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Appendix 1: Supporting Performance Management Information

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Benefits

1. Number of households receiving housing and council tax benefits in the city

The profile of those receiving Housing and Council Tax Benefits (Source: Civica, November 2010) is as follows:

Claimants over 65	15,815	37% of total claimants
Claimants under 65:		
Single with no children	10,521	25% of total claimants
One parent families	8,297	20% of total claimants
Couple with no children	1,820	4% of total claimants
Couple with children	5,760	14% of total claimants

Summary of Housing and Council tax benefits

Housing Benefit Claims	32,202		
Council Tax Claims	10,001		
Total	42,213		
Household breakdown by age		Households with non dependants	Household with DLA
Claimants over 60			
Passported benefits	11,599		
Non passported benefits	4,216		
Total	15,815	2,723	
Claimants under 60			
Single no children			
Passported benefits	7,573	882	
Non passported benefits	2,948	452	
Total	10,521	1,334	
Lone Parent			
Passported benefits	5,972	746	1,38
Non passported benefited	2,325	329	668
Total	8,297	1,075	2,606
Couple with no children			
Passported benefits	1,283	492	
Non passported benefits	537	180	
Total	1,820	672	
Couple with Children			
Passported benefits	2,020	325	446
Non passported benefits	3,740	671	92
Total	5,760	996	538
Under 60 Total	29,162		
60 and over	15,815		
Under 60	26,398		
Total	42,213	6,800	
Benefits payouts			
Housing Benefits	Average		
	£73.60 per week		

Council tax benefits	£14.91 per week		
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2. Benefit caseload breakdown by age, tenure and benefit scheme

Benefit scheme	Working Age		Pensioner		Totals
	Passported	Non passported	Passported	Non passported	
Council tenant	7,111	2,610	4,448	1,443	15,612
Housing Association	3,951	1,518	1,512	345	7,326
Private rented sector	4,491	3,432	1,088	263	9,274
Council tax benefit	1,828	1,547	4,535	2,181	10,001
Totals	17,381	9,017	11,583	4,232	42,213

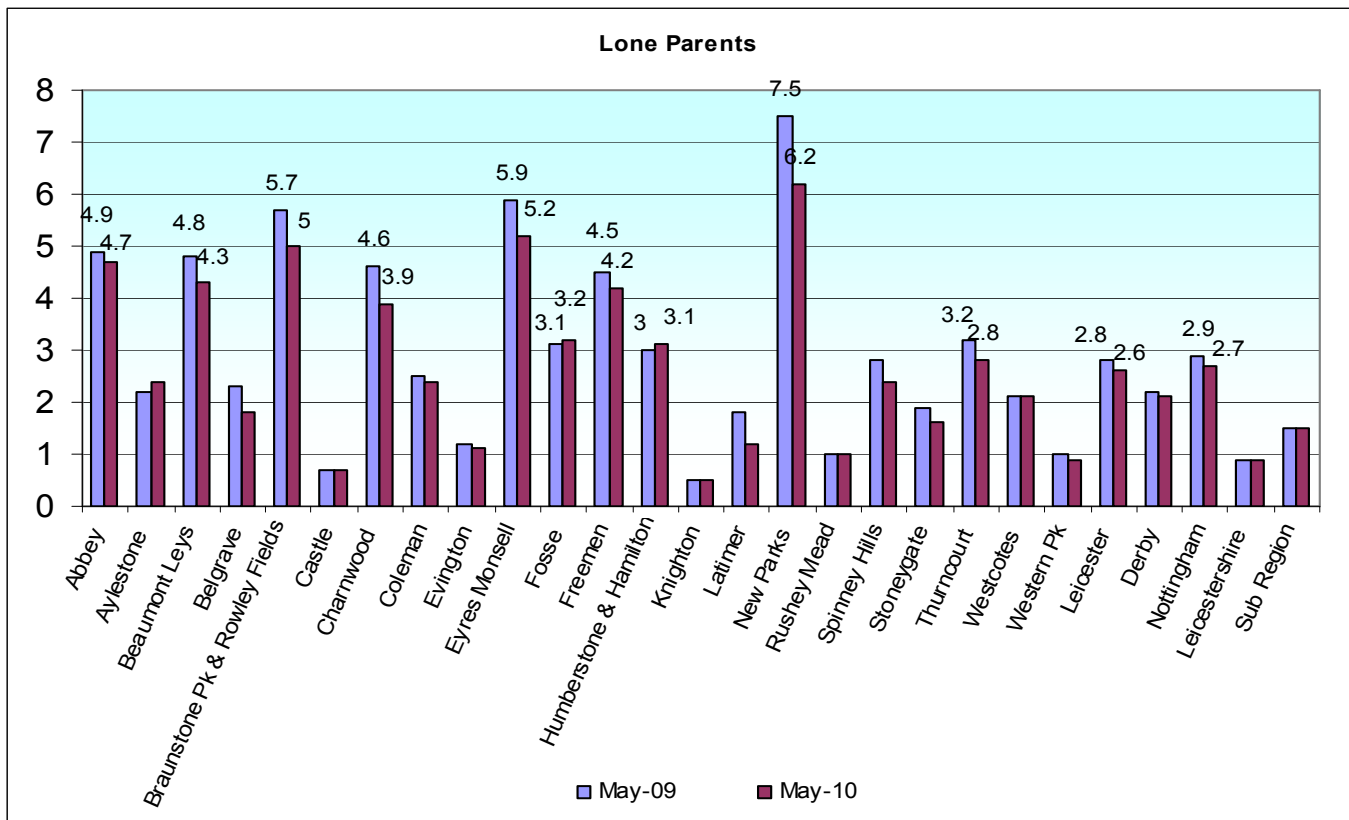
Source: Civica, November 2010

2. Working Age Population - Key Benefit Claimants (November 2009)

	Number	%
Job seekers	12,510	6.5%
Incapacity benefits	16,310	8.5%
Lone parents	5,610	2.9%
Other	7,060	3.6%
Total	41,500	21.6%

Source: DWP, November 2009

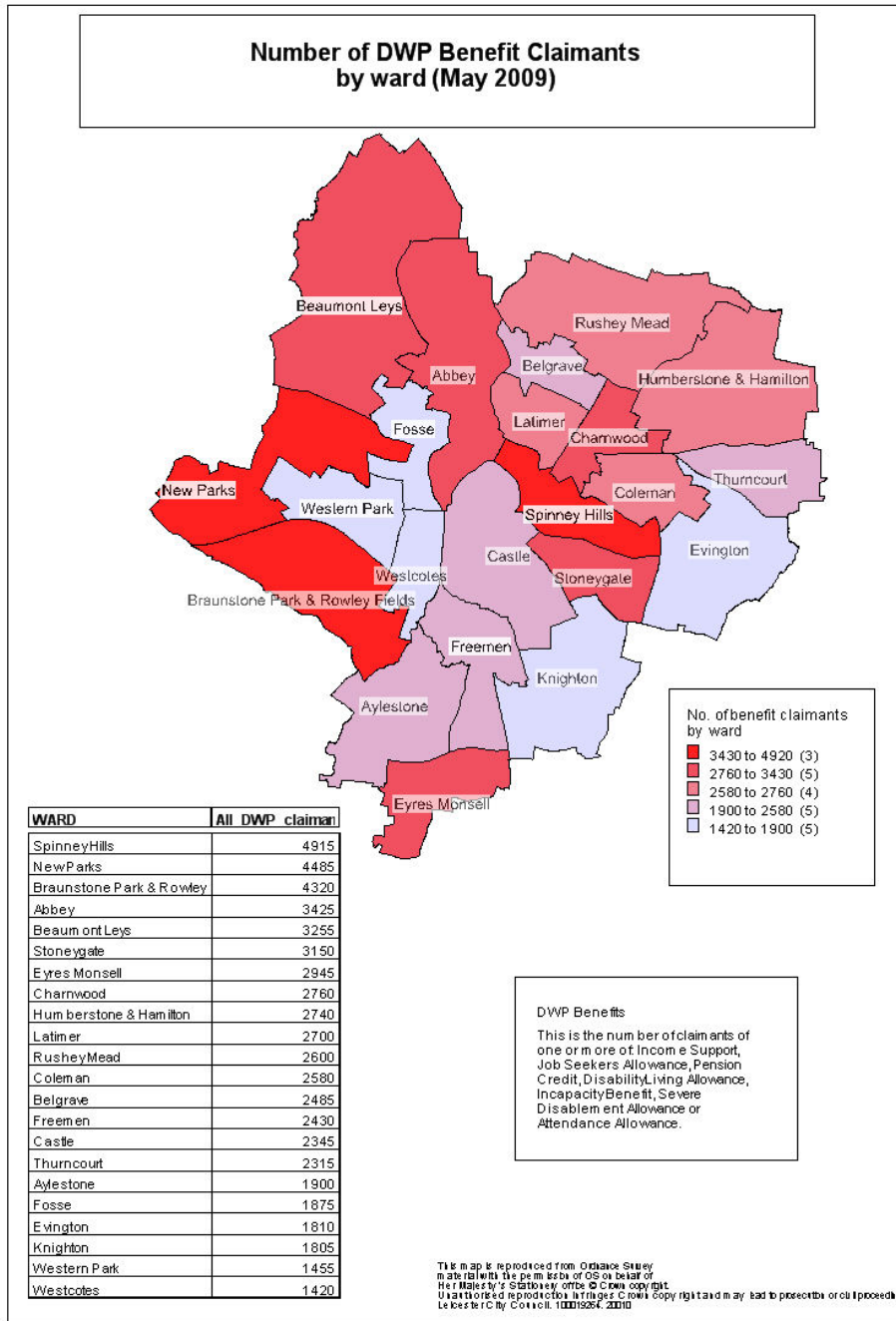
3. % Lone Parent claimants by ward



The Graph indicates the highest Lone Parent Claimant rates by ward, city and sub-regional level for 2009 and 2010. The highest of these are New Parks 6.2% and Eyres Monsell 5.2%.

4. Number of DWP benefit claimants by ward

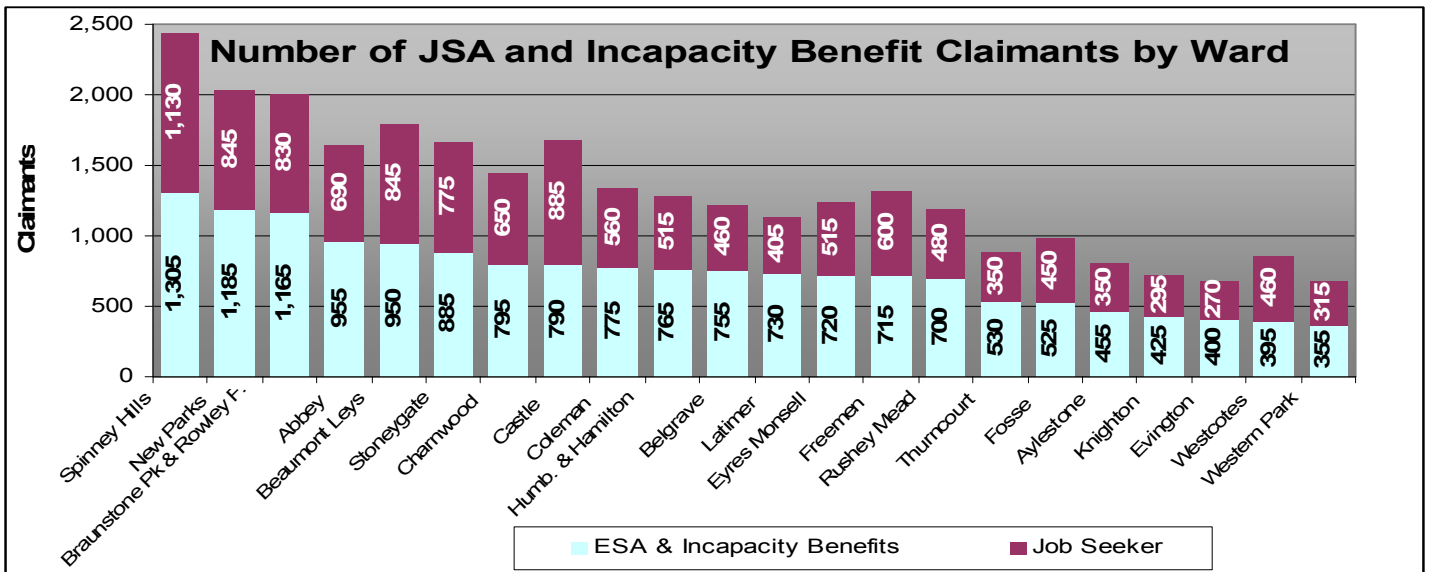
DWP benefits claimants can be used as an indicator of people on low incomes. Map of benefit claimants by ward.



5. Number of Job Seekers' Allowance and Incapacity Benefit claimants by ward

The decision to assess claimants of incapacity benefit with a view to some of them moving onto Employment Support Allowance (ESA), which replaces JSA, may have a significant effect on Leicester, as the graph below shows.

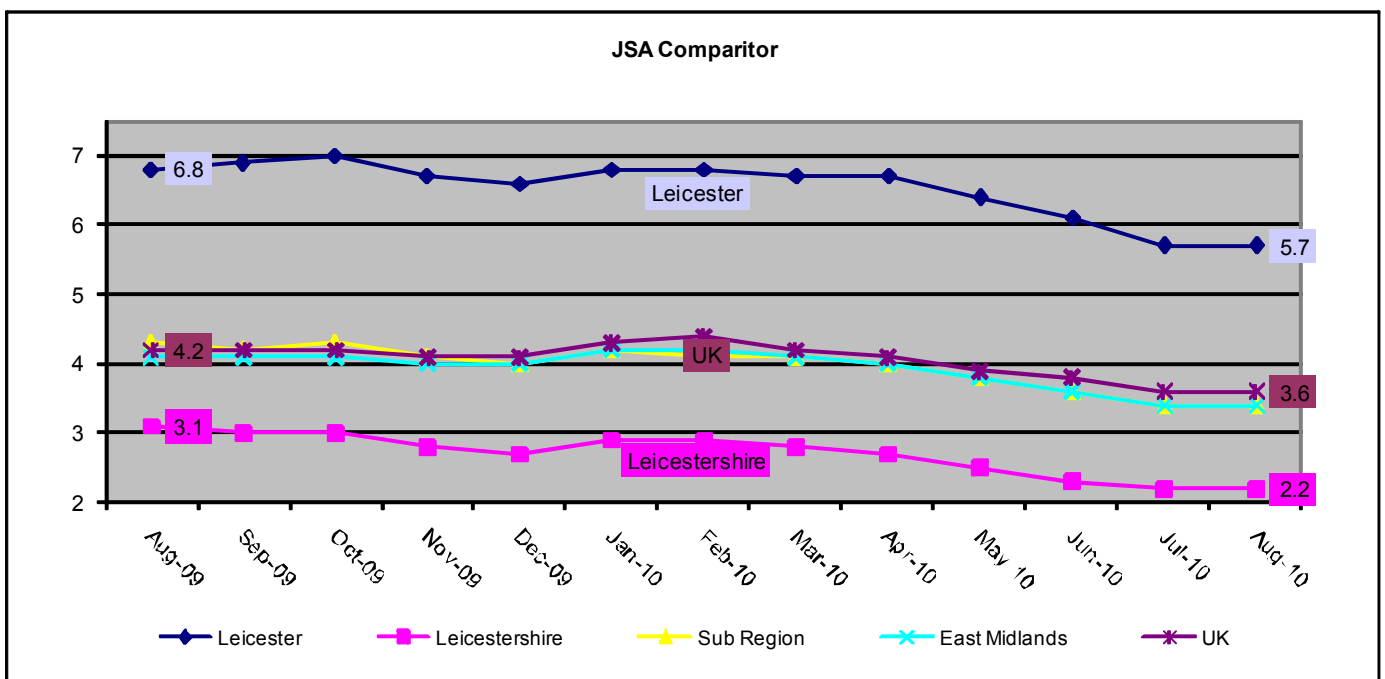
Numbers of JSA & Incapacity Benefit claimants, (greatest number of IB Claimants first)



Analysis shows a large majority of claimants have been receiving IB for 5 years or more. As shown, IB claimants outnumber JSA recipients in all areas of Leicester. A large number of people, many of whom have been out of the labour market for many years will, under the new arrangements, be expected to look for work. If after 12 months they have not found employment, they will lose ESA.

Source: DWP Information Directorate Working Age Client Group data

6. Job Seekers' Allowance take-up over time



Source: ONS, Nomis

7. Proportion of JSA claimants by ward and age

JSA Ward	Aged 18-24	Aged 25-49	Aged 50+
Abbey	26.5	59	13.9
Aylestone	29.8	55	14.6
Beaumont Leys	26.9	61	11.2
Belgrave	30.5	52.5	16.5
Braunstone Pk & Rowley Fields	32.4	52.6	14.3
Castle	23.8	63.8	12.3
Charnwood	25.2	59.3	15
Coleman	25	54.7	20.3
Evington	28.8	49.6	21.6
Eyres Monsell	28.7	57.4	13.5
Fosse	26.2	59.3	14.5
Freemen	33.5	55.6	10.7
Humberstone & Hamilton	28	55.6	16.2
Knighton	29.7	54.2	15.8
Latimer	27.8	49.6	22.6
New Parks	28.5	59.2	12
Rushey Mead	26.9	54.5	18.6
Spinney Hills	23.7	58.2	17.9
Stoneygate	25.9	57.8	16.2
Thurncourt	31.9	52.1	15.3
Westcotes	25.2	64.3	10.5
Western Pk	23.9	64.2	11.9
Derby	31.3	55.3	12.6
Leicester	27.3	57.4	15
Nottingham	30.2	58.1	11.6
Leicestershire	29.7	51.9	18.2
Sub Region	28.3	55	16.4
East Midlands	30.5	53.8	15.4
GB	28.9	55.6	15.2

- Highest levels of JSA Claimants are for the 25 to 49 age bracket and are in Westcotes , Western Parks ,Castle, Beaumontleys , Fosse , New Parks , Charnwood and Abbey

Source: Nomis (ONS Claimant Count)

8. Duration of JSA claims by ward

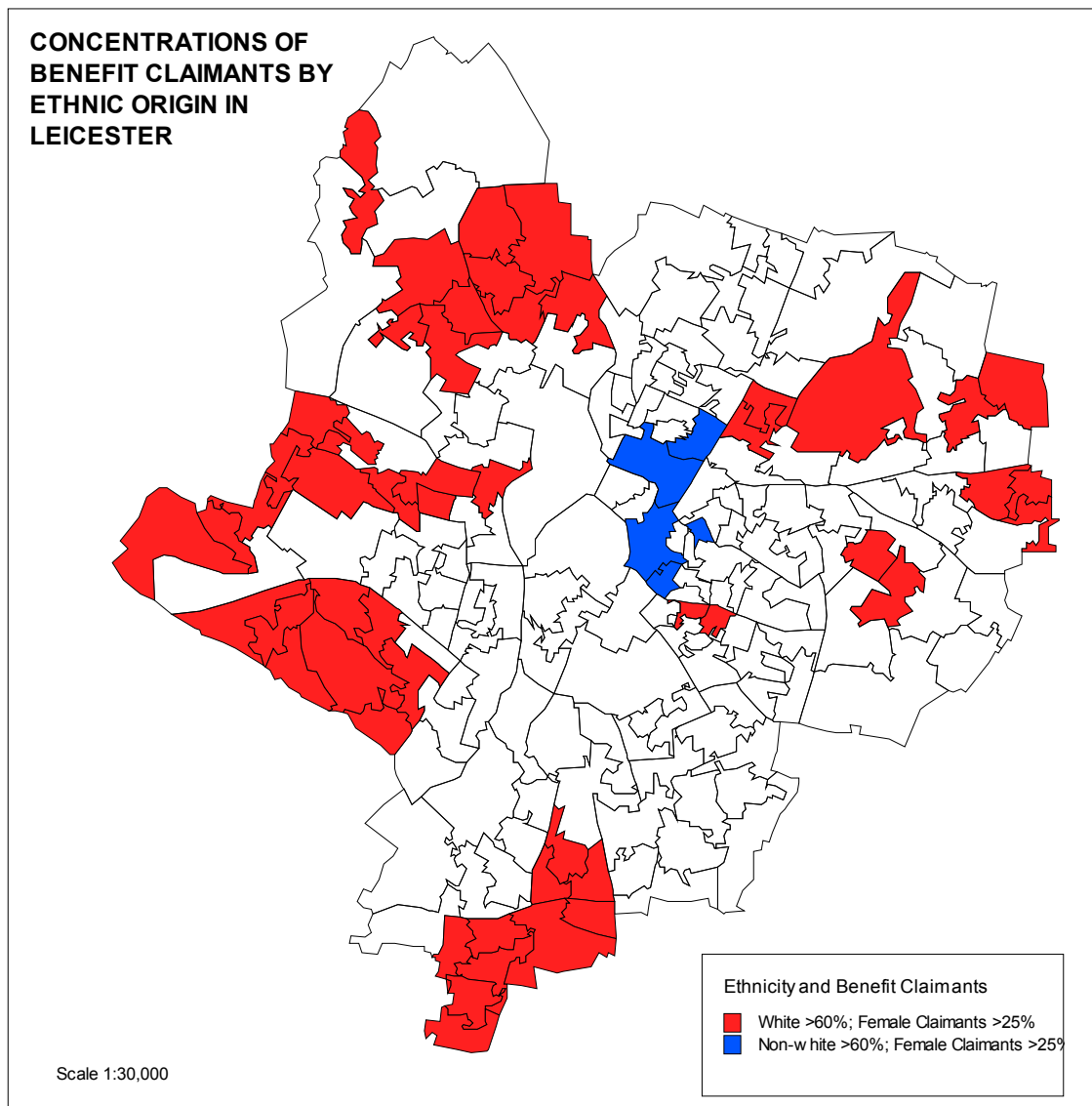
	Up to 6 Mths	6 to 12 Mths	Over 12 Mths
Abbey	55.1	18.6	26.3
Aylestone	59	17.4	23.6
Beaumont Leys	50.9	18.1	31
Belgrave	56.3	17.9	25.8
Braunstone Pk & Rowley Fields	54.8	19.2	26
Castle	53.2	17.3	29.5
Charnwood	53.5	17.6	28.8
Coleman	58.7	16	25.3
Evington	60.8	19.2	20
Eyres Monsell	51.6	19.1	29.4
Fosse	60.2	15.2	24.5
Freemen	51.3	17.8	31
Humberstone & Hamilton	59.5	17.9	22.6
Knighton	66.5	12.3	21.3
Latimer	61	18.4	20.5
New Parks	48.1	19.9	32
Rushey Mead	62.6	19.3	18.2
Spinney Hills	51.5	20.6	27.9
Stoneygate	54.3	20.1	25.6
Thurncourt	55.7	16.6	27.7
Westcotes	59.6	17.9	22.5
Western Pk	54.9	18.1	27
Derby	63.4	19.3	17.3
Leicester	55.2	18.2	26.5
Nottingham	57.9	18.6	23.5
Leics County	65.7	16.5	17.8
Sub Region	59.9	17.5	22.7
East Midlands	61.6	18.1	20.3
GB	63.2	19	17.8

- The majority of claims last under 6 months across all wards.
- Residents in Eyres Monsell, Castle, Spinney Hill, Western Park, Abbey, and Thurncourt have the highest % of claims that are over a 12-month period.
- Impact of CSR will mean that there will be increased numbers of people who have lost employment that start to claim JSA, there fore JSA claimant will be greatly increased.
- More people on JSA looking for employment but competing for decreased jobs. This will hit the lowest skilled and poorest household because competing will be more difficult

Source: Nomis (ONS Claimant Count)

9. Distribution of female claimants across the city

The Areas with a majority of white population are more likely to contain areas with a high percent of female benefit claimants. This suggests that large numbers of Asian women who are economically inactive or unemployed do not necessarily enter the benefits system. Therefore wards that have a large percentage of BME will not accurately reflect the reality of worklessness and poverty within those wards.



Source: ONS, published through Unemployment Bulletin

10. Impact of budget cuts on people with low incomes – TUC briefing paper

The TUC briefing paper produced in June (Don't forget the spending cuts! Horton and Reed, June 2010) highlights that the impact of the budget cuts are deeply regressive and that the poorest households will be the worst hit. It estimates that that if the budget cuts fall evenly across non ring fenced departments the average annual cut to public spending for the poorest tenth of households is £1,344 equivalent to 20.5% of their household income. Whereas the annual cut for the richest tenth of households is £1,135 which is just 1.6% of their household income.

11. Centre for Cities: Measuring vulnerable cities

Indicators:	Leicester	GB Average
Claimant count rate (Dec 2010)	4.2	3.5
Employment rate*	65.7%	70.4%
Potential public sector job losses**	2.0*	N/A
Residents with high level qualifications (2009)	23.3%	29.9%
Business stock***	286.9	334.7

* % of working age population in employment: Jul 2009 - Jun 2010

** based on forecast loss of 330,000 UK public sector jobs

*** VAT registration per 10,000 population: 2009

Source: www.centreforcities.org/outlook11

Housing

12. Existing housing stock – All tenures

There are currently 126,244 dwellings in Leicester. 92,792 are in the private sector.

%	Asian or Asian British	Black or Black British	Chinese & Other	White	Mixed
Owner Occupier	74.66%	34.66%	34.64%	55.66%	39.39%
Rented from council	6.72%	26.53%	8.46%	23.72%	28.64%
Other social rented	6.17%	14.32%	5.97%	5.54%	15.32%
Private rented	10.07%	17.72%	31.17%	11.30%	13.22%
Other	2.39%	6.77%	19.75%	3.79%	3.43%
	100%	100%	100%	100%	100%

Council and housing Association dwellings

22,297 are Council, 10,600 are Housing Association (RSL) and 550 are other public sector.

Source: Housing Strategy Statistical Appendix (HSSA) 2010

13. Equality Profile of Housing Service Users

Equality Profile of LCC Tenants - There are 25,483 tenants in council properties

Ethnicity	
Asian	11.27%
Black	7.32%
Chinese	0.14%
White	55.39%
Dual Heritage	1.12%
Other	2.06%
Not Known	22.72%
Gender	
Male	40.5%
Female	59.4%
Unknown	0.02%
Age	
18 - 24	4.84%
25 - 34	16.89%
35 - 44	19.41%
45 - 54	18.68%
55 - 64	14.65%
65 - 74	11.44%
75+	12.91%
Unknown	1.18%

Disability / Vulnerability Type	Percentage
Deaf or hard of hearing	1.9%
Has a perceived disability	38.3%
First language French	0.3%
First language Gujarati	0.6%
First language Kurdish	0.3%
First language Somali	1.3%
First language Urdu	0.3%
History of Debt	0.3%
Long-term illness	1.6%
Learning Difficulties	0.6%
Mental Health Issues	1.3%
Mobility Impairment Issues	6.1%
Previous Homeless Applicant	1.0%
Reading Difficulties	1.3%
Speech Difficulties	0.3%
Visual Impairment	1.9%
Assisted Visit Required	28.8%
Support Services Required	0.3%
See Case Notes	0.3%
Interpreter Required	2.2%
Older Person	6.7%
Other	4.2%
Total	100.0%

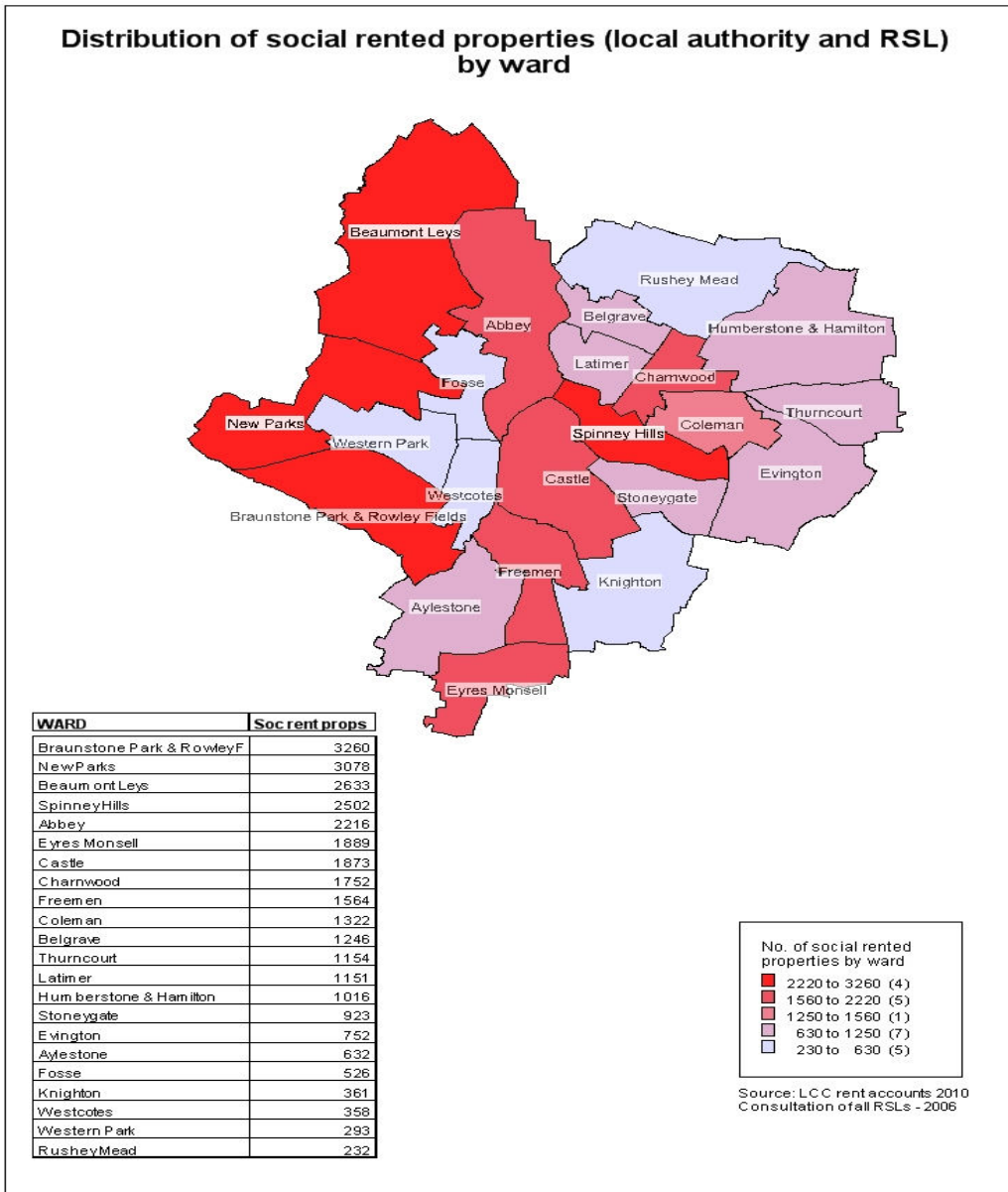
Source: Equality monitoring information from Housing Services, April 2010

STAR Ethnicity of Service Users

Ethnicity	Number	Percentage
Asian or Asian British	121	15.88%
Black or Black British	115	15.1%
Chinese	4	0.52%
Dual/ Multiple Heritage	26	3.4%
White	447	58.67%
Gypsy/Romany/ Traveller	26	3.41%
Other Ethnic Group	8	1.05%
Prefer not to say	14	1.83%
Total	761	100%

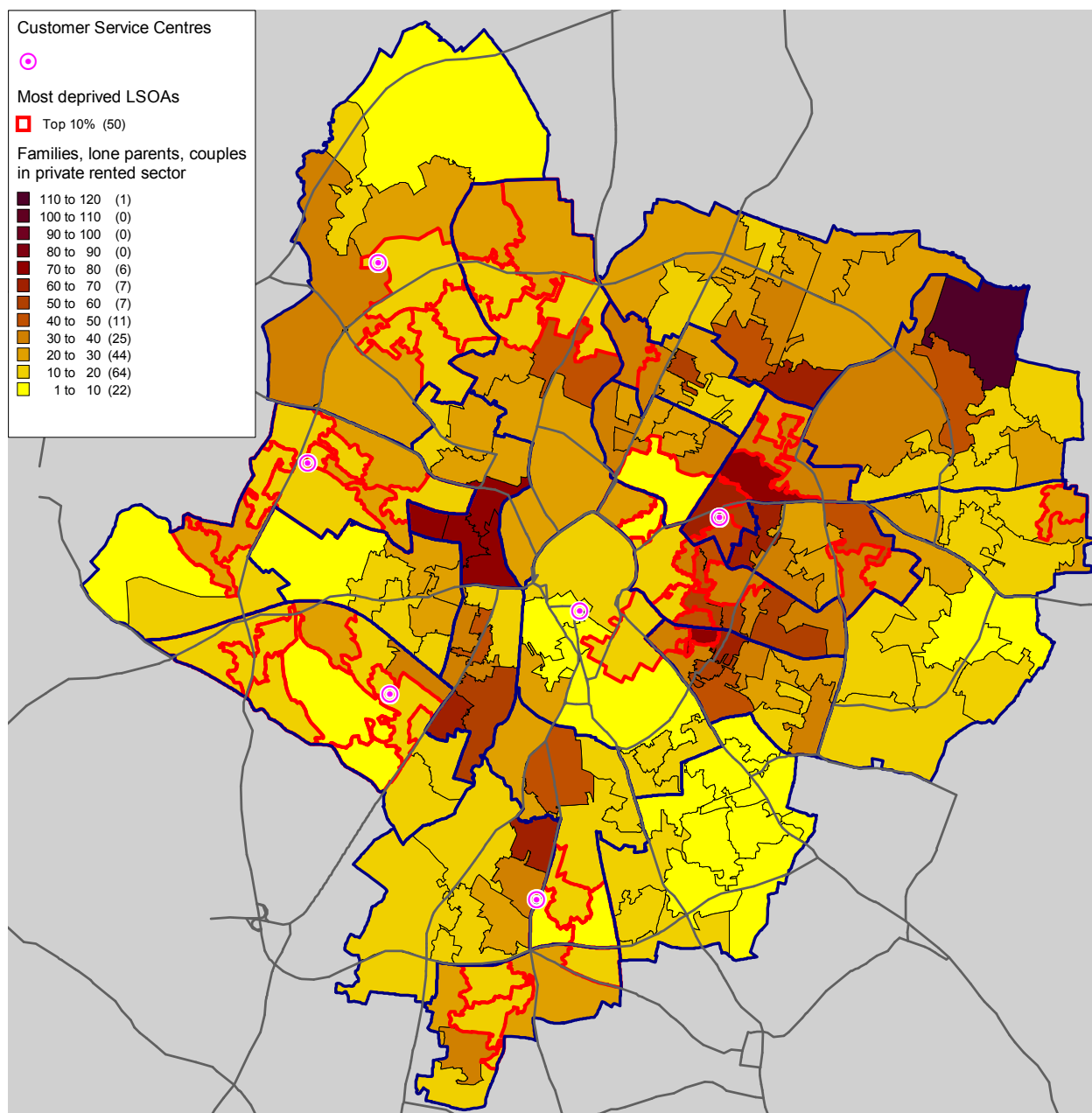
Source: Equality monitoring information from STAR Service, April 2010.

