

# **Information Guide for Equality Impact Assessments**

## **Volume 7 - Dependants**

December 2002

## **Introduction**

This guide aims to supply those tasked with undertaking equality impact assessments and subsequent monitoring with a clear indication of the availability of equality information in relation to dependants.

The primary focus is on the availability of information on computerised systems in operation in the health and social service here. These are presented separately in terms of Hospital systems, Children, Personal Social Services and Mental Health, and Family Practitioner Services and Workforce systems.

The guide goes on to look at the availability of additional research material such as surveys and other relevant material that may be of use.

Finally the guide looks at available research material identified in Valerie Bunting's literature review that was commissioned by the Department of Health Social Services and Public Safety (DHSSPS).

It is hoped that this document will expand over time as more sources of information are identified or become available, and as more research is commissioned.

It is also hoped that representatives of Section 75 groups will contribute with whatever research material they may have available in respect of their specific group.

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	<p>previous year on: Inpatient stays in hospital; Outpatient, Casualty or Day Case attendances and the number of visits; When last attended a casualty department. <b>Information available from Surveys and Research Management Branch, IAU, DHSSPS, Tel. 028 90522208.</b></p>
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## Community, Children, Personal Social Services and Mental Health Systems - Information Available on Dependants

Grouping	Dependants
What information is available?	<p><b>SOSCARE (Social Services Client Administration and Retrieval Environment)</b> is a client-based system which records information about clients, the services delivered to them, the client groups to which they belong and the establishments at which they attend or in which they are resident. Client information gathered following a referral from one of three sources: community social work, hospital social work or occupational therapy. The system is used in all eleven Community Trusts and is a stand-alone system.</p> <p><b>SOSCARE holds details of the next of kin of the client only. This information may be of some use in identifying dependency. Valid available entries are: 'Husband', 'Wife', 'Son', 'Daughter', 'Parent', 'Brother', 'Sister', 'Grandparent', 'Grandchild', 'Uncle', 'Aunt', 'Nephew', 'Niece', 'Father-in-law', 'Mother-in-law', 'Son-in-law' and 'Daughter-in-law'. Data available locally from each Trust (See Appendix 1 for list of Trusts).</b></p> <p><b>The Priority Health Connection System (PHC)</b> records patient details and staff activity at hospital and community bases. <b>The Psymon System</b> is designed for Mental Health Units incorporating both community and hospital data, providing a past and present history of the patient.</p> <p><b>PHC and Psymon hold limited data on next-of-kin in the form of a free-text field. This information may be of some use in identifying dependency, but would be difficult to access and analyse in its current form.</b></p> <p><b>The Northern Ireland Child Health System</b> is a patient centred community based operational system comprising of five modules. Module 1 - birth &amp; perinatal data. Module 2 – call, recall and recording system for pre-school immunisation programme. Module 3 – pre-school developmental assessments carried out by primary care staff. Module 4 - school health activity (immunisation, health appraisal, visual and audio screening). Module 5 - additional information relating to children with Special Needs. The Child Health System is operational in all eleven Community Trusts.</p> <p><b>The Child Health System holds no data on dependants. As the data covers children it is unlikely that they have dependants.</b></p>
What are we doing to improve it?	In considering a phased approach to improving the availability of equality information, 'dependants' is one of the data items that will be concentrated on in the second phase of work. There are no plans at the moment to enhance the availability of data on dependants on current systems.
When will the	Not known at this stage.

