

Camden Council Equality Impact Assessment Form

Camden Council Equality Impact Assessment Form

Before beginning this equality impact assessment (EqIA) form, you should use the [EqIA screening tool](#) to decide whether you need to complete an EqIA for your activity and read the [EqIA guidance](#).

The term “activities” is used by the Council to mean a range of things, such as policies, projects, functions, services, staff restructures, major developments or planning applications.

Most significant activities that affect Council stakeholders will require an EqIA when they are in the planning stage. Many will also require an EqIA to monitor their impact on equality over time or if there is a significant change that prompts a review, such as in local demographics.

EqIAs help the Council to fulfil its legal obligations under the Equality Act’s public sector equality duty. The duty requires the Council to have due regard¹ to the need to:

- eliminate unlawful behaviour, such as discrimination, harassment and victimisation;
- promote equality of opportunity between those who share a protected characteristic and those who don’t; and
- promote good relations between people who share a protected characteristic and those who don’t.

The way that we demonstrate that we have due regard for these three aims, and therefore that we are complying with the public sector equality duty, is by undertaking an EqIA.

EqIAs will almost certainly be required when a new activity affecting people who share the protected characteristics is being developed and when reviewing or changing such activities.

They will also be likely required before and during any staff re-organisations.

An EqIA should be started at the beginning of a new activity and developed in parallel with it. Activities such as services and projects should also be regularly reviewed for their impact.

An EqIA should be revisited and updated to determine whether any planned positive impacts have been achieved and whether any identified negative impacts have been mitigated. You can indicate the version of the EqIA below.

For more complex enquiries on EqIAs, in the first instance please contact equalities@camden.gov.uk where you will be able to receive dedicated support.

EqIAs should be signed off by the relevant sponsor, director or Head of Service.

¹ [Due regard](#) is a legal requirement and means that decision makers have to consider the equality implications of a proposal before a commissioning or policy decision has been made that may affect people who share each of the protected characteristics. Paying ‘due regard’ means giving a proportionate amount of resource to this analytical exercise relevant to the potential impact on equality.

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Title of the activity	
COMMISSIONING STRATEGY FOR LEARNING DISABILITIES COMMUNITY SUPPORT FOR ADULTS WITH LEARNING DISABILITIES	
Officer accountable for the EqlA (e.g. director or project sponsor)	
Full name:	Jonathon Horn
Position:	Head of Learning Disabilities, Autism and Mental Health
Directorate:	Commissioning
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Lead person completing the EqlA (author)	
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Position:	Mental Health, Autism Learning Disabilities Commissioner
Directorate:	Adults and health
Email:	Salome.bryant@camden.gov.uk
Person reviewing the EqlA (reviewer)	
Full name:	Sandra Soteriou
Position:	Commissioning engagement lead
Directorate:	Adults and health
Email:	Sandra.soteriou@camden.gov.uk
Version number and date of update	

Step 1: Clarifying aims

1.a Is it a new activity or one that is under review or being changed?

- New
- Under review
- Being changed

1.b. Which groups are affected by this activity?

- Staff
- Residents
- Contractors
- Other (please detail):

1.c Which Directorate does the activity fall under:

- Adults and Health
- Supporting Communities
- Corporate Services
- More than one Directorate. Please specify:

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1.d Outline the aims/objectives/scope of the activity. (You should aim for a summary, rather than copying large amounts of text from elsewhere.)

This EqIA sets out the proposed approach to the re-commissioning of the Learning Disability Community Support (LDCS) service for a period of 4.5 years, with a 3-year extension option.

Learning Disability Community Support (LDCS) offers high quality, flexible and strengths-based personalised support for people with learning disabilities in one-to-one and group settings. The key objective is supporting people to live independently in their own home and to prevent people needing accommodation-based support such as supported living or residential care, to develop practical living skills, take part in their local community, and access to education and employment.

This service commenced on 1st July 2019 and was originally delivered as a locality model with two providers: Centre 404 in North Camden and The Camden Society (London) (TCSL) in South Camden. However, in September 2023, TCSL ceased trading, due the wider financial position of the organisation across London. Centre 404's contract was then varied to allow them to deliver LDCS for the whole borough from 1st February 2024 - 31 March 2025.

