

## Shropshire Equality and Social Inclusion Impact Assessment (ESIIA)

### Local Welfare Provision – replacing the Social Fund

The Social Fund was introduced over two decades ago as part of the Fowler reforms of the Social Security system. The fund incorporated both statutory (Maternity and Funeral payments) and discretionary payments (Crisis Loans to avoid risk to health and safety, Budgeting Loans to spread the cost of paying for essential items that were difficult to budget for, and Community Care Grants to help establish the most vulnerable back into society or to prevent them from entering institutional care). These payments were administered using a broad framework of directions from the Secretary of State which gave basic rules after which, Decision Makers could use their discretion according to the facts of the application.

Administration of the social security system has changed significantly since the introduction with the increasingly remote administration making it more and more difficult to apply accurate discretion to customer applications.

The need for Local Authorities to take on local welfare support arose as a result of the government's decision to replace the old Social Fund system with a more locality based approach better able to focus on need in the local area and building on the programmes and services that were already in place so allowing the development of more efficient and joined up delivery models. Financial savings were envisaged via a more holistic approach that incorporated providers such as local furniture schemes and food banks as well as looking to advisory services and support structures as additions to, or alternatives to, cash help.

No statutory duty has been placed on Local Authorities for the delivery of local welfare provision.

### Shropshire Council Part 1 ESIIA: initial screening and assessment

Name of service change
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<p><b>Local Support and Prevention Fund</b></p>
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<p>This is a new provision that will deliver local welfare funding on decommission of the national Social Fund Scheme from April 2013.</p>
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Aims of the service change and description
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<p>This is a new service provision that is designed to assist vulnerable people who may be in crisis and experiencing difficulty in meeting their immediate short term needs. Additionally, the scheme aims to assist in maintaining a vulnerable person independently within the community. The scheme seeks to utilise alternative avenues of funding and help where practicable by working with partner providers across the County. This helps to protect the remaining funds for customers in need.</p>
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<p>Awards are discretionary and each customer is treated fairly and equitably with full consideration given to their circumstances. Robust guidance and procedures support fair and</p>
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consistent decision making with consideration given to the nature, extent and urgency of the need in every application.

### **Intended audiences and target groups for the service change**

Customers most likely to require this form of assistance may include (this list is not exhaustive):

- Families under exceptional pressure
- Homeless people or rough sleepers
- Vulnerable older people
- People fleeing domestic violence
- Young people leaving care
- People moving out of institutional or residential care
- Ex-offenders leaving prison or detention centres
- Chronically or terminally ill people
- People with alcohol or drug issues
- People with learning difficulties

Assistance to establish or maintain a new home in the community may be considered for customers who, for example (this list is not exhaustive):

- Have been in long term care
- Have left prison
- Have fled domestic violence
- Move to supported accommodation/independent living
- Need essential repairs to heating systems or modes of travel

### **Evidence used for screening of the service change**

**The following information was taken from analysis of the statistical data held by the Department for Work & Pensions on the usage of the national Social Fund scheme in 2009/2010, at the point where proposal for local delivery was consulted upon. The figures and resulting comments are attributed to the DWP.**

#### **Gender**

##### **Crisis Loans:**

In 2009/10 58% of Crisis Loans administered by the DWP were made to single males, 34% made to single females and 8% made to couples. The majority of applications are made by unemployed recipients with the award rate reflecting the profile of customers claiming Jobseeker's allowance at the time.

Under the social fund system there were no differences between male and female success rates and no indication this would change if a similar assessment of eligibility is applied using a similar criterion in a locally-delivered system.

<b>Table 1: Crisis Loan applications by gender Category</b>	<b>Number</b>	<b>% of total</b>
Couple	292,960	8%
Single Female	1,182,720	34%
Single Male	2,018,430	58%
Total	3,494,110	100%

### Community Care Grants

In 2009/10 49% of Community Care Grant final decisions made in respect to single females, 36% made in respect to single males and 15% made in respect to couples. The success rates for single females were higher (49%) than single males (42%) but lower than couples (53%). Single females who are more likely to be caring for children are advantaged by the current system. During the assessment stage higher number of women than men are seen as having sufficient needs to be awarded a Community Care Grant.

There is no evidence to suggest that this will change under a locally-delivered system using similar criteria.