improved information be available?	
What additional information is available? (e.g. research, surveys?)	<p>The <b>Continuous Household Survey (CHS)</b> collects some information on dependants in relation to Personal Social Services. Since its inception the CHS has provided within Northern Ireland a continuous and consistent source of social, economic and demographic data. It has also provided DHSSPS with a vehicle for survey research in areas of Departmental interest such as the use of health services, smoking, drinking, carers and the elderly. Useful information includes:</p> <p><u>Personal Social Services</u>  Looking after sick, handicapped or elderly person in household;  Using DHSS services (elderly section);  Needing help getting about inside house (elderly section);  Needing assistance getting about (mobility aids required).  <b>Information available from NISRA, Central Survey Unit Tel. 028 9048200.</b></p> <p>The <b>Northern Ireland Health and Social Well-being Survey (NIHSWS)</b> collects some information on dependants in relation to Personal Social Services and Mental Health. The 1997 survey looked at general health, use of health services, stress, informal carers, smoking and drinking, mental health and included physical measurements of a sub sample of respondents to measure BMI, blood pressure and cholesterol levels. The 2001 survey did not include any physical measurements. It looked at general health, physical activity, mental health, stress, smoking and drinking and sexual health. Useful information includes details for the previous year on:</p> <p><u>Personal Social Services</u>  Living with and having to look after or give special help to someone and how many looking after;  Not living with but having to look after or give special help to someone and how many looking after;  Who is looked after and things that have to be done for them;  How much time is spent doing this per week and for how long has it been going on;  Person also receiving regular visits from professionals or service;  Availability of others to substitute (if spending more than 20 hours caring per week);  Level of difficulty in arranging substitute care;  Having had two day break from care responsibility since caring began;  Have recommendations been made by Social Services regarding changes to accommodation and have any adaptations been made as a result.</p> <p><u>Mental Health</u>  Recently – lack of concentration, sleep loss, strain, insurmountable difficulties, enjoyment of normal day-to-day activities, facing up to problems, feeling depressed or unhappy,</p>

	<p>losing confidence, feeling reasonably happy, taking medication for nerves, having nervous illness; During last month as a result of emotional problems – feeling anxious depressed or having cut down on work or other activities; During last month generally – feeling full of life, been very nervous person, down-in-the-dumps, feeling calm and peaceful, feeling downhearted or feeling happy.</p> <p><b>Information available from Surveys and Research Management Branch, IAU, DHSSPS, Tel. 028 90 522208.</b></p>
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## CSA, Workforce - Information Available on Dependants

Section 75 Grouping	Dependants
What information is available?	<p><b>Human Resource Management System (HRMS)</b> – this is an integrated personnel and payroll system. Information on HRMS is maintained by the 19 Trusts and covers all HPSS staff groups. The main component parts are the Personnel Information Management System (PIMS) and the Payroll Office Management System (POMS). A selection of variables is downloaded for individual records and the information is provided to the Department by the Directorate of Information Systems (DIS). Each staff record held by the Department contains information on national insurance number, Board, Trust, location, work department, grade, whole time equivalent, maternity leave days and sick leave days.</p> <p><b>Human Resource Management System holds limited data on ‘dependant’ status of HPSS personnel. Data available centrally from Project Support Analysis Branch, IAU, DHSSPS, Tel. 028 90522468.</b></p>
<p>What are we doing to improve it?</p> <p>When will the improved information be available?</p>	<p>In considering a phased approach to improving the availability of equality information, ‘dependants’ is one of the data items that will be concentrated on in the second phase of work. There are no plans at the moment to enhance the availability of data on dependants on current systems.</p> <p>Not known at this stage.</p>
What additional information is available? (e.g. research, surveys?)	<p>The <b>Continuous Household Survey (CHS)</b> collects some information on dependants in relation to Family Practitioner Services. Since its inception the CHS has provided within Northern Ireland a continuous and consistent source of social, economic and demographic data. It has also provided DHSSPS with a vehicle for survey research in areas of Departmental interest such as the use of health services, smoking, drinking, carers and the elderly. Useful information includes:            Consultations with doctor in previous 2 weeks and whether NHS or Private;            Type of doctor consulted;            Regular visits to dentist or when troubled only;            Advice given on dental health (97/98);            Sight test in previous year and whether free or paid for.</p> <p><b>Information available from NISRA, Central Survey Unit Tel. 028 9048200.</b></p> <p>The <b>Northern Ireland Health and Social Well-being Survey (NIHSWS)</b> collects some information on dependants in relation to Family Practitioner Services. The 1997 survey looked at general health, use of health services, stress, informal carers, smoking</p>