14. Distribution of social rented properties by ward



Source: LCC Rent Accounts 2010; Consultation of all Registered Social Landlords in the City, 2006

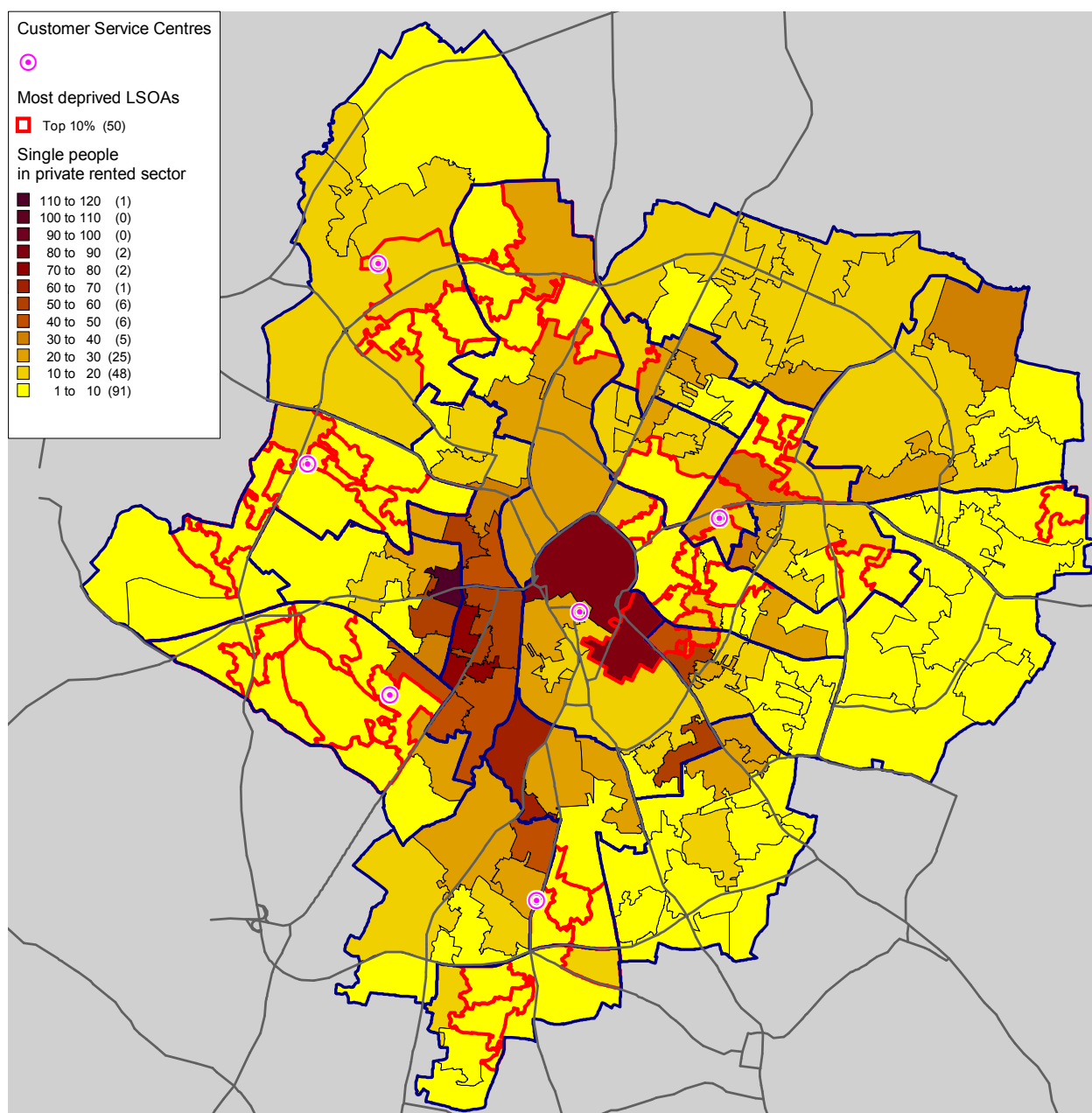
15. Families and lone parent in private rented accommodation in receipt of Housing Benefit



A number of changes to the LHA rules will impact every household to some degree.

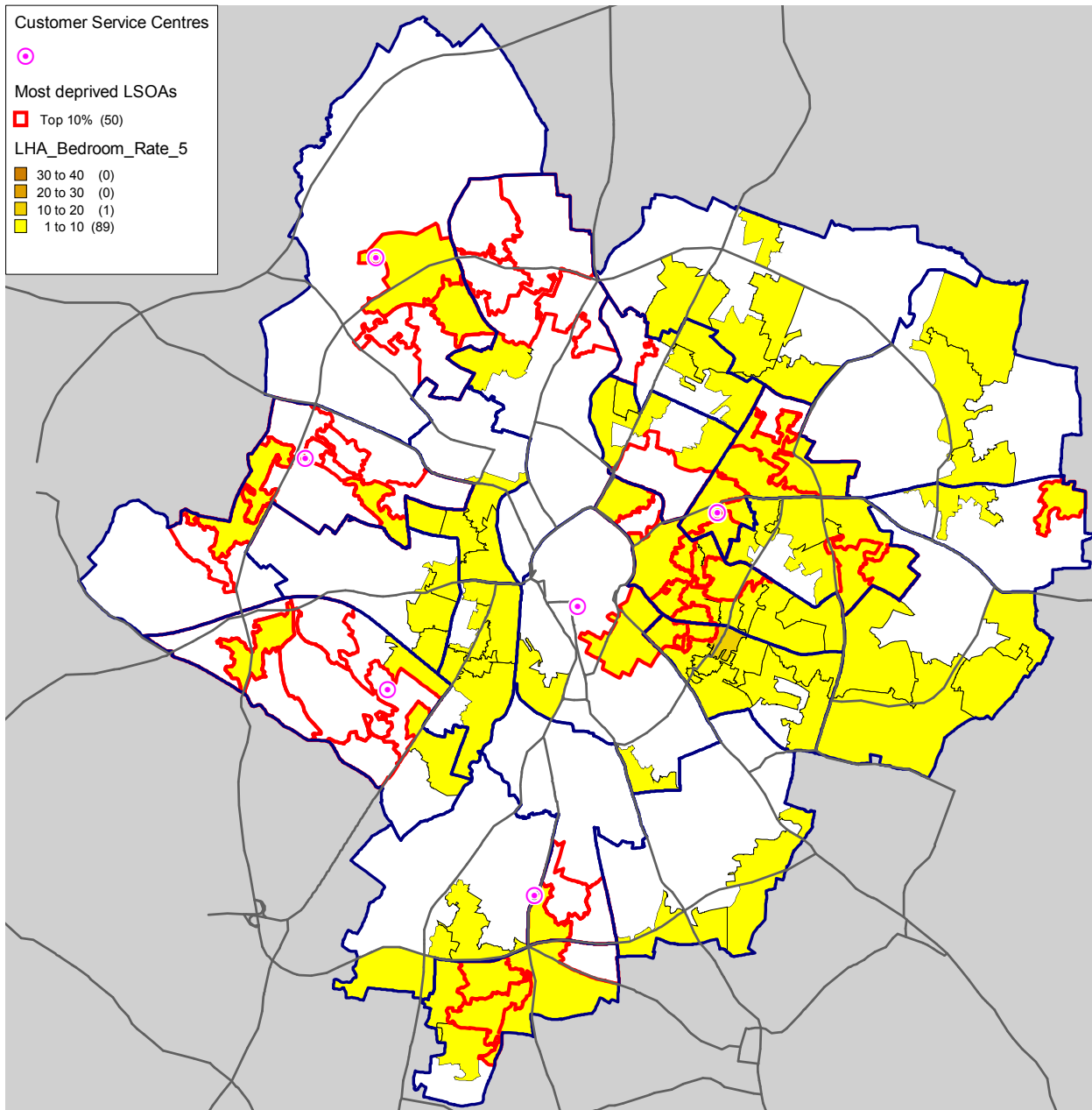
Source: Civica, 2010

16. Single claimants in private rented accommodation in receipt of Housing Benefit



Source: Civica, 2010

17. 5 Bedroom rate Local Housing Allowance properties



Source: Civica, 2010

18. Housing Register applicants and lettings by ethnicity

Housing Register Applicants by Ethnicity

Ethnic Origin Group	Total	%
White	3230	40.12%
Asian	2347	29.16%
Black	948	11.78%
Dual Heritage	188	2.34%
Other	254	3.16%
Unknown	1083	13.45%
Total	8050	100%

Lettings by Ethnicity

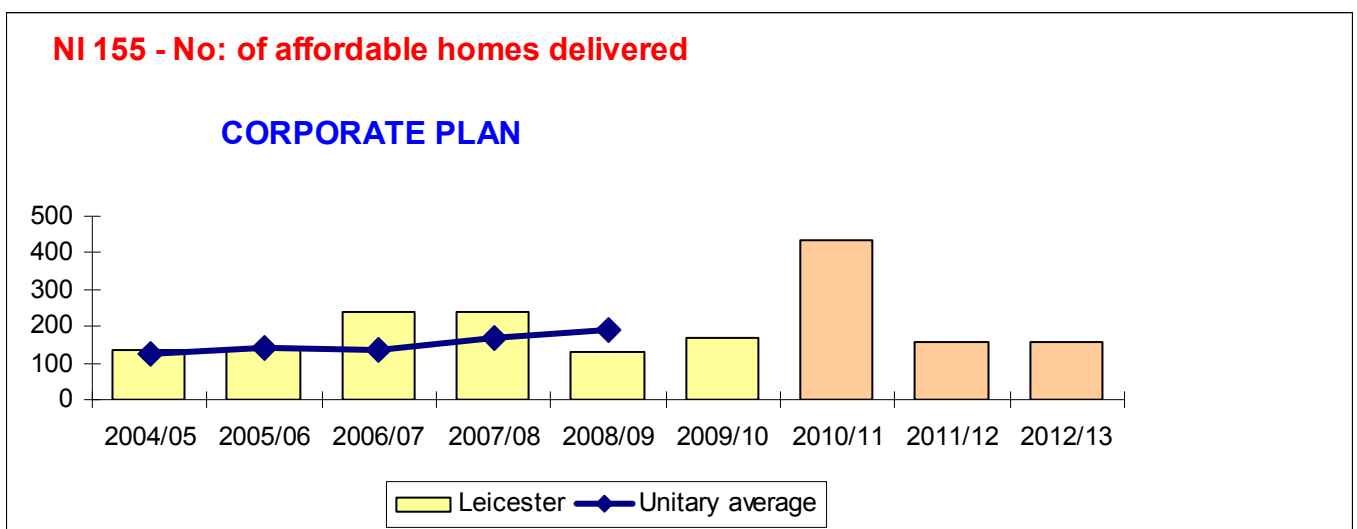
Ethnicity	Number	Percentage
White	935	48.88%
Asian	349	18.24%
Black	335	17.51%
Mixed	45	2.35%
Other	71	3.71%
Unknown	178	9.30%
TOTAL	1913	100%

19. Housing Register Applicants by Ward November 2010

Ward	Number of Applicants
Spinney Hills	1162
Charnwood	601
Stoneygate	564
New Parks	509
Beaumont Leys	503
Coleman	483
Braunstone Park & Rowley Fields	418
Abbey	408
Castle	408
Latimer	402
Belgrave	336
Eyres Monsell	302
Freemen	263
Fosse	258
Westcotes	248
Humberstone & Hamilton	223
Rushey Mead	191
Aylestone	189
Thurncourt	171
Western Park	136
Evington	124
Knighton	103

20. Number of affordable homes delivered over time

There is increasing demand for affordable housing in Leicester because of the decline in the number of Council / Housing Association properties available for re-letting. Affordable housing are homes for people whose needs are not met by the market. There is currently a shortfall of 790 affordable homes per annum. Please see chart highlighting the number of affordable homes delivered.



Source: Data from Housing Development as reported in the Corporate Plan.

21. % of private sector dwellings that are non-decent by ward

Ward	Dwellings	Percentage that are non - decent
Westcotes	3716	53-58%
Castle	4859	53-58%
Freemen	2439	51-52%
Stoneygate	5170	51-52%
Fosse	4408	49-50%
Latimer	3117	49-50%
Spinney Hills	4549	49-50%
Belgrave	2735	46-48%
Coleman	3409	46-48%
Western Park	4059	46-48%
Charnwood	2533	46-48%
Braunstone Park and Rowley Fields	3446	44-45%
Aylestone	4245	44-45%
Abbey	3574	41-43%
Knighton	6290	41-43%
Thurncourt	2818	37-40%
Eyres Monsell	2481	37-40%
Rushey Mead	5406	33-36%
Evington	3439	23-32%
Humberstone and Hamilton	3636	23-32%
New Parks	3420	23-32%
Baumont Leys	3522	22%

Source: Building Research Establishment Stock Model
Data Copyright © 2007 Building Research Establishment

22. Homeless enquiries by ethnicity

The new benefit cap (including on Housing Benefit) may mean some households being unable to afford to remain in their current accommodation. This could trigger additional demand for social housing and in some cases could result in homelessness.

All Homeless Enquiries by Ethnicity

Ethnic Origin Group	Total	%
Asian	1870	18.8%
Black	1114	11.2%
Not Known	1859	18.6%
Not Known/Given	614	6.2%
Other	554	5.6%
White	3960	39.7%

Ethnicity of all homeless decisions

Ethnic Origin Group	Total	%
White	160	45.8%
Black	85	24.4%
Asian	45	12.86%
Other	26	7.4%
Not Known/Given	33	9.5%

Source: Equality monitoring information from the Housing Options Service, April 2010

23. Ethnicity of hostel residents

Ethnicity of Hostel Residents

Ethnicity	Number	Percentage
Asian or Asian British	139	11.40%
Black or Black British	215	17.64%
Chinese	3	0.25%
Dual/ Multiple Heritage	20	1.64%
White	676	55.46%
Other Ethnic Group	21	1.72%
Prefer not to say/ Not Known	145	11.89%
Total	1219	100.00%

Source: Equality monitoring information from the Hostels Service, April 2010

The above table shows that 55.46% of residents are from a White background which is below to the city average. 17.64% of residents are from a Black or Black British background which is much higher than the city average. 11.4% of residents are from an Asian background which is much lower than the city average.

The reasons for the high percentage of Black and African people in hostels are the same reasons for people being accepted as statutorily homeless. Please see paragraph above in the Housing Options section as to why Black and African people are overrepresented in homelessness services.

As such a large proportion of hostel residents have indicated that they are disabled the service needs to ensure that it is sensitive to this client group and disability and access needs are met.

Health

24. Leicester's main health issues

Leicester is recognised nationally for having high levels of health inequalities. In 2005, Leicester became part of the Spearhead Group, based upon local authorities and primary Care trusts (PCTs) in the bottom fifth nationally for 3 or more of 5 indicators:

- Male life expectancy at birth
- Female life expectancy at birth
- Cancer mortality rate in under 75s
- Cardio-vascular disease mortality rate in under 75s
- Index of Multiple Deprivation (IMD), average score.

It is difficult to measure progress in health in the short term. Plenty of research nationally points to specific indicators of good or poor health. The most significant of these is the link between deprivation and poor health. This is most recently reinforced in the Marmot Review of 2010. The Black Review of 2008 demonstrates that work is good for health, and from this it is reasonable to assume that being out of work is bad for health and that, as the economic situation worsens, there will be greater levels of poorer health.

Leicester's Health issues, based on current national developments:

Fact

- STRONG LINK between deprivation and poor health
- High levels of poverty and deprivation in the city
- Leicester is one of 9 areas nationally identified as 'health priority areas'.

Main issues

- Recession impact (higher unemployment levels; higher dependence on benefits and public services; poverty and deprivation levels expected to rise)
- Loss of posts in public services (about 1 in 3 people in Leicester are employed in public services)
- Lots of INSECURE employment (low pay, part time, not necessarily public sector; people move in and out of benefits).

Health impacts

- Unemployment as 'significant life event' (negative impacts on mental and physical health; increased use of public services)
- Anxiety and depression (mental health impacts)
- People with poor mental health look after their physical health less well (reduction in wellbeing and physical health levels).

General risks

- Performance in current health priorities worsened by increases in volume
- Increase in health funding nationally of 0.1% per year "feels like a loss" against the estimated 3% per year needed to stand still
- Capacity of health services to respond to expected volume increase in crisis events
- Capacity of adult social care to respond to increased need for preventative work, required to offset increases in social need / worsening health impacts
- Capacity of voluntary and community (VCS) sector to fill the vacuum left by the local authority deficit
- Resilience of health, social care and VCS sectors in responding quickly to changing health circumstances
- Effectiveness of Leicester's portion of the £1 billion nationally available to address the gaps between health and social care, given the expected 24 - 29% funding loss to local authorities and Leicester's disproportionately high levels of health crisis and emergency care.

25. Most significant health risk: mental health

A decrease in mental health and wellbeing is widely seen as the most significant specific health risk in the current financial situation:

Mental health

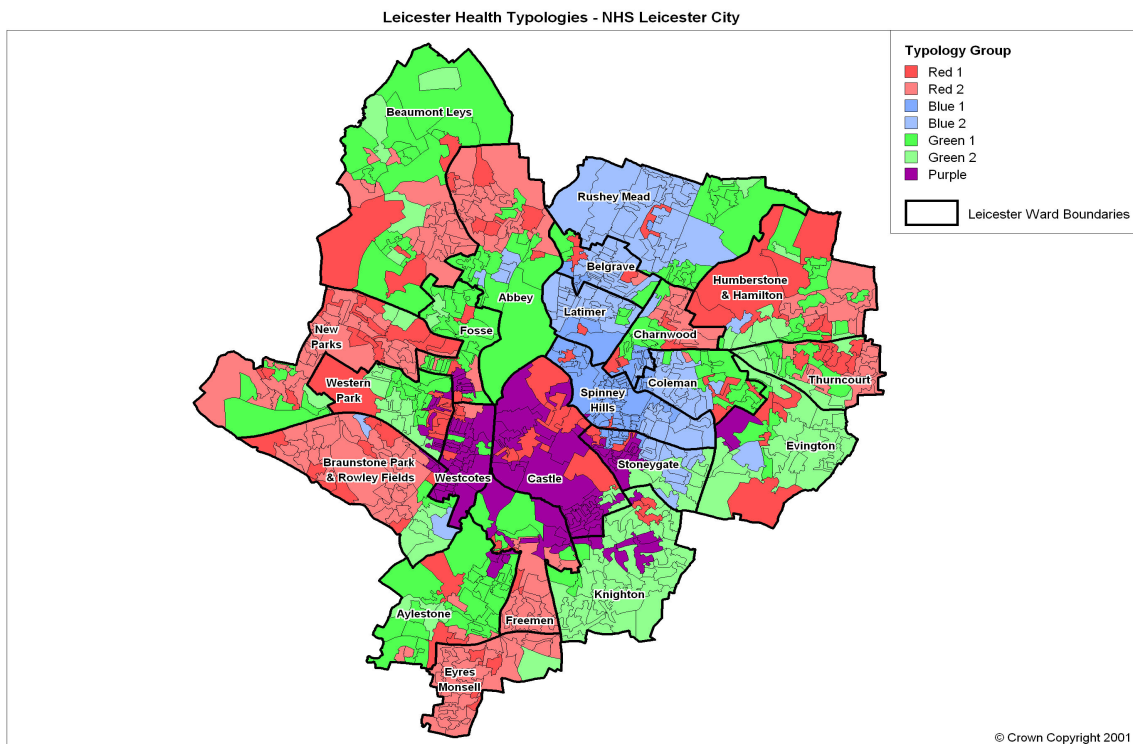
Poor mental health is both a contributor to and a consequence of wider health inequalities. It is associated with health-risk behaviours and increased morbidity and mortality from physical ill health. Promoting good mental health has multiple potential benefits. It can improve health outcomes, life expectancy and educational and economic outcomes, and reduce violence and crime.

(Report from Mark Wheatley - identify author / source)

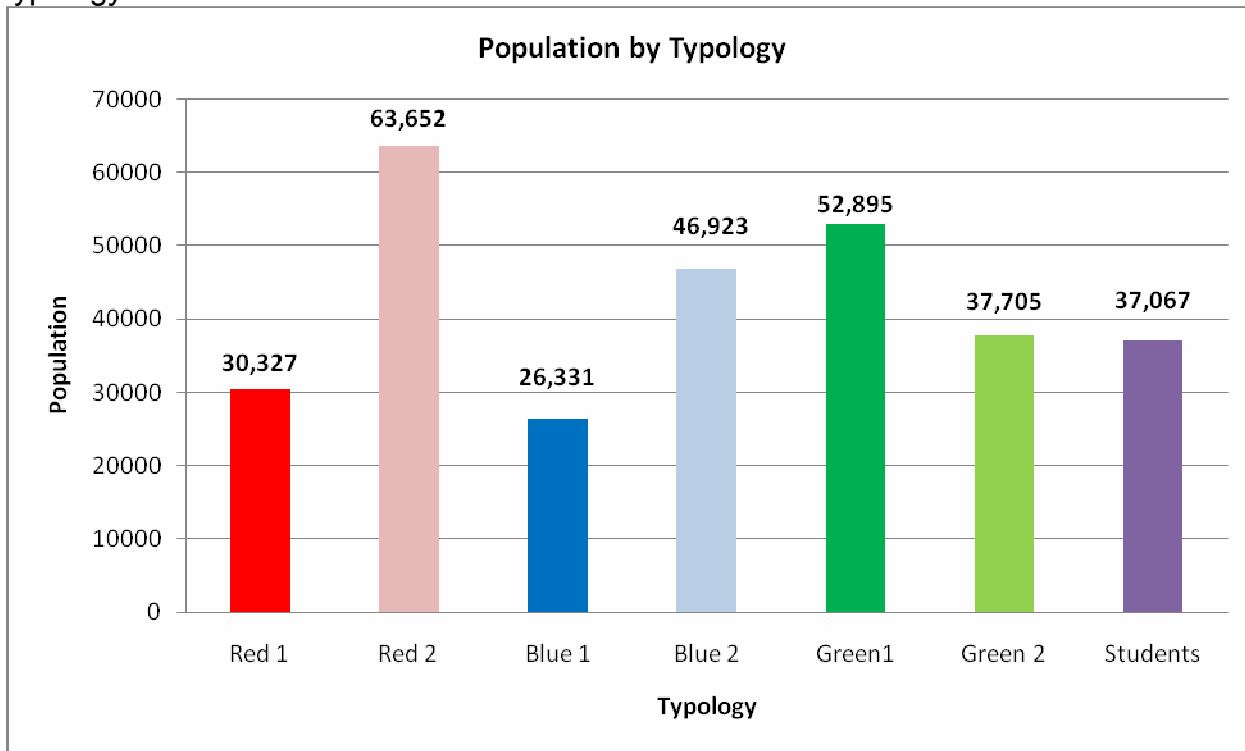
26. Map of health segmentation / typologies in Leicester by ward

In a special study commissioned by NHS Leicester City from Dr. Foster Intelligence in 2009, a wide variety of data about Leicester's health was synthesised into broad categories and volumes, and mapped across the city. These health typologies can be viewed as a whole city 'proxy for need' and are highly useful in informing planning.

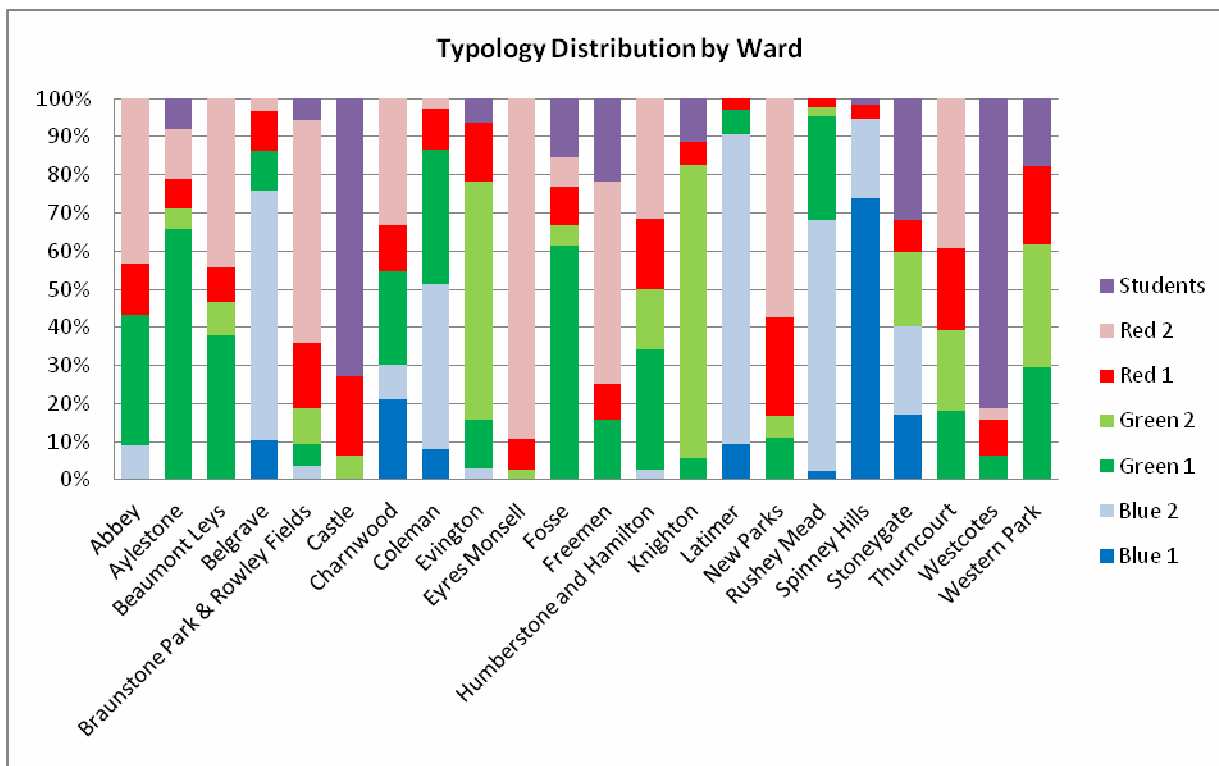
Special note: The data below presents a ward-based and a city-wide picture. In using the data, **we must take care not to stereotype any particular area or community.** The data presents a general overview and actual health needs in any particular geographical area or community will be more specific and more detailed than this overview. We should treat the data with caution as it is internal to Leicester only and the health needs described are relative. The underlying issue is the **range** of health needs; the differences in population are not as great.



The chart below shows the the NHS Leicester City population by typology:



The chart below shows the typology population breakdown by ward:



The following provide descriptions of the different typologies:

Red 1

30,000 people

22 of 22 Wards – inc New Parks, Thurncovegate, Western Park, Castle:

- Principally White British (77%) and BME ethnicity
- Most deprived areas (80% in bottom two quintiles)

- High proportion of retirement age residents 65+
- Low/no qualifications, elementary occupations
- High admissions for A & E, CHD, all cancers, COPD, abdominal aortic aneurism, diabetes, hypertension, respiratory and stroke
- High deaths from chronic conditions, cancer, coronary heart disease etc.
- Higher than the Leicester average for learning difficulties, perpetrator of domestic assault and harassment.
- Higher than average use of child and adolescent services and experience of mental health problems more generally.
- More likely to have Year 6 and Reception children overweight
- Higher child harm cases.
- Higher for A&E admissions, alcohol admissions, number of elective procedures, number of emergency admissions, number of excess bed days, high impact users.

Red 2

65,000 people

14 of 22 Wards – Eyres Monsell, Freeman, New Parks, Thurncourt, Braunstone Park and Rowley Fields, Beaumont Leys and Abbey:

- 89% White British
- Family based. More older people 65+ and children.
- Mostly in the most deprived areas of the City.
- The majority of the population without qualifications & work in elementary occupations, others in personal services, process, plant and machinery and skilled trade occupations.
- High teenage births, mental health early intervention services, unpaid care, mental health – older people, smoking, domestic assault, residential care with LTC.
- Higher than Leicester average for child and adolescent services, positive drug tests and use of the drugs services, mental health prevalence, Reception children overweight and obese, community alcohol team assessments, use of crisis resolution, A & E attendances and deaths from cancers.
- A higher proportion of lone parent households with dependant children and living in socially rented housing, particularly from the Council.

Blue 1

27,000 people

7 of 22 Wards – Spinney Hills (72%) then Stoneygate, Rushey Mead, Coleman and Belgrave:

- Majority Indian, ethnic population, other BME. Some 79% of this typology is BME, 18% of White ethnicity.
- A young, family setting. More 0 – 4's, larger numbers aged 5 – 19 and 20 – 39. Fewer aged 40+ than city generally
- Found in the most deprived quintile of deprivation
- The majority without qualifications. Low proportions in employment - process, plant and machinery and elementary occupations.
- High infant mortality, low birth weight, Reception and Year 6 children obese, DNA out-patient appointments, Low take up of general psychiatry within the City.
- Higher than average admissions for asthma, diabetes, coronary heart disease, respiratory disease, and deaths from diabetes.
- Lower (than average) use of eating disorder services, services for people with learning disabilities, adult and non acute mental health services.
- Lower respiratory deaths and lower numbers of smoking 4 week quitters.

Blue 2

47,000 people

10 of 22 Wards – Belgrave, Latimer, Rushey Mead, Coleman and Spinney Hills, Stoneygate, Charnwood and Abbey:

- Majority Indian and Other Asian, Pakistani ethnicity. 74% BME, 21% White.
- Family setting. More middle aged 40 – 64 year olds and higher numbers of children aged 5 – 19.
- Over 70% in the most and some 25% in the second most deprived quintile in the city.
- A high proportion without qualifications. The majority work in process, plant and machinery occupations, some in sales and customer service occupations.
- High for complications of birth, long term illnesses, provision of unpaid care.
- Below the 25th percentile for alcohol team assessments and for mental health prevalence or in-patient status, lung cancer deaths and prostate cancer admissions and child harm.
- Higher than average health impacts, including coronary heart disease, asthma admissions, low birth weight, breast cancer admissions.
- It is lower than average for drugs, mental health services, use of eating disorder services, child and adolescent services, four week quitters, perpetrators of assault and harassment, total residential care, assertive outreach.

Green 1 (“Family focus”)

52,000 people

14 of 22 Wards – mainly Evington, Knighton and Western Park:

- Principally White British, Indian, then other BME groups
- In all quintiles of deprivation, but mainly in the mid-range
- High proportion middle aged, but also with high numbers of younger people and children
- Personal service, skilled trade, admin & secretarial
- Less likely to be admitted for or die from diabetes
- More likely to experience breast cancer admissions and higher than average (for Leicester) deaths
- Higher than average suicides and use of assertive outreach

Green 2

65,000 people

17 of 22 Wards – includes Aylestone, Fosse, Abbey, Beaumont Leys, Humberstone, Western Park:

- Mainly White, Indian, then other BME groups
- Live in a family setting in the least deprived areas (80% in top three quintiles)
- Dominant age is 40-79 but also high number over 80 years
- Majority work in professional occupations, managers, technical occupations
- Lower users of A&E, less likely to DNA at outpatients, and less likely to use psychiatric services or drug services or be involve in domestic assault and harassment
- Has higher prevalence of all cancers, breast and prostate cancer admissions, elective procedures and hypertension admissions
- Has higher than Leicester average for breast, all cancer and diabetes deaths and mental health service use in older people’
- “Older- long term conditions kicking in”

Purple (“Students”)

37,000 people

9 of 22 Wards – inc. Castle, Westcotes, Stoneygate, Knighton, Freeman:

- Mostly White British with high numbers of other ethnic origin. 66% are White, 29% BME and 2% Mixed.
- The highest proportion of the population is aged 20 – 39 and they live in areas of high deprivation. There are some, but few, older people identified in this typology and similarly some, but few, younger people below the age of 20.
- Some 65% of this typology live in the bottom 2 quintiles of deprivation and some 22% in the 3rd quintile.