<b>Table 3: Community Care Grant applications by gender Category</b>	<b>Number</b>	<b>% of total</b>
Couple	92,540	15%
Single Female	311,590	49%
Single Male	228,090	36%
Total	632,220	100%

## Age

### Crisis Loans

In 2009/10 a small proportion of Crisis Loans final decisions were made in respect of customers under 18 (3%) and over 45 (13%). The largest proportion (37%) of final decisions were made in respect of customers between 18 to 24 years old. Customers 65 and over also have lower success rates. Under the national scheme, younger and older people were disadvantaged. Anecdotal evidence suggests that there is reluctance from older citizens to apply for such help in the first instance. A more localised system, administered in collaboration with local partner services may encourage a more level rate of application across age ranges.

<b>Crisis loan applications by age Age band</b>	<b>Number</b>	<b>% of total</b>
Under 18	89,110	3%
18 to 24	1,283,090	37%
25 to 34	1,007,410	29%
35 to 44	655,930	19%
45 to 49	216,170	6%
50 to 54	129,410	4%
55 to 59	75,090	2%
60 to 64	23,700	1%
65 to 69	8,150	0%
70 to 79	5,280	0%
80 to 89	730	0%
90 and over	40	0%
Total	3,494,110	100%

### Community Care Grants

In 2009/10 the lowest proportions for final award decisions were made in respect to those below the age of 18 and over the age of 45. However, success rates are higher for those customers aged 45 and over.

Older people are currently advantaged by the system in respect of higher success rates and this may improve through a locally-delivered service.

<b>Table 7: Community Care Grants applications by age Age band</b>	<b>Number</b>	<b>% of total</b>
Under 18	8,490	1%
18 to 24	152,250	24%
25 to 34	167,460	26%
35 to 44	133,970	21%
45 to 49	50,760	8%
50 to 54	36,570	6%
55 to 59	27,020	4%
60 to 64	21,490	3%
65 to 69	13,730	2%
70 to 79	15,600	2%
80 to 89	4,390	1%
90 and over	490	0%
Total	632,220	100%

### Disability

#### Crisis Loans

In 2009/2010 31% of Crisis Loan final decisions were made in respect of disabled people.

There have been improvement in the number of disabled customers accessing Crisis Loans and there is no evidence to suggest that this will change in a locally-delivered system.

<b>Crisis Loan applications by disability status</b>	<b>Number</b>	<b>% of total</b>
Not disabled	2,334,300	66%
Disabled	1,096,270	31%
Not considered	5,650	0%
Unknown	76,690	2%
All	3,512,920	100

#### Community Care Grants

In 2009/10 33% of Community Care Grant final decisions were made in respect of disabled people.

Disabled customers are currently well served by the Community Care Grant system and there is no evidence to suggest that this will change in a locally-delivered system.

<b>Table 11: Community Care Grants applications by disability Disability status</b>	<b>Number</b>	<b>% of total</b>
Not disabled	358,890	57%
Disabled	210,620	33%
Not considered	4,850	1%
Unknown	59,560	9%

All	633,930	100%
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## Ethnicity

### Crisis Loans

In 2009/10 79% of Crisis Loan final decisions are made in respect of white customers with some ethnic groups receiving less than 1% of the final decisions and this remains consistent with previous years. Overall success rates are slightly higher for white customers than other groups. We do not currently know why there are different success rate for customers from different ethnic groups. A locally-delivered system would be able to identify the most vulnerable people in their area and intervene based on a risk to health and safety which could address this issue.

<b>Table 13: Crisis Loan applications by ethnicity Ethnic group</b>	<b>Number</b>	<b>% of total</b>
White	2,777,560	79%
Mixed	69,020	2%
Asian or Asian British: Indian	19,790	1%
Asian or Asian British: Pakistani	31,230	1%
Asian or Asian British: Bangladeshi	9,740	0%
Asian or Asian British: Other Asian	9,830	0%
Black or Black British: Black Caribbean	78,920	2%
Black or Black British: Black African	61,830	2%
Black or Black British: Other Black	21,270	1%
Chinese or Other Ethnic Group: Chinese	1,040	0%
Chinese or Other Ethnic Group: Other Ethnic Group	30,050	1%
Prefer not to say	178,790	5%
Unknown	223,840	6%
All	3,512,920	100%

### Community Care Grants

In 2009/10 65% Community Care Grant final decisions were made in respect of white customers with some ethnic groups receiving less than 1% of the final decisions and this remains consistent with previous years. However, there is a higher number of prefer not to say or unknown responses in this data set. Overall success rates are slightly higher for all ethnic minority customers (average of 46%) than white customers (average of 44%) and overall success rates have decreased at the same rate for ethnic minority and white customers from 2008/09 figures.