	<p>and drinking, mental health and included physical measurements of a sub sample of respondents to measure BMI, blood pressure and cholesterol levels. The 2001 survey did not include any physical measurements. It looked at general health, physical activity, mental health, stress, smoking and drinking and sexual health. Useful information includes details for the previous year on:</p> <p>Contacts with doctor over last 2 weeks;  When last contacted doctor;  Type of doctor;  Time taken to get to GP;  Have been invited for smear test;  Frequency of visit to dentist.</p> <p><b>Information available from Surveys and Research Management Branch, IAU, DHSSPS, Tel. 028 90522208.</b></p>
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### Other Relevant Information Available on Dependants

<p>Other Available information</p>	<p>The Geographic Area Equality Dataset (see Appendix 2) contains data on households with or without dependants at electoral ward level (1984 boundaries). These are from the 1991 Census of Population and include all dependants (not just children) but are not broken down by type of dependant. The Geographic Area Equality Dataset has now been updated and is available at : <a href="http://www.dhsspsni.gov.uk/iau/equality.html">http://www.dhsspsni.gov.uk/iau/equality.html</a></p> <p><b>Information available from Information Analysis Unit, DHSSPS, Tel 028 90522081.</b></p> <p><b>Census Data</b> - 2001 Census figures at electoral ward level (1992 boundaries) are available at: - <a href="http://www.nisra.gov.uk/census/Census2001Output/KeyStatistics/keystatrep.html">http://www.nisra.gov.uk/census/Census2001Output/KeyStatistics/keystatrep.html</a>. Table KS08 provides information on health and provision of unpaid care. Table KS21 provides information on households with dependent children and households with limiting long-term illness. Table KS22 provides information on lone parent households with dependent children. Further results from the 2001 Census of Population will be published in Spring 2003, at all geographic area levels.</p> <p><b>Information available from Census Office for Northern Ireland, Tel. 028 90348160.</b></p>
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### References to Dependants identified in Literature Review (Valerie Bunting)

Summary of Issues	Reference
The burden of care has fallen largely on women. The impact of caring on employment is more severe for women than men.	Evason & Whitting, 1995
The number of carers who get an assessment is low. Those at the 'heavier end' of caring are not informed of their right to an assessment under the Carers (Recognition and Services) Act, 1995	Carers National Association Report, in Becker, 1999 (a)

Many carers stated that they are not fully informed of their rights and are not informed of the services available to them.	Kings Fund Carers Impact Programme, in Becker, 1999 (a)
Many carers complained that they are not treated with respect by professional staff.	Kings Fund Carers Impact Programme, in Becker, 1999 (a)
Concerns were expressed about the variable quality of mainstream services, particularly home care and district nursing	Kings Fund Carers Impact Programme, in Becker, 1999 (a)
Many carers reported that they are being denied respite care.	Kings Fund Carers Impact Programme, in Becker, 1999 (a)
Black and ethnic minority carers frequently received a stereotypical response from professionals - the false belief that their own communities would support them.	Kings Fund Carers Impact Programme, in Becker, 1999 (a)
Black carers were less likely to receive services sensitive to their specific ethnic needs.	Kings Fund Carers Impact Programme, in Becker, 1999 (a)
A need for more information was identified by carers.	Kings Fund Carers Impact Programme, in Becker, 1999 (a)
Carers expressed concern that patients' views tended to be given higher priority than their own views, and that the hospital discharge was mainly patient centred.	Kings Fund Carers Impact Programme, in Becker, 1999 (a)
The time of discharge of patients from hospital did not reflect the carers' preferences.	Kings Fund Carers Impact Programme, in Becker, 1999 (a)
Carers felt that carer's assessments were conducted on an 'informal' basis which resulted in failure to identify areas where carers and patients had conflicting views and needs.	Kings Fund Carers Impact Programme, in Becker, 1999 (a)
Quality and variety of support to carers remains a matter of chance. Both carers and staff were unclear about what carers were actually entitled to.	SSI Report "A Matter of Chance" in Community Care "Carer support slammed", 17.12.98
Services for older people are often far better than those for other groups.	SSI Report "A Matter of Chance, in "Carer Support Slammed", Community Care 17.12.98
Carers were underrepresented in assessments as receivers of services and in advisory groups responsible for future service developments.	SSI Report "A Matter of Chance" in "Carer Support Slammed", Community Care, 17.12.98
Some carers are reluctant to acknowledge their role as 'carer'. Filling in forms is a problem for some carers.	"Breaking down barriers", Community Care," 27.05.99
80% of carers surveyed by St. John Ambulance indicated that they had no training for their role, yet the majority felt they needed training.	"Carers' health suffers amid skill concerns", Community Care 16.03.2000
Fewer than one in five people caring for someone with a mental illness knows that they have a legal right to an assessment of their own needs.	"Mental health carers are losing out, says charity", Community Care, 29.06,2000
Carers caring for someone with a mental illness need to know	Farmer, 2000, "Mental