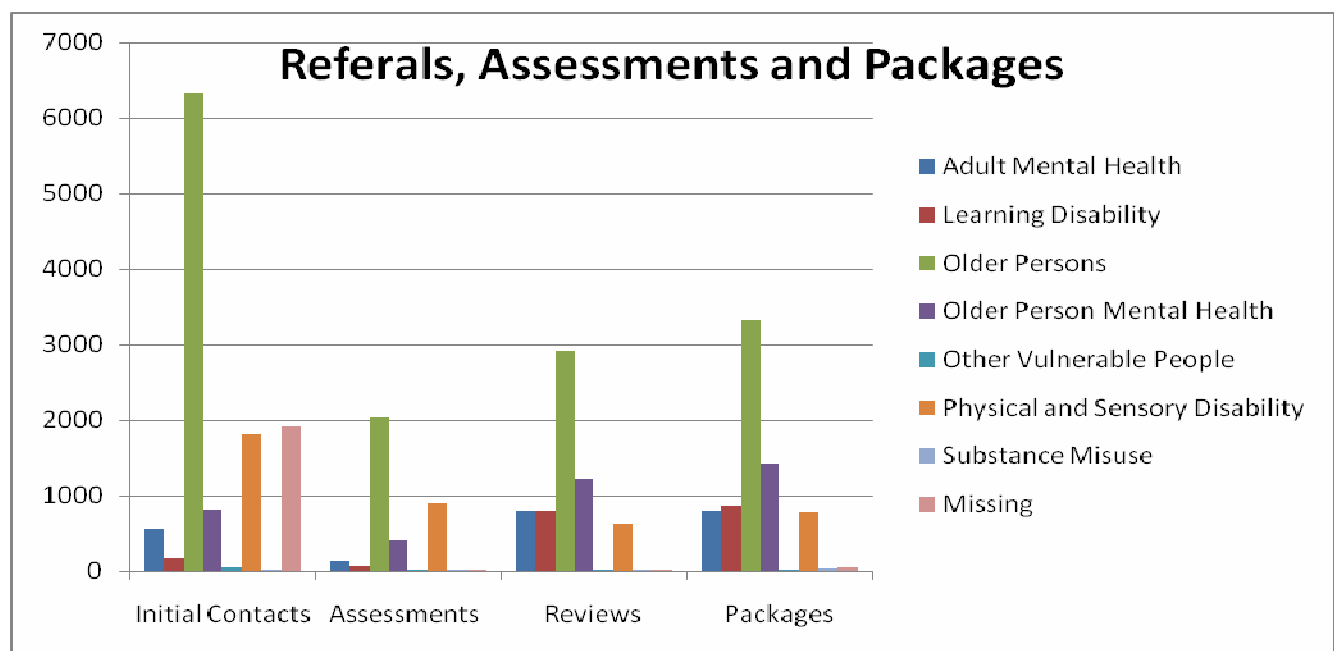
- They are well qualified, with qualification attainment levels of 3 and 4/5 and the majority work in professional occupations with high numbers working in associate, professional and technical occupations.
- Low admissions generally
- More likely to be involved in mental health/emotional issues. Deaths from suicide are above the 75th percentile, the use of general psychiatry similarly.
- Higher than Leicester City average for eating disorders, suicide, community alcohol team assessments, users of the drug services etc. Less likely to be represented in smoking four week quitters.

Adult Social Care

27. Referrals, Assessments and Packages 2009/10 by Client Type

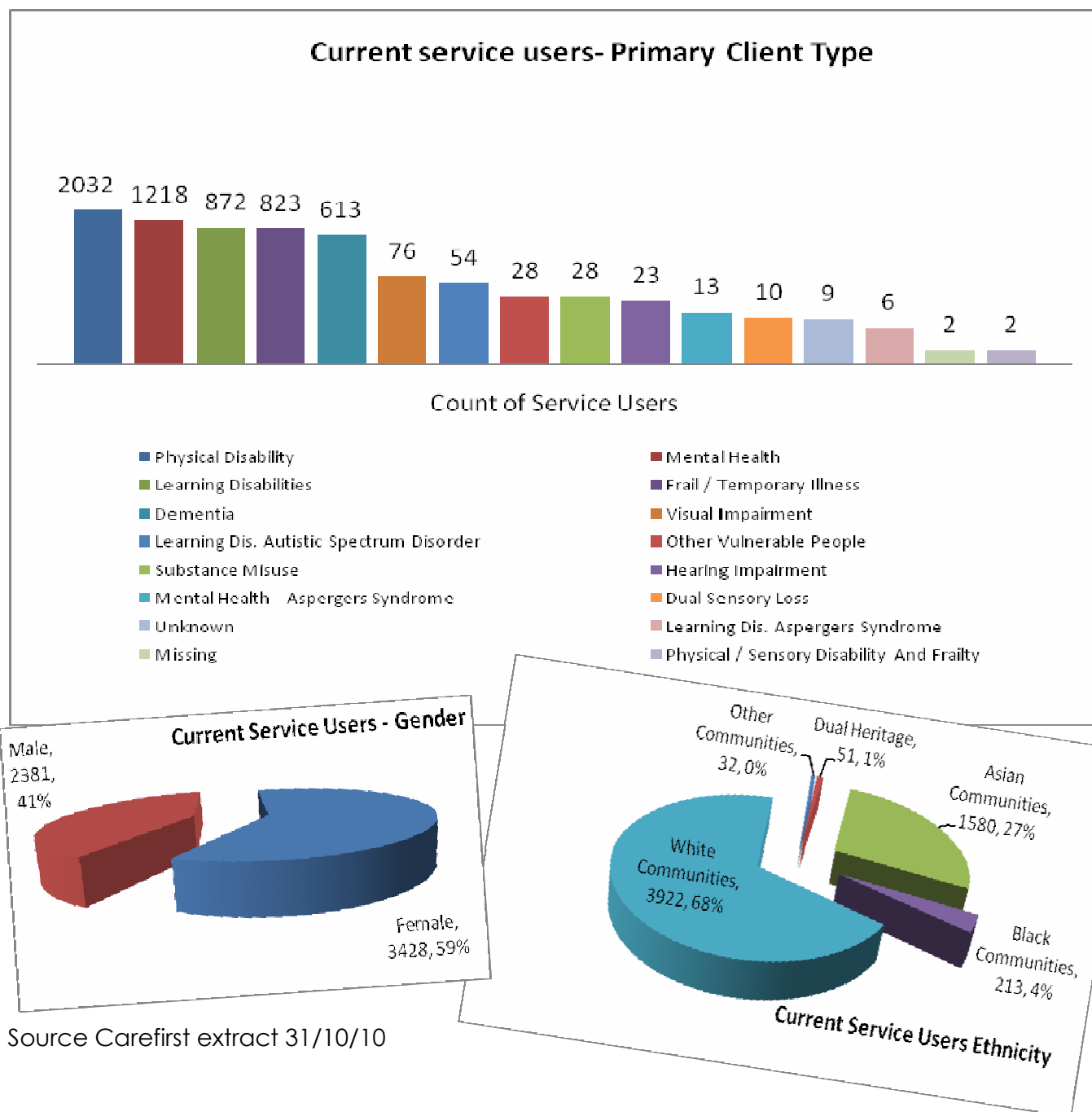
Client Type	Initial Contacts		Assessments		Reviews		Packages	
	Cases	%	Cases	%	Cases	%	Cases	%
Adult Mental Health	559	4.78%	136	3.75%	795	12.40%	799	10.92%
Learning Disability	171	1.46%	69	1.90%	797	12.44%	866	11.83%
Older Persons	6317	54.03%	2044	56.40%	2914	45.47%	3322	45.39%
Older Person Mental Health	825	7.06%	417	11.51%	1221	19.05%	1432	19.57%
Other Vulnerable People	53	0.45%	14	0.39%	11	0.17%	16	0.22%
Physical and Sensory Disability	1819	15.56%	902	24.89%	634	9.89%	793	10.83%
Substance Misuse	30	0.26%	20	0.55%	28	0.44%	37	0.51%
Missing	1918	16.40%	22	0.61%	9	0.14%	54	0.74%
Total	11692		3624		6409		7319	

Source Adult Social Care Annual Equality Report Leicester City Council 2009/10



28. Profile of Adult Social Care Users

Approximately 6,000 service users with 10,000 packages of care.
Data from Care extract at 31st October 2010¹.

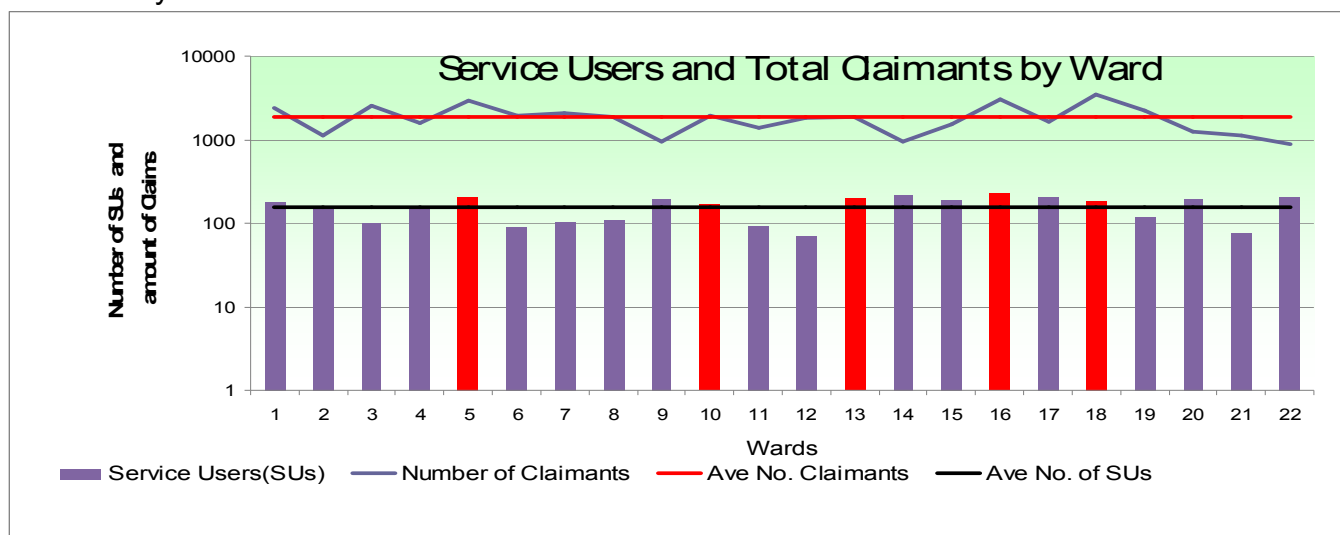


¹ Source Carefirst extract taken at 31/10/10; this extract does not include data relating to the provision of equipment

29. Current Adult Social Care service users by ward

Name of Ward	Dementia	Other Vulnerable groups	Physical and Sensory	Learning Disability	Mental Health	Grand Total
Abbey	23	10	161	67	39	300
Aylestone	42	7	85	46	38	218
Beaumont Leys	15	5	83	48	53	204
Belgrave	15	3	139	40	49	246
Braunstone Park & Rowley Fields	45	7	160	47	66	325
Castle	12	8	90	18	61	189
Charnwood	21	6	82	35	66	210
Coleman	18	2	79	22	54	175
Evington	46	4	132	19	49	250
Eyres Monsell	32	11	115	24	51	233
Fosse	15	2	75	17	46	155
Freemen	11	9	57	42	42	161
Humberstone & Hamilton	28	10	159	30	55	282
Knighton	32	10	168	19	74	303
Latimer	19	9	184	24	27	263
New Parks	46	4	176	40	77	343
Rushey Mead	29	11	172	49	33	294
Spinney Hills	20	11	168	61	55	315
Stoneygate	4	7	103	47	72	233
Thurncourt	35	12	133	44	42	266
Westcotes	12	5	60	17	32	126
Western Park	42	6	121	38	60	267
Grand Total	562	159	2702	794	1141	5358
Source Carefirst extract 31/10/10						

The chart below looks at how many of our current service users live in wards with above average benefit claims. The red bars represent the wards with above average numbers of service users and above average numbers of total claimants. From this analysis we can argue that new referrals will come from those wards, due to the link between deprivation and vulnerability.



Source Nomis Nov 2010

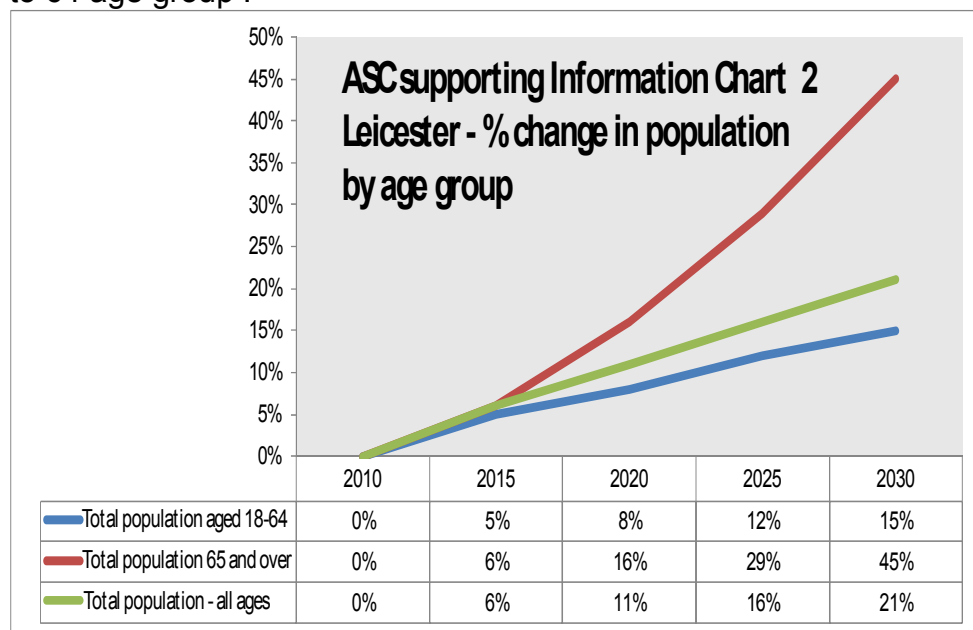
9 February 2011

KEY: 1, Abbey. 2, Aylestone. 3, Beaumont Leys. 4, Belgrave. 5, Braunstone Park & Rowley Fields. 6, Castle. 7, Charnwood. 8, C4oleman. 9, Evington. 10, Eyres Monsell. 11, Fosse. 12, Freeman. 13, Humberstone & Hamilton. 14, Knighton. 15, Latimer. 16, New Parks. 17, Rushey Mead. 18, Spinney Hills. 19, Stoneygate. 20, Thurncourt. 21, Westcotes. 22, Western Park.

30. % Change in Population by Age Group

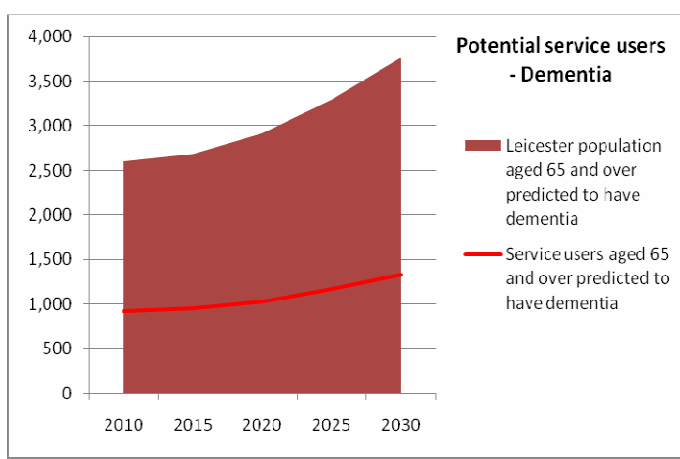
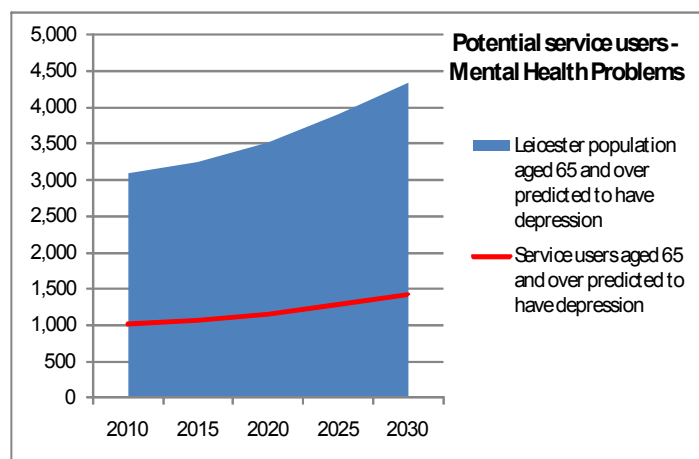
In Leicester, there are almost 200,000 people aged between 18 and 60 and almost 50,000 people over the age of 60. 75% of adults over the age of 18 are aged between 18 to 60 with a gender split of 50:50, female to male and 25% are aged 60+ with a gender split of 45:55 male to female. The gender splits reflect longer females life expectancy.

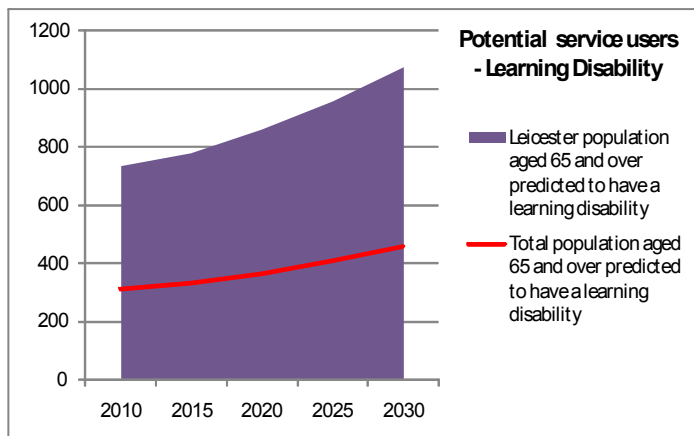
Currently Leicester has a relatively young population in comparison to some cities. However, in 20 years the number of older persons will have increased at more than twice the rate of the 18 to 64 age group.



Figures are taken from Office for National Statistics (ONS) subnational population projections by sex and quinary age. The latest subnational population projections available for England, published 27 May 2010, are based on the 2008 mid year population estimates and project forward the population from 2008 to 2033.

Comparison of numbers of Service users to number of potential service users





The red line on the three charts above represents the 'Prevention Safety Net' (eligibility criteria, unpaid carers, voluntary organisations, The Supporting People initiative,)

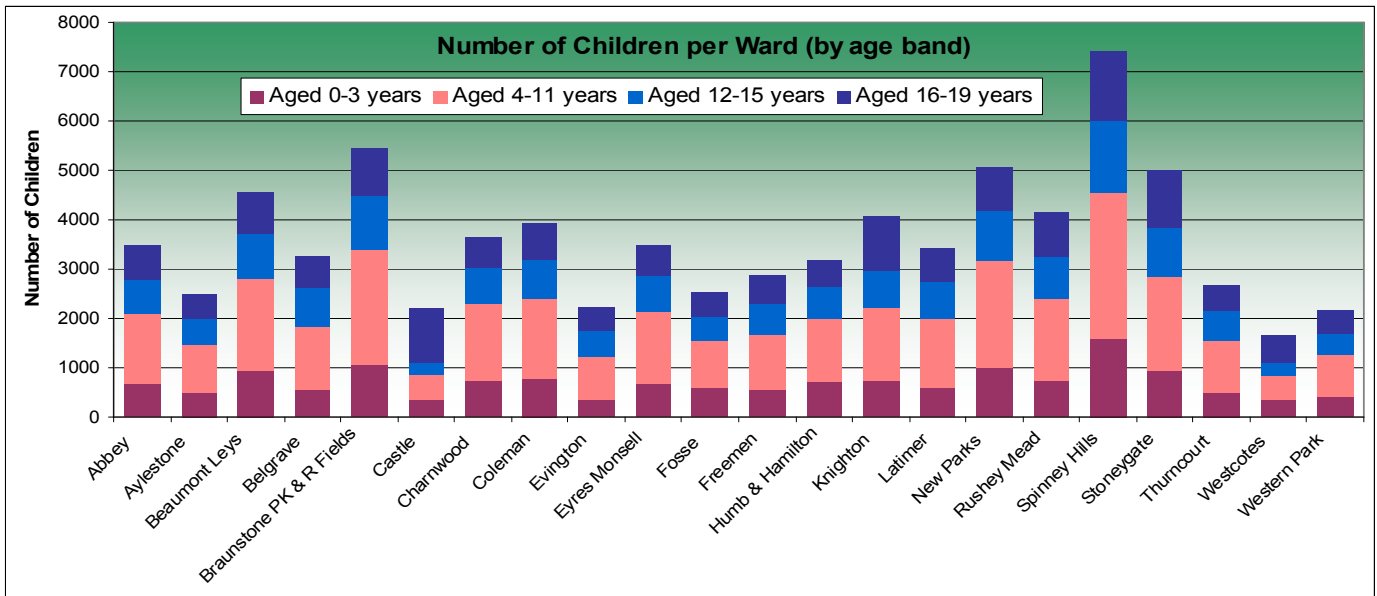
Data for potential service user charts	Years				
	2010	2015	2020	2025	2030
Leicester population aged 65 and over predicted to have depression	3,074	3,233	3,510	3,882	4,332
Leicester population aged 65 and over predicted to have dementia	2,601	2,683	2,915	3,294	3,765
Leicester population aged 65 and over predicted to have a learning disability	731	777	855	955	1,072
Service users aged 65 and over predicted to have depression	1012	1064	1156	1278	1426
Service users aged 65 and over predicted to have dementia	921	950	1032	1166	1333
Total population aged 65 and over predicted to have a learning disability	313	333	366	409	459

The charts and tables above look at older persons, because our records show that they are the most likely recipients of ASC. The same analysis is available for people of working age. There are other factors that influence how many people access ASC.

Children & Young People

31. Number of children per ward by age band

Total population 0-19yrs-olds in Leicester is 79,890 (ONS Mid year population 2009)
 The graph below shows the number of children and young people by ward, and the number/proportion falling within each of the age bandings 0-3, 4-11, 12-15 and 16-19 years



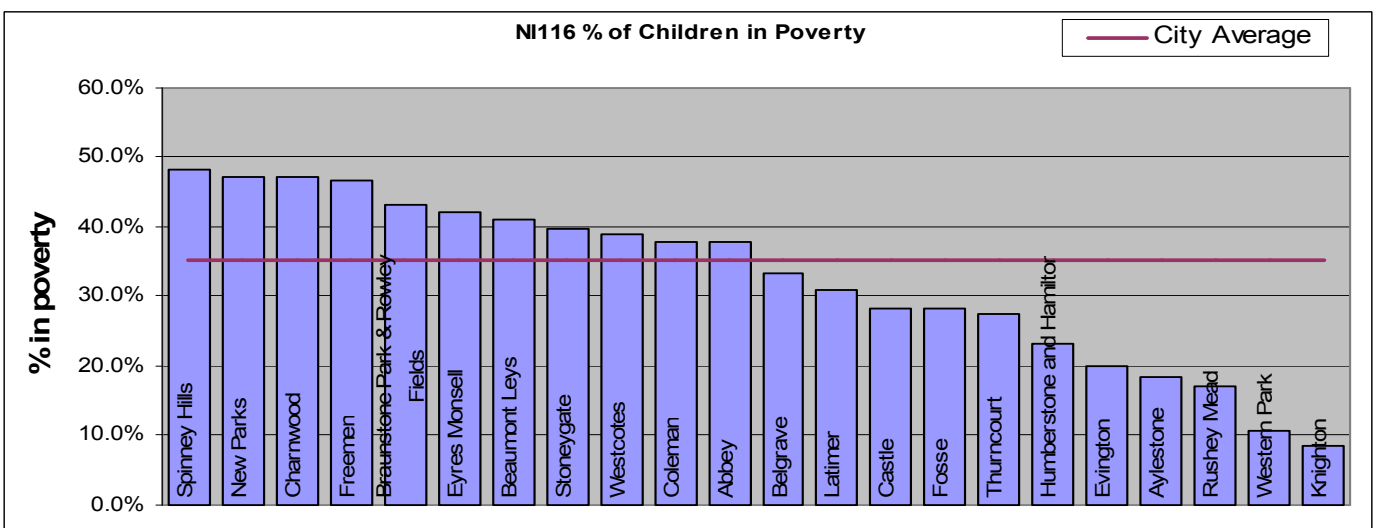
(Source 2001 Census Data ONS Neighbourhood Statistics)

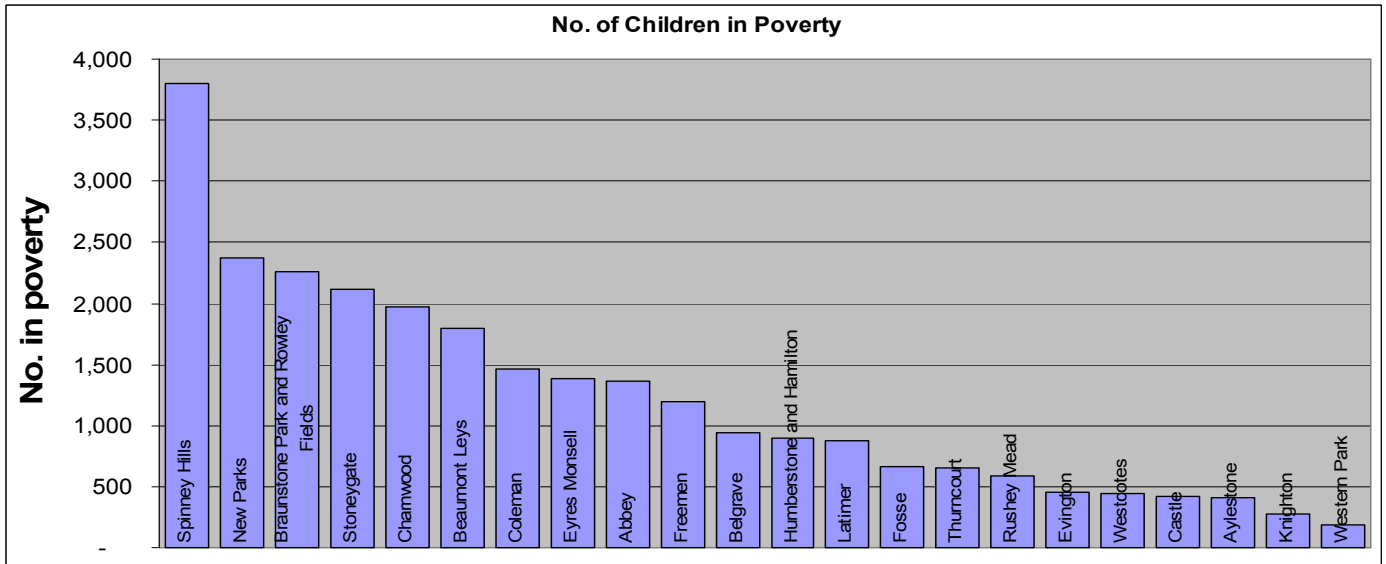
32. Number and % of children and young people in poverty by ward

Of the total 0-19yr-olds in Leicester there are **26,565** children and young people living in poverty, amounting to 35.5% of the city's 0 – 19 year-olds.
 The latest comparable national average is 28.6% (2008-2009).

The graphs below show the percentage and numbers of children living in poverty by Ward; these are significant indicators of where the greatest hardship effects of local and/or national cuts may be felt. The indicator includes both those children whose parents are dependent on “out of work” benefits, and those whose parents are working, but earn too little to lift them out of relative poverty.

These two groups are important because these families may have the least resilience to any reductions in their income or changes in employment circumstances.

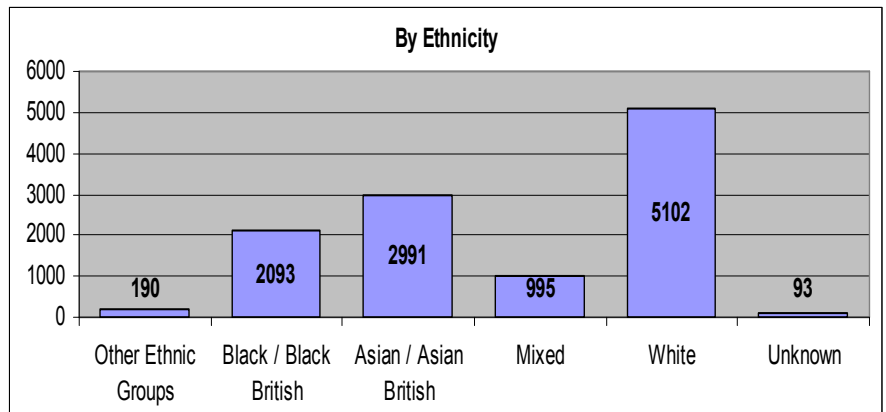
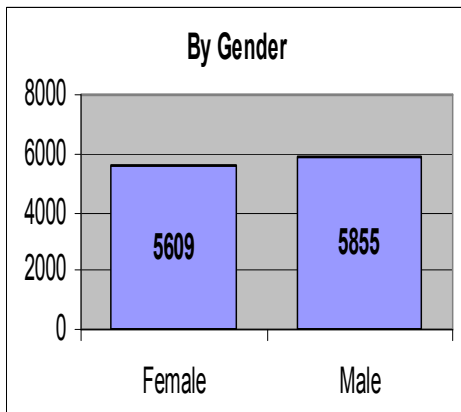




33. The number of children receiving free school meals

The population of children and young people 5-16yrs on school rolls in Leicester is **46,943**.
(May 2010 Schools Census)

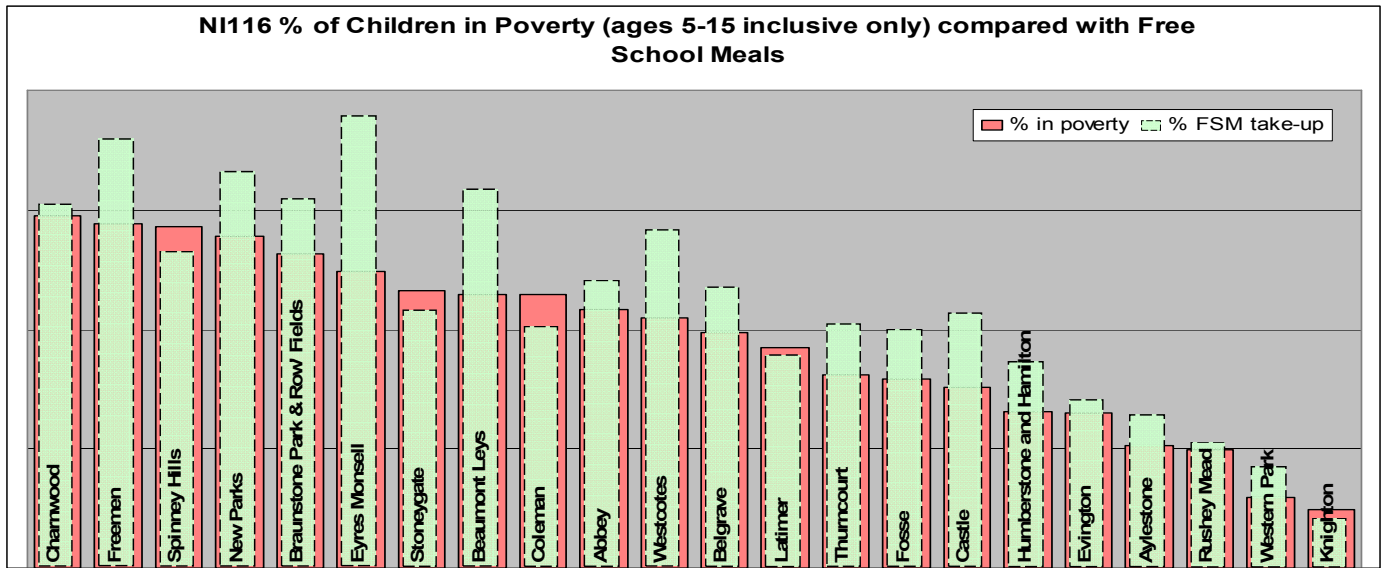
Of this amount **11,464** pupils claim free school meals (FSM) 24.4%



34. The % of children in poverty compared to % of free school meals take-up by ward

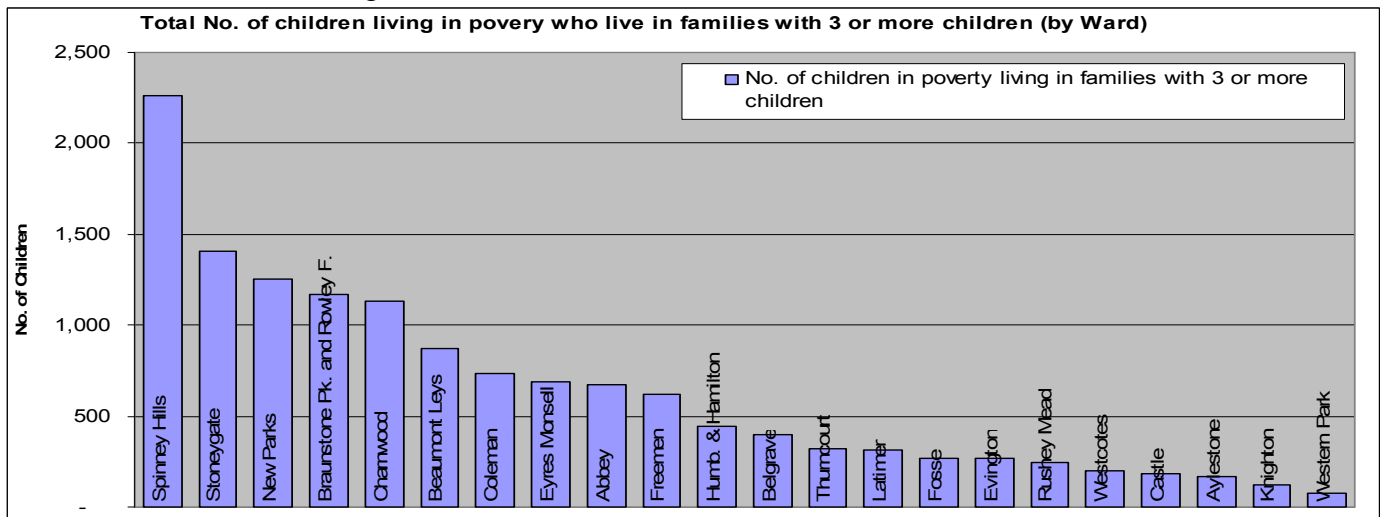
The graph below shows that fewer children in Spinney Hill, Stoneygate and Coleman Wards take up FSM than are entitled to receive them.