Customers from ethnic groups are currently well served by the Community Care Grant system and there is no evidence to suggest that this will change in a locally-delivered system.

<b>Community Care Grant applications by ethnicity Ethnic group</b>	<b>Number</b>	<b>% of total</b>
White	413,490	65%
Mixed	10,650	2%
Asian or Asian British: Indian	3,080	0%
Asian or Asian British: Pakistani	6,970	1%
Asian or Asian British: Bangladeshi	2,260	0%
Asian or Asian British: Other Asian	2,270	0%
Black or Black British: Black Caribbean	14,030	2%
Black or Black British: Black African	15,010	2%
Black or Black British: Other Black	3,760	1%
Chinese or Other Ethnic Group: Chinese	480	0%
Chinese or Other Ethnic Group: Other Ethnic Group	8,710	1%

Prefer not to say	32,830	5%
Unknown	120,400	19%
All	633,930	100%

### Gender Reassignment

We do not envisage an adverse impact on these grounds.

### Sexual orientation

We do not envisage an adverse impact on these grounds.

### Religion or belief

We do not envisage an adverse impact on these grounds.

### Marriage and Civil Partnership

We do not envisage an adverse impact on these grounds.

### Pregnancy and maternity

We do not envisage an adverse impact on these grounds.

**Comment on the above:** There is no evidence at present to suggest either a positive or a negative impact on the above groupings. However, our consultation process may help to confirm or otherwise assess the impact not only for these but also on grounds of age, disability, ethnicity or gender, and on grounds of social inclusion

### Specific consultation and engagement with intended audiences and target groups for the service change

This policy was subject to full public consultation across a range of media and utilising a number of partner organisations that represent or work with more vulnerable groups. 10 replies were received, 4 from social sector housing providers, 4 from voluntary and community sector workers, one from a member of the public and one from a member of Shropshire Council staff. The replies broadly endorsed the policy.

## Potential impact on Protected Characteristic groups and on social inclusion

### Initial assessment for each group

*Please rate the impact that you perceive the service change is likely to have on a group, through inserting a tick in the relevant column.*

Protected Characteristic groups and other groups in Shropshire	High negative impact <i>Part Two</i>	High positive impact <i>Part One</i>	Medium positive or negative impact	Low positive or negative impact <i>Part One</i>
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	<i>ESIIA required</i>	<i>ESIIA required</i>	<i>Part One ESIIA required</i>	<i>ESIIA required</i>
<b>Age</b> (please include children, young people, people of working age, older people. Some people may belong to more than one group eg young person with disability)			✓	
<b>Disability</b> (please include: mental health conditions and syndromes including autism; physical disabilities or impairments; learning disabilities; Multiple Sclerosis; cancer; HIV)		✓		
<b>Gender re-assignment</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				No adverse impact expected
<b>Marriage and Civil Partnership</b> (please include associated aspects: caring responsibility, potential for bullying and harassment)			✓	
<b>Pregnancy &amp; Maternity</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			✓	
<b>Race</b> (please include: ethnicity, nationality, culture, language, gypsy, traveller)			✓	
<b>Religion and belief</b> (please include: Buddhism, Christianity, Hinduism, Islam, Judaism, Non conformists; Rastafarianism; Sikhism, Shinto, Taoism, Zoroastrianism, and any others)				No adverse impact expected
<b>Sex</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			✓	
<b>Sexual Orientation</b> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				No adverse impact expected
<b>Other: Social Inclusion</b> (please include families and friends with caring responsibilities; people with health inequalities; households in poverty; refugees and asylum seekers; rural communities; people you consider to be vulnerable)		✓		

## Decision, review and monitoring

Decision	Yes	No
Part One ESIIA Only?	✓	
Proceed to Part Two Full Report?		✓

***If Part One, please now use the boxes below and sign off at the foot of the page. If Part Two, please move on to the full report stage.***

### **Actions to mitigate negative impact or enhance positive impact of the service change**

Further strengthening and integration into partnership working arrangements conducted through the Welfare Reform strand and making positive use of third party suppliers where appropriate will ensure value for money solutions and longevity for this supportive scheme throughout the period in which benefit provision nationally will be subject to change.