A service review was conducted during 2023/24, whereby a broad range of key stakeholders were engaged including Camden Learning Disabilities Service (CLDS), Children's and Young People Disability Service (CYPDS), family members/carers, adults with LD, Camden commissioned/ non-commissioned providers and council officers. The methods included face-to-face meetings/ online engagement events and online surveys, around 80-100 people were engaged. This showed that providers were generally performing well against agreed outcomes and performance indicators. Although the main and recurring performance issues were around workforce performance e.g., poor timekeeping, delays in the allocation of referrals and missed appointments. Since the pandemic, the recruitment and retention of staff has become more challenging. Additionally, there were disparities between the providers' performance, causing some residents to experience variability in the quality of the service

Having carefully considered all commissioning options, officers are seeking to re-commission a new LDCS to commence October 2025, for PWLD with Care Act eligible needs. In order to do this, officers are seeking a 6 month extension to Centre 404's contract, until 30th September 2025. This will secure additional lead-in time to re-commission and embed the new model, that will maximise the benefits of the current offer, with notable innovations in areas where there is currently challenge. It will also respond to seven key priorities identified as part of extensive stakeholder engagement; these are:

1. Structured support that promotes independence, choice and control
2. Culturally competent and persons centred support
3. Reducing social isolation and support to make friends through employment and shared activities
4. Improving health outcomes through the uptake of AHCs and cancer screening, and addressing obesity
5. Support to improve outcomes for young people transitioning from children to adult services
6. Support that can flex and respond to the diverse needs of the people eligible for service
7. The support to be delivered by consistent and regular staff

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The model will be implemented via a phased approach, including:

1. Commissioning two specialist providers to deliver a locality model for adults over 18 years of age (North and South), to commence 1 October 2025.
2. Implementation of a bespoke offer for 14-25 year olds to support young people prior to their transition to Camden Learning Disability Service (CLDS), with a planned implementation of April 2026.

Alongside this, officers will be exploring whether to pilot a hybrid sourced model (part insource/ part outsourced) as a 3rd element to this model. The insourced element would be an equity approach for PWLD deemed at higher risk for poor outcomes due to factors such as their ethnicity, behaviours, family circumstances or needs. The outsourced element would be delivered as usual across the remaining LD population.

Step 2: Data and evidence

What data do you have about the people affected by the activity, for example those who use a service? Where did you get that data from (existing data gathered generally) or have you gone out and got it and what does it say about the protected characteristics and the other characteristics about which the council is interested?

Is there currently any evidence of discrimination or disadvantage to the groups?

What will the impact of the changes be?

You should try to identify any data and/or evidence about people who have a **combination, or intersection, of two or more characteristics**. For example, homeless women, older disabled people or young Black men.

2.a Consider any relevant data and evidence in relation to all Equality Act protected characteristics:

- Age
- Disability, including family carers²
- Gender reassignment³
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

2 This is the legal term in the Equality Act. In practice there are specific legal protections for a diverse range of people who have physical, mental and sensory impairments, long-term health conditions and/or neurodivergence, as well as carers who provide unpaid care for a friend or family member who cannot function without their support. Census and local datasets use the Equality Act definition and will include people who may not use the language of disability to describe themselves.

3 This is the legal term in the Equality Act. In practice there are specific legal protections for anyone whose gender identity does not match the sex they were assigned at birth. This means, for example, that people who are trans and people

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who are non-binary or gender fluid are considered a specific protected group under the Equality Act.

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Age

In light of the commissioning strategy, 137 PWLD have been identified as being in scope for the new service, see age bands below. There are an additional 22 young people who may become eligible for the offer over the first four years of the contract. It has been difficult to predict fluctuation in need for Community Support in previous contracts, especially due to high-cost placements being required to support young people as they move into adult services, and where people fall into crisis unexpectedly, for example if their family carers can no longer cope or their needs change rapidly as they age.