Source: HMRC/ONE datanet, 2008



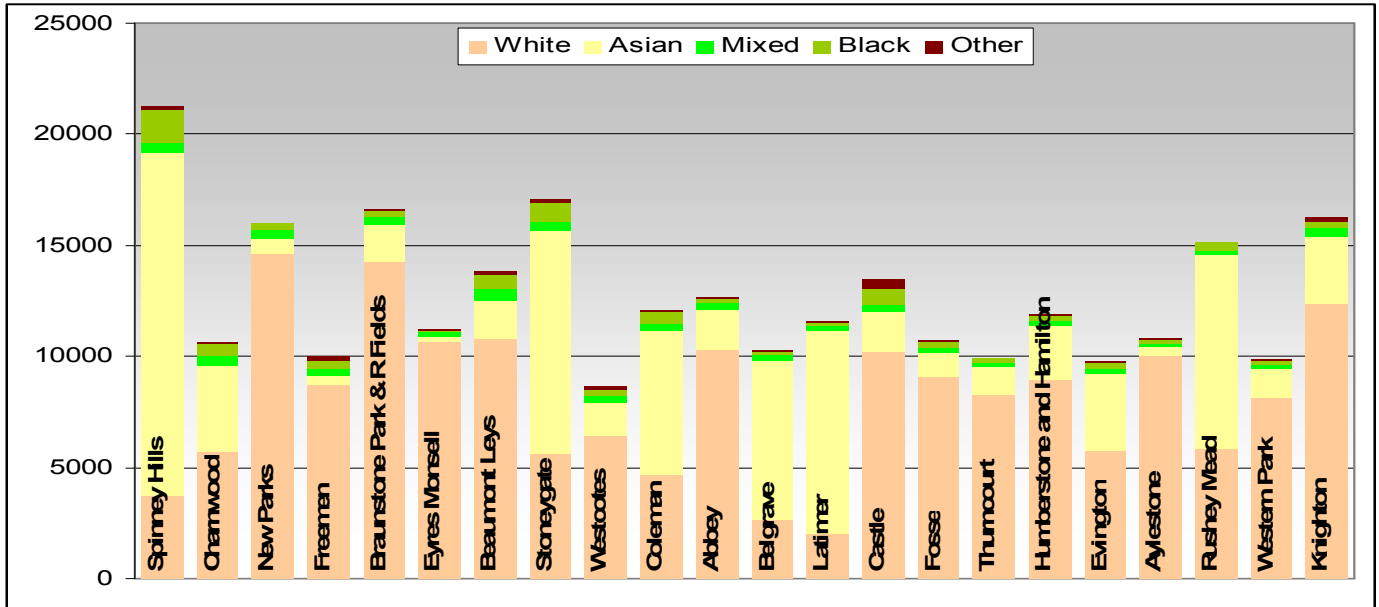
35. The number of children in poverty who live in families with 3 or more children by ward

The graph below shows the numbers of children living in poverty in large families by Ward. Larger families are at greater risk of living in poverty as they need more resources to achieve the same standard of living as smaller ones.



Source: HMRC, 2008

36. Ethnic composition of the population by ward



Source: ONS Neighbourhood Statistics, 2001

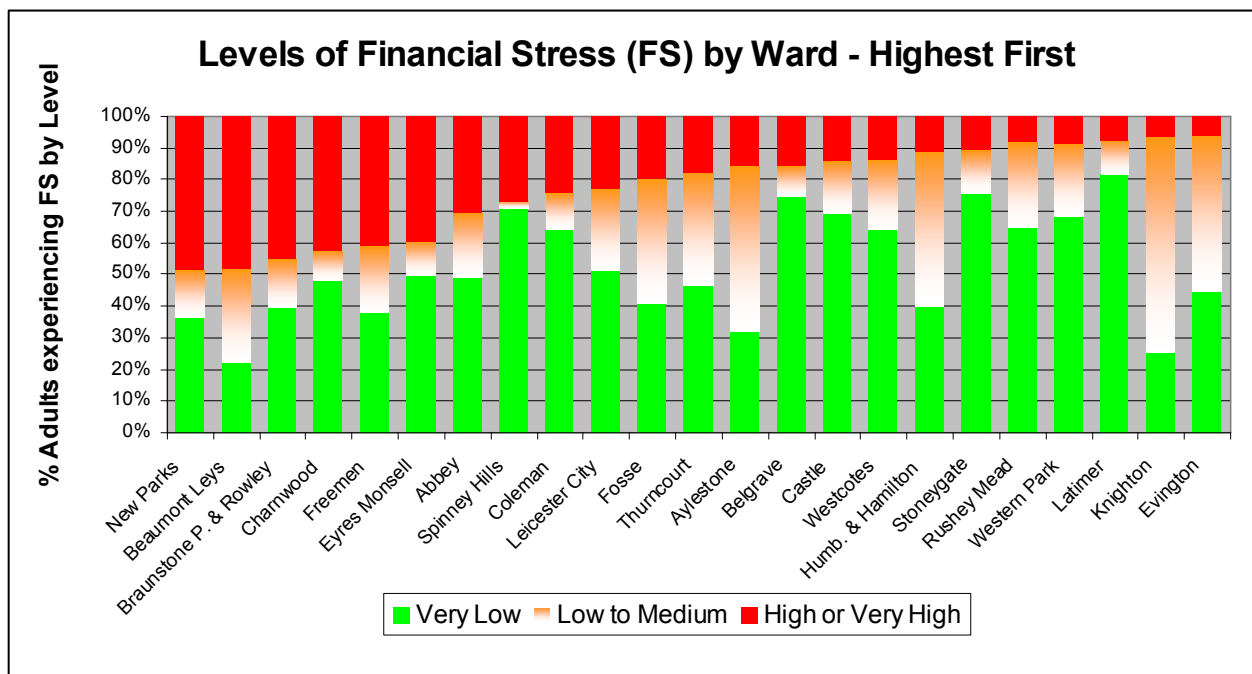
With the ethnic makeup summary above, the graphs suggest that children living in poverty in large families are more likely to be from BME backgrounds, e.g. high numbers in Spinney Hills, Stoneygate Ward, Charnwood and Coleman.

37. Levels of financial stress (as measured by Experian) by ward

The graphs on child poverty indicate where the greatest concentrations of children living in poverty are in Leicester, by number and by percentage. This can be combined with data about levels of financial stress such as that published by Experian in 2009 and shown below.

The Financial Stress measure includes elements of measures of: gross income (e.g. wages/salaries and social security payments); deductions e.g. income tax and interest payments; disposable income; consumer expenditure and risk of unemployment.

- **Green** shading shows % of the population in each ward experiencing Very Low Financial Stress
- **White/Orange** shading shows % of the population in each ward experiencing Low to Medium Financial Stress
- **Red** shading shows % of the population in each ward experiencing High or Very High Financial Stress



Source: Experian (2009)

Combined with the poverty data above, this graph shows that the communities which have high levels of child poverty were also those (unsurprisingly) experiencing the greatest levels of financial stress in 2009. Data on financial stress levels and child poverty shows the areas of Leicester with highest levels of pre-existing poverty and financial strain and the lowest resilience to further reductions in family income or loss of employment.

Employment & Economic Development

38. % of working age population in employment

% In Employment - All People

	Jan 08 - Dec 08	Apr 07 - Mar 08	Jun 08 - Jun 09	Oct 08 - Sep 09	Jan 09 - Dec 09
Derby	71.9	71.1	70.5	70.3	71.8
Leicester	62.1	62.9	63.2	63.4	62.9
Nottingham	63.8	61.8	59.5	57.4	56.8
Leics	77.8	76.8	78.5	77.4	75.8
Sub Region	72.9	72.4	71.7	71.5	71.7
East Midlands	73.9	74.7	72.9	72.2	72.2
Great Britain	72.2	75.8	71.5	71.1	70.7

% In Employment - Males

	Jan 08 - Dec 08	Apr 08 - Mar 09	Jun 08 - Jun 09	Oct 08 - Sep 09	Jan 09 - Dec 09
Derby	77.7	77.1	76.1	76	78
Leicester	69.8	70.8	71.1	70.4	70.9
Nottingham	68.5	64	61.4	59	59
Leics	83.7	82	81.8	80.8	82
Sub	79.4	78.5	78.5	77.3	78.2

Region					
East Midlands	79.1	78.3	78.2	77.6	77.5
Great Britain	78	77.7	77	76.3	75.8
	% In Employment - Females				
	Jan 08 - Dec 08	Apr 08 - Mar 09	Jun 08 - Jun 09	Oct 08 - Sep 09	Jan 09 - Dec 09
Derby	66	64.9	64.7	64.3	65.3
Leicester	55.2	54.9	55.3	56.3	55
Nottingham	58.7	59.5	57.5	55.7	54.4
Leics	71.9	71.6	69.4	68.4	69.4
Sub Region	66.3	66.3	64.9	64.6	64.8
East Midlands	68.1	67.9	67.5	66.9	66.9
Great Britain	66.5	66.3	66	65.9	65.7

39. Number of jobs in public sector related employment (2009)

Industry:	Number	%
Public administration & defence	11,000	7
Education	18,500	12
Human Health & Social Work	25,800	17
Total	55,300	35

Source: BRES. PMS Crown Copyright Reserved (from Nomis, 5 January 2011)

40. Leicester Labour Market

Leicester City Working Residents:

84% work in Leicester
13% work in Leicestershire
97% work in the sub-region

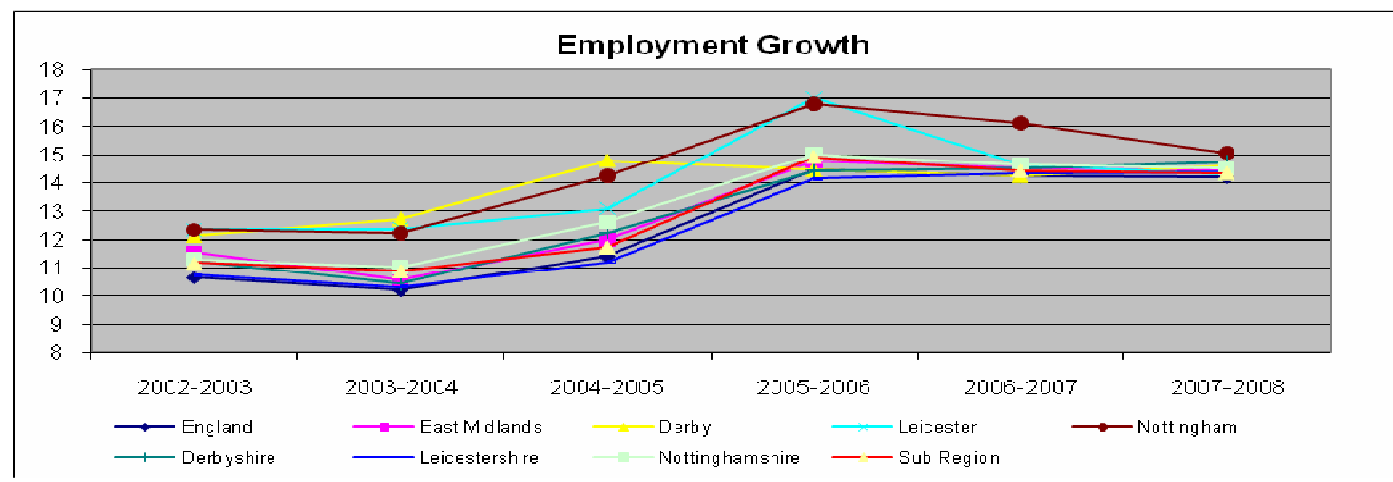
Leicester City Council Workforce:

54% live in Leicester
35% live in Leicestershire
89% live in the sub-region

Source: 2008 Annual Population Survey and 2009 Leicester City Council Employment Monitoring Report

41. Employment growth over time

Employment Growth N1 172



42. Employment activity for women by ethnicity

	Leicester	Comparator areas	England
White	72	73	76
Asian or Asian British	56	49	50
Indian	58	66	67
Pakistani/Bangladeshi*	35	35	38
Black or Black British	59	64	67
Other**	48	55	60
Total	65	66	73

Source: APS, 2004/05-2008/09, Crown copyright.

*The small group classified as 'other Asian' have also been included in this group

**This includes those classified as Mixed, Chinese, or Other

- The chart above shows the activity rate for white women is highest at **72%**, which is still below the national average at **76%** and comparator rate of **73%**.
- BME women with lowest economic activity rates are Bangladeshi and Pakistani women at **35%** and further more **40%** of BME live in the poorest house holds.
- Widest gaps for BME women are Indian at **58%** this is **9%** lower than national average and **8%** lower than comparator rates (the Indian category includes participation rates of some Muslim women of Indian decent).
- The table above indicates the economic activity rates of women are **65%** (e.g. those in employment and actively seeking employment).
- Participation rate of women in the workplace is low at **54.1%**.

43. 2009 median earnings by workplace and by residence

- Leicester has the lowest medium earnings by workplace
- Leicester at £456
- Derby at £574.9
- Nottingham at £481.3
- East Midlands at £456.6
- Also Leicester has the lowest medium earnings by residence with a figure of £385.1 compared to a figure of £460.5 for the East Midlands region.

44. Skills in Leicester

Skill levels of adults in Leicester are lower than the national average. The city is below national and regional averages for qualifications attained, and more people than average have no qualifications. See Table 22.

Adult Qualifications in Leicester (Jan 2008-Dec 2008)

	Leicester City (numbers)	Leicester City (%)	East Midlands (%)	Great Britain (%)
NVQ4 and above	40,600	21.4	25.4	29
NVQ3 and above	63,200	33.4	43.5	47
NVQ2 and above	94,700	50	62.4	65.2
NVQ1 and above	120,200	63.4	78.1	78.9
Other qualifications	27,100	14.3	8.8	8.7
No qualifications	42,300	22.3	13.2	12.4

Source: ONS Annual Population Survey 2010

The 'no qualifications' and high proportion of people with low qualifications, mean that many people in Leicester may struggle to read and write English easily.

45. Centre for Cities: City level economic performance

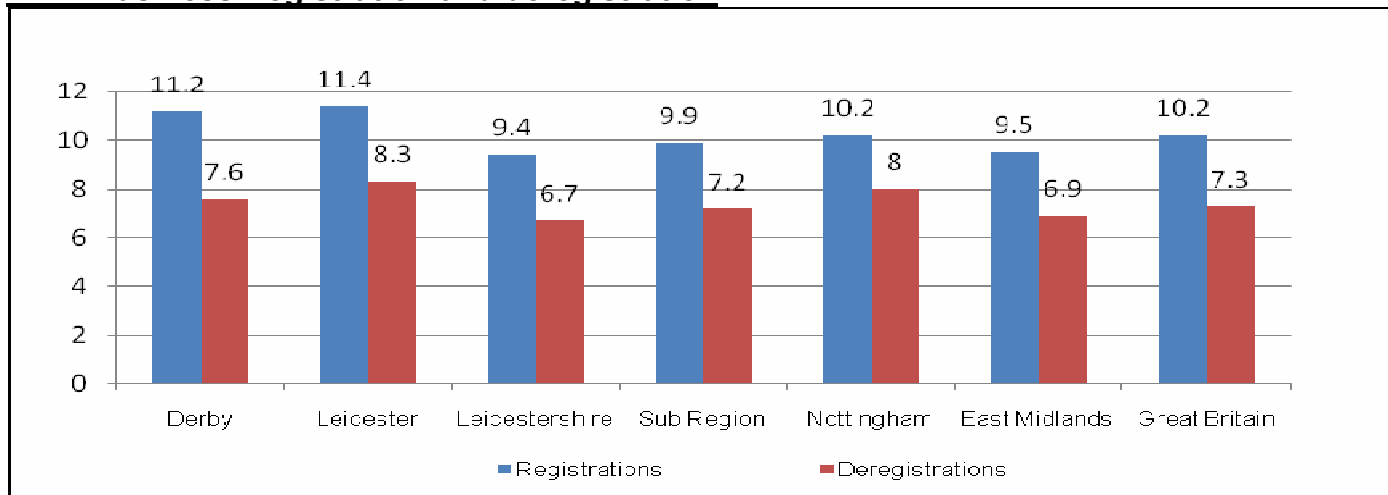
Indicators:	Leicester	GB	Ranking
Annual population growth rate: 1999-2009	0.62%	0.51%	20/64
Business stock per 10,000 population: 2009	286.9	334.7	24/64
% of working age population in employment: Jul 2009 - Jun 2010	65.70%	70.40%	51/63
Average weekly earnings: 2010	£415	£491	54/64
% of working age population with NVQ4+*: 2009	23.30%	29.90%	41/64
% of working age population with no formal qualifications: 2009	19.90%	7.90%	63/63

* equivalent to a first degree

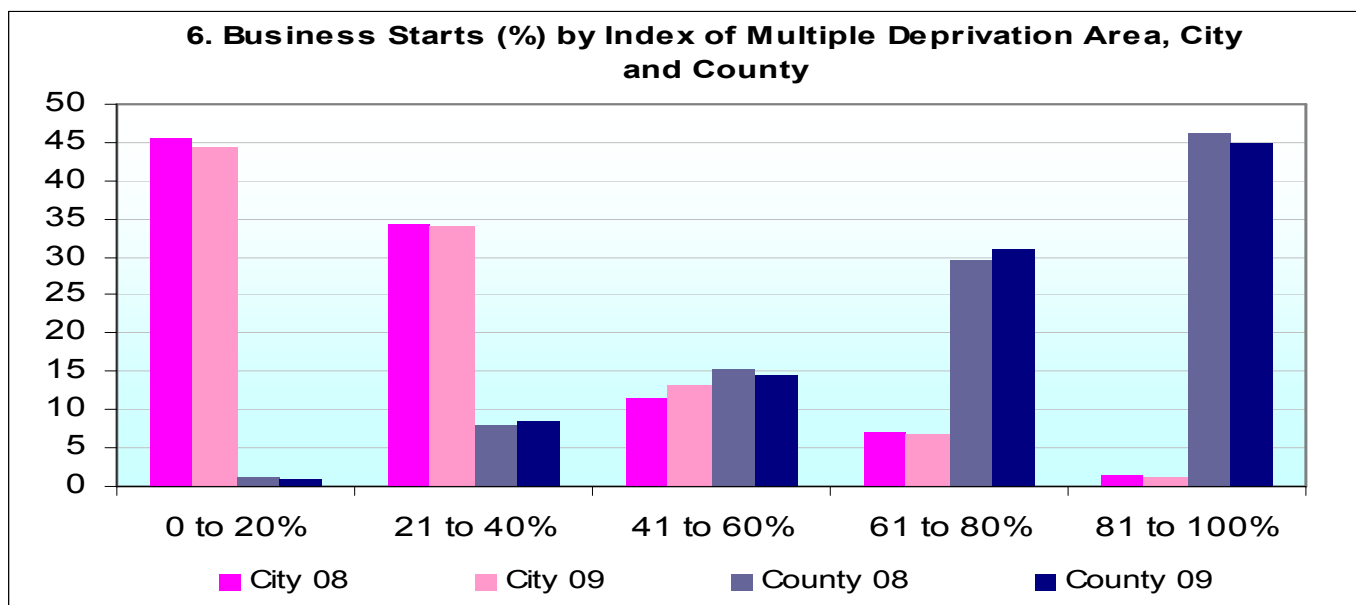
Source: www.centreforcities.org/outlook11

46. Business growth: business registration and deregistration

NI171 Business Registration and deregistration



47. Business starts 2008 and 2009



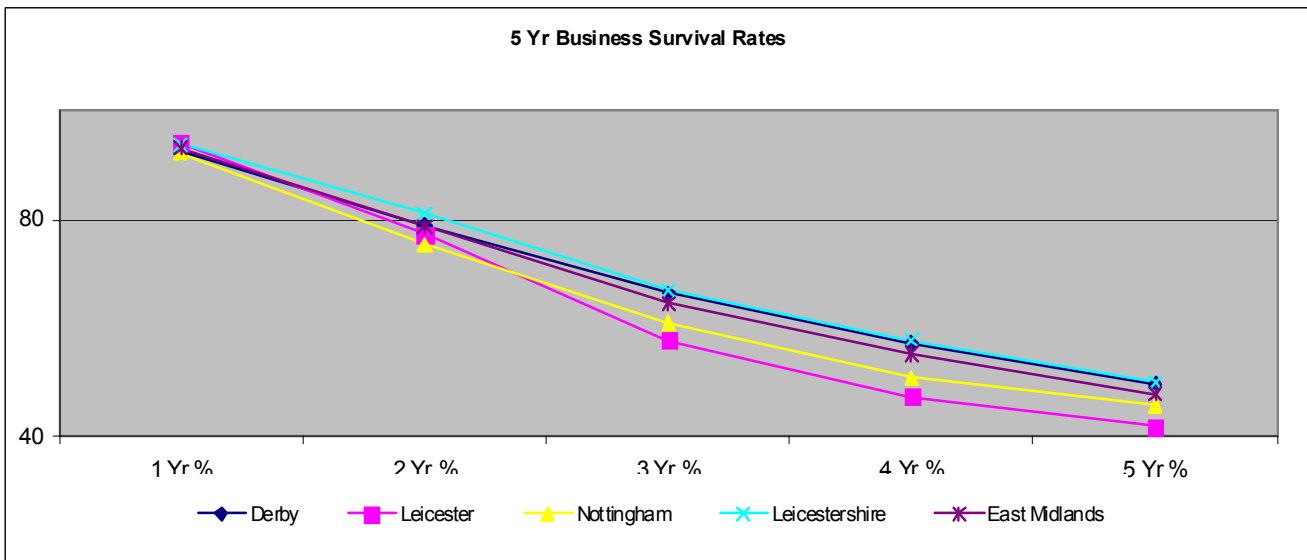
Most of Leicester business starts are in the most deprived areas in stark contrasts to the county where they are in more affluent areas.

The cumulative figures for the majority of business start-ups in 2010 are found in the areas of Castle, Coleman, Rushey Mead, Spinney Hill, Stonegate and Westcotes. In the future business starts within these areas will be reduced, having a further on effect on employment and economic growth in those areas.

The cuts to WNRF and to the funding regime will impact on the support we able to offer to businesses and particularly impact on the greatest user of the service e.g. BME and female owned SME's.

48. 5 year business survival rates

- Business start up rates are higher in Leicester compared to rates in Leicestershire and East Midlands. (see graph 29 above)



- Survival Rates are low for all comparators and all seem to dip considerably after two years. Evidence suggests that for some BME Businesses who have low survival rate due to not having market research and business planning in place.
- With the reduction in the funding regimes Leicester will not be able to support business start up of continuity in the way that was previously under taken, therefore start up rates and survival rates will decline.

Impact of the recession

- Changes included one in three companies (**30%**) said they had not replaced staff that had left and **29%** had made staff redundant.
- **24%** had cut back on overtime and **15%** had introduced short time working (reduced hours). Half the companies (**50%**) had not had to do any of these actions.
- **42%** of manufacturers had made staff redundant, **40%** had not replaced staff that had left, **38%** had cut back on overtime and **24%** had reduced working hours.
- Overall, **24%** of service sector companies had made staff redundant with **26%** not replacing staffs that has left, **18%** cutting back on overtime and 11% introducing shorter working hours.
- The level of redundancies in the wholesale retail and hospitality sector was the lowest at **21%**. The companies surveyed have made almost **2150** staff redundant in the previous twelve months, **1175** in the manufacturing sector and **975** in the service sector.

Planning for growth

- Two in three companies (**69%**) plan to grow
- **66%** of manufacturing companies said they plan to grow compared with **71%** of service sector companies much same as was found in the Summer 2009 survey.
- Larger companies are more likely than small firms to be planning to grow (**86%** of large (200+) compared with **73%** of medium (20-199) and **65%** of small (1-19) companies).

49. 16-18 year olds Not in Education Employment or Training (NEET) by ward

The areas with the highest levels of NEETs can be seen in the table below. Westcotes figure is the highest at **22%** NEETS. Followed by New Parks at **16.2%** and Freemans at **14.6%** NEET. This is the male and females of all ages by their wards.

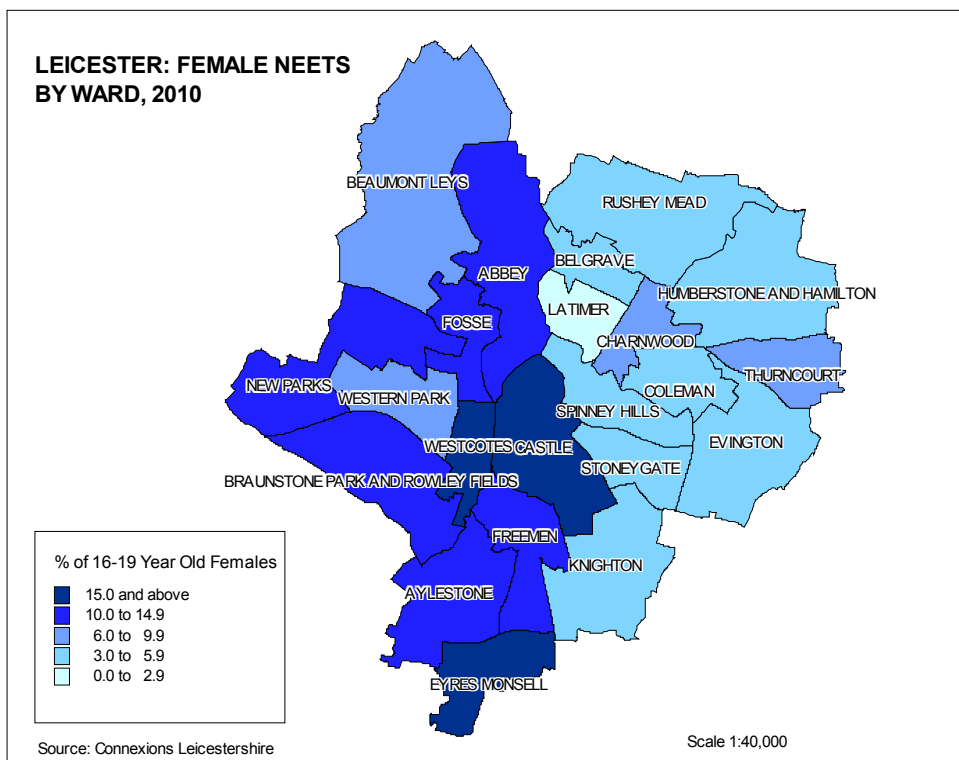
	Aug-10	Jul-10
Westcotes	20.1	22
New Parks	17.7	16.2

Freemen	16.7	14.6
Eyres Monsell	15.2	14.2
Fosse	14.6	12.8
Braunstone Pk & Rowley Fields	14.1	13.8
Charnwood	12.6	10.4
Abbey	12.4	11.7
Aylestone	11.4	12.1
Beaumont Leys	10.7	10.2
Castle	9.5	12.5
Coleman	8.6	7.1
Thurncourt	8.2	7.5
Western Park	7.1	5.6
Belgrave	6.5	5.7
Humberstone & Hamilton	6.3	6.5
Spinney Hills	6	5.7
Evington	5.9	6
Knighton	4.5	4.2
Stoneygate	4.2	3.3
Rushey Mead	3.8	4
Latimer	3.6	2.9

NEETS by Ward 16-18 year olds

From 2005 to 2010 the city NEET rates have fallen from **14.6%** to **8.6%**. Our figures are higher than the county rates which have fallen from **9.7%** to **5.3%**.

For Leicester the NEET for females between 16-18 year olds is **8%**, which is higher at the west of the city. There is an East West divide, with New Parks, Aylestone, Castle, Eyres Monsell etc being the areas for male and females having the highest level of NEETs in the city.



Appendix 2: Equalities Implications

Equality Groups

National profile

Source: **How Fair is Britain?** Equality and Human Rights Commission, Triennial Review 2010, Appendix 3.

Age

Age is almost always defined as 'age last birthday' and wherever possible is collected in surveys via date of birth.

For studying employment and labour market issues, two groups are usually used: 'working age' and 'over state retirement age'. 'Working age' is defined as 16-59 for women, and 16-64 for men, and 'over state retirement age' is defined as 60 or over for women and 65 or over for men. These will be the same when the retirement age for women and men will be equalised.

Gender

Gender differences are shown through disaggregating by gender, i.e. male or female.

For the resident population aged 16 or over by gender in Britain, mid-2009, men outnumber women in all age groups up to the 25-34 year old band and thereafter women outnumber men due to the higher mortality of younger men compared to women. Boys or men account for 51% of those aged 0-34, but from 35-74, constitute 48% of the population. For those aged above 85, only 32% are men.

Ethnicity

Ethnic group is defined as an individual's self-defined identity, and ethnic group questions are mainly based on the 2001 Census questions. There is a difference in opinion over the definition of ethnic minorities: historically only visible ethnic minorities were included, but increasingly, White minorities are also being included.

For the British household population, the proportion of those non-White aged 16 and over is around 11%.

Non-White ethnic groups have a younger age profile compared to the White population: 57% of Chinese adults, 56% of Pakistani/Bangladeshi adults, 60% of mixed ethnicity adults, 51% of Black Africans, and 50% of 'other' ethnicity groups, are under the age of 35, compared to 29% of White adults and 30% of Black Caribbean adults. Over a third of White people and a quarter of Black Caribbean people are aged 55 and over, compared to 1 in 5 Indian people, and 1 in 7 of the above minority groups.

Religion and belief

The official statistics approach to measuring religion and belief is to record broad identity or religious affiliation and not to ask about belief or practice.

On the basis of religious affiliation, 73.7% of adults in England report Christian affiliation; 18.2% say they have no religious affiliation, and 8.1% are affiliated to non-Christian religions. The age profile of non-Christian groups is younger: 55% of Muslim adults, 43% of Hindu adults, and 41% of Sikh adults are below the age of 35

compared to 25% of adults reporting a Christian affiliation. The age profile of Jewish people is similar to those with Christian affiliation, while more Buddhist people are aged under 55 (81% compared to 60% Christian). Those with no religious affiliation are also younger: 47% of adults with no religious affiliation are aged under 35 compared with 25% of Christians.

Disability

Surveys questions have used different sets of questions on disability and/or illness. The ONS and Office for Disability have developed a suite of questions on disability as defined in the Disability Discrimination Act (DDA) and disability defined in relation to the social barriers faced by people with impairments.

The identification of disability covered by the DDA defines the disabled as people with a long-standing illness, disability or impairment, and who have substantial difficulty with day-to-day activities. On this basis, 21% of adults in England and Britain are disabled.

Disabled people have an older age profile than non-disabled people: 45% of disabled people are more likely to be aged over 65 than non-disabled people (13%). For adults aged 16-64, 64% of disabled people are over 45 compared to only 36% of non-disabled people.