### **Actions to review and monitor the impact of the service change**

Following the full public consultation across a range of media, which also utilised a number of partner organisations that represent or work with more vulnerable groups, there will continue to be ongoing engagement with vulnerable households and across the Protected Characteristic groupings. The intention is that this will enable collection of local evidence about impact of the policy, including: any real or perceived barriers, such as methods in use for people to apply to the fund; the language used, e.g. use of plain English, e.g. options for interpreters where people's first language is not English; and effectiveness or otherwise of communication channels such as social media, and the role of local Shropshire Council councillors as community leaders in raising awareness of this policy."

Statistical data will be gathered via the Welfare Reform and Support Team inasmuch as system limitations allow. As applications are processed this will allow us to monitor the usage and effectiveness of both support and prevention payments in meeting need amongst citizens who may be more vulnerable to changes in the benefits system.

## Scrutiny at Part One screening stage

People involved	Signatures	Date
Lead officer carrying out the screening	<i>Chris Westwood</i>	13 May 2015
Any internal support		
Any external support	<i>Lois Dale</i> Mrs Lois Dale, Principal Rural Policy Officer; ext 5684	17 June 2015



<i>Head of service</i>		
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**Sign off at Part One screening stage**

<b>Name</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer's name</i> Chris Westwood, Customer Service & Welfare Reform Manager	<i>Chris Westwood</i>	13 May 2015
<i>Head of service's name</i> Rod Thomson, Director of Public Health		

## Shropshire Council Part 2 ESIIA: full report

### Guidance notes on how to carry out the full report

The decision that you are seeking to make, as a result of carrying out this full report, will take one of four routes:

1. To make changes to satisfy any concerns raised through the specific consultation and engagement process and through your further analysis of the evidence to hand;
2. To make changes that will remove or reduce the potential of the service change to adversely affect any of the Protected Characteristic groups and those who may be at risk of social exclusion;
3. To adopt the service change as it stands, with evidence to justify your decision even though it could adversely affect some groups;
4. To find alternative means to achieve the aims of the service change.

The Part Two Full Report therefore starts with a forensic scrutiny of the evidence and consultation results considered during Part One Screening, and identification of gaps in data for people in any of the nine Protected Characteristic groups and people who may be at risk of social exclusion, eg rural communities. There may also be gaps identified to you independently of this process, from sources including the intended audiences and target groups themselves.

The forensic scrutiny stage enables you to assess:

- **Which gaps need to be filled right now, to help you to make a decision about the likely impact of the proposed service change?**

This could involve methods such as: one off service area focus groups; use of customer records; examination of data held elsewhere in the organisation, such as corporate customer complaints; and reference to data held by similar authorities or at national level from which reliable comparisons might be drawn, including via the Rural Services Network. Quantitative evidence could include data from NHS Foundation Trusts, community and voluntary sector bodies, and partnerships including the Local Enterprise Partnership and the Health and Well Being Board. Qualitative evidence could include commentary from stakeholders.

- **Which gaps could be filled within a timeframe that will enable you to monitor potential barriers and any positive or negative impacts on groups and individuals further along into the process?**

This could potentially be as part of wider corporate and partnership efforts to strengthen the evidence base on equalities. Examples would be: joint information sharing protocols about victims of hate crime incidents; the collection of data that will fill gaps across a number of service areas, eg needs of young people with learning disabilities as they progress through into independent living; and publicity awareness campaigns that encourage open feedback and suggestions from a variety of audiences.

Once you have identified your evidence gaps, and decided on the actions you will take right now and further into the process, please record your activity in the following boxes. Please extend the boxes as needed.

**Evidence used for assessment of the service change: activity record**

*How did you carry out further research into the nine Protected Characteristic groups and those who may be at risk of social exclusion, about their current needs and aspirations and about the likely impacts and barriers that they face in day to day living?*

*And what did it tell you?*

**Specific consultation and engagement with intended audiences and target groups for the service change: activity record**

*How did you carry out further specific consultation and engagement activity with the intended audiences and with other stakeholders who may be affected by the service change?*

*And what did it tell you?*

**Further and ongoing research and consultation with intended audiences and target groups for the service change: activity record**

*What further research, consultation and engagement activity do you think is required to help fill gaps in our understanding about the potential or known affect that this proposed service change may have on any of the ten groupings and on the intended audiences and target groups? This could be by your service area and/or at corporate and partnership level.*

## Full report assessment for each group

Please rate the impact as you now perceive it, by inserting a tick. Please give brief comments for each group, to give context to your decision, including what barriers these groups or individual may face.