However, demand projections from Camden's Learning Disability Needs Assessment (2019) advises that:

- Each year there are around 8 young people transitioning from children to adult services, some of which will require support from LDCS.
- People with a learning disability are increasingly living to an older age, often with more complex needs.
- The analysis forecasts stronger growth for people over the age of 65 (8%) than for people under 65 (5%).

Older people with a learning disability may require increasing levels of support from LDCS to retain their independence and prevent or delay the need for care in more restrictive settings

Snapshot of age band data via localities as per ASCIT records (Nov 2024)

Age bands	North	South	Total
14- 17	5	5	10
18-24	24	13	37
25-39	25	16	41
40-54	20	5	25
55+	13	11	24
Total	87	50	137

Disability, including family carers

People with learning disabilities are covered within the wider 'disability' protected characteristic as set out in the Equality Act 2010. The number of people with a diagnosis of a learning disability in Camden is projected to increase from 789 in 2025 (+6%) and to 818 in 2035 (+10%), based on population growth and assuming that there is no change in the prevalence of this diagnosis over time (Camden LD Needs Assessment 2019).

Breakdown of needs as per ASCIT reporting categories as of August 2024. (Please note there are gaps in disabilities data as this is in the process of being updated on Mosaic, so should not be viewed as an accurate reflection of the complexity of needs):

Support needs	No. of people
Mild	24
Moderate	16

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Severe LD	5
Profound	3
Autism	47
Behaviours of Concern	6

Gender reassignment

The incumbent provider has advised that there is one resident identifying as either transgender or non- binary.

Marriage and civil partnership

No data for this co-hort

Pregnancy and maternity

No data for this co-hort

Race

Breakdown of ethnicity data via localities as per ASCIT reporting categories for those in scope. (Nov 2024):

Ethnicity	South	North	Total
Asian or Asian British	20	19	39
Black or Black British	15	24	39
Mixed	3	11	14
Other Ethnic Groups	2	6	8
White	19	38	57

Religion or belief

Breakdown of data as per ASCIT reporting categories for receiving community support, including spots. (Nov 2024):

Religion	No. residents
Buddhist	1
Christian	15
Christian: CofE	5
Christian: Protestant	1
Christian: Roman Catholic	15
Jehovah's Witness	1
Jewish	1
Muslim	52
Sikh	1
No Religion	11
Not Stated	44

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Total	159
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Sex

Breakdown of gender identity data via localities as per Centre 404 records (Q2 2024):
This shows that there are more males across localities than females.

Gender identity	South	North	Total
Male	23	39	62
Female	11	28	39
Trans-male	0	0	0
Trans-female	0	1	1
Non-binary	0	0	0
Any other gender identity	0	0	0
Not known	0	0	0

Sexual orientation

In July 2023, Centre 404 were supporting 94 people of which:

- 1 was bisexual
- 1 was homosexual
- 92 were heterosexual or have not declared otherwise

Intersectional Groups

Research in this area is very limited, but recent research by NHS Race and Health Observatory and University of Central Lancashire, has identified poorer care and lower life expectancy for ethnic minorities with a learning disability.

<https://www.nhsrho.org/news/new-review-identifies-poorer-care-and-lower-life-expectancy-for-ethnic-minorities-with-a-learning-disability/>

Additionally, the contract review has highlighted issues for residents in the following areas:

- LD & Sexuality - stakeholders have advised us that there is little to no support available to PWLD to explore their sexuality, barriers to this may include their family or their support network including staff
- LGBTQ & age (older population)
- LD and pregnancy- expectant parents report to facing discrimination and could be more at risk of having their child removed than parents with different challenges
- LD and gender re-assignment
- LD and religion - they may experience further prejudice and discrimination due to their religious beliefs, especially given the rise in islamophobia and antisemitism.

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2.b Consider evidence in relation to the additional characteristics that the Council is concerned about:

- Foster carers
- Looked after children/care leavers
- Low-income households
- Refugees and asylum seekers
- Parents (of any gender, with children aged under 18)
- People who are homeless
- Private rental tenants in deprived areas
- Single parent households
- Social housing tenants
- Any other, please specify

Foster carers

Not applicable

Looked after children/care leavers

Not applicable

Low-income households

Statistics show that it is harder for PWLD to find suitable and sustainable employment compared to the general population. The employment rate PWLD in Camden is 3%, which falls below the average rate in London currently 6% (ASCIT data 2024).