Sexual orientation

Survey questions on sexual orientation ask about sexual identity, how an individual identifies themselves. No surveys have yet collected data from a large enough sample to provide a precise estimate of the size of the lesbian, gay and bisexual population, and many people choose not to answer the question about sexual identity. The 2009-2010 Integrated Household Survey included the harmonized question on sexual identity and found that 1.5% of the population surveyed identified themselves as lesbian, gay or bisexual, which the ONS consider to be consistent with other UK surveys. The Government is using the figure of 5-7% of the population which Stonewall feels is a reasonable estimate.

Leicester profile

Population

The ONS mid year estimate for 2010 is 311,500.

Age

Leicester has a younger than average population – 46% of the population is under 29 years old (2008 Estimates). The average age of the ethnic minority population is approximately 8 years younger than that of the White population. Nearly a quarter of older people are from ethnic minority communities (2001 Census).

Gender

52% of Leicester's population is female and 48% is male. This distribution is in line with national averages for English cities.

Ethnicity

The ethnic composition of Leicester is as follows:

Ethnicity	Leicester %	England %
White	61.3%	88.2%
Asian		
Asian or A. British: Indian	25.0%	2.6%
Asian or A. British: Pakistani	2.0%	1.8%
Asian or A. British: Bangladeshi	0.8%	0.7%
Asian or A. British: Other	1.8%	0.7%
Black		
Black or Black British: Caribbean	1.4%	1.2%
Black or Black British: African	3.2%	1.4%
Black or Black British: Other	0.3%	0.2%
Mixed	2.6%	1.7%
Chinese	1.0%	0.8%
Other	0.6%	0.7%

Source: ONS Population Estimates 2008

Inward migration into Leicester, along with a higher than average birth rate means that the above ethnicity statistics may be conservative. Leicester experiences significant population displacement with generally older people moving out and new migrants moving in. Many new migrants are young and single.

Religions

Main Religions	Leicester %
Christians	45%
Hindus	15%
Muslims	11%
Sikhs	4%
Jews	0.20%

Source: 2001 Census

Disability

In the East Midlands, 19.4% of people of working age identified themselves as disabled. A higher proportion of men than women were disabled in the East Midlands. Leicester at 8.4% has a higher proportion of disabled people claiming invalidity benefits compared to the national average of 6.8% (Annual Population Survey 2005).

Sexual Orientation

The Government figure of 5-7% of the population is used to describe the estimated proportion of LGB people. The Council uses the median: 6%.

Likely equality impacts and outcomes

Source: Source: How Fair is Britain? Equality and Human Rights Commission, Triennial Review 2010, Executive Summary

The EHRC's 2010 Triennial Review is a useful reference source for likely impacts and outcomes for different equality groups. For the purpose of the CSR measures described in this report, the following equality impacts and outcomes can be expected within Leicester on the basis of the national trends described in the Triennial Review.

Standard of living:

- Income poverty remains persistent for some groups such as some groups of women, ethnic minority groups and families with disabled members.
- One person in 5 lives in households with less than 60% median income (after housing costs). This rises to nearly 1 in 3 for Bangladeshi households. 1 in 4 families with disabled people live below the 60% median income.
- Nearly $\frac{3}{4}$ of Bangladeshi children and $\frac{1}{2}$ of Black African children grow up in poverty.
- The experience of poverty is closely related to poorer outcomes in terms of living conditions, overcrowding, crime in the neighbourhood and destitution, leading to poor health and low life expectancy.
- Female-headed households are four times as likely as average to be overcrowded.
- Ethnic minority and disabled people and religious minority groups are over-represented in the most deprived neighbourhoods in England.

Employment:

- Men have been more adversely affected than women by the recent recession, and young people more than older people.
- Disabled men are substantially less likely to work than in the past. For low qualified men with disabilities, the chances of working halved from 77% to 38% from the 1970s to the 2000s. Employment rates vary by impairment. Figures suggest that 45% of disabled people in their early 20s are not in education, employment or training.
- Only 1 in 4 Bangladeshi and Pakistani women works and almost half of Bangladeshi (49%) and Pakistani (44%) women are looking after the family or home, compared to 20% or fewer of other groups.
- There is persistent gender and ethnic segregation in the labour market. 40% of female jobs are in the public sector compared to 15% of male jobs.
- Although women now do better than men in every aspect of educational qualifications, the pay gap between men and women remains.
- Disabled men experience a pay gap of 11% compared with non-disabled men. Disabled women experience a 31% pay penalty compared to non-disabled men.

Education:

- Educational outcomes differ markedly by gender, socio-economic group, ethnicity and disability. Boys, pupils from some ethnic minority groups, and those eligible for Free School Meals are performing less well as early as age 5.
- For students from lower socio-economic groups, the gap widens during the school years. This gap is accentuated when combined with other factors associated with educational underperformance, such as gender and disability.

- 17% of children with Special Educational Needs (SEN) get five good GCSEs compared to 61% of children without identified SEN. When SEN is combined with those eligible for Free School Meals, outcomes drop even further. Disabled adults are three times as likely as others to have no qualifications.
- More ethnic minority students are now going to university (23% of total university students in 2009), but they are less likely to attend Russell Group Universities.
- In some ethnic and religious groups there are large numbers of people without any qualifications. The relationship between ethnicity, literacy and numeracy is very strong and specific cases extremely negative – for example, being Black and male appears to have a greater impact on levels of numeracy than having a learning disability.

Care and support:

- Over the next decade there will be a steep increase in the demand for personal care for older people.
- Early year's childcare can influence children's learning and development, with high quality formal settings having the greatest positive impact. Ethnicity and lone parenthood are the two factors most strongly associated with the use of childcare. Lone parents, non-working parents and lower income parents use less childcare, and when childcare is used, are less likely to use formal childcare. Parents with disabled children also use less childcare.

Health:

- Geography matters, as does socio-economic circumstance – incidence of ill health is closely associated with area deprivation, especially among those under 65.
- Some ethnic minority groups appear to have worse general self-reported health than the White British majority, particularly Bangladeshi and Pakistani people. These health disparities persist even taking socio-economic circumstances into account.
- Groups vulnerable to pressures such as poverty and victimization show high rates of mental illness. The risk of having poor mental health scores is higher for certain ethnic groups with high poverty rates.
- Women are more likely to report potential problems, but under-reporting may mean that levels of mental health problems for men are higher than they appear.

Appendix 3: Equality Impact Assessments of CSR Measures

Equality Impact Assessments have been carried out for the following CSR measures:

Benefit Impacts

- Overall Cap on Household Benefit Payments
- Move from Incapacity Benefit/Employment Support Allowance to Job Seekers' Allowance
- Introduction of Universal Credit and Work Programme

Housing Impacts

- Cut in Capital Budget for Affordable Housing
- End funding for Private Sector Renewal
- New Caps on Local Housing Allowance – June Budget Announcement
- Reduction in Housing Benefit by 10% for people on JSA for 12 months or more – June Budget Announcement
- Increasing the age threshold for Shared Room Rate in Housing Benefit from 25 to 35
- Housing Association Rent Increase
- Homelessness grants to remain £100m a year.
- Supporting People base level 11.5% cut
- Disabled Facilities Grant (DFG)
- Introduction of Intermediate Tenancies
- Local Housing Allowance rates set to 30th percentile – June Budget Announcement
- Local Housing Allowance excess of £15 removed – June Budget Announcement
- Local Housing Allowance to increase by Consumer Price Index – June Budget Announcement
- Staggered increases in the rates of non-dependent deductions – June Budget Announcement

Health Impacts

- Health Budget

Adults Impacts

- Extra Funding for Social Care
- Removal of mobility component of Disability Living Allowance for those in residential care

Children & Young People's Impacts

- Rationalising and ending centrally directed programmes for children, young people and families
- Free Early Years Education Provision for Disadvantaged 2yr olds
- Pupil Premium (Targeted support for disadvantaged C&YP)

- Education Maintenance Allowance (EMA)
- Potential Impacts requiring further investigation

Employment and Economic Development Impacts

- Economic Growth and Development
- Changes to Higher Education Provision – Leicester College
- Public Sector Employees

Benefit Impacts

CSR Announcement: Overall Cap on Household Benefit Payments

There will be a cap on household benefit payments from 2013 at around £500 a week for a couple and lone parent households and around £350 a week for a single adult household.

Who are the people affected by the CSR Announcement?

The types of households that will be most affected are families with children. Implications for households with three or more children, as a cap on overall benefits will mean that they can only be paid Housing Benefit on what they are entitled to after other benefits have been paid, this means larger families will only be able to claim low levels of Housing Benefit. Therefore these families will not benefit from any other increases in other benefits such as the increases in Child Tax Credit. We fear that those with 4 or more will get no Housing Benefit at all. **(Head of Revenues & Benefits, Director for Housing Strategy & Options LCC 2010)**

How are they affected?

This may mean that families will have affordability issues and may be unable to pay their rent leading to an increase in evictions for rent arrears.

What is the anticipated impact on them?

The cap could lead to more people becoming homeless in Leicester and more homeless people moving to Leicester.

This could lead to an increase in child protection plans, impact on educational attainment, impact on health and employment prospects for households.

“The risk of a child having a Child Protection Plan rises from 1% to 12%. It also can mean that families have to leave areas they lived in, adding to ‘churn’ in local schools, disrupting education and family life.” **Leicester Homelessness Strategy 2008 -2013**

Homelessness also leads to health impacts, recent studies found that 78% of homeless households living in temporary accommodation had at least one specific health problem and 58% had their health adversely affected as a result of their living conditions.

The affect of homelessness on children’s health is even more marked as they are 4 times more likely to develop respiratory infections, have twice as many hospital admissions and six times as many speech and stammering problems compared to non-homeless children

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

Overall welfare cuts will negatively impact on impact on women and families on low

incomes. Some BME communities, pensioners, disabled people and carers will also be impacted adversely as a result of the welfare cuts as some of these groups tend to be on low incomes.

“18 billion savings will be made from welfare cuts, benefits make up twice the percentage of women’s incomes that as they do of men’s”. **Guardian 20.10.2010**

Currently people who have indicated they are from a “Black” background which includes people from new migrant communities are over represented on the Housing Register and within Homeless Services and Housing Related Support services such as STAR. This trend may increase as a result of these changes. Any further cuts in this area may disproportionately affect people from this particular background.

If there are adverse impacts, will any particular area of the city be affected?

Spinney Hill, Stoneygate, New Parks and Braunstone are all areas of the City that have a high percentage of families with 3 or more children living in poverty, so the changes could particularly affect these areas of the City.

Can these negative impacts be reduced or removed? If so, how?

Families affected will need assistance from services that can help with debt management, tenancy support, and support into work.

The council will need to continue to monitor people in temporary accommodation. This area of performance is likely to be affected by the proposal.

Outcomes most likely to be impacted

Increasingly limited access to affordable housing in area where living: may be forced to leave current housing because of build up of arrears and then eviction, leading to homelessness – increase in child protection plans, impact on educational attainment, impact on health (mental health, affects of substandard housing – overcrowding, damp), impact on job prospects - availability of work locally, access and cost of access to work.

Cheaper housing in Leicester tends to be private sector rental of a lower decency standard – impact on health/overcrowding, impact on educational attainment - kids changing schools, access to work/job prospects.

Move away from Leicester to cheaper accommodation elsewhere – impact on work - may be leaving job, impact on educational attainment - kids leaving schools, impact on community cohesion/identity - leaving community of interest and social support network.

Services areas most likely to be affected by increased demand

Homeless services, tenancy support, welfare advice, welfare benefits and employment support services

CSR Announcement: Move from Incapacity Benefit/Employment Support Allowance to Job Seekers’ Allowance

Who are the people affected by the CSR Announcement?

Currently 16,320 people claim Incapacity Benefit in the city.

How are they affected?

The Employment Support Allowance (ESA) was brought in to replace Incapacity Benefit (nationally 1.5m people are on incapacity benefit as reported by the

Guardian, 21 October 2010) and supports people who are unable to work because of ill-health or disability. Those who have moved on to ESA (.5m people) and who previously worked, will now only be able to claim it for one year as a contributory benefit. Currently, people in receipt of Incapacity Benefit are being assessed to determine whether they are 'fit for work' (DWP estimate that .4m people will fit this category) and will be moved on to Job Seekers' Allowance. About .3m people are likely to be deemed too incapacitated to work, and will not see their benefits time-limited; leaving .8 m people will have their benefits cut after one year. Single people with no assets may be able to qualify for a means-tested safety net.

What is the anticipated impact on them?

Many people on Incapacity Benefit have not been in work for a number of years. For those deemed 'fit to work' (nationally estimated to be 21%), many will not be 'job ready' to compete effectively for available jobs. Many disabled people, and their families, who have never contemplated them working, may have to prepare for work for the first time. However, there are positive benefits for disabled people going into work: increased social contact will contribute to better health (recent research by the Royal Society for Psychiatry). The most significant impact will be on those households where ESA will end after a year (above estimate of 53% of those currently receiving Incapacity Benefit). The ESA rates lost, quoted by Demos report, 'For disabled people, cuts to welfare will have a deep and lasting impact', varied from an initial £51.85 a week to the support group rate of up to £96.85 a week. It is likely that the disability portion of the Universal Credit will also be more stringently assessed.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

The most significant impact will be on disabled people who are in receipt of Incapacity Benefit. Because of their not being in work for a significant period of time, they will not be 'job ready' to compete for available work. Disabled people need a longer period of time to be supported back into work (LCIL estimates 6x longer than for non-disabled people), particularly those with learning disabilities. The limited time period for receipt of ESA will disproportionately impact on disabled people becoming prepared for access to work, than for non-disabled people who do not face the same type of barriers to employment. However, there are positive benefits for disabled people going into work: increased social contact will contribute to better health (recent research by the Royal Society for Psychiatry).

If there are adverse impacts, will any particular area of the city be affected?

All wards have residents who claim Incapacity Benefits as shown by Appendix 1, no. 3. The wards with the highest number of claimants are: Spinney Hills, New Parks and Braunstone Park.

Can these negative impacts be reduced or removed? If so, how?

Appropriate support for disabled people, based upon the nature of their impairment, will be needed to prepare them for entry/re-entry into work. In addition, disabled people are subject to discrimination in the workplace, being twice as likely to be unemployed as non-disabled people and if in employment, in receipt of substantially lower income. (EHRC Income Inequality Audit) Outreach work is required with local employers to encourage them to consider hiring disabled people, particularly those with learning disabilities who are least likely to get employment. The CSR has maintained the Access to Work budget, but has changed what can be funded and increased the level of costs all but the smallest employers are asked to contribute. The costs of making reasonable adjustments may deter employers from hiring disabled people.

Household/individual outcomes most likely to be impacted

Will need to begin to look for work or become work ready if they have not been in employment for a long time. May affect their continuing to carry out

community/volunteer work they may do with their time. Nationally, many of those who have claimed incapacity benefit have stopped claiming instead of being assessed – newspaper reports say 75% of claimants stop claiming. Impact will be that the family income has been substantially reduced. May not be claiming benefits they are entitled to, which in turn could affect the household's ability to keep their housing tenure.

Services areas most likely to be affected by increased demand

Services supporting disabled people into work; services supporting people who have not worked for a while into work; welfare advice.

CSR Announcement: Introduction of Universal Credit and Work Programme

Who are the people affected by the CSR Announcement?

The Universal Credit will replace working tax credit, child tax credit, housing benefit, income support, Job Seekers' Allowance, and income related allowances, for new claimants as of 2012. It is estimated that it will take up to 10 years to 'migrate' current recipients into the system. In the city, there are 41,726 claimants for housing benefits, council tax benefits and other income support benefits (November 2010) – almost 1/3 of the city's households.

How are they affected?

Claimants will receive a basic personal amount with additional sums for disability, caring costs, housing costs and children, with single people and couples getting different rates. Most contact will be online – claimants are expected to manage their claims as they would an online bank account. Support will be provided for those unable to use the online system. The new element is the introduction of conditionality: individuals who are able to look for or prepare for work should be required to do so as a condition of receiving benefit. Those who fail to meet their responsibilities will face a financial sanction. There will be four conditionality groups: full conditionality (jobseekers); work preparation (people with a disability or those with a health condition which means they have limited capability for work at the current time); keeping in touch with the labour market (lone parent or lead carer in a couple with a child over age one but below age five); and no conditionality (people with a disability or health condition which prevents them from working, carers, lone parents or lead carers with a child under the age of one). Failure to meet a requirement to prepare for work will lead to 100% of payments ceasing until the recipient re-complies with requirements and for a fixed period after re-compliance.

What is the anticipated impact on them?

This will be dependent on the claimant's ability to manage their claims account. As a result of Legal Aid cutbacks, they will not have access to this facility to challenge any benefits appeals. They will need to keep their online accounts updated. This will adversely affect those who do not have access to a computer or who are not computer literate enough to be able to navigate an online account. Also, this is dependent on a claimant actively meeting the requirements of being on benefit based on their conditionality group. For those who do not, benefit payments will cease, for varying periods, with the potential resulting impact of their going into rent arrears and as a result of that, being threatened with eviction and homelessness. It is likely the sanction of losing 10% of the housing benefit after being on Job Seekers Allowance for a year will be continued under Universal Credit, causing another potential source of rental arrears for tenants. The targeted approach to directing people into work will have significant impacts on those who have not ever worked/worked for a period of time and who will now be required to prepare for and look for work.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

30% of housing benefits recipients in the city are over the age of 65 (slightly higher than national average of 27%); another 30% are single with no children (lower than the national average of 56%); 20% are lone parents with children (slightly lower than national average of 23%); 14% are couples with children (slightly higher than national average of 10%); and 6% are couples with no children. No detailed demographic breakdown of recipients is currently available. The groups most likely to be adversely affected are: disabled people who will need to prepare for and look for work, and who face barriers to being employed as described in the previous section; women who are lone parents, who are also more likely to have a BME background, will have to prepare for and look for work as their children grow up who face barriers of access to affordable childcare and the transport costs they must meet in order to get into the workplace; women from couple households with children who must prepare for and look for work who may not have worked/been in work for a while, again facing barriers of access to affordable childcare and the transport costs they must meet to get into the workplace. Many people may lack the computer literacy skills required to manage their online Universal Credit, particularly those with learning disabilities or mental health issues, or direct access to a computer. Those who cannot effectively manage their accounts, may be most likely to break their conditionality requirements and incur financial sanctions. Those most likely to be affected are people with learning disabilities, those with mental health issues, those whose English language skills are poor (people from BME communities and new migrants), and with low literacy skills (cross range of White and BME communities in the city).

If there are adverse impacts, will any particular area of the city be affected?

All wards have residents have benefits claimants, as illustrated by Appendix 1, no. 2 and 3. The wards with the highest number of claimants are: Spinney Hills, New Parks and Braunstone Park.

Can these negative impacts be reduced or removed? If so, how?

For women with children, access to affordable childcare and ability to pay for transport costs that enables them to access work preparation, job interviews, going into work, is required. Access to and use of childcare varies with some BME groups choosing family and social networks instead of more standard childcare provision. Transport costs are expensive for those on income support as cited in the case studies. For those who are unable to manage their online accounts, personal support is required to assist them with inputting and updating the correct information for their accounts. Proactive targeted support (in keeping with the type of support that STAR provides those entering Council housing tenancies) for those who are likely to break their conditionality requirements would enable them to not be financially penalised with the attendant consequences – particularly for those households with children.

Household/individual outcomes most likely to be impacted

The need to proactively look for work, and comply with the requirements of the Universal Credit and Work Programme (an integrated package of support providing personalized help for those who find themselves out of work). Non-compliance will result in the cessation of benefits until the recipient re-complies with requirements. The cessation of benefits for households with children and living in social housing/private rental housing, could result in their going into rent arrears, with the potential of their being evicted and made homeless. A similar range of impacts described in the CSR measure on the household benefits cap above could come into effect, with all the attendant consequences.

Services areas most likely to be affected by increased demand

If the Universal Credit recipient is looking for work and satisfied the Work Programme requirements, the area of most demand would be support for getting back into work, which could also include basic skills development provided through

the Adult Education Service. However, adults over 25 years would be responsible for paying the costs of such courses, which could suppress demand.

If the Universal Credit recipient defaults in their Work Programme requirements, and their benefits cease, then the service areas mentioned in the benefits cap CSR above, would apply: dealing with arrears and homelessness; dealing with changing homes and schools; dealing with changing take-up of local services; dealing with access to health services and personal health impacts.

Housing Impacts

CSR Announcement: Cut in Capital Budget for Affordable Housing

Cut in capital budget for affordable housing to £4.4 billion over the next 4 years, down from £8.4 billion over the last three year period.

Who are the people affected by the CSR announcement?

All types of households will be affected. Housing register applicants waiting for offers of affordable housing.

How are they affected?

Nationally

“It’s a great blow to see that housing, one of the most basic needs for every single person in this country is facing some of the biggest cuts” **Shelter’s Chief**

Executive, Campbell Robb, 20.10.2010

“Social housing stock in England will decline by 123,000 homes over the next four years as a result of government Announcements, the National Housing Federation has calculated.

The housing association umbrella body said cuts to the budget for building new affordable housing, coupled with plans to increase rents to near market levels, would leave 307,000 people without social housing.....

The NHF said to deliver the required number of affordable homes, housing associations will have to charge all new tenants the higher rents, and one in four tenants who are moving into existing social housing.

This would mean the stock of social housing – which is let at lower rents – would decline by around 30,000 homes a year.” **Inside Housing 9th November**

Locally

In Leicester we fear that it will not be possible for Housing Associations or the Council to build any new social rented housing when we have finished the 600 in the pipeline. We have 8,900 people on our Housing Register. (**Director for Housing Strategy & Options LCC 2010**)

In Leicester the Affordable Housing Subsidy will reduce from £34m from last 3 years to £13.6m based on the national reduction. (**Head of Housing Development LCC 2010**)

Leicester already has an annual shortfall of 790 affordable homes (**Strategic Housing Market Needs Assessment 2008**).

What is the anticipated impact on them?

People will be more likely to find accommodation in the private rented sector.

This sector has grown in the last three years in Leicester; however there is a higher proportion of properties that do not meet the decent homes standard in the private rented sector. This coupled with decreased capital for repairs and renovation will result in more people living in substandard/over crowded private sector. In

Leicester as of 2007 44% (88,060) of private sector rented properties were

considered non decent. (**Building Research Establishment, 2007**)

From 2011/12 there will be no Government Capital Funding to support the work of the Private Sector Decent Homes team. The Leicester Housing Renewal Programme which started in 1976 will end. (Please see separate EIA for details)

The single biggest reason for people coming on the Housing Register is overcrowding. 11% of all Leicester's households are overcrowded, compared with 7% nationally (**Housing Register April 2010, Census 2001**). Leicester has been chosen as a pathfinder authority by the CLG because it is recognised there are high levels of overcrowding and to look at new initiatives to address this issue. Overcrowding remains concentrated around the inner-city areas where there is a large BME community.

In 2003 the British Medical Association investigated the relationship between health and overcrowding and concluded that 'it was as bad a risk to health as smoking, and worse than excessive alcohol consumption'. Furthermore, overcrowding is suspected to be a major contributing factor towards 2% of all infant mortalities across the UK.

Living in substandard and overcrowded housing in the private sector will impact on educational attainment and other areas such as hospital discharges etc.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

All, however people from a Black ethnic category make up 11.5% of Housing Register applicants, which is much higher when compared to the profile of the City for this group.

If there are adverse impacts, will any particular area of the city be affected?

Will affect areas of the city where affordable housing was being planned in the future, therefore sites will not be developed. It will affect 9000 people on the housing register. An analysis of where applicants live shows that a significant proportion of applicants live in the Spinney Hill, Charnwood, Stoneygate, New Parks and Beaumont leys wards.

The main adverse impact will be on our affordable housing targets. The One Council corporate plan target to deliver 992 affordable homes in the five year period ending March 2013 is already in danger of not being met. A further slowdown in the development of affordable housing will result in the target not being achieved.

Can these negative impacts be reduced or removed? If so, how?

Resources to improve private sector decent homes. There are no capital grants now and enforcement against private landlords can only deal with very severe problems. Housing advice and support for people looking for alternative accommodation.

We will need to closely monitor affordable housing delivered and the numbers and profile of those on the Housing Register.

Outcomes most likely to be impacted

Tenancy sustainment, children living in poverty, health outcomes, education attainment, 16/17 year olds in education and safeguarding outcomes and mortality rates

Services areas most likely to be affected by increased demand

Housing Options, tenancy support, welfare advice and employment support services

CSR Announcement: End funding allocation for Private Sector Renewal

Who are the people affected by the CSR announcement?

Households living in non decent housing in the private sector, mainly families with young children and older people on low incomes.

How are they affected?

The private sector decent homes programme has targeted vulnerable and low-income homeowners and has provided financial assistance so that they can improve their homes up to the decent homes standard since 1976.

The Government defined vulnerable households as those that would be most at risk from the effects of poor housing - young children or older people – and who are least able to do anything about their housing conditions due to receiving a very limited income. This translates as those households in receipt of at least one of the principal means tested or disability related benefits (e.g. income support, housing benefit, disability living allowance).

The main targeted areas are our declared Home Improvement Areas, which were selected for inclusion in the programme as they were known to have high proportions of houses in generally poor condition that are owned by vulnerable and low-income households.

The Government set a national target (PSA7) of raising the percentage of vulnerable households living in private sector homes from the baseline of 57% in 2001 to 70% by 2010 and to 75% by 2020.

Annual funding was allocated to each local housing authority in England to assist with this work. In 2009-10 Leicester was allocated £2.1m; in 2010-11 the allocation reduced to £1.4m; and now the Government have announced that they will not provide further support at all due to the need to cut spending in support of their deficit reduction action.

Each year Leicester's Housing Capital Programme has shown how the annual funding allocation received is distributed between various schemes that have been run. The capital programme only used the funding allocated and no other resources. Now that the Government have stopped providing funding it will not be possible to continue our private sector decent homes work as we do not have the resources to do so.

The Corporate Plan target for private sector decent homes will now need to be reviewed and reduced.

What is the anticipated impact on them?

The main outcomes of the programme were an increase in the total number of homes in Leicester that meet the decent homes standard and an increase in the percentage of vulnerable households that live in decent homes. However with the ending of the private sector decent homes programme the number of non-decent homes will increase, bringing with it a wide range of problems for their residents.

The Leicester Private Sector Stock Survey 2010 found the level of private sector (owner occupied and private rented) decent homes failures in Leicester is 41.7%. Nationally this figure is 35.8%, but Leicester has a low income economy with an older than average housing stock, so it's still relatively high in spite of the renewal work that's been carried out.

The percentage of homes failing the decent homes standard in the private sector because of thermal comfort is 10.8% - 8,806 households (thermal comfort is assessed on the basis of controllable heating and insulation). There are currently no

homes in local authority housing that fail the decent homes standard because of thermal comfort. There are 10,861 households in fuel poverty in the private sector. Households in fuel poverty are those who spend more than 10% of their income on fuel to heat their homes. (**Leicester Private Sector Stock Survey 2010**)

The link between poor housing and issues involving health, education and crime has long been established.

The link between poor housing and issues involving health, education and crime has long been established.

For example areas of poor housing have increased levels of criminality and delinquency. It is estimated that the overall costs of criminal activity is in the region of £1.8 billion nationally according to the English House Condition Survey. The survey also highlights non-decent homes are associated with a variety of health hazards including the potential for accidents or through causing illness or medical conditions. The range of potential hazards include damp, mould, excess cold or heat, carbon monoxide, danger of falls and so on. It is estimated that costs incurred by the NHS in dealing with patients affected by these hazards amounts to £600m per year, although when other costs are totalled i.e.: loss of earnings this could rise to £1.5b p.a.

Living in substandard and overcrowded housing in the private sector will impact on educational attainment and other areas such as hospital discharges etc.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

A number of Home Improvement Areas have high proportions of BME households. According to the Housing Strategy Statistical Appendix 2007 the percentage of households living as owner occupiers in Leicester is higher amongst the BME groups than other white households.

Equality profile information from the service indicates that the occupants of the older, poorer housing in Leicester tend to be members of the BME communities and older people of all ethnic groups. It is mainly these groups that will be adversely impacted by the cessation of the private sector decent homes programme.

If there are adverse impacts, will any particular area of the city be affected?

The areas of the City where there is the most non decent housing are Westcotes, Castle, Freeman and Stonegate. (**Building Research Establishment, 2007**)

Can these negative impacts be reduced or removed? If so, how?

Resources to improve private sector decent homes. As there are no capital grants now and enforcement against private landlords can only deal with very severe problems. Housing advice and support for people looking for alternative accommodation and renewal advice services.

Outcomes most likely to be impacted

Health outcomes, education attainment, 16/17 year olds in education and safeguarding outcomes and mortality rates.

Services areas most likely to be affected by increased demand

Housing Options, tenancy support, welfare advice, private sector housing team and renewal advice services.

June Budget Announcement: New Caps on Local Housing Allowance

A nationwide maximum for weekly rates will be introduced from 1 April 2011. The maximum amount will be based on the number of bedrooms your household qualifies for and the removal of the five bedroom rate.

- £250 for a one bedroom property

- £290 for a two bedroom property
- £340 for a three bedroom property
- £400 for a four bedroom property

Who are the people affected by the CSR announcement? In Leicester this will mainly affect families on low income with 4 or more children in private rented accommodation.

How are they affected?

Nationally

“Of 283 local authorities outside of the capital, 81 (29%) will see two bedroom households in their area lose an average of £50 or more, while 156 (55%) will see households losing an average of over £30 a month when the rate at which LHA is paid is cut from October next year.” **Shelter 9th November**

Locally

The new caps on Housing Benefit will impact on people living in private rented housing and our HomeCome properties. Taken with all the changes to the benefit system, we are particularly concerned about the impact on families with 3 or more children. We fear that those with 4 or more will get no Housing Benefit at all. There are 210 families in Leicester who will be affected by the removal of the five bedroom rate. (**Head of Revenues & Benefits and the Director for Housing Strategy & Options LCC 2010**)

The caps may result in more people moving to Leicester from the south of the country. This may include people from new migrant BME communities. The report ‘New Migrants in England and their Needs’ (Middlesex University on behalf of Refugee Support, November 2007) states that ‘Leicester has often been described as the second best option for immigrants to the UK after London.’

New migrants to the City from BME backgrounds tend to settle in the St Matthews and Highfields areas of the City. The 2007 Index of Multiple Deprivation sites St Mathews is the most income deprived in the Country.

What is the anticipated impact on them?

The caps could lead to more people becoming homeless in Leicester and more homeless people moving to Leicester. This could lead to an increase in child protection plans, impact on educational attainment, impact on health and employment prospects for households.

“The risk of a child having a Child Protection Plan rises from 1% to 12%. It also can mean that families have to leave areas they lived in, adding to ‘churn’ in local schools, disrupting education and family life.” **Leicester Homelessness Strategy 2008 -2013**

Homelessness also leads to health impacts, recent studies found that 78% of homeless households living in temporary accommodation had at least one specific health problem and 58% had their health adversely affected as a result of their living conditions.

The affect of homelessness on children’s health is even more marked as they are 4 times more likely to develop respiratory infections, have twice as many hospital admissions and six times as many speech and stammering problems compared to non-homeless children.

The adverse impact is people will receive less benefit to cover their rent which will give rise to affordability issues and could lead to homelessness and people having to migrate to more affordable areas of the country.

Are there any differential impacts/outcomes between different equality

groups? Who is likely to be adversely affected?

Overall welfare cuts will negatively impact on impact on women and families on low incomes. Some BME communities, pensioners, disabled people and carers will also be impacted adversely as a result of the welfare cuts as some of these groups tend to be on low incomes.

“18 billion savings will be made from welfare cuts, benefits make up twice the percentage of women’s incomes that as they do of men’s”. **Guardian 20.10.2010**
Currently people who have indicated they are from a “Black” background which includes people from new migrant communities are over represented on the Housing Register and within Homeless Services and Housing Related Support services such as STAR. This trend may increase as a result of these changes. Any further cuts in this area may disproportionately affect people from this particular background.

If there are adverse impacts, will any particular area of the city be affected?

Spinney Hill, Stoneygate, Coleman, Evington and Charnwood are particularly affected. (See Children’s Supporting Information)

Can these negative impacts be reduced or removed? If so, how?

Families affected will need assistance from services that can help with debt management, tenancy support, and support into work.

The council will need to continue to monitor people in temporary accommodation. This area of performance is likely to be affected by the proposal.

Outcomes most likely to be impacted

Tenancy sustainment, children living in poverty, health outcomes, education attainment, 16/17 year olds in education and safeguarding outcomes.

Services areas most likely to be affected by increased demand

Homeless services, tenancy support, welfare advice, welfare benefits and employment support services

June Budget Announcement: Reduction in Housing Benefit by 10% for people on JSA for 12 months or more.**Who are the people affected by the CSR announcement?**

This could affect all types of households where individuals claim JSA in conjunction with Housing Benefit in all tenures.

How are they affected?

In Leicester for a single person in a local authority tenancy it will be a shortfall of approx £5.50 a week. Housing association tenancies will be a similar level. For people in the private rented sector and housing association tenancies the short fall could be considerably more, from £5 to £17.30 per week for families.

These changes will apply to people living in hostel accommodation in the City. This sector will see the greatest impact as they receive the highest Housing Benefit award. It will have a major impact – from £16.00 to £47.74 per week.