Protected Characteristic groups and other groups in Shropshire	High negative impact	High positive impact	Medium positive or negative impact	Low positive or negative impact
<b>Age</b> (please include children, young people, people of working age, older people. Some people may belong to more than one group eg young person with disability)				
<b>Disability</b> (please include: mental health conditions and syndromes including autism; physical disabilities or impairments; learning disabilities; Multiple Sclerosis; cancer; HIV)				
<b>Gender re-assignment</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
<b>Marriage and Civil Partnership</b> (please include associated aspects: caring responsibility, potential for bullying and harassment)				
<b>Pregnancy &amp; Maternity</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
<b>Race</b> (please include: ethnicity, nationality, culture, language, gypsy, traveller)				
<b>Religion and belief</b> (please include: Buddhism, Christianity, Hinduism, Islam, Judaism, Non conformists; Rastafarianism; Sikhism, Shinto, Taoism, Zoroastrianism, and any others)				
<b>Sex</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
<b>Sexual Orientation</b> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				
<b>Other: Social Inclusion</b> (please include families and friends with caring responsibilities; people with health inequalities; households in poverty; refugees and asylum seekers; rural communities; people you consider to be vulnerable)				

## ESIIA Full Report decision, review and monitoring

### Summary of findings and analysis - ESIIA decision

*You should now be in a position to record your decision. Please highlight in bold the route that you have decided to take.*

1. To make changes to satisfy any concerns raised through the specific consultation and engagement process and through your further analysis of the evidence to hand;
2. To make changes that will remove or reduce the potential of the service change to adversely affect any of the Protected Characteristic groups and those who may be at risk of social exclusion;
3. To adopt the service change as it stands, with evidence to justify your decision even though it could adversely affect some groups;
4. To find alternative means to achieve the aims of the service change.

*Please add any brief overall comments to explain your choice.*

*You will then need to create an action plan and attach it to this report, to set out what further activity is taking place or is programmed that will:*

- *mitigate negative impact or enhance positive impact of the service change,*
- AND*
- *review and monitor the impact of the service change*

*Please try to ensure that:*

- *Your decision is based on the aims of the service change, the evidence collected, consultation and engagement results, relative merits of alternative approaches and compliance with legislation, and that records are kept;*
- *The action plan shows clear links to corporate actions the Council is taking to meet the general equality duty placed on us by the Equality Act 2010, to have due regard to the three equality aims in our decision making processes.*

### Scrutiny at Part Two full report stage

People involved	Signatures	Date
<i>Lead officer</i>		
<i>Any internal support</i>		
<i>Any external support</i>		
<i>Head of service</i>		

### Sign off at Part Two full report stage

<b>Signature (Lead Officer)</b>	<b>Signature (Head of Service)</b>
Date:	Date:

## Appendix: ESIIA Part Two Full Report: Guidance Notes on Action Plan

Please base your action plan on the evidence you find to support your decisions, and the challenges and opportunities you have identified. It could include arrangements for:

- continuing engagement and involvement with intended audiences, target groups and stakeholders;
- monitoring and evaluating the service change for its impact on different groups throughout the process and as the service change is carried out;
- ensuring that any pilot projects are evaluated and take account of issues described in the assessment, and that they are assessed to make sure they are having intended impact;
- ensuring that relevant colleagues are made aware of the assessment;
- disseminating information about the assessment to all relevant stakeholders who will be implementing the service change;
- strengthening the evidence base on equalities.

Please also consider:

- resource implications for in-house and external delivery of the service;
- arrangements for ensuring that external providers of the service are monitored for compliance with the Council's commitments to equality, diversity and social inclusion, and legal requirements including duties under the Equality Act 2010.

And finally, please also ensure that the action plan shows clear links to corporate actions the Council is taking to meet the general equality duty placed on us by the Equality Act 2010, to have due regard to the three equality aims in our decision making processes.

These are:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations

***Note for 2014 refresh of our corporate equality impact assessment approach: Shropshire Council has referred to good practice elsewhere in refreshing the EINA material and replacing it with this ESIIA material. The Council is grateful in particular to Leicestershire County Council, for graciously allowing use to be made of their Equality and Human Rights Impact Assessments (EHRIAs) material and associated documentation.***

***For further information on the use of ESIIAs: please contact your head of service or contact Mrs Lois Dale, Principal Rural Policy Officer and internal policy support on equality, via telephone 01743 255667, or email [lois.dale@shropshire.gov.uk](mailto:lois.dale@shropshire.gov.uk).***