Refugees and asylum seekers

Not known

Parents (of any gender, with children aged under 18)

Not known

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People who are homeless

Not known - PWLD accessing community support either live independently or with family members/ carers

Private rental tenants in deprived areas

Not known

Single parent households

Not known

Social housing tenants

See types of housing as per ACIT data Aug 2024, below. This shows that 40 residents are in social housing (sum based on No. Council tenants, housing associations and other temporary accommodation).

Housing types	No. residents
Not known	4
Council tenant	32
Housing Association tenant (inc RSL)	6
Other	1
Other temporary accommodation	2
Owner occupier	2
Private tenant	1
Settled mainstream housing: Family/Friends (inc. flat share)	68

Any other, please specify

See above

2.c Have you found any data or evidence about intersectionality. This could be statistically significant data on disproportionality or evidence of disadvantage or discrimination for people who have a combination, or intersection, of two or more characteristics.

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Health inequalities are determined by social issues such as poverty, housing, employment, social isolation and discrimination and the lifestyle 'choices' people are able to make when living in poorer, less resourced communities. As PWLD are disproportionately more likely to occupy lower a socio-economic status, this creates further challenges to their health outcomes being met.

There is also a significant proportion of people with a learning disability receiving LDCS that have more than one other condition, such as a mental illness, epilepsy, autism, challenging or complex behaviour, and/or Profound and Multiple Learning Disabilities (PMLD). This results in them having poorer outcomes compared to people with LD with no other conditions. Furthermore, People with a learning disability from Black, South Asian (Indian, Pakistani or Bangladeshi heritage) and minority ethnic backgrounds face shorter life expectancy triggered by poorer healthcare access, experience and outcomes. This is evidenced in:

- <https://www.nhs.uk/news/new-review-identifies-poorer-care-and-lower-life-expectancy-for-ethnic-minorities-with-a-learning-disability/>.
- ['Lots of Black people are on meds because they're seen as aggressive': STOMP, COVID-19 and anti-racism in community learning disability services](#)
- [Can intersectionality help with understanding and tackling health inequalities? Perspectives of professional stakeholders | Health Research Policy and Systems \(springer.com\)](#)

According to NICE guidelines, research has shown that, compared with the general population, people with a learning disability were 3 to 4 times as likely to die from an avoidable medical cause of death. Most of the avoidable deaths in people with a learning disability were because timely and effective treatment was not given. In the spring of 2020, people with a learning disability were 6 times more likely to die from COVID-19 than other people.

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Step 3: Impact

Given the evidence listed in step 2, consider and describe what potential **positive and negative impacts** this work could have on people, related to their **protected characteristics** and the **other characteristics** about which the Council is interested.

Make sure you think about all three aims of the public sector equality duty. Have you identified any actual or potential discrimination against one or more groups? How could you have a positive impact on advancing equality of opportunity for a particular group? Are there opportunities within the activity to promote “good relations” – a better understanding or relationship between people who share a protected characteristic and others?

3.a Potential negative impact on protected characteristics

Protected Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Age	No	
Disability including carers	No	
Gender reassignment	No	
Marriage/civil partnership	No	

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Protected Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Pregnancy/ maternity	No	
Race	No	
Religion or belief	No	
Sex	No	
Sexual orientation	No	

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3.b Potential positive impact on protected characteristics