“In Leicester 90% of hostel residents are on JSA and the likelihood is that most of these are long term unemployed. This could lead to £400,000 shortfall in funding currently met by Housing Benefits which the service will probably not be able to collect, leading to a reduction of the hostel service.” (**Head of Hostels LCC October 2010**) **NB.** There will also be an impact on the voluntary sector, who currently provide hostel accommodation such as the YMCA.

What is the anticipated impact on them?

Affordability issues for low income households will lead to more tenants in rent

arrears and lead to an increase in evictions and homelessness.

If hostel residents were impacted by this announcement this will lead to an increase in street homelessness which will cause significant health problems for people. A high proportion of rough sleepers have mental health issues, substance abuse dependency and a variety of health problems exacerbated by poor access to GP's. Homeless Link 2010 estimates that rough sleepers cost the NHS £85 million per year with twice as many admitted to A&E than the general population. In Leicester this figure rises to 6 times more likely than the rest of the local population. Tenants with rent arrears will not meet LCC eligibility criteria to be re-housed off the Housing Register.

The proposed cuts will have serious implications for marginalised groups and impact on people's employment prospects and health if they become homeless.

Homelessness also leads to health impacts, recent studies found that 78% of homeless households living in temporary accommodation had at least one specific health problem and 58% had their health adversely affected as a result of their living conditions.

The affect of homelessness on children's health is even more marked as they are 4 times more likely to develop respiratory infections, have twice as many hospital admissions and six times as many speech and stammering problems compared to non-homeless children.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

This will impact on all groups receiving JSA.

If there are adverse impacts, will any particular area of the city be affected?

The greatest impact will be Castle as the majority of hostels are centrally located within the Castle district.

Areas of the City with a high percentage of people receiving JSA are Spinney Hill, Castle, Braunstone and Beaumont Leys.

Can these negative impacts be reduced or removed? If so, how?

Support into work, tenancy support, welfare advice. Application to the Discretionary Housing Payment fund.

Corporate Plan indicator to reduce numbers in temporary accommodation will need to be monitored closely as well as the numbers of people rough sleeping.

Outcomes most likely to be impacted

Tenancy sustainment, health outcomes, education attainment.

Services areas most likely to be affected by increased demand

Homeless services, tenancy support, welfare advice, welfare benefits and employment support services

CSR Announcement: Increasing the age threshold for Shared Room Rate in Housing Benefit from 25 to 35.

Who are the people affected by the CSR Announcement?

Households affected will be single people between the ages of 25 to 35 claiming housing benefit in the private rented accommodation.

How are they affected?

The impact on Leicester will be that until you are over 35 you will be expected to find a room in a shared house for no more than £55 per week. 560 households may be affected.

What is the anticipated impact on them?

It will lead to more people living in houses in multiple occupation in the private rented sector and will require the council to look at additional licensing of properties for which it does not currently have the resources. Therefore this could lead to more unlicensed, substandard accommodation in the City and increase vulnerability of tenants.

Leicester has a high proportion of homes in the private sector that are deemed to be non decent. With the decent homes programme effectively curtailed the number of these non-decent homes will continue to increase, bringing with it a wide range of problems for their residents.

The link between poor housing and issues involving health, education and crime has long been established.

For example areas of poor housing have increased levels of criminality and delinquency. It is estimated that the overall costs of criminal activity is in the region of £1.8 billion nationally according to the English House Condition Survey. The survey also highlights non-decent homes are associated with a variety of health hazards including the potential for accidents or through causing illness or medical conditions. The range of potential hazards include damp, mould, excess cold or heat, carbon monoxide, danger of falls and so on. It is estimated that costs incurred by the NHS in dealing with patients affected by these hazards amounts to £600m per year, although when other costs are totalled i.e.: loss of earnings this could rise to £1.5b p.a.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

Single people from all equality groups. This may particularly impact adversely on young Lesbian, Gay and Bisexual (LGB) people who are more vulnerable to becoming homeless through having to leave home due to homophobia in the family home. People may then go on to experience homophobia in shared households.

If there are adverse impacts, will any particular area of the city be affected?

The areas of known high proportion of single claimants receiving LHA are Castle, Fosse, Westcotes and Freemans. There is one particular deprivation area in Castle that is likely to be affected to a greater degree than the others.

Can these negative impacts be reduced or removed? If so, how?

Increased resources for licensing houses in multiple occupation and resources to make private sector homes decent. Support for young LGB people.

Outcomes most likely to be impacted

Health outcomes, reducing crime rates will be impacted.

Services areas most likely to be affected by increased demand

Housing Advice Services, Private Sector Housing Group, Health Services, LGB Centre

CSR Announcement: Housing Association Rent Increase

Housing Associations will be allowed to raise their rents to 80% of market rents to help pay for new affordable housing. (Government plans to deliver 150,000 new affordable homes.)

Who are the people affected by the CSR announcement?

Housing Association Tenants

How are they affected?

People may move from worse hit areas such as London to areas like Leicester. We do not fully know what the impact of this will be on Leicester yet.

“Nationally the average rent for a three-bedroom social home is about £85 a week; this could triple to a "staggering" £250 a week. This could lead to thousands of low-

income families having to pay up to £9,000 a year more in rent. Cuts on this scale will come as a devastating blow to the millions of low-income families currently stuck on housing waiting lists," By dramatically increasing rents to fund new housing schemes, ministers believe that 150,000 affordable homes could still be built in England between 2011 and 2015." (**David Orr Chief Exec, National Housing Federation. 20.10.2010**)

60,000 of these new affordable homes that the government plans to deliver are already in the pipeline so the real number of new homes is actually 90,000. (**Inside Housing 29.10.2010**)

"The proposed figure of up to 150,000 affordable homes over 4 years represent less than a third of what the country urgently requires" **Shelter's Chief Executive – Campbell Robb – 20.10.2010**

The impact of this will be people on low incomes being unable to afford social housing at this rent level unless they are on housing benefits.

What is the anticipated impact on them?

In Leicester this could increase the number of households on the housing register, more people will need temporary accommodation and more people/families could become homeless. Homelessness leads to an increase in child protection plans, impact on educational attainment, impact on health and employment prospects for households.

"The risk of a child having a Child Protection Plan rises from 1% to 12%. It also can mean that families have to leave areas they lived in, adding to 'churn' in local schools, disrupting education and family life." **Leicester Homelessness Strategy 2008 -2013**

Homelessness also leads to health impacts, recent studies found that 78% of homeless households living in temporary accommodation had at least one specific health problem and 58% had their health adversely affected as a result of their living conditions.

The affect of homelessness on children's health is even more marked as they are 4 times more likely to develop respiratory infections, have twice as many hospital admissions and six times as many speech and stammering problems compared to non-homeless children.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

This will affect housing association tenants adversely from all backgrounds who are subject to the rent rise.

If there are adverse impacts, will any particular area of the city be affected?

This will affect areas of the City where Housing Associations who increase their rents have properties.

The council will need to continue to monitor people in temporary accommodation. This area of performance is likely to be affected by the proposal.

Outcomes most likely to be impacted

Tenancy sustainment, children living in poverty, health outcomes, education attainment, 16/17 year olds in education and safeguarding outcomes.

Services areas most likely to be affected by increased demand

Housing Options, homelessness servicers, tenancy support, welfare advice and employment support services

CSR Announcement: Homelessness grant to remain £100m a year

Who are the people affected by the CSR announcement?

All types of households.

Homeless people & people threatened with homelessness.

How are they affected?

Leicester got an increase in its Homelessness Grant however this has been offset by greater cuts in the Supporting People allocation.

Considering the impact from the other areas of cuts there is clear indication that homelessness will be on the increase. Therefore for the finances to remain at this level they will be insufficient to deal with the increase in the need for homelessness services.

What is the anticipated impact on them?

Lack of temporary accommodation places could lead to more people becoming street homeless; this could have serious implications for marginalised groups and impact on people's employment prospects and health if they become homeless.

A high proportion of rough sleepers have mental health issues, substance abuse dependency and a variety of health problems exacerbated by poor access to GP's. Homeless Link 2010 estimates that rough sleepers cost the NHS £85 million per year with twice as many admitted to A&E than the general population. In Leicester this figure rises to 6 times more likely than the rest of the local population.

There may also be an increase in criminal activity, it was reported in the Leicester Mercury on the 2.12.2010 that a homeless man committed crime to get himself jailed rather than having to sleep rough on the streets of Leicester due the cold weather.

Charities have estimated that 60 people sleep rough in Leicester every night, due to the lack of hostel spaces. The number of people sleeping rough has increased partly due to the economic climate and people from Eastern Europe who have lost their jobs.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

People from a Black ethnic category and disabled people are over represented in homelessness services. This trend may increase as a result of increased homelessness. Any further cuts in this area may disproportionately affect people from this particular background.

It is thought that this rise in the number of black people being accepted as statutorily homeless is linked to migration / asylum in Leicester. Leicester has experienced migrations from the African subcontinent, Zimbabwe and Somalia (many of the Somali population are EU nationals having received refugee status in the Netherlands, Denmark or Sweden). Leicester was a National Asylum Support Service (NASS) dispersal zone and people's claims for asylum are still being processed. The Council has also seen an increase in the number of people accepted as homeless because of leaving asylum seeker accommodation. Whilst the outstanding asylum claims (which we expect until 2009/10) are processed we expect to see higher levels of statutory homelessness. National research has shown that black people are the most over represented group (Shelter, 2004). This report suggests there are a number of factors that make black people more susceptible to become homeless than white people. They include larger family sizes, unemployment, discrimination, racial harassment and lower than average incomes. Black people are also overrepresented in the criminal justice system which is risk

factor for homelessness. Homelessness Strategy (2008 – 2013).
If there are adverse impacts, will any particular area of the city be affected? City centre could be affected if there is an increase in rough sleepers.
Can these negative impacts be reduced or removed? If so, how? Prioritise funding for homeless services or encourage other sectors to provide facilities and resources to help homeless people. The council will need to continue to monitor people in temporary accommodation. This area of performance is likely to be affected by the proposal. The number of rough sleepers will need to be monitored closely.
Outcomes most likely to be impacted Health outcomes, crime rates, mortality rates
Services areas most likely to be affected by increased demand Housing Options, homelessness services, tenancy support, welfare advice and employment support services.

CSR Announcement: Supporting People base level 11.5% cut (This is a very brief overview EIA, a full EIA on decommissioning on all services affected is needed as this cut is implemented and translated by LCC) £6 billion for Supporting People over the Spending Review Period which is an 11.5% cut.
Who are the people affected by the CSR announcement? All types of households. People who are receiving support through Supporting People funding such as hostel residents and STAR service users.
How are they affected? There will be a reduction in services which will mean that there will be less facilities and support for people who need temporary housing and support in the City.
What is the anticipated impact on them? Some people will not be able to access temporary accommodation they need, this could lead to an increase in people being referred to bed and breakfast and in street homelessness. The cut will have serious implications for marginalised groups and impact on people's employment prospects and health if they become homeless. Some people will not get support they need to sustain tenancies and therefore there will be an increase in, abandonment and evictions. More people will need temporary accommodation and will become homeless.
Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected? The majority of rough sleepers are white males; they will be disproportionately affected by any reduction to service. Currently people who have indicated they are from a "Black" background which includes people from new migrant communities are over represented (in relation to their population profile of the City) in hostels and housing related support services such as STAR. This trend may increase as a result of these changes. Any further cuts in this area may disproportionately affect people from this particular background. 78% of Hostel Residents in LCC hostels and 18% of STAR service users have indicated that they have a disability if there is a reduction in these services disabled people will be disproportionately affected.

If there are adverse impacts, will any particular area of the city be affected?
This information is available from Housing Planning and Commissioning.
Can these negative impacts be reduced or removed? If so, how?
Prioritise resources for homeless services and tenancy support services.
Outcomes most likely to be impacted
Tenancy sustainment, health outcomes, education attainment, crime rates
Services areas most likely to be affected by increased demand
Housing Options, homelessness services, tenancy support, welfare advice and employment support services.

CSR Announcement: Disabled Facilities Grant (DFG) - Summary EIA will need further investigation.
Disabled Facilities Grant (DFG) to rise with inflation
Who are the people affected by the CSR announcement?
People needing and waiting for DFGs.
How are they affected?
The level of finance will still be insufficient to deal with the current level of demand for DFGs excluding the significant backlog of over 500 referrals in Leicester.
What is the anticipated impact on them?
People will be unable to get adaptations which will impact on their independence to remain in their own homes.
Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?
Currently 80% of DFGs go to older people, 60% of service users are women and 45% of people are from an Asian background. All service users are disabled.
If there are adverse impacts, will any particular area of the city be affected?
Highest numbers of people waiting for DFGs are in wards such as Rushey Mead, Spinney Hills, Latimer and Stoneygate.
Can these negative impacts be reduced or removed? If so, how?
Continue to identify further funding for DFGs.
Outcomes most likely to be impacted
People remaining independent in their own homes
Services areas most likely to be affected by increased demand
DFG related services, residential homes.

CSR Announcement: Introduction of Intermediate Tenancies
Introduction of intermediate tenancies will mean that new council tenants will no longer be able to sign up to secure tenancies and will be asked to move on if their circumstances change and they are better able to afford alternative accommodation after a 2 year period. (This is a discretionary power it is not a requirement for all Councils to introduce this type of tenancy.)
Who are the people affected by the CSR announcement?
New council tenants will be affected if the Council decides it wants to adopt this type of tenancy. If the Council does decide to go ahead with intermediate tenancies all types of households will be affected.
The current profile of Council tenants as of April 2010 of the 25,483 LCC tenants was, 59.4% were female, 7.32% from a Black ethnic category and 38.3% have a perceived disability.
How are they affected?
If intermediate tenancies are adopted by LCC, Council tenants will no longer have security of tenure. Registered Social Landlords will also have to decide if they want

<p>to adopt intermediate tenancies and if they do their new tenants will also be affected.</p> <p>For some the impact may be that they are able to afford to move on or to buy their property and are happy to do so.</p> <p>However some tenants have highlighted that they are concerned about a “revolving door syndrome” where people may be forced out only to fail in other types of tenancies and may end up back on the housing register.</p>
<p>What is the anticipated impact on them?</p> <p>Positive impact could be that it may free up council housing for people in housing need on the housing register.</p> <p>Negative impact may be that the loss of security may adversely affect households, cause churn in terms children having to move schools and people moving out of neighbourhoods they have settled in and feel part of. This may also result in community cohesion impacts. Households may also not be able to sustain accommodation they have moved onto, which could lead to a rise in homelessness or people living in sub-standard private rented/overcrowded accommodation. Leicester has a high proportion of homes in the private sector that are non decent.</p> <p>People will be more likely to try to find accommodation in the private rented sector. This sector has grown in the last three years in Leicester; however there is a higher proportion of properties that do not meet the decent homes standard in the private rented sector. This coupled with decreased capital for repairs and renovation will result in more people living in substandard/over crowded private sector. In Leicester as of 2007 44% (88,060) of private sector properties were considered non decent.</p> <p>From 2011/12 there will be no Government Capital Funding to support the work of the Private Sector Decent Homes team. This follows on from a 30% cut the service received during 2010/11.</p> <p>Living in substandard and overcrowded housing in the private sector will impact on educational attainment and other areas such as hospital discharges etc.</p>
<p>Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?</p> <p>If the profile of new tenants continues to reflect the current tenants profile then this change may impact disproportionately on the groups highlighted above, which is women, people from a Black ethnic category and disabled people.</p>
<p>If there are adverse impacts, will any particular area of the city be affected?</p> <p>We have council housing in most areas of the City. Most council housing is in areas such as Braunstone, New Parks and Beaumont Leys</p>
<p>Can these negative impacts be reduced or removed? If so, how</p> <p>Tenants should be given a choice about moving, an assessment process should be sensitive to the needs of tenants when decisions are being made about whether people have the ability to move on or not.</p>
<p>Outcomes most likely to be impacted</p> <p>People getting on well in their local area, health outcomes.</p>
<p>Services areas most likely to be affected by increased demand</p> <p>Housing Services, Housing Options, tenancy support, welfare advice and employment support services</p>

June Budget Announcement: Local Housing Allowance rates will be set at the 30th percentile instead of the median as currently .

Who are the people affected by the CSR announcement?

This will affect **all** households in receipt of LHA in private rented accommodation.

How are they affected?

In Leicester there are 7,130 households in receipt of local housing allowance. The reduction from 50% to 30% percentile effectively reduces the LHA rate used in the calculation of their benefit entitlement.

All new claims will be subject to this change from April 2011. Existing claims will be affected from their claim anniversary date between December 2011 and December 2012.

What is the anticipated impact on them?

The impact will be per week:

Leicester's LHA rates	Shared	1 bed	2 bed	3 bed	4 bed	5 bed
Current Dec 2010	£60.00	£91.15	£114.23	£131.54	£173.08	£219.23
<i>Predicted April 2011</i>	<i>£55.00</i>	<i>£86.54</i>	<i>£109.62</i>	<i>£121.15</i>	<i>£150.00</i>	<i>N/A</i>
Reduction	£5.00	£4.61	£4.61	£10.39	£23.08	£69.23

These will be the minimum reductions households will see. If the claim is subject to a taper reduction the impact will be on a sliding scale of 65% for every £1 of benefit.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

This will impact on all groups receiving LHA assessment within the housing benefit schemes.

If there are adverse impacts, will any particular area of the city be affected?

Area of the City with a high percentage of people receiving LHA live in an interconnecting curving band beginning in Castle through, Spinney Hill, Stoneygate, into Charnwood. Plus central regions of Westcotes and Freeman. There is a merging proportion of Hamilton, which will be adversely affected, greater than any other. All these areas of the City are not known to have a high percentage of families with children living in poverty, but following these changes we may begin to see these areas in particular affected where they did not display these indicators before.

Can these negative impacts be reduced or removed? If so, how?

Support into work, tenancy support, welfare advice

Corporate Plan indicator to reduce numbers in temporary accommodation will need to be monitored closely as well as the numbers of people rough sleeping.

Outcomes most likely to be impacted

Tenancy sustainment, health outcomes, education attainment.

Services areas most likely to be affected by increased demand

Homeless services, tenancy support, welfare advice, welfare benefits and employment support services

June Budget Announcement: Local housing Allowance excess of £15 will be removed from the benefit calculation.

Who are the people affected by the CSR announcement?

This will affect **all** households in receipt of LHA £15 excess in private rented accommodation.

How are they affected?

In Leicester there are 1,401 households in receipt of local housing allowance excess

of £15 either as a direct additional payment or this is included (hidden) in the eligible rent for the purpose of the Housing benefit calculation. The removal of the £15 excess will reduce the benefit award either as a direct reduction, which is paid in addition to their Housing benefit. Where the excess is rent used within the calculation purposes, this reduction in the rent used for calculation purposes will see their subsequent benefit entitlement reduce.

All existing claims will be subject to this change from April 2011. New claims will not be granted the provision as the excess is removed from the scheme.

Those household affect will lose between 1pence and £15 a week.

The removal of the excess from within the calculation could lead to more people becoming homeless in Leicester as rent arrears occur. This may not happen where the excess is paid in addition to housing benefit as the reduction does not affect the monies in Housing benefit they receive towards their rent charged.

This could lead to an increase in child protection plans, impact on educational attainment, and impact on health and employment prospects for households.

“The risk of a child having a Child Protection Plan rises from 1% to 12%. It also can mean that families have to leave areas they lived in, adding to ‘churn’ in local schools, disrupting education and family life.” **Leicester Homelessness Strategy 2008 -2013**

Homelessness also leads to health impacts, recent studies found that 78% of homeless households living in temporary accommodation had at least one specific health problem and 58% had their health adversely affected as a result of their living conditions.

The affect of homelessness on children’s health is even more marked as they are 4 times more likely to develop respiratory infections, have twice as many hospital admissions and six times as many speech and stammering problems compared to non-homeless children

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

Overall welfare cuts will negatively impact on impact on women and families on low incomes. Some BME communities, pensioners, disabled people and carers will also be impacted adversely as a result of the welfare cuts as some of these groups tend to be on low incomes.

“18 billion savings will be made from welfare cuts, benefits make up twice the percentage of women’s incomes that as they do of men’s”. **Guardian 20.10.2010**

Currently people who have indicated they are from a “Black” background which includes people from new migrant communities are over represented on the Housing Register and within Homeless Services and Housing Related Support services such as STAR. This trend may increase as a result of these changes. Any further cuts in this area may disproportionately affect people from this particular background.

If there are adverse impacts, will any particular area of the city be affected?

Area of the City with a high percentage of people receiving LHA live in an interconnecting curving band beginning in Castle through, Spinney Hill, Stoneygate, into Charnwood. Plus central regions of Westcotes and Freeman. There is a merging proportion of Hamilton, which will be adversely affected, greater than any

other. All these areas of the City are not known to have a high percentage of families with children living in poverty, but following these changes we may begin to see these areas in particular affected where they did not display these indicators before.

Can these negative impacts be reduced or removed? If so, how?

Support into work, tenancy support, welfare advice

Corporate Plan indicator to reduce numbers in temporary accommodation will need to be monitored closely as well as the numbers of people rough sleeping.

Outcomes most likely to be impacted

Tenancy sustainment, health outcomes, education attainment.

Services areas most likely to be affected by increased demand

Homeless services, tenancy support, welfare advice, welfare benefits and employment support services

June Budget Announcement: Local housing Allowance will increase by the Consumer Price Index, and subsequently frozen from this point onwards.

Who are the people affected by the CSR announcement?

This will affect all households in receipt of LHA who live in private rented accommodation.

How are they affected?

In Leicester there are 7,130 households in receipt of local housing allowance. The use of a lower index rate will mean the annual increases in LHA rates currently applied at anniversary dates to LHA claimants will be increased using a lower index and subsequent years will see no increase for inflation and therefore in real terms see a reduction in the LHA rates.

All new claims will be subject to this change from April 2011. Existing claims will be affected from their claim anniversary date between December 2011 and December 2012.

What is the anticipated impact on them?

This may mean that families will have affordability issues and may be unable to pay their rent leading to an increase in evictions for rent arrears.

Exact values are unknown at this point in time

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

Overall welfare cuts will negatively impact on impact on women and families on low incomes. Some BME communities, pensioners, disabled people and carers will also be impacted adversely as a result of the welfare cuts as some of these groups tend to be on low incomes.

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merging proportion of Hamilton, which will be adversely affected, greater than any other. All these areas of the City are not known to have a high percentage of families with children living in poverty, but following these changes we may begin to see these areas in particular affected where they did not display these indicators before.

Can these negative impacts be reduced or removed? If so, how?

Families affected will need assistance from services that can help with debt management, tenancy support, and support into work.

The council will need to continue to monitor people in temporary accommodation. This area of performance is likely to be affected by the proposal. Support into work, tenancy support, welfare advice

Corporate Plan indicator to reduce numbers in temporary accommodation will need to be monitored closely as well as the numbers of people rough sleeping.

Outcomes most likely to be impacted

Tenancy sustainment, health outcomes, education attainment.

Services areas most likely to be affected by increased demand

Homeless services, tenancy support, welfare advice, welfare benefits and employment support services

June Budget Announcement: Staggered increases in the rates of non-dependant deductions.

Who are the people affected by the CSR Announcement?

The types of households that will be most affected are pensioners and families with children who have an additional adult(s) living in their households, (2,723 pensioners and 2742 families). This will affect both the rented sector and owner-occupiers.

(Head of Revenues & Benefits, LCC 2010)

How are they affected?

Non-dependant deductions are taken where an additional adult(s) live in the household and it is anticipated they contribute to the housing costs. The Housing and council tax benefit is reduced by a non-dependant deduction.

The exact implications are not yet known but conservative estimates are:

Council tax benefit deductions may increase by 32p for the lowest deduction to £1.25 for the highest per week.

Housing Benefit deductions may increase by £1.32 for the lowest deduction to £8.47 for the highest per week.

What is the anticipated impact on them?

This may mean that families will have affordability issues and may be unable to pay their rent leading to an increase in evictions for rent arrears. Council tax benefit claimants with non-dependants will see their bills increase between £16 and £65. There will be an additional and difficult debt to collect by the Revenues and Benefit service and the Income collection team.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

Overall welfare cuts will negatively impact on impact on women and families on low incomes. Some BME communities, pensioners, disabled people and carers will also be impacted adversely as a result of the welfare cuts as some of these groups tend to be on low incomes.

“18 billion savings will be made from welfare cuts, benefits make up twice the percentage of women’s incomes that as they do of men’s”. **Guardian 20.10.2010**

Currently people who have indicated they are from a “Black” background which includes people from new migrant communities are over represented on the Housing Register and within Homeless Services and Housing Related Support services such as STAR. This trend may increase as a result of these changes. Any further cuts in this area may disproportionately affect people from this particular background.

If there are adverse impacts, will any particular area of the city be affected?

Spinney Hill, Stoneygate, New Parks, St Mathews and Braunstone are all areas of the City that have a high percentage of families with 3 or more children living in poverty, so the changes could particularly affect these areas of the City.

Can these negative impacts be reduced or removed? If so, how?

Families affected will need assistance from services that can help with debt management, tenancy support, and support into work.

The council will need to continue to monitor people in temporary accommodation. This area of performance is likely to be affected by the proposal.

Outcomes most likely to be impacted

Increasingly limited access to affordable housing in area where living: may be forced to leave current housing because of build up of arrears and then eviction, leading to homelessness – increase in child protection plans, impact on educational attainment, impact on health (mental health, affects of substandard housing – overcrowding, damp), impact on job prospects - availability of work locally, access and cost of access to work.

Cheaper housing in Leicester tends to be private sector rental of a lower decency standard – impact on health/overcrowding, impact on educational attainment - kids changing schools, access to work/job prospects.

Move away from Leicester to cheaper accommodation elsewhere – impact on work - may be leaving job, impact on educational attainment - kids leaving schools, impact on community cohesion/identity - leaving community of interest and social support network

Services areas most likely to be affected by increased demand

Homeless services, tenancy support, welfare advice, welfare benefits and employment support services

Health Impact

CSR Announcement: Health budget

The NHS budget has been ring-fenced and will increase by 0.1% per year to 2014; additionally, the NHS is expected to re-route a record £20 billion nationally in efficiency savings into front line services over the next 3 years; £1 billion will be re-routed into adult social care, against a background of a recurrent annual national £200 million cancer drug fund and expanded access to therapies (e.g. ‘talking’ therapies for people with mental ill health).

Note: It is now clear that the £1 billion available nationally to support the transition in adult social care services and the greater linkages between these and the health service **will be ring-fenced to health within the local authority**. This has been the cause of some tensions, with health professionals supporting ring-fencing in the climate of a 26% reduction in local authority funding and local authorities preferring

the opposite, at the risk of using some of this funding to bolster shortfalls elsewhere in their budgets.

Who are the people affected by the CSR Announcement?

All those who use health services and are influenced by preventative work to improve their health and wellbeing are likely to be affected. More people are expected to need health services, both at the acute and at the preventative end.

“Leicester is in the top 20% of areas in the country with the worst health and deprivation areas ...” (The Annual Report of the Director for Public Health for Leicester, 2006)

It is difficult to measure progress in health in the short term. However, the data included here could provide a baseline statement, from which change could be charted.

The key issues regarding people’s health in Leicester are:

Life expectancy

- A growing life expectancy gap between Leicester and the rest of England. On average a man in Leicester will live 2.4 years less and a woman 2.1 years less than the average for England. (p.2, Tackling Health Inequalities in Leicester - A Strategic Approach, Leicester Partnership, May 2010)
- Differences in life expectancy between different areas of the city. The difference between the wards with the highest and lowest life expectancy is 7.4 years for men and 7.6 years for women. (p.2, Tackling Health Inequalities in Leicester - A Strategic Approach, Leicester Partnership, May 2010)

Age

- In Leicester 40% of the life expectancy gap in men is due to premature deaths in the 40 – 69 age group. For women just over a third of the gap comes from premature death in the same age group, and a further third is contributed by the death of women in their 70’s. Death in infants under 12 months is also a significant contributor to the life expectancy gap with England. (p. 5, Wellbeing and Health Priority Board Annual Commissioning Statement 2011/12)

Disease

Key contributors to the life expectancy gap between Leicester and England for men and women are:

- **Cardio-vascular disease (CVD)** – (heart disease and strokes: 37% men, 33% women) is the major contributor to the adverse life expectancy gap between Leicester and England. CVD includes diabetes, coronary heart disease and stroke, and transient ischemic attack (TIA).
- **Respiratory disease** (19% men, 21% women); **Respiratory disease** (16%): and rates of mortality from chronic obstructive pulmonary disease (COPD), a smoking related condition, are slightly above average compared to the national rate, and related hospital admissions in Leicester are the second highest in the East Midlands.
- **Infant mortality** (8% men, 5% women).
- **Cancer** - Because the majority of deaths occur in older people, deaths from cancer make a lower contribution to the life expectancy gap with England - making up 6% of the gap for men and 5% for women. The disease is, however, the second greatest cause of death from all causes and ages in the city. (p. 5, Wellbeing and Health Priority Board Annual Commissioning Statement 2011 -

2012)

Ethnicity

- Cardiovascular disease death rates in Leicester are compounded by high rates of diabetes in BME populations, particularly in the South Asian community. Heart attacks and severe angina are higher in the South Asian population than in white or black ethnic groups. Stroke is more common in the South Asian and African-Caribbean populations. (p. 6, Wellbeing and Health Priority Board Annual Commissioning Statement 2011 - 2012)

Deprivation

Health outcomes in Leicester are generally worse than average, but there is also variation across the city and much of the poorer health correlates to areas of high deprivation.

- There is a strong association between low socio-economic status and poorer health: in England and Wales, those who have never worked or are long term unemployed have the highest rates of self-reported 'poor' health; people in routine occupations are more than twice as likely to say their health is 'poor' than people in higher managerial and professional occupations; and people from lower socio-economic groups are more likely to have a poor diet and less likely to take regular exercise. (How Fair is Britain? EHRC, 2010)
- In Leicester, people in the most deprived fifth of the population are 3 times more likely to have a severe mental illness and to self-harm than those in the least deprived fifth. (Leicester Health Equality Audit 2007)

Language / literacy

- People with lower levels of literacy or who do not have English as their first language are likely to have difficulty both understanding and responding to changes in service, and in obtaining accessible information relating to their health.

Mental health

The following data are taken from (How Fair is Britain? EHRC, 2010):

- Over 1 in 10 adults in England, Scotland and Wales report potential mental health difficulties. While the incidence is significantly higher for women, reporting of mental health difficulties does not have as pronounced a pattern across groups as some health and other outcomes. For example, there appears to be no overall pattern for age.
- Nevertheless, more specific data on particular conditions show, for example, that from the age of about 65, older people have a much higher rate of depression than younger people.
- Some groups do seem to be at greater risk than others – including Pakistanis and Bangladeshis, LGB and transgender people, Gypsies and Travellers and asylum seekers. In some cases, there are signs that mental illnesses may be linked to other disadvantages and pressures felt by such groups. Some analysis has shown an association between the experience of victimisation for different religious groups and poor mental health.
- In this sense, mental health problems can sometimes be seen as a potential symptom of wider difficulties that minorities face within society. This is particularly pertinent for groups facing the greatest disadvantages. At the extreme, these conditions can lead to suicide.
- For men, there are particular concerns around the under-diagnosis, and

therefore lack of treatment for mental health conditions which are not captured in evidence in the previous points. These are believed to account, at least in part, for the much higher risk to men of becoming homeless or being imprisoned, for example.

- For women, there are particular concerns around the risk of domestic and sexual violence and its links to poor mental and physical health.

Unemployment

It is expected that, as a consequence of a combination of other CSR announcements, more people will become unemployed and in need of public services. Unemployment has strong adverse impacts on both people's mental and physical health. These effects impact across all communities, regardless of economic status, disability, gender or ethnicity. The promised increase in the provision of 'talking' therapies should go some way towards alleviating some of these pressures but within a market which already cannot address the current level of need for therapies to improve mental ill-health.

It should be noted that, even at the lower levels of mental ill-health, people are left unable to hold down a job or to maintain close / family relationships adequately. People with mental ill-health at any level are among the least likely to secure employment, often due to prejudice, discrimination and misunderstanding, and the resulting insecurity is likely to lead to a downward spiral of poorer health.

How are they affected?

Concerns within the health service indicate that there is likely to be a tension between an expected increase in the need for provision of crisis and emergency interventions such as A & E services and hospital admissions, and the provision of preventative work. A reactive approach, such as dealing with health issues as they arise rather than preventing their occurrence, is likely to have longer term adverse impacts on the health outcomes of local residents, particularly those in our most deprived communities.

What is the anticipated impact on them?

Possible positive impacts:

Health benefits to individuals and communities could be achieved from the following opportunities:

- Focus on development of more effective joint working between health and social care services to ensure better accessibility and appropriateness of service provision, and clearly defined pathways for service users. This would link with the personalisation agenda through which the service user has more choice and the support required to make individual choices about the services they need
- Potential for a wider range of cancer drug treatments to be available
- Anticipated wider availability of therapies, e.g. 'talking' therapies for people with mental ill-health, though a rise is expected in the numbers requiring these services.