how to gain access to services, particularly out of normal office hours.	health carers are losing out, says charity" in Community Care, 29.06,2000
Carers of people with mental illness have been less visible, and perceived not to perform personal care to the same degree as those caring for people with physical disabilities	Farmer, 2000, "Mental health carers are losing out, says charity" in Community Care, 29.06,2000
Particular needs and circumstances of the 7,500 families in the UK who have two or more children with severe impairments, have generally been overlooked by research and social services.	JRF Findings, Ref. N99, 1999
Older family carers differ from other groups. They are more likely to have small support networks. They are usually reluctant to seek help. Most contributions in the literature and to research have overlooked these carers.	JRF Findings, Ref. 078, October, 1998
Policy makers and service providers have paid little attention to the needs of lifelong older family carers, and most have had minimal statutory support during their life time.	JRF Findings, Ref. 078, October, 1998
A survey by the Children's Society and the Open University School of Health and Social Welfare found that the majority of young carers felt they had been left to cope with no help from social service departments or other local agencies.	"Young carers pay high price", Community Care, 11.03.99
40% of young carers felt their own mental health had suffered and 70% said their education had been affected. Many felt isolated.	"Young carers pay high price", Community Care, 11.03.99
Little is known about how caring during childhood affects young people as they move into adulthood.	JRF, Ref. 640, June, 2000
In the largest survey of young carers, it was found that the majority of young carers interviewed were unaware that they had been assessed by social services, even after the event. Few had been actively involved in the process.	"Young Carers in the United Kingdom: A profile", 1998 in Becker, 1999 (b)
Age, gender, ethnicity and even caring tasks undertaken do not influence the likelihood of young carers being assessed by social services.	"Young Carers in the United Kingdom: A profile", 1998 in Becker, 1999 (b)
Young carers performing intimate care are no more likely than others to receive an assessment of their needs, nor are very young children who have caring roles.	"Young Carers in the United Kingdom: A profile", 1998 in Becker, 1999 (b)

Trust	Soscare	PHC & Psymon	CHS	LCID	CLAN	Abacus	Procare
Armagh & Dungannon	X		X			X	X
Causeway	X	X	X	X			X
Craigavon & Banbridge	X		X				
Down Lisburn	X	X	X	X			X
Foyle	X	X	X		X		
Homefirst	X	X	X	X		X	
Newry & Mourne	X		X				
N&W Belfast	X	X	X	X		X	X
S&E Belfast	X		X			X	
Ulster Comm. & Hosp.	X		X	X		X	X
Sperrin Lakeland	X	X	X		X		

### **Geographic Area Equality Dataset** **(NB now updated with 2001 Census Data)**

Project Support Analysis Branch (PSAB) has assembled a dataset at electoral ward and Local Government District level detailing the composition of each of the equality groups (where data were available). This dataset can be useful for Equality Impact Assessments when equality data on actual service users is not available or when the particular policy has a differential geographic impact.