Protected Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Age	Yes	<p>An EqIA was completed for Centre 404's 9- month contract award and it was found that the access age (18+) had the potential to negatively impact on 16/17 years old. It was felt there may be benefits to transitioning into the service earlier to prevent the experience of 'falling off a cliff edge', which can impact outcomes being met.</p> <p>Therefore, the proposed remedial approach is to embed a 14-25 year old offer into the service (phase 2) to improve outcomes including the uptake of LD annual health checks, tackling obesity, employment and reducing social isolation.</p> <p>Officers will ensure that the new service specification takes into account the recommendations in the NICE quality standard on transition from children's to adults' services guidance, and the Short Breaks offer currently delivered by Centre 404 and WAC Arts .</p>
Disability including carers	Yes	<p>The service is specifically funded for PWLD with eligible needs under the Care Act, and young people coming through transitions. PWLD are a marginalised group who experience poorer health outcomes compared to the general population. In 2023/24, 87% residents on GP registers had an LD Annual Health Check (AHC) exceeding the NHS Long Term Plan target of 75%. Community Support providers contributed to this target being exceeded as the service specification requires they support residents to have an AHC.</p> <p>The LDACS offer will continue to prioritise improving the physical and mental health of PWLD for example by providing support to register with a GP, attending AHCs and creating Health Action Plan (HAPs), having a cervical smear test.</p>

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Gender reassignment	Yes	<p>Studies have shown that the experience of a trans person with a learning disability or autism can differ from that of other trans people.</p> <p>Providers would be expected to ensure appropriate staff training is available and to work in partnership with the multi- disciplinary team (MDT) in CLDS to support residents around this issue.</p>
Marriage/civil partnership	Yes	<p>The service will not discriminate against those who are married or in a civil partnership. If a couple were both eligible for support, then there should be scope for them to have the same or separate workers to support them (should they desire this). For individuals wishing to enter into a marriage or civil partnership, the provider would be expected to work with CLDS to assess their capacity for sex and marriage.</p>
Pregnancy/ maternity	Yes	<p>The service will not discriminate on the basis of pregnancy and maternity. Should a resident express a desire to be pregnant, providers would be expected to discuss this further with CLDS/CYPDS to ensure the most appropriate support/advice is given to the resident</p>

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Protected Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Race	Yes	<p>The delivery model will not discriminate on the grounds of race to ensure this, providers will be required to demonstrate their commitment to delivering culturally appropriate support to people with learning disabilities.</p> <p>As part of the tender process, officers will apply any appropriate recommendations from 'Structural Racism, Ethnicity and Health Inequalities in London' report by the Institute of Health Equity, for evidence of this commitment for example:</p> <ol style="list-style-type: none"> 1. Aim for all London organisations to develop and apply antiracism approaches <ul style="list-style-type: none"> - Strong antiracism leadership to ensure equitable employment opportunities, appropriate representation, pay and progression. - Develop training and support for all employees to ensure they understand racism and are empowered to report it. 2. Develop data, research and evaluation to better identify and tackle racism. <p>Providers will be encouraged to sign up to Camden's Zero Tolerance Memorandum of Understanding to racial abuse and other forms of prejudicial behaviours. As part of signing up, they will agree to their application of this policy being closely monitored as part of quarterly contract quality assurance monitoring.</p> <p>Additionally, officers are considering a phase 3 of the delivery model (and equity approach pilot) that would seek to improve outcomes for residents from Black, Asian and minoritised backgrounds who are experiencing poorer health outcomes compared to PWLD from other ethnic groups.</p>
Religion or belief	Yes	<p>The service will not discriminate on the grounds of religion or belief. The data on religion/ belief (although patchy) is a snapshot of the diversity of residents accessing community support (Aug 2024). Due to the escalation of violence in Israel and Palestine in October 2023, there has been a rise in hate crimes against those from Muslim and Jewish communities. The service will ensure that all relevant support is provided to these communities to reduce any impact on their health outcomes and to feel safe.</p>

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Sex	Yes	<p>Women are less likely to be diagnosed with a LD; they account for 39% of GP-registered LD population whereas men account for 61%.</p> <p>There are no concerns that the new way of delivering the service will have unequal outcomes or impact across gender types</p>
Sexual orientation	Yes	<p>Studies have shown that the experience of a trans person with a learning disability or Autism can differ from that of other trans people.</p> <p>Providers would be expected to ensure appropriate staff training is available and to work in partnership with the multi- disciplinary team (MDT) in CLDS to support residents around this issue.</p>

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3.c Potential negative impact on other characteristics

Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Foster carers	No	
Looked after children/care leavers	No	
Low-income households	No	
Refugees and asylum seekers	No	
Parents (of any gender, with children aged under 18)	No	

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Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
People who are homeless	Potential	Referrals into the service will only be made by CLDS/CYPDS. If a PWLD was homeless and not known to services, this would cause a barrier to them receiving support unless they were referred by their GP to CYPDS/CLDS. However, there is info available on Camden GP website on how to refer to CLDS/CYPDS.
Private rental tenants in deprived areas	No	
Single parent households	No	The service will be available to anyone with eligible needs under the Care Act, and young people, who live independently or with family members or carers.
Social housing tenants	No	The service will be available to anyone with eligible needs under the Care Act, and young people, who live independently or with family members or carers.
Any other, please specify	N/A	

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3.d Potential positive impact on other characteristics

Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Foster carers	Yes	
Looked after children/care leavers	Yes	
Low-income households	Yes	
Refugees and asylum seekers	Yes	
Parents (of any gender, with children aged under 18)	Yes	

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Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
People who are homeless	Potential	
Private rental tenants in deprived areas	Yes	The service will be available to PWLD with eligible needs under the Care Act, and young people, who live independently or with family members or carers. This is regardless of the accommodation they reside in. As part of the work to improve the annual uptake of AHCs for PWLD, there is a particular focus on improving uptake in deprived areas such as: St Pancras and Somers town and Kilburn
Single parent households	Yes	
Social housing tenants	Yes	
Any other, please specify	N/a	

3.e Consider intersectionality.⁴ Given the evidence listed in step 2, consider and describe any potential **positive and negative impacts** this activity could have on people who have a **combination, or intersection, of two or more characteristics**. For example, people who are young, trans and homeless, disabled people on low incomes, or Asian women.

There will be an overt emphasis on culturally competent practice and intersectionality when considering health inequalities, which will run through all elements of the model. This would mean applying the learning from the [Identity Matters](#) work led by ASC 2022-23 to better understand the lived experience of people who will draw on care and support and tailor their support to meet their outcomes.

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Workforce development and quality assurance will remain important elements of the service. Staff will still be expected to attend Mandatory training on Equality, Diversity and Inclusion and to apply the principles and practices to ensure that identity is at the heart of practice and that everyone receives a quality service regardless of their protected characteristic. The support provided will be person centred ensuring that staff are matched with PWLD based on their skills and experience, to help achieve the desired outcomes of the model especially around early intervention and prevention.

To address both significant inequalities and marginalisation, and rising complexity of need, a hybrid model (phase 3) of outsourced VCS expertise and more directed in-house provision may improve the ability to meet complex needs in-borough, without highly specialist placements elsewhere. Camden's in-house provision in ASC, in partnership with CLDS, has a strong track record of meeting complex needs in the community, preventing admissions to hospital and reducing out of area placements. This expertise, alongside a wider VCS offer, could add significant value and should be explored, but it is also important to note that any insourcing considered must take account of cost implications, capacity and resources, as well as any learning from previous insourcing activities.

CLDS is one of the main referrers into the LDCS. They are currently using research validated [physical health decision support tool](#) to assess the risk of physical health deterioration and allocate appropriate clinical and social care resources to mitigate these risks. There is a role for LDCS in reaching this group and ensuring those currently supported have access to the right healthcare. The findings can be used to inform the inhouse pilot proposal for an equity approach to improve health outcomes for those most marginalised within the LD population (phase 3 of the delivery model), including those from Black, Asian and minoritised backgrounds. This approach would help the council meet the projected rise in the complexity of need where the outsourced market may be more limited

Also, worth noting is that this approach may offer scope to address some of the workforce challenges cited in this report. For example, in June 2022, the Equality and Human Rights Commission (EHRC) produced a report titled: ¹ Experiences from health and social care: the treatment of lower- paid ethnic minority workers. This found that commissioning and outsourcing led to poor pay and insecure work, whereas in comparison an insourced approach would offer better pay, and contracts for applicable TUPE staff.