Possible adverse impacts:

- Reduction in or loss of preventative work resulting in poorer health, medium and long-term increase in preventable illness and disease, and a reduction in the overall level of life expectancy
- Initiatives targeting smoking, alcohol abuse and teenage pregnancy are bringing

positive benefits. A reduction in success rates would impact adversely on a range of outcomes, especially for young people in the city, such as life expectancy, chronic disease rates, educational attainment, infant mortality, and mental health

- Increase in emergency and crisis interventions which are costly and divert resources from early prevention work. These interventions are most likely to benefit and to be linked to people in the lowest income deciles
- Increase in rates of occurrence of 'health priority' conditions, i.e. CVS (cardio-vascular system) diseases, Respiratory disease, COPD (chronic obstructive pulmonary disease), teenage pregnancies
- Concern about possible 'smaller safety net' of service availability. What happens to the health of people who become no longer eligible for benefits including housing? Street homelessness is expected to increase in the city, and people in this situation have very low health outcomes
- Possibility of inward migration from the County to access services no longer available, leading to a possible greater shortfall of service provision for Leicester residents
- Possible 'postcode provision' of health services could promote greater 'churn' through which people are more likely to lose touch with other services to which they are entitled, such as employment or housing benefits
- Any reduction in the provision of translation services would impact adversely on people who do not have English as a first language. This is particularly important to new arrivals whose first language is not English and who are adversely impacted by insecure lifestyles.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

The greatest risks to health are expected to relate to a potential widening of health outcomes for people based on their socio-economic status and prevalence for certain conditions (see below).

Age

- In relation to age, mortality rates, including infant mortality, are a priority for improvement in the city. Some of the factors affecting life expectancy are illustrated in the descriptions of the different health typologies (presented in Appendix 4).
- The Leicester population is ageing, and is expected to increase sharply from 2011 onwards and to increase by some 17% over the next ten years.
- Older people are known to have particular needs in a number of areas, including Depression, Dementia, and Mobility issues:
- **Depression:** In Leicester, estimate suggests that there are between 3,500 and 5,400 older people known to have depression. Projection work suggests that there may be between 4,440 and 6,660 by 2025.
- **Dementia:** Prevalence rates suggest that there are 2,631 people in Leicester with dementia. This is expected to rise to 2,635 by 2010 and to 2,707 by 2015.
- **Mobility:** The main illness/disability experienced by residents is mobility (58%) especially within the home. There were 297 equipment and adaptation installations in the last financial year. The top three areas in Leicester, which report long standing illnesses, are: New Parks, Braunstone and Rowley Fields. (p. 9, Wellbeing and Health Priority Board Annual Commissioning Statement 2011/12)

Gender

- Fewer differences in relation to gender are expected although it should be noted that the negative health impacts in relation to unemployment will affect both genders, and also impact across social class. As women are in the majority of carers of vulnerable people, are more likely to be paid less than men, and are also more likely to lose employment than men, it is possible that the expected rise in mental ill-health will affect women disproportionately in relation to men, and that more women will move into or closer to poverty. As women have major responsibility for children, there is a potential negative health impact here too.
- While there are obvious differences in the health needs of men and women, the evidence does not suggest a clear trend of either gender experiencing worse health than the other. Both genders may find that their health needs are not met: men are less likely to use their GP; women have specific concerns about maternity services. Both genders have a mixed record when it comes to looking after health. Men are more likely to take exercise but less likely to eat the recommended amounts of fruit and vegetables, and women vice-versa. (How Fair is Britain? EHRC, 2010)

Disability

- Disabled people generally are likely to experience the impacts above and some could be disadvantaged due to inaccessibility of premises or the unaffordability of transport. The personalisation agenda impacts strongly on disabled people so it is important that risks to service availability are minimised through continued and effective planning between health and social care to reduce disruption. There is concern about the capacity within current systems to achieve this, which could have adverse impacts on health in these communities.
- Learning disabled people with moderate to profound needs are likely to experience the most adverse impacts in that they are starting from a lower base of poorer healthcare and reduced life expectancy. Other changes to their support (e.g. personalisation; benefits) could leave them more vulnerable to poorer health impacts if they are unable to afford the level of support they need, or if they experience reduced benefits because they are unable to find employment, or if they find housing unaffordable.

The following data are taken from the 'Closing the Gap' report, DRC, 2006:

- People with learning disabilities are 2.5 times more likely to have health problems than other people.
- Four times as many people with learning disabilities die of preventable causes as people in the general population.
- People with learning disabilities are 58 times more likely to die before the age of 50 than the general population.
- Children and young people with learning disabilities are 6 times more likely to have mental health problems than other young people.

Race/ethnicity

- Ethnicity can be a protective factor for some health issues. For example, Black and minority ethnic (BME) populations are generally less likely to smoke, drink less alcohol, and have fewer teenage pregnancies than the white population, although they have a greater tendency to have cardio-vascular disease, diabetes, and poorer diet.

The following data are taken from the Department of Health's Race for Health initiative:

- The prevalence of stroke among African Caribbean and South Asian men is 70% higher than the average.
- South Asian people are 50% more likely to die prematurely from coronary heart disease than the general population.
- Men and women of Indian origin are three times more likely than most people to have diabetes.

Religion and belief

- There is very little local health data on the range of this population. For the purposes of this report, the main relevance would be the importance of recognising and understanding the impact of religious practices on health care and preventative work, and responding in appropriate ways to ensure that both preventative work and emergency or crisis care takes account of people's religion or beliefs.

The following data come from 'How Fair is Britain?', EHRC, 2010:

- Very low prevalence of alcohol consumption among Muslims, and Hindus and Sikhs are also more likely to report that they do not drink at all or that they drink within the recommended Government guidelines.
- Overall, there are lower than average smoking rates among Sikhs. But looking at gender differences, Muslim, Hindu and Sikh women stand out at all ages as being less likely than other religions to be current smokers.
- Research suggests that there may be higher levels of obesity/overweight for some groups such as Pakistani Muslim women, who are more likely to be obese and less likely to exercise than other groups, but sample sizes are small.

Sexual orientation

- There is little or no monitoring of health inequalities or barriers to health for the lesbian, gay and bisexual (LGB) communities, though some data based on national studies is available. Generally, these communities experience worse health outcomes due to exclusion and isolation, and there is a higher risk of mental ill-health and lower standards of basic health care as the result of lower levels of understanding about the health needs of these communities, and about sexual orientation.
- Lesbian, gay, bisexual and trans (LGBT) people are believed to lead less healthy lifestyles: they have higher levels of alcohol consumption, are more likely to smoke and more likely to misuse drugs than heterosexual people. Although there has been some controversy about these assumptions, researchers have pointed to the lack of social spaces for LGBT people apart from pubs and clubs. They suggest that LGBT people have been obliged to use the 'scene' and to fit in with a drinking culture. There is also an association between harassment in the workplace and alcohol problems for lesbian and bisexual women in comparison with heterosexual women. (Reducing Health Inequalities briefing no.2, Department of Health, 2007)

Transgender

- Data relating to healthy lifestyle and transgender people are very limited, and those available are based on very small samples. In one survey, transgender individuals appeared to be more likely not to consume alcohol than non-transgender LGB. There was also some evidence that a lack of trans-friendly spaces limited physical activity. (How Fair is Britain? EHRC, 2010)

The following data are taken from Trans People's Health briefing no.11, Department

of Health, 2007:

- There is evidence that some health professionals hold polarised views of transsexualism ranging from considerable empathy to strong moral disapproval. As a consequence, there are many examples of inappropriate healthcare.
- Evidence suggests that large numbers of trans people are refused NHS treatment:
- 17% were refused (non-Trans related) healthcare treatment by a doctor or a nurse because they did not approve of gender reassignment
- 29% said that being trans adversely affected the way they were treated by healthcare professionals
- 21% of GPs did not appear to want to help or refused to help with treatment.

If there are adverse impacts, will any particular area of the city be affected?

Adverse impacts are likely to affect all parts of the city. However, based on the health typologies map (Appendix 4), Red 1 and Red 2 areas seem most at risk in the short term.

The following data are taken from the NHS Leicester City and Leicester City Council's Joint Strategic Needs Assessment (JSNA) 2008 - 2009 (March 2009 version):

- Health outcomes in Leicester are generally worse than average, but there is also variation across the city and much of the poorer health correlates to areas of high deprivation (p.51).
- Thirteen wards (of 22) in Leicester show a significantly higher rate of **cardio-vascular disease** (CVD) in under 75s than the national average. These correspond to areas of high deprivation and to South Asian communities (p.48).
- The rate of coronary events (**heart attacks and severe angina**) is much higher among Leicester's South Asian population than in white or black ethnic groups. South Asians often develop acute heart problems around 10 years younger than the population as a whole (p.49).
- **Diabetes** is strongly related to socio-economic deprivation. Rates of acute complications of diabetes show a threefold difference between the most and least deprived areas of Leicester. Mortality from diabetes has a 60% excess in the most deprived areas compared to the more affluent areas in Leicester (p.48).
- A higher rate of **teenage pregnancy** is associated with higher levels of deprivation and is more common in the west of the city (p.79).
- People living in more deprived areas are more likely to suffer from **mental ill-health** (p.50).
- **Smoking** related mortality is strongly linked to health inequality, and is highest in areas of greater deprivation (p.80). Smoking prevalence is related to areas of high deprivation and is much higher in the west of the city and generally lower in Asian communities in the east of the city (except Bangladeshi) (p.51).
- Around 25% of adults are **obese**. This equates to around 58,000 adults in Leicester. Areas in which diets have a low fruit and vegetable content correspond to areas of high levels of obesity. These are also consistent with high levels of deprivation (p.82).
- Leicester is within the bottom 25% for **participation in sport** with only 18% of adults achieving 30 minutes of moderate activity on at least 3 days a week. Low levels of physical activity correlate with areas of high deprivation (p.51). Lack of physical activity is a crucial risk factor for a number of health conditions, including heart disease, diabetes, cancer, and musculoskeletal conditions (p.83).
- High levels of **alcohol consumption** also have a social impact. Leicester is significantly worse than the average for England with regard to alcohol-related

recorded crimes, violent crimes and sexual offences. In addition, just under half of all violent offences in Leicester are committed under the influence of alcohol (p.88). It is estimated that around 17% of the population of Leicester abuse alcohol. Around 33,000 are hazardous drinkers, 11,000 harmful drinkers and about 3,500 dependent on alcohol (p.51).

- The estimated number of problematic **drug users** for Leicester is 2,798, of which some 1,548 were known to treatment services in 2006/07. Drug use appears to be at similar levels to the national benchmark (p.88).

Can these negative impacts be reduced or removed? If so, how?

The following priorities are taken from NHS Leicester City's current Commissioning Intentions statement:

- Reduce the number of premature deaths and reduce the number of infant deaths.
- Ensure local people have timely access to safe, high quality personalised care delivered seamlessly in the most appropriate setting.
- Encourage local people to take greater responsibility for their own health and quality of life.
- Protect and support vulnerable adults and children, particularly those with mental ill health.

(p. 4, Commissioning Intentions 2010 - 2011, NHS Leicester City, version 1, draft 6 (Final))

The following specific actions are taken from the Wellbeing and Health Priority Board's Annual Commissioning Statement:

- Promote and protect mental health.
- Intensify efforts to:
 - reduce smoking prevalence
 - increase exercise
 - improve diet
 - reduce misuse of drugs and alcohol.
- Work to support the effectiveness and take up of preventative health services, particularly in relation to reducing vascular disease.
- Further develop prevention activities in relation to growing numbers of older people.
- Address issues in relation to housing and homelessness:
 - Increase provision of warm, decent, affordable homes across all tenures
 - Reduce overcrowding
 - Support to homeless people and prevention of homelessness.
- Target activities where they will have maximum benefit in relation to need.

(p. 9, Wellbeing and Health Priority Board Annual Commissioning Statement 2011 - 2012)

Additional actions to reduce adverse impacts:

- Improved planning and targeting of people according to their individual needs
- Working with the County to identify joint projects and local issues such as the possibility of migration for health reasons ('postcode lottery')
- Working with the voluntary and community sector, and providing capacity building, to enable them to take advantage of any available opportunities to deliver services
- Promoting the learning of English in health settings.

Service areas most likely to be affected by increased demand

These are difficult to predict, given the widespread possible impacts of an anticipated increase in need. The following have been identified because they most affect what's happening currently in the city's health, and it is likely that current key issues could be adversely affected:

- Emergency and crisis services such as A & E (accident and emergency) and short-term hospital admissions.
- Prevention work in areas such as smoking cessation, alcohol abuse and teenage pregnancy; also health awareness work.
- Prevention work supporting general mental and physical health and wellbeing through having an active lifestyle, e.g. free swimming for children.

The following addition reflects anticipated need related to increases in unemployment rates or increased difficulties in coping with debt, and cuts across all populations and incomes:

- Support services such as counselling and the providers of 'talking therapies', needed to address the anticipated rise in mental ill-health.

Finally, it is important to continue to identify and address the many **barriers to health and wellbeing** which exist in Leicester as much as elsewhere.

Adults Social Care Impacts

SR Proposal: Extra funding for Social Care

£2 billion a year of additional funding by 2014-15 to support social care. Existing social care grants to local authorities will rise with inflation to £1.4bn. A Learning Disabilities and Health Reform grant worth £1.3bn from 2011/12), and Public Health grant (which will be introduced from 2013/14).

Who are the people affected by the CSR announcement?

Two groups

- All current users of Adult Social Care(ASC)
- Other adults over 18 years of age

This EIA is mainly concerned with between six and seven thousand vulnerable people in receipt of social care packages because:

- These people have substantial and critical needs and so any adverse impact could predicate safeguarding issues, crisis and even mortality.
- The council owes a duty of care to these people and could be open to challenge based on various pieces of legislation ranging from the equality act 2010 to the Health and Social Care Act 2008
- This group of people could be the first to manifest the effects of the CSR.

This EIA also recognises a second group of people; this group consists of vulnerable people with mild to moderate needs who could develop substantial needs as a result of the likely CSR impacts on them. How many will access ASC is not known but ASC can use prevalence and population forecasts to get an estimate.

All current users of Leicester City Council's Adult Social Care(ASC)

Who do ASC help and support?

ASC provide services for the following vulnerabilities:-

- older people; people with physical and/or sensory disabilities; people with learning disabilities; people with mental health difficulties; people with HIV/AIDS; people with drug or alcohol problems; people with a long-term or terminal illness; those caring for any of these groups.

What does ASC currently provide?

ASC help and support services users with various services, the most common ones are:

- Assistive Technology; Benefits advice; Blue Badge Scheme; Carers' groups and support; Day care; Domiciliary home care; Extra care; General advice and information; Mobile meals (meals on wheels); Occupational therapy, equipment and adaptations; Re-ablement support; Residential homes; Respite care; Shared Lives; Sheltered Housing; Supported Living.

Who have ASC actually helped and supported over the last period - Referrals, Assessments and Packages (RAP)

RAP data for the period 2009/10 shows that Adults Social Care had over 11,000 initial contacts, 4,000 assessments, 6,000 reviews and 7,000 packages of care.

Older People's services have the highest number of initial contacts, assessments, reviews and social care packages. This reflects the national picture of an ageing population, which is set to increase over the next 20 years, particularly for over 85 years of age group which is set to double in the next two decades.

More women than men are making initial contacts, receiving assessments, reviews and social care packages. Leicester's population has more women than men, but not to the degree to which ASC is providing services.

The 18-54 age groups were below the city average in all areas, with the 18-24 age groups receiving the least services.

In relation to ethnicity there are the following highlights;

- The Bangladeshi, Pakistani, Chinese, Mixed White & Asian, Mixed White & Black African and Mixed White & Black Caribbean groups were below the city average for all areas of contact.
- The Indian group was above the city average for both initial contacts and assessments, but below for reviews and service packages.
- The Other Asian group is below the city average for initial contacts, reviews and service packages, and above the city average for assessments.
- The African group was above the city average for initial contacts, however this is not reflected through to assessments, reviews and social care packages.
- The Black Caribbean group is below the city average for initial contacts, and above the city average for all other areas.
- the Other Black and Other Ethnic groups are above the city average across all areas.
- The Other Mixed Group is above below the city average for both initial

contacts and assessments, yet above the city average for reviews and service packages.

- The White Other group is above the city average for initial contacts and below the city average for all other areas.
- The White British and White Irish groups are below the city average for initial contacts, yet above the city average across all the other areas.

The information above helps us to assess the impacts of the CSR on those currently assessing social care. Another group that we need to consider is that of potential ASC users.

Potential demand from adults over 18 years of age with mild to moderate needs.

Two factors; i) population increase and aging, ii) and increased complex need

Aging

In Leicester, there are almost 200,000 people aged between 18 and 60 and almost 50,000 people over the age of 60 (ONS, mid 2009 population estimates, 2008 population projections respectively). 75% of adults over the age of 18 are aged between 18 to 60 with a gender split of 50:50, female to male and 25% are aged 60+ with a gender split of 45:55 male to female. The gender splits reflect a longer life expectancy for women (see the EIA on Health impacts for more details about life expectancy).

Approximately 40% of Leicester's population have an ethnic minority background. Most of Leicester's minority ethnic population are of South Asian origin. Other communities in the city include the African Caribbean and Somali communities, estimated at around 3% each, as well as Pakistanis, Bangladeshis, other African and a Chinese community.

Leicester's population is set to increase year on year, in line with the national trend. Currently Leicester has a relatively young population in comparison to some cities. However, within 20 years the number of older persons will have increased at more than twice the rate of the 18 to 64 age group. (ONS sub national population projections) This will affect the demand for social care because the older people get, the more they are likely to require social care. (Firth, An Ageing Population, 2008).

Increased complex need

Currently services users are mainly older persons who access social care on the basis of their frailty or temporary illness. However as survival rates increase for people with severe conditions, the demand for ASC will change to reflect more complex needs. For example increased longevity impact on families where the primary care giver may die. (Brooke, Estimating the Prevalence of Severe Learning Disability in Adults IPC 2009)

In the supporting information for Adult Social Care (Appendix 1) there is a comparison of the number of service users known to Adult Social Care and the numbers of potential services users, for three groups of people over the age of 64. The chart shows that the potential for more people to access social care now and in the future is quite significant.

Currently a 'safety net' comprised of; eligibility criteria, unpaid carers; voluntary organisations and the Supporting People initiative; prevents large amounts of people accessing adult social care. The concern is that the proposals of the CSR will put a strain on this safety net and that ultimately that we will see more vulnerable people moving into 'crisis' and requiring ASC. For example: cuts to substance misuse budgets are likely to result in higher crime rates, increased demand for mental health services, more A&E visits and higher welfare bills. (Victor Adebowale ,Chief Executive, Turning Point, Guardian, October 2010)

How are they affected?

Prima facie evidence suggests that the spending review is trying to achieve the following outcomes (Reviewing the Spending Review: a sectoral analysis, Institute for Public Policy Research, 2010);

- Better Integration between health and social care,
- An emphasis on personal budgets as a key method of driving towards greater reform
- To see social care as an example of how central government would localising power and funding to local authorities, and shifting power to service users
- A diverse range of appropriate suppliers involved in the delivery of social care
- Funding a fair and sustainable social care system.

However the concern is summed up in the following quote *"...Economic downturns bring the sort of hardships that can deal a blow to the mental health of millions, with redundancy, unemployment and financial problems all being indicators for depression. Mental health services must now be seen in their proper place – not just a service for the few, but for the many. There is a very real threat that as demand increases supply could decrease, as budget cuts hit mental health care in the NHS and local authorities. The most likely impact is the "stealth cut": eligibility criteria for services are raised, leading to more people excluded from care because they're not ill enough. If public service provision shrinks, the inevitable consequence is increasing pressure on local groups to fill the gap left behind. Our community lives, from the safety of our streets to the state of our green spaces, all impact on our wellbeing. Mental health and wellbeing is affected by so many parts of the state and community, that it's the accumulation of cuts that presents the greatest risk."*(Paul Farmer, Chief Executive MIND, Guardian, October 2010).

The quote above refers to mental health but it applies just as well to all vulnerabilities supported by ASC.

The net effect of the spending review could be to **reduce the provision of ASC**. The main factors involved are:-

- Local authorities faced with a 25% reduction in funds and increasing demand due to demographic pressure(see above), will actually realise a £5bn shortfall in ASC funding (ASC estimate),
- The extra money £1bn and 1.4bn in grants is not ring fenced, so Local Authorities under pressure from the cuts to budget, could top slice the funds for other services.
- The NHS budget is ring-fenced, but the NHS has to find £15bn–20bn of efficiency savings and is undergoing radical reform of provision. In this context, commentators (Institute of Public Policy Research as cited above,

2010) are not entirely clear where the additional £1bn will come from, nor how reforms which move NHS commissioning away from PCTs and towards GPs will impact the commissioning and provision of social care.

What is the anticipated impact on them?

Less provision for ASC users.

Some of the most vulnerable members of the city with high levels of substantial and critical need may be adversely effected by the factors above in terms of a reduction in service, because ASC authorities will be forced to do some or all of the following;

- **Differential decommissioning of services by anything from 25% to 100%** - Impact is loss of existing service to very vulnerable people.
- **Tightening of eligibility criteria** –, negatively impacts on people because they're not ill enough. All Councils may be forced to limit service eligibility to elderly and disabled people deemed in "substantial" or "critical" need. In Leicester this would impact other smaller vulnerable groups such as those with substance abuse issues. ASC have a small group of around 50 service users with client type 'other vulnerable' or 'substance misuse'.
- **Loss of qualified and experienced staff** – Impacts on the quality of service and its timely delivery; impacts on the staff who loose there jobs, impacts on the staff left to do the work. Impacts on workforce representation because research shows that BME staff is well represented in the public sector and that they are least likely to retain their jobs at times of employment review (monitoring update on the impact of the recession by demographic group, EHRC, December 2009; also Impact of Public Sector Cuts on BME Professionals, Network of Black Professionals, July 2010).
- **Pressure to divert resources away from prevention in the short term:** This Impact is about service users with moderate needs, developing substantial and critical needs because the prevention agenda is not delivering in time.
- **Expediting the personalisation and prevention agenda:** Service users may be rushed into solutions when the infrastructure/market is not ready. (Dickinson and Glasby, The personalisation agenda: implications for the third sector. Third Sector Research, Feb 2009) This could adversely affect vulnerable people especially those with mental health problems. Furthermore the resource costs in expediting the personalisation agendas may be high in the short term, due to:-
 - The increased demand from service users and people in the community impacted on by the CSR proposals.
 - A lack of specialist skills or time to train and equip staff.
 - An Increased demand from the Right to Control initiative.
- **Decommissioning of service(s) without considering the impacts on characteristics protected by equality law:** This impact is about litigation that diverts resources away from front line services; it affects morale and creates mistrust in the community. (Equality Act 2010)
- **Interconnected impacts of other CSR proposals such as Housing and Welfare** (see the EIAs for Housing and Welfare Benefits proposals, and section below on the effects of reduction in provision and poverty). These can intensify the adverse impacts above, because they affect the financial ability of people to withstand a reduction in the provision of service.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

This section looks at i) the effects of a reduction in the provision of social care and ii) how these effects could be made worse by the effects of the CSR's welfare and housing proposals.

Effects of a reduction in provision:

Disability:

Service users receiving ASC packages are most likely to be above the age of 60 and have a physical disability, temporary illness, dementia or a mental health problem. (Adult and Communities Equality report 2010. L.C.C) All of these groups by virtue of their eligibility to receive packages have high needs and are very vulnerable and so could be adversely affected by any reductions or changes to provision. The combined effects of the spending review proposals impact on this group further.

Gender:

In Leicester there are more women than men, making initial contacts, receiving assessments and reviews. There are nearly twice as many women than men receiving an ASC package of care. (Ibid). Therefore women will be particularly affected by a spending review that has the net effect of reducing the provision of social care. For example: If a cut of 25% was made it could affect almost 1000 women in receipt of ASC, which is twice the number of men who would be affected. Research completed by the Fawcett Society suggests that women are more likely to be affected further by the combined effects of the spending review proposals.

Race:

If the provision of social care is reduced then under-represented groups are even more likely to remain under-represented. These groups include; the Bangladeshi, Pakistani, Chinese, Mixed White & Asian, Mixed White & Black African and Mixed White & Black Caribbean communities, who are below the city average for referrals, assessments and packages. Most of the older persons currently accessing service are from the White British group and so any reduction in the provision of Older Persons services could disproportionately impact on this group. (Ibid)

Sexual Orientation:

Since the introduction of sexual orientation monitoring in ASC, only 9.4% of people have stated their sexual orientation during assessments and 16% during reviews, with it not being recorded for 90.6% of assessments and 84% of reviews. (Ibid) Because of the under-reporting of sexual orientation, it is difficult to anticipate from monitoring data when adverse impacts are likely. Therefore, other means of engaging with members of the LGBT community will be pursued to identify potential adverse impacts.

Older Persons:

On services for older people, the Audit Commission showed that spending increases of 3.5% a year are required just to stand still because of the increased numbers of ageing people and rising care costs. As a result, even modest cuts in social care budgets will produce much larger real reductions (Alan Walker, University of Sheffield).

In Leicester, Older People's services have the highest number of initial contacts,

assessments, reviews and social care packages(RAP data 2009/2010. Dept of Health) so the above changes are likely to affect them disproportionately.

Organisational culture and communications

Impacts in these areas generally stem from making false assumptions that groups who share particular characteristics are homogeneous in all other aspects.

- Communicating change: Change per se can be a major issue for service users. (Curran and Wattis, Practical management of affective disorders in older people 2008). For this reason it is important to consult and communicate with these groups; however this should be done in a way that is appropriate, including from a cultural perspective recognising the cultural diversity in the city.
- Universal services: It is important to understand the importance of place to our service users and their carers. Reducing a provision that is seen as a community service, could adversely affect users with mental health problems. If there are not enough resources to make universal services culturally appropriate this may impact adversely on some groups.

Concluding remarks for the first part - the combined effects of a reduction in social care for vulnerable adults with substantial and critical needs could see these people caught in a crisis /care trap where lack of funds for preventative measures could lead to an escalation of need, crisis and safeguarding issues. This in turn will take money away from prevention and so the cycle continues.

The second part of the report outlines CSR impacts on areas like Welfare and how they could contribute to the impact on ASC. Generally the arguments are that :- the changes involved have a financial impact on the very poorest members of the community. Therefore the groups of people impacted on by a reduction in social services are doubly impacted if they are also living in or close to poverty.

Impacts on social care are exacerbated by the CSR's welfare and housing proposals:

The CSR outlines various welfare and housing proposals. These proposals may adversely impact upon people with social care needs because they could be forced to look for work or risk having accommodation problems or becoming homeless. This affects women, ethnic communities, people in poverty and people with disabilities and their carers. (The distributional effect of tax and benefit reforms to be introduced between June 2010 and April 2014. Institute for Fiscal Studies 2010) These impacts will exacerbate the effect of the reduced service provision discussed above; both on our current service users and on other adults with mild to moderate needs (ASC supporting information in Appendix 1). For a more detailed analysis of these issues, please see the EIAs on the CSR proposals for Housing Impacts, Employment, and Economic Development Impacts. Part of this document)

Forced to look for work

The general impact here is that people's health and well being is impacted on by the prospect or actuality of being forced to look for work, with the possibility that service users move into crisis and non service users become service users. Either way there is an increase in demand for social care at a time when the provision is reducing. The following paragraphs look at the differential impacts on different equality groups.

Disability:

A third of all disabled adults aged 25 to retirement are living in low income - around one and a half million people. This low-income rate is around double that for non-disabled adults and, unlike that for children and pensioners, is higher than a decade ago. (www.poverty.org.uk/findings/disability)

There are currently 1.3 million disabled people in the UK who are available for and want to work (Ibid)

- Only half of disabled people of working age are in work (50%), compared with 80% of non disabled people. Employment rates vary greatly according to the type of impairment a person has; only 20% of people with mental health problems are in employment
- 23% of disabled people have no qualifications compared to 9% of non disabled people
- Nearly one in five people of working age (7 million, or 18.6%) in Great Britain have a disability
- The average gross hourly pay for disabled employees is £11.08 compared to £12.30 for non disabled

The impacts on disabled people from being forced into work relate to;

- the frustration of not being able to work even though they want to due to their disability, and
- Experiencing discrimination, either in getting work or whilst in work.

Machines, Ken way and Parekh argue that people with a work-limiting disability are more likely to be low paid and more likely to be 'lacking but wanting work' than people without a disability. They go on further to say that...According to basic economic theory, such a situation cannot arise simply as a result of disabled people being more reluctant than non-disabled people to take particular jobs at particular rates of pay. Rather, it is only possible if the labour market is effectively discriminating against them. (www.poverty.org.uk/findings/disability)

An estimate shows that Leicester ASC has over 2000 service users with various disabilities who by virtue of their age could be forced to seek work(source: Carefirst extract, 31/10/10). Therefore the issues discussed above could impact on them. The other group of people likely to be impacted on, are those people with moderate disability needs not know to ASC but who could develop substantial needs as result of the issues above.

Gender:

Women are more likely not to be working because they are more likely to be caring for someone(How fair is Britain. EHRC 2010): so there could be a significant adverse impact on them and the people they care for, if they are forced into work.

If women are able to find work, the work is more likely to be part-time work and pay them less than if they were men (Annual Survey of Hours and Earnings, ONS, 2009). The risk is that women with moderate needs will develop substantial needs due to the financial and psychological and social pressures of having to find, or stay in employment.

Race:

The National Labour Force Survey June 2010 outlined showed that for the last 8 years unemployment rose by a larger percentage for White British communities. However this statistic hides the real impact of the recession because employment

amongst the White British communities was 7. % 5 while for African, Caribbean Pakistani and Bangladesh it was 15.4%, 15.3%, 18.8% and 16.4% respectively. These trends are also true for Leicester. So the impact of being forced to look for work is going to be greater for BME groups in the city. For more information see the EIA for Employment and Economic Development Impacts.

Sexual Orientation:

With regard to work various pieces of research show that people are discriminated against in this area. For example: 13% of gay men believe that they have been held back from promotion because of their sexuality (Stormbreak research pre 2010). Four in 10 employees have faced abuse at work because of their sexuality (article in Target Jobs quoting TUC research). One in five lesbian and gay people have experienced homophobic bully in the workplace in the last five years ('Serves you right', Stonewall 2008). Although the Equalities Act 2010 legislates against discrimination in this area, a vulnerable person with moderate needs who is also coping with the challenge of work could be doubly impacted upon.

Housing and accommodation problems

The potential impact here is that people's health and well being is impacted on by the prospect or actuality of losing their home, to the extent that service users move into crisis and non service users become service users. Either way there is an increase in demand for social care at a time when the provision is reducing.

Disability:

Learning disability

Homeless people are significantly more likely to have an learning impairment or disability than the general population. (Intellectual disability in homeless adults: a prevalence study, Hull University). In Leicester the prevalence for learning disability is higher than the national average.

Mental Health

Leicester's ASC has over 1000 service users whose primary client group have mental health impairments. Research (Johnson et al, Housing and Community Care, Mental Health Today, November 2006) shows that a third of people in hostels have severe mental health problems such as personality disorders. Once other conditions, including depression and anxiety, are taken into account as many as eight in ten are affected.

- People with mental health problems are under-represented in owner-occupied accommodation, which is generally seen as the most socially valued and secure housing in the UK today.
- Compared with the general population, people with mental health problems are twice as likely to be unhappy with their housing and four times as likely to say that it makes their health worse.
- Mental ill health is frequently cited as a reason for tenancy breakdown.
- Housing problems are frequently cited as a reason for a person being admitted or re-admitted to inpatient mental health care.
- Housing sector staff (for example, Local Authority Homeless Persons Units) often lack awareness of mental health issues. Equally, some mental health support staff would benefit from greater awareness of housing issues.

Service users and members of the community with moderate learning disabilities or mental health problems will be impacted on adversely by any accommodation problems caused by financial pressure. Recent Law states that where a Local Authority is presented with evidence which gives rise to a real possibility of

disability, they are under a duty to conduct further enquiries as to whether the homelessness has been caused by the disability. (Pieretti v London Borough of Enfield, 2010)

Gender:

Women are more likely not to be home owners and at risk of losing their tenancies in danger of experiencing domestic violence as a result of financial and pressure.

Race:

Research has shown that nationally there is an increased demand for housing from BME communities. (Understanding BME needs and aspirations - Urban Living Birmingham Sandwell. 2008) This demand is usually for housing in particular localities. The issue here for ASC is about the effect on the health and well being of service users or others with moderate needs who are impacted on by their perceptions about moving out of safe areas into areas they consider hostile to them because of their race.

Sexual Orientation:

Research conducted by Stonewall found that one in five gay people expect to be treated worse than heterosexuals when applying for social housing. Although more research is needed in this area it is likely that a service user or someone with moderate needs will be discriminated against when they try to resolve accommodation problems.

Older Persons:

Impacts in this area are about service users moving from what they consider to be their home or community support networks. The stress involved could predicate mental health issues or even mortality. These impacts are made worse if the older person involved has dementia or some other condition.