Examples of the application of this dataset to date include:

- (i) Oral Health Strategy and General Dental Services Equality Impact Assessment - The percentage of people registered with a dentist in each ward was calculated using data from the Central Services Agency. The equality group composition of wards with differential registration rates was then analysed.
- (ii) Sure Start Equality Impact Assessment - The equality group composition of people living in wards designated as Sure Start wards was compared with those not living in these wards.
- (iii) Mental Health Strategy Equality Impact Assessment – electoral wards with high mental health needs were identified using the mental health needs index from the HSS Board Capitation Formula (used to allocate resources to HSS Boards). The equality group composition of these wards was then compared to the rest of the population in Northern Ireland.

In constructing the dataset Numerical data at electoral ward level was obtained in respect of the majority of the nine equality groups (or suitable proxies for the groups). Unfortunately, no information was available on sexual orientation and only approximate higher level data was available in respect of racial group (the Centre for Racial Equality provided some estimates of where the majority of the main racial groups were located in NI - typically at LGD level). Data on political preference was obtained at LGD level from first preference votes cast at the June 2001 Local Government elections (The Electoral Office do not have data in respect of the votes cast for individual electoral wards).

In instances where a direct count of the numbers in a specific group were not available, a suitable proxy was used. For example, the aggregate of attendance allowance and incapacity benefit claimants was used as a proxy for those with/without a disability. However, as there may be issues surrounding take-up of social security benefits, an alternative disability proxy was created based on numbers self-reporting a limiting long-term illness at the 1991 Census (this was the only available data source for a number of the equality groups).

## Appendix 2

More detail on the source of data for each equality group and the geographical level at which it was available is given in Table 1.

**Table 1. Sources of data in the Geographic Area Equality Dataset**

<b>Equality Group</b>	<b>Source of Data</b>	<b>Analysis Unit</b>
Men and Women Generally	Northern Ireland 1991 Census	Electoral Ward
Persons of different marital status	Northern Ireland 1991 Census Small Area Statistics	Electoral Ward
Persons with different Religious beliefs	Northern Ireland 1991 Census Small Area Statistics	Electoral Ward
Persons with/without Dependants	Northern Ireland 1991 Census Small Area Statistics	Electoral Ward
Persons with/without Long-Term Illness	Northern Ireland 1991 Census Small Area Statistics	Electoral Ward
People of Different Ages	Nobel Dataset 2000 Estimate (Northern Ireland Measure of Deprivation)	Electoral Ward
Persons of Different Political Belief	First Preference votes cast for seats won in June 2001 District Council Elections	Local Government District
Persons with/without a Disability	Social Security (GIS) as at March 2000	Electoral Ward
Persons from Different Racial Backgrounds	Estimates from the Multi-Cultural Resource Centre (Dated – Jan 2001)	Local Government District

### Accessibility

PSAB holds software to calculate by-road journey times and distances from the centre of each enumeration district to any point location in Northern Ireland. The software is called SMOSS (Simplified Modelling of Spatial Systems) and was developed by Dr Tony Hindle, University of Lancaster. This model has been used to inform the rurality adjustment in the HSS Board Capitation Formula and was subsequently adapted for use in the Northern Ireland Ambulance Service Strategic Review. It was also used to calculate scores for the Access Domain of the Noble Measures of Deprivation.

The model has been used to assess differences in accessibility to services from different parts of Northern Ireland. This information is aggregated to electoral ward level (1984 boundaries) and the data contained in the

## Appendix 2

Geographic Area Equality Dataset are used to investigate potential adverse impacts on the equality groups. An example of this is given below:

### Example – Acute Hospital Review Equality Impact Assessment

SMOSS was used to calculate the travel time from each electoral ward to its nearest acute hospital under the current configuration of acute hospitals and also for a range of possible new configurations. Wards were then grouped according to how their access time changed under each of the proposed scenarios. Finally, the composition of each category of wards was then examined, using the Geographic Area Equality Dataset, to determine if there were differences in the proportion of each equality group living within them.