Positive Behaviour Support (PBS) will form part of the offer and will therefore be the same rate. This will allow the service to be more responsive to changing profile of need; capacity building for change in demand incoming e.g. PBS, people coming into adult services who often present with complex needs.

⁴ Intersectionality refers to the interconnected nature of social categorisations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

¹ <https://equalityhumanrights.com/en/publication-download/experiences-health-and-social-care-treatment-lower-paid-ethnic-minority-workers>

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Step 4: Engagement - co-production, involvement or consultation with those affected

4.a How have the opinions of people potentially affected by the activity, or those of organisations representing them, informed your work?

List the groups you intend to engage and reference any previous relevant activities, including relevant formal consultation? ⁵	If engagement has taken place, what issues were raised in relation to one or more of the protected characteristics or the other characteristics about which the Council takes an interest, including multiple or intersecting impacts for people who have two or more of the relevant characteristics?
CLDS/CYPDS/family members and carers	<p>The feedback most commonly received from stakeholders involved in Transitions from children to adult services are:</p> <ul style="list-style-type: none"> - The experience is like 'falling off a cliff edge' as the process starts too late, creating a need for early intervention - Placement breakdown for residents with complex needs was an area of concern due to parents/carers being burnout. - The uptake of AHCs for 14-17 years need to be improved - The support needs to be culturally appropriate as family/carers from the Bangladesh community for example prefer to work with Supporting Care (for Bengali Community) than Centre 404.
Henry Purkis Projects Manager – The Rebuilding Bridges Project	<p>Wac Arts provided an Independent Living Hub for young people aged 13-25 to enable the development of friendships and community participation as young people move into adulthood, delivering 1:1 support to attend Greenwood Day Service activity club programme and/or group-based activities to support preparation for independent living. Relevant learning points from the project:</p> <ul style="list-style-type: none"> • Consider opportunities for joint commissioning for LD pathway between CYPDS/CLDS to reduce impact of transition between services. • Learning from the project to be considered in 14+ floating support service commissioning process.
LD providers (including the incumbent providers) were engaged via Planning Together and a market engagement questionnaire and events.	<p>All stakeholders were asked to respond to the following statements: 1- How well do you think floating support services promote equality, diversity, and inclusion 2- Do you think Floating Support treats everyone with dignity and respect, regardless of their race, age etc</p> <p>The majority either agreed or strongly agreed with these statements.</p> <p>One provider explained:</p> <p><i>'Teams work with individuals facing discrimination and support challenges in their activities in the community and in direct challenges to specific concerns. The activities in the community demonstrate equality and inclusion and provide someone with confidence and support in areas they may have been discriminated against in the past. All staff are employed to work within core values which include dignity and respect and any breaches of these values are taken seriously.'</i></p>

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<p>Family members/ carers: this group were engaged at Planning Together, and commissioning attended their family/ carers reference group to raise awareness of the recommissioning and online survey.</p>	<p>The family members/ carers (27%) who responded to the online survey described their ethnicity as their white, Black British or British Pakistani. All stakeholders were asked to respond to two EDI statements - see responses from this group below:</p> <p>Statement 1: Floating Support services promote equality, diversity and inclusion 9% strongly agreed 9% agreed 9% were neutral</p> <p>Statement 2: Everyone is treated with dignity and respect regardless of their protected characteristic 18% agreed 9% Strongly agree</p> <p>Additionally, some issues were noted which are impacting PWLD's experience of services and outcomes: <i>- 'Staff were not sufficiently knowledgeable or trained to perform some support tasks'</i> <i>- 'Lateness and taking the person they care for, for granted because of the person vulnerability'.</i></p>
<p>Council stakeholders including: CLDS, Children's and Young People Disability Service, Commissioning, in- house providers and a councillor were engaged via their respective team meetings, online engagement events, Planning Together and on-going engagement in the development of the model, via a project working group.</p>	<p>Some quotes from this group in relation to the same EDI statements:</p> <p><i>- 'It's the law plain and simple, but I do believe that people with LD are not treated with dignity or respect and are pigeonholed by workers who have fixed ideas'</i></p> <p><i>- 'On the whole, yes, but I'm sure there is more to do. Things to think about; how equipped are support workers to support people with different languages/ cultural backgrounds? How knowledgeable are support workers on this? Is that something that forms part of support workers training? How do they consider different needs in support planning?'</i></p> <p><i>- 'It's a very mixed bag- some floating support promote the above while others less so. I think training in this area would be useful, as well as recruiting people with varied life experiences and experiences of different cultures/ beliefs/ways of life. A question about this could be included in the employment interview. Accepting other people's different lifestyles and cultures is rather like a healthy immune system- exposure to things that challenge enable you to accept and have a healthier outlook and lifestyle. You could employ somebody who is able to work well with their own culture- but staff should have underlying principles enabling them to work with all kinds of people. This principle applies to everyone- for example somebody who works well with the Bangladeshi community who identifies as part of the culture should also have the skills and outlook to work with other communities too. When I have seen failures to address people's beliefs or a lack of respect or ignorance of somebody' needs this has usually been because the person working has had little experience of working with people from these groups and very little time to reflect or do training because they are just going from one case to the next'.</i></p> <p>Additionally, as part of the contract review it was reported (about another Camden commissioned service) that staff had felt uncomfortable supporting a resident that was transgender to access support. In</p>

