. Indeed, £50,000 has been allocated as a one off investment to increase the volunteering contribution within Darlington as

part of a collective response to the difficult economic climate and to support a sense of ownership, investment and pride in the town, by the people of the town.

62. The proposed removal of the companion bus pass does have a negative impact across a number of groupings within the disability protected characteristic. A number of options were put forward from users as part of the process. In order to try and mitigate the impact it is recommended that further work be undertaken to investigate options to retain the Companion Bus Pass option on the principle of developing a sustainable scheme which is a combination of a more robust criterion and assessment for entitlement and an annual charge at a level to be determined.

Conclusion

63. The multiple impacts identified through the detailed EIA work are considerable, with higher levels of impacts being identified particularly around women and children, mental health and disabilities. The proposed application of Future Funds to address the needs of vulnerable people has been borne out by the impacts identified through the EIA process and thereby validates these proposals as a key part of the mitigation plan.
64. It is expected that the Council's Scrutiny Committees will wish to build an analysis of the impacts of the MTFP as agreed, into their work programmes.