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	relation to the one of the incumbent providers, it was reported that a support worker had declined to support a resident to a gay club due to their religious beliefs. This has highlighted the need for workforces to be diverse and flexible, along with providers ensuring they offer appropriate training/ awareness raising to help educate staff.

5 ⁵ This could include our staff networks, advisory groups and local community groups, advice agencies and charities.

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4.b. Where relevant, record any engagement you have had with other teams or directorates within the Council and/or with external partners or suppliers that you are working with to deliver this activity. This is essential where the mitigations for any potential negative impacts rely on the delivery of work by other teams.

Step 5: Informed decision-making

5. Having assessed the potential positive and/or negative impact of the activity, what do you propose to do next?

Please select one of the options below and provide a rationale (for most EqlAs this will be box 1). Remember to review this and consider any additional evidence from the operation of the activity.

<p>1. Change the activity to mitigate potential negative impacts identified and/or to include additional positive impacts that can address disproportionality or otherwise promote equality or good relations.</p>	<p>The benefits of the new delivery model being proposed:</p> <p>Phase 1:</p> <ul style="list-style-type: none"> - Breaking down the services into two or more separate areas allows for better coordination of support offered by providers. - The Council would continue to have access to the resources of VCS organisations that have committed themselves to best practices and innovations in the support people with LD. - Ensures services share Camden’s vision and take a strengths-based approach to transform outcomes. - Creates workforce capacity to mitigate the recruitment and retention challenges providers are facing, causing delays in residents receiving support. <p>Phase 2:</p> <ul style="list-style-type: none"> - Enables better co-ordination of referrals to create efficiencies and ensure the support remains person centered (ensuring identity is at heart of practice) and strengths- based. - Ensures the smooth transition to adulthood, removing the ‘cliff edge’. - Improves the quality of life for young people whose behaviour is concerning or challenging <p>Phase 3:</p> <ul style="list-style-type: none"> - This hybrid sourcing model would combine all the benefits from outsourcing and insourcing, where applicable. - Advances the tackling of health inequalities
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	<p>for those most marginalised within the LD cohort</p> <ul style="list-style-type: none">- May result in better pay and job security for support workers, particularly those from ethnic minorities.
2. Continue the work as it is because no potential negative impacts have been found	
3. Justify and continue the work despite negative impacts (please provide justification – this must be a proportionate means of achieving a legitimate aim)	
4. Stop the work because discrimination is unjustifiable and there is no obvious way to mitigate the negative impact	

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Step 8: Sign-off

EqIA author	Name Sal Bryant Job title: Commissioning Manger Date 28/11/2024
EqIA advisor / reviewer	Name: Sandra Soteriou Job title: Commissioning Engagement Lead Date: 27/ 11/2024
Senior accountable officer	Name: Jon Horn Job title: Head of LD, Mental Health and Adults Commissioning Date 28/11/2024