Concluding remarks for the second part - The effects of other CSR proposals could increase the risk of service users entering the crisis/care trap discussed above. More importantly others with mild to moderate social care needs could find themselves in a prevention crisis created by the CSR. The prevention crisis involves a combination of the following factors:

- 'Supporting People' grant is reduced
- Voluntary sector is not ready to take on the increase demand due to the fall out from the CSR
- Carers are under more pressure to deliver more unpaid care
- Hospital admissions increase
- Rise in crime and antisocial behaviour
- Reduction in numbers of libraries and day centre so less places to keep warm or meet people.

People caught in the prevention crisis are 'under the ASC radar' because their needs are not substantial and critical, however they if they do not get help their needs could become greater and as result they may need to access ASC. This in turn puts greater pressure on ASC and has the potential to fuel the crisis care trap.

If there are adverse impacts, will any particular area of the city be affected?

In order to understand where in the city, the potential demand for social care could come from requires:

- greater partnership with health, understanding who is known to both organisation and
- time for the impacts of the CSR to take effect on those with moderate social care needs.

For the above reasons the following analysis looks only at those services users known to ASC who are already at a substantial and critical need level: the adverse impacts discussed in part 1 and 2 above will be immediate or short term and could lead to serious consequences for all concerned.

The wards with the most service users for different client types are as follows:-

- Dementia - Beaumont leys, Belgrave and Castle
- Physical Disability- Aylestone , Beaumont leys and Castle ,Charnwood and Coleman in joint third place
- Learning Disability - Castle, and Coleman, Evington and Fosse in joint second place
- Mental Health - Abbey and Aylestone
- Other vulnerabilities - Belgrave, Coleman , Beaumont Leys

These summaries reflect relatively high concentrations of the most vulnerable members of Leicester's community. Further analysis around the types of packages that these service users are receiving and their ethnicity and is available.

Analysis also outlined some wards where there were both above average benefit claims and above average numbers of service users. These wards were Braunstone Park & Rowley Fields, Eyres Monsell, Humberstone & Hamilton and Spinney Hill

(Data source used Carefirst Extract. L.C.C Oct 2010)

Can these negative impacts be reduced or removed? If so, how?

There are two main areas for consideration;

- service areas could use this assessment as a sign posting aid to further investigation and action,
- and ASC could try to meet government expectations.

Service areas to use this assessment as a sign posting aid to further investigation.

To assess the extent to which ASC's specific budget proposals could have negative equality impacts on existing external and internal service users, ASC is carrying out service specific EIAs and considering:

- Data we have about service take up, and any issues around access for underrepresented groups that might exacerbate the effects of the proposals.
- Consultation with customer groups.
- Comparison of findings between service EIAs and the CSR EIA.

Meeting Government's expectations

What is the government trying to achieve with the CSR?

Better Integration between health and social care – In order to tackle the impacts we have discussed in this document and to enable us to make the best use of our joint resources, a change in customer focus is required: from a ASC or Health customer to a more holistic view of someone who is or may be likely to use our joint services. The money that is due to come from the Health budget is only enough if both organisations shrink in terms of the structures that deliver the services. For example: money for Learning Disability is only enough if a particular set of tasks associated with the work is done by either Health or the Local authority rather both organization doing the same type of work.

Emphasis on personal budgets as a key method of driving towards greater reform. For many people personalisation is synonymous with equalities because it gives people choice and control over the services they receive. The issue discussed in this document under the heading “expedited personalisation...” need to be tested in line with the current ASC strategies. If there are risk assessments and good business and benefit cases supporting the vision, personalisation will provide the best way forward to reduce the impacts of the CSR on users of social care.

To make social care an example of how central government would localise power and funding to local authorities, and shifting power to service users. The new Health and social Care Bill contains the following measures;

- Consortiums of GPs across England have the task of commissioning the healthcare they deem appropriate for their patients, and control over the budget – £80bn – to pay for that.
- NHS to be more accountable to patients and the public by establishing Healthwatch, a new independent body that can look into complaints and scrutinise the performance of local health providers.
- Hospitals in England to become foundation trust hospitals – that is, semi-independent of Whitehall control with, for example, the freedom to earn money by treating certain numbers of private patients.
- Improvements to public health by establishing a new body, called Public Health England, to
- Cut to the bureaucracy of the NHS by abolishing the 150 or so primary care trusts (PCTs) and 10 strategic health authorities by 2013, slashing NHS management costs by 45%, and reducing the number of arm's length bodies, or quangos, such as the Health Protection Agency and Human Fertilisation and Embryology Authority.

A diverse range of appropriate suppliers involved in the delivery of social care. This is not just about having a pool of providers to meet the needs of independent service users in possession of direct payments and personal budgets. It is also likely to be about outsourcing some of the services we currently provide. However any provision of service will need to comply with the Equality Act 2010.

Funding a fair and sustainable social care system

The government are currently looking at this issue, the danger might be for local authorities to move quickly on this and get it wrong. However authorities could

move to make charging more efficient and seek to drive out any inherent inequalities in their systems.

CSR Announcement: Removal of mobility component of Disability Living Allowance for those in residential care

Who are the people affected by the CSR announcement?

Disabled people in residential care. Analysis of Carefirst records shows that over 500 service users have care packages that have a residential element – but further research is required to find out how many of these service users are claiming the mobility component of this benefit.

How are they affected?

They would no longer be able to receive the mobility component of the Disability Living Allowance. The mobility part is for those who have difficulty getting around outdoors: if they require guidance or supervision from another person to get around in places they don't know safely, or if they cannot walk at all or can only walk a short way without being in severe discomfort. It takes account of how much help a person may need to be mobile. However, it is usually not paid if a person cannot be moved, or could not appreciate going out. The loss of this benefit would result in the disabled person having to cover the costs of getting around outdoors themselves.

What is the anticipated impact on them?

This may affect the extent to which some disabled people are able to leave their residential care and go out into the community. It would affect their independence and choice, as well as ability to participate in community life.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

This benefit is applicable to disabled people only.

If there are adverse impacts, will any particular area of the city be affected?

Insufficient information is available to answer this.

Can these negative impacts be reduced or removed? If so, how?

The main issue is the transport or assistance costs incurred if the disabled person wishes to leave their residential accommodation, and who would be required to pay them. Non-paid support from family or volunteers could provide an alternative but may affect the independence of the disabled person. This element could be specified within a care package.

Outcomes most likely to be impacted

People remaining independent and able to travel in and engage with the wider community while in residential care.

Services areas most likely to be affected by increased demand

Additional requests for extending care packages to include mobility costs.

Children & Young People's Impact

CSR Announcement: Rationalising and ending centrally directed programmes for children, young people and families.

- A number of specific school improvement grants have been ended and others mainstreamed into the Direct Schools Grant (DSG)
- A new Early Intervention Grant for local authorities has been introduced, to replace some, but not all, former funding streams relating to prevention and early intervention services. The EIG includes funding streams relating to Sure Start

children's centres, Connexions and positive activities for young people. Leicester has been allocated £18.5m in 2011/12, and £18.84m in 2012/13

- The local estimate is that, compared to the aggregated 10/11 funding through the predecessor grants, the authority's grant allocation will be reduced by approx £9.6m (22%)

Who are the people affected by the CSR Announcement?

The announcement affects children, young people and families who are vulnerable to poor outcomes for one reason or another (e.g. poor maternal health, disability, low prior attainment, disaffection with school, insecure housing tenure, worklessness).

How are they affected?

Some children, young people and families who currently access family and/or youth support services from within or outside of school will find their service reduced or stopped. Others may find that their service provider or the package of support on offer changes.

What is the anticipated impact on them?

Given the overall reduction in grant funding, there is likely to be a widening of the gap in provision between universal and higher tier services, and an increased risk that the needs of children, young people and families who currently access early help may increase (along with the cost to the City Council of supporting them).

The Cabinet's proposal to use one-off monies to cushion the impact of this funding reduction over the next 12 months will lessen the immediate impact and provide time for the reshaping of service provision to ensure that it is sensitive to the varied range of children's needs and more rigorously commissioned.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

At this time, because the arrangements for distributing grants to support school improvement and early intervention have changed, any more specific assessment of the impact of the CSR announcement is not possible.

For example, the extent to which city schools will be in a position to sustain the impact currently achieved by grant funding previously retained or distributed by the LA for school improvement is unclear, especially given the pressures on other areas of their budgets. In spite of the national headlines that school funding is protected, the reality is that schools will have to do more with the money they've got. Local estimates are that city schools will, in fact, be 5% worse off.

Furthermore, ring-fencing that previously applied to monies in the new Early Intervention Grant has been lifted* and local decisions about spending priorities are yet to be taken.

**It should be noted, however, that the government has strongly signalled its wish to see EIG monies earmarked to support provision in two specific areas: free early education for disadvantaged 2-year olds (new legal duty expected) and short breaks for disabled children.*

If there are adverse impacts, will any particular area of the city be affected?

Analysis of the latest data (2009/10) on the responsiveness of local services to

children who are thought to be in need indicates that those living in the North West, West, South West and South of the city are more likely than children in other neighbourhoods to require statutory assessment and intervention.

The majority of these children are at the younger end of age-scale and are of White ethnicity, although in comparison to numbers of children of different ethnicities in the overall population, there is a significant over-representation of children of Black and Mixed ethnicity and under-representation of children of Asian ethnicity.

This suggests higher levels of vulnerability and, therefore, a greater risk of immediate adverse impacts in:

- The predominantly White neighbourhoods in the North West, West, South West and South of the city
- Families with younger children (from pre-birth to 9)
- Children of Black and Mixed ethnicity

Can these negative impacts be reduced or removed? If so, how?

To help answer these questions, further impact assessment is required as part of:

- The process of determining the local allocation of EIG, an important driver on which is the work on a core children's services offer that is currently being progressed as part of the Council's strategic commissioning reviews of 0-12 and 13-19 provision.
- The process of developing the city's Raising Achievement strategy.



Grants mainstreamed into DSG

School Standards Grant
Schools Standards Grant (Personalisation)

School Development Grant (includes SDG Main, Post-LIG Deprivation and Transition, City Learning Centres, Specialist Schools and High Performing Specialist Schools).

CSR Announcement: Free Early Years Education Provision for Disadvantaged 2yr olds

Additional money is being put into early years, which includes 15 hours per week of early years education for all disadvantaged 2yrs olds from 2012-2013.

Who are the people affected by the CSR Announcement?

Disadvantaged Families with children up to 2yrs old (disadvantage is yet to be explicitly defined). There are 19,171 children aged 0-3yrs in the city (source ONS mid year population 2009).

How are they affected?

Children from disadvantaged families will be able to access 15 hours per week of free early years education and care from 2 years of age onwards.

What is the anticipated impact on them?

Positive impact upon the development of disadvantaged 2yr old children, their readiness for school. Increasing their life chances and their ability to achieve and attain alongside their peers.

The Early Years Team have described the impact upon parents and their children as a result of being able to access free early years education provision as significant. Parents who access the free education provision currently, through sure start centres are enabled to access training and development including parenting classes; this is beneficial to the whole family.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

A pilot (money allocated nationally for a few areas in the country to begin rolling out the early year's education provision for disadvantaged 2yr olds) began in Leicester recently and as a result of this a number of disadvantaged families with 2yr old children in the city have been receiving **free** early years education provision.

In a number of areas in the city there is a lack of places available to meet the needs of all 2yr olds who would be eligible.

In many of the disadvantaged wards there is currently a lack of childcare provision and also suitable accommodation to encourage the set up of new childcare providers.

The Early Years Service has experienced a dip in take up of free early year's education provision for 3 yr olds; this is across all ethnic groups and in all areas of the city. To begin addressing this the Early Prevention Team have begun to do some intensive outreach to families with children eligible, helping them to understand the benefits of accessing the provision for their children's development. This is very labour intensive but necessary to ensure that families understand fully their entitlement and the benefits to their children's development and readiness for school.

If there are adverse impacts, will any particular area of the city be affected?

We do not currently have reliable data to inform us of the patterns of provision which leaves us unable to detail which areas of the city might be affected by insufficient provision/lack of providers.

Currently a review of nursery education is underway which will provide more comprehensive detail of take up, issues and impact across the city.

Can these negative impacts be reduced or removed? If so, how?

The Early Years Team would be able to identify and commission suitable providers with support from the council to identify suitable accommodation in areas/wards where there is a lack of or no early years/childcare provision.

CSR Announcement: Pupil Premium (Targeted support for disadvantaged C&YP)

A new Pupil Premium will be introduced (funded from reductions to the Welfare budget), to enable schools to provide additional targeted support to the most disadvantaged children and young people.

Who are the people affected by the CSR Announcement?

- Children & Young People 5-16 on roll in Leicester Schools: 46,943. (May 2010 Schools Census)
- Schools

How are they affected?

It is widely expected that registration for **free school meals** will be used as the basis for distribution. It is not yet clear whether the rate per pupil will be the same at all schools nationally, or if there will be a fixed rate and a variable top-up (e.g. for more deprived areas).

What is the anticipated impact on them?

If the distribution methodology for schools is free school meals then Leicester overall could be disadvantaged, particularly if a single national rate is used. This is because the underlying funding per pupil nationally will not increase for inflation and the distribution of the Premium over a wider number areas could mean that the real-terms loss to Leicester of the underlying per pupil funding would not be fully offset by the allocations of the Premium for disadvantaged pupils.

The impact on Leicester generally and individual schools in particular **cannot be accurately forecast at this stage** until further details of the allocation of Dedicated Schools Grant (DSG) to Leicester and the allocation of the Premium to individual schools and pupils is understood.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

Of children currently receiving free school meals roughly equal numbers are male and female. The proportion of recipients who are Black or Black British is higher as a proportion than the proportion of Black or Black British children in the whole school population. The proportion of recipients who are Asian or Asian British is lower as a proportion than the proportion of Asian or Asian British children in the whole school population. This may be due in part to families not claiming FSM even though they are eligible.

To determine whether there is a differential impact in relation to disability inc special education needs (SEN) we would need to compare breakdowns of the whole school populations by protected characteristics against breakdowns of those in receipt of FSMs if this is the methodology to be used. We do not currently have this data.

If there are adverse impacts, will any particular area of the city be affected?

Fewer children in Spinney Hill, Stonegate and Coleman Wards take up FSM than are entitled to receive them.

Can these negative impacts be reduced or removed? If so, how?

If FSMs becomes the methodology for allocating the Pupil Premium then promoting registration for free school meals will be of ever greater importance, particularly in those wards where this at present fewer children claiming them than are entitled to.

CSR Announcement: Education Maintenance Allowance (EMA)

The EMA scheme will close to new applicants from January 2011 and current claimants will receive EMA until the end of this academic year.

EMA will be replaced by an enhanced discretionary learner support fund targeted at the most disadvantaged

<p>Who are the people affected by the CSR Announcement? Students 16yrs+ and families with children studying 16yrs+ , In particular learners already claiming EMA</p>
<p>How are they affected? Learners will only be able to claim EMA for the first year of their study (academic year 2010 -2011, if claimed prior to January 2011), many had assumed that this would be available for the length of their studies. Some children were encouraged to continue in education by the availability and their eligibility to receive EMA.</p>
<p>What is the anticipated impact on them?</p> <ul style="list-style-type: none"> • The reductions will have a significant impact on Young People and families in the city due to the fact that some learners rely heavily on EMA to support their attendance at college. Some currently eligible for EMA may be unable to continue their studies if they do not meet the new 'discretionary learner support fund' criterion. • At present we have two sixth form colleges (Gateway and Regent Sixth Form) who are reported to have some of the highest numbers of students on roll claiming EMA in the U.K. The reduction of EMA could also have an impact on the four schools in the city with sixth forms.
<p>Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected? As there are more 'unknown's' in the ethnic breakdown 2009/10 for children received EMA it is difficult to identify a particular ethnic group, although in 2007/08 (where young people defining their ethnicity was very good in comparison to 2008/09 and 2009/10) we see a larger majority of learners from Asian or Asian British – Indian and White British ethnic groups (Young People's Learning Agency). 0.1% of learners are defined as having a Learning Difficulty. Of 3,054 learners there is a slightly higher number of males: 1,506 learners are female and 1,548 are male. To determine whether there is a differential impact in relation to ethnicity, gender, and disability inc special education needs (SEN) we would need to compare breakdowns of the whole college populations by protected characteristics against breakdowns of EMA recipients by protected characteristics.</p>
<p>If there are adverse impacts, will any particular area of the city be affected? In order to give this level of detail we would need to do as detailed above, and then combine this with data about where learners live in the city.</p>
<p>Can these negative impacts be reduced or removed? If so, how? Until details of the replacement of EMA (<i>enhanced</i> discretionary learner support fund) is known and understood, the effectiveness of any mitigation cannot be known.</p>

Employment and Economic Development Impacts

<p>CSR Announcement: Economic Growth and Development The government wants to increase private sector growth rebalance the economy and decentralise power to local communities, against a backdrop of public sector spending.</p> <p>Government's proposals include reducing and the winding down of vast funding regimes, which were available for skills development, business growth and reducing worklessness. This will be replaced with a much reduced non ring-fenced, Regional Growth Fund for Local Enterprise Partnerships to bid for.</p>
<p>Who are the people affected by the CSR Announcement? As house hold Income is one of the key factors that will determine and shape life</p>

opportunities, the CSR proposal will impact on everyone in one form or another. However it will particularly affect following.

- People in work. Employment rate is 62.9% overall, Men 70.9% and low rate for women 55% (See Appendix 1 point 38 for supporting evidence). Leicester's employment levels are low at 62.9%; lower than comparator and East Midlands average. The average resident earnings are the lowest in the East Midlands (See Appendix 1 point 43). The CSR cuts will mean extensive job losses for many especially in the public sector.
- Public sector employees. (65% of women nationally work in the public sector) Leicester has 55,300 public sector employees (2009) which represent approximately 35% of the city's workforce. Participation rates of women in the workplace is low at 54.1%, economic activity rates for women is also low at 65%, especially for BME women (See Appendix 1 point 42). Reductions in the public sector workforce will result in economic activity rates of women declining further, widening the inequality gap between men and women. This will have an effect on BME women particularly and will impact on the poorer households, as 40% BME women live in the poorest households.
- People on benefits for example JSA claimants, Lone Parent on benefits, Disabled people on Incapacity)
- People/Families in deprived areas. (House holds with children and young people living in poverty amount to 35.5%, 26,565 children and young people)(Appendix 1 point 32)
- Businesses. Business registration rates are high at 11.4% (See Appendix 1 point 46 for supporting evidence). Most of Leicester's Business start-ups are in the most deprived areas (See Appendix 1 point 47 for supporting evidence). However survival rates are lowest in the East Midlands (See Appendix 1 point 48 for supporting evidence).
- People seeking employment. The December 2010 claimant number is 12,845 and there are 5.2 claimants per live unfilled JCP vacancy (www.centreforcities.org/outlook11). With the anticipated public sector job losses in the city (estimates vary depending on whether they are calibrated against expected losses of 490,000 UK public sector job losses by 2014/15 based on October 2010 OBR estimates, resulting in 6000 job losses in the city, or more recent revised estimates of 330,000 UK public sector job losses by 2014/15, resulting in 4,400 job losses in the city (source as above), there will be an increase in the number of people seeking employment in the city.
- People with low skills (22.3 % unskilled residents and lowest levels) (Appendix 1- point 44)
Young people 16-18years not in Education, Employment or Training. (See Appendix 1 - point 49 for supporting evidence).

How are they affected?

Everyone will be affected; however those listed above will experience the greatest impacts. The CRS proposal will mean that there will be a vast reduction in the funding and services for supporting business start ups, supporting people into

work and skills development. Therefore the services that the groups above have needed to use will not be available to them at all or to the same degree as previously provided. Also if residents have predominantly been reliant on public services jobs the cuts will fall heavily on public sector employees.

What is the anticipated impact on them?

ADVERSE IMPACT

The recent Regional Growth Fund Information for applicants indicates that bids will be assessed on the basis of the following metrics :

- **Percentage of residents (aged 16 to 64 years old) claiming out of work benefits**
- **Public sector employee job share**
- **Number of active enterprises per 1,000 resident population**
- **Private sector employee job growth**

- **Percentage of residents (aged 16 to 64 years old) claiming out of work benefits.**

Total Benefit claimants in Leicester equate to 40,850, with the rate of 19.8% Total out-of-work benefit equates to 35,000 with the rate of 17%.

Compared to other areas and Great Britain (14.7%) Leicester City has a relatively high proportion of its residents claiming out-of-work benefits at 17%. When comparing Leicester City with 380 local authorities in Great Britain, the unitary authority ranks 76th out of 380 (where a rank of one is given to the area with the highest proportion of the population on out-of-work benefits). This places Leicester City in the 'highest' quintile in terms of people on out-of-work benefits.

(source DWP Benefit claimant , working age client group –nomis extracted on 5th January 2011)

- **Public sector employee job share**

New statistics have been prepared by ONS to give estimates of private and public sector employment in each local authority area in the country. These statistics differ from those shown in the Economic Assessment as organisations such as universities and further education colleges have been classed as 'private' rather than 'public sector. Decisions will be based on this new data rather than any other statistics we may have about reliance on public sector employment. Leicester city has high proportion of jobs in the public administration and defence, education, human health and social work sector then is the case for England.

Leicester is ranked 115 out of 408 Authorities, with a public sector share of 24.3% at 2008.

(Source:ONS/ABI Employee Jobs. Extracted from nomis 5th January 2011. Note figures adjusted to take into account discontinuity in data series in 2006.)

- **Number of active enterprises per 1,000 resident populations.** This does not take into account the size of the business.

Within Leicester City the number of Active Enterprises in 2009 were 9,740 (32%) compared to Leicestershire County 25,810 (40%) and England 2,040,150 (39.4%).

(Source: Business Demography 2009 and ONS Mid Year Population Estimates 2009 Extracted from nomis 6th January 2011)

- **Private sector employee job growth.**

Private sector growth in Leicester went down from 118,800 jobs in 2003 to 118,300 in 2008. (-4% decrease) thus it is in the worst performing quartile. Although university and colleges will be counted within the private sector, as a whole they are dependant on the government policy and spending. So the extent to which they can expand or contract in terms of employment could be influenced by the ability of research grant, government policy and tuition fees.

The guidance on the RGF also suggests that they will look at local authority level data and aggregate where necessary into functional economic areas. It appears from the guidance that those assessing the bids will be doing their own analysis of the data to identify areas that they consider to be most at risk of public sector employment cuts.

(Source:ONS/ABI Employee Jobs. Extracted from nomis 5th January 2011. Note figures adjusted to take into account discontinuity in data series in 2006.)

(Above data sourced from Generic Supporting Information for RGF Bids v2)

- Public sector cuts - Women make up 65% of the public sector employees and have a greater probability of being impacted upon. In Leicester the participation rate of women in the workplace is low at 54.1%. Economic activity rate for women is also low at 65%, especially for BME women (See Appendix 1 point 42 for supporting evidence).
- Businesses – Leicester has the highest business registration rate at 11.4%. Latest figures show that both Leicester (2,147) and Leicestershire (3,900) compared to the same period in 2008/ 2009 had more business starts in 2010 (Source. Year 3 quarter 3). However less funding will mean decreased economic growth and employment particularly in the deprived areas such as Castle, Spinney Hill and Coleman where many businesses seem to be setting up. BME business start-ups were 982 and women business start-ups were 431. Future start-ups will suffer (See Appendix 1 point 47 for supporting evidence).
- Skills – Although skills levels have increased overall in the past two years, Leicester still has high levels of unskilled residents (22.3%) and low levels of residents qualified to NVQ level 2, 3, and 4 as demonstrated in the supporting evidence in Appendix 1 point 44. As funds are reduced, skills development and improvement in Leicester will be adversely affected. Further more as public sector employees are made redundant due to their experience they will find it easier to be successful in securing any available jobs and will further squeeze out lower skilled residence and therefore likely to entrench existing disadvantaged.
- Worklessness/ benefits – Leicester has 17% of claimants on out of work benefit), which is a relatively high proportion. Residents dependent on income support will lose out to a greater degree because they are more likely to depend on the services and benefits that will be reduced. This could have a knock on effect on other areas of their lives such as housing and potential homelessness, children's educational attainment, increased health issues, employment opportunities and overall life chances.
- Disabled people will be affected, because people claiming Employment and Support Allowance (ESA) will be limited to a year of benefit payments after

which they will be transferred to JSA, which will mean they lose money and vital support and will have one year to find employment. If then they have been on JSA for over a year their housing benefit will be cut by 10 %. Nationally a third of people claiming benefits for incapacity are receiving housing payments. With grants to employers such as Access to Work being reduced, disabled people will find it even more difficult to work in Leicester. Ward data on incapacity benefits claimants is presented in Rates are highest in New Parks Abbey, Braunstone and Rowley Fields (Appendix 1 point 5 for supporting evidence)..

- The % of 16-18 year olds not in education, employment or training (NEET's) is 8.6%. Certain wards are high; predominantly the western areas of the city. With the lack of skills development and support to gain employment these young people would face further disadvantage.
- Young People, specifically graduates will be impacted upon due to the winding down of the Future Jobs Fund and job losses in the public sector. This will mean it will be increasingly more difficult to secure a job in Leicester and hence we could lose some of our graduates to other cities.
- Also with the taking away of the EMA Educational Maintenance allowance, this could lead to an increase young people NEET's, as young people may choose not to stay on in education (See Appendix 1 point 49 for supporting evidence).

POSITIVE IMPACT

- New Enterprise Allowance Scheme has the prospect of supporting 40,000 businesses (SME) for people on JSA. Although positive 40,000 businesses nationally may have limited impact in Leicester.
- Proposed Adult Apprenticeships: £250million by 2014/15
- If the government prioritises cities that are most reliant on public sector jobs and are at risk due to those job cuts, then Leicester will be in a more favourable position for successful bids to the Regional Growth Fund.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

- Deprived Areas some populated predominantly by white British and others by BME
- Women
- BME
- Young People
- People on benefits e.g. Disabled people, Lone Parents
- SME Businesses

If there are adverse impacts, will any particular area of the city be affected?

- The majority of business start-ups in 2010 were found in the areas of Castle, Spinney Hill, Coleman and Stoneygate. In the future business starts within these areas will be reduced; having a further on effect on employment and economic growth in those areas (see Appendix 1 point 47 for supporting evidence).
- For 16-18 year olds not in education, employment or training (NEET's)

although our figures have decreased in the last 5 years at 8.6% it is still higher than the county. Certain wards are high; predominantly the western regions e.g. Castle, New Parks, Braunstone Park and Rowley Fields, Eyres Monsell, Westcotes, Aylestone and Freeman (see Appendix 1 point 49 for supporting evidence).

- Overall claimant for the worst performing wards NI153 include Abbey Beaumont Leys, Belgrave, Braunstone and Castle (From Source Data Year 3 Quarter 2b).

JSA benefit recipients are highest in Spinney Hill, Castle, Beaumont Leys, New Parks and, Braunstone and Rowley Fields. (see Appendix 1 point 5 for supporting evidence).

Lone Parent benefit recipients are highest in New Parks, Eyres Monsell, Braunstone Park and Rowley Fields, Abbey and Beaumont Leys (see Appendix 1 point 3 for supporting evidence).

Incapacity benefit recipients are highest in Spinney Hill, New Parks, Braunstone and Rowley Fields and Abbey (see Appendix 1 point 45 for supporting evidence).

It is important to note that some BME women who are unemployed, do not enter the benefits system. Therefore, wards that have a high percentage of BME residents may not accurately reflect the reality of worklessness and poverty in those wards.

Can these negative impacts be reduced or removed? If so, how?

- Leicester and Leicestershire have been approved to become Local Enterprise Partnership and can bid for regional growth funds and some support can and will still be provided. Leicester will have to prioritise areas of greatest need.
- If the government prioritises cities that are most reliant on public sector jobs and are at risk due to those job cuts then Leicester will be in a more favourable position for successful bids to the Regional Growth Fund.
- New Proposals for New Enterprise Allowance Scheme with prospect for sporting 10,000 businesses (SME) for people on JSA can help.
- Proposal for Adult Apprenticeships £250million by 2014/15 will help in the long-term.
- There is potential for Multi Access Centres to be mainstreamed.

Outcomes most likely to be impacted

The Government has reduced funding regimes which were available for skills development, business growth and the reduction of worklessness, and will replace them with a reduced size non ring-fenced Regional Growth Fund for Local Enterprise Partnerships to bid for.

As a result of the CSR proposals all of the strategic and service based economic development outcomes will be highly impacted upon. As well as the vast reduction in funding regimes, cuts to public sector jobs and welfare reform means that there

will be increased numbers of people who will be out of work and looking for work. Furthermore there will be increased pressure for people on benefits to not be penalised due to not finding work. This will lead to more people needing support to improve their skill levels for an increasingly competitive labour market, and support in helping them prepare for and find work; therefore there will be pressure for employment support services due to increased need and demand in the city. Awaiting clarity about Local Enterprise Partnership functions and the extent and focus of the new Regional Growth Fund which will determine the type and extent of employment support service that can be provided.

Priority Outcomes that will be impacted on are listed below

- Having a productive economy with high performing businesses
- Having highly qualified and skilled worked force in high value jobs
- Improving opportunities for vulnerable people and communities

References

Appendix 1 point 38 -% of working age population in employment – 2008-2009 - Year 3 quarter 2b

Appendix 1 point 43 - 2009 median earnings by workplace and by residence- 2009 - Year 3 quarter 2b - **(ASHE)**

Appendix 1 point 42 - Employment activity for women by ethnicity – 2004/5-2008/09 - Participation of Women in the Labour Market in Leicester – **Sheffield Hallam University**

Appendix 1 point 46 - Business growth: business registration and deregistration – 2007- Year 3 quarter 2b

Appendix 1 point 47 - Business starts 2008 and 2009 - Quarter 2 Stats to ISE Priority Card

Appendix 1 point 42 - 5 year business survival rates – Quarter 2 Stats to ISE Priority Card

Appendix 1 point 44 - Skills in Leicester – January 2008- December 2008 - year 3 quarter 2b - **The data that has been used is taken from the NOMIS website.**

Appendix 1 point 49 - 16-18 year olds Not in Education Employment or Training (NEET) by ward – 2005-2010 - Participation of Women in the Labour Market in Leicester – **Sheffield Hallam University**

CSR Announcement: Changes to Further Education Provision – Leicester College.

Leicester College is used to illustrate the impacts of this particular measure. It should be noted that all organisations funded by the Skills Funding Agency, including small training providers, are affected by changes to further education provision.

Who are the people affected by the CSR announcement?

Leicester College has between 25,000 and 26,000 students per year, 70% of them from the city.

How are they affected?

3000 learners, 28% of whom are BME, will be affected by the abolition of the Train to Gain programme, to be replaced with a SME focused training programme. English for Speakers of Other Languages (ESOL) for people not in settled communities will be abolished by 2012. They currently have 4000 ESOL students but do not know the detail and implications of the ESOL decision. The entitlement to free training for a level 2 qualification for those over 25 will end. Those aged 24 and over studying for level 3 will be asked to pay fees. They will be offered Government-backed loan where repayments will be dependent on learner's income. Government will increase adult apprenticeship funding, creating 75,000 additional places nationally, and will provide additional places for participation in 16 to 19 learning.

What is the anticipated impact on them?

The Train to Gain programme is for people already in employment. The end of the programme will affect their ability to increase their level of skills in the workplace. The end of the ESOL provision for migrants will affect their ability to settle and become integrated within the city's communities, as well as access job and training opportunities with insufficient English language skills. The introduction of fees, and the need to take out student loans for those who cannot afford the fees, will deter those seeking to return to education. For example, this will have a significant effect on Leicester Adult Education College's childcare learners who are overwhelmingly BME women. The removal of fee remission from those on means tested benefits and restricting it to those on 'active' benefits (JSA & ESA) will have a significant impact on learners who are not currently actively seeking work. These tend to be women, elderly and disabled learners.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

These proposals will have a particular impact on BME learners, particularly in regard to the ESOL proposal and the introduction of fees for older students. Nationally, it is BME learners who are more likely to be returners to education.

If there are adverse impacts, will any particular area of the city be affected?

No information is available to make this assessment.

Can these negative impacts be reduced or removed? If so, how?

Alternative programmes for training people already in work will be developed, but there is the expectation that employers will bear more costs for their staff. Alternative solutions for addressing the city's relatively low adult skills level must be sought to increase their skills base and ability to compete for jobs.

Outcomes most likely to be impacted

The number of young people and adults entering further education may decrease resulting in a less skilled population able to compete effectively for available jobs within the city and surrounding areas.

CSR Announcement: Public sector staff reductions

Who are the people affected by the CSR announcement?

35% of people employed in the city work for public sector related organisations (although the Government has recently reclassified universities and further education colleges as belonging to the 'private' and not 'public' sector even though their business is very much governed directly by public policy decisions).

How are they affected?

The Government's reduction of its departments and attendant cuts in funding received by other public sector agencies, will result in a national loss of 490,000 public sector jobs by 2015. It is anticipated that there will be 1000 FTE redundancies for Council staff (1 in 7 jobs for non-schools staff) and around 6000 job losses for the local public sector as a whole (www.centreforcities.org/outlook11).

What is the anticipated impact on them?

Because of the volume of public sector workers that will be made redundant, it is not known whether they would be sufficient local jobs available for people to apply and compete for. This could result in potentially significant numbers of public sector workers becoming unemployed and subject to the new welfare reforms highlighted in this report.

Are there any differential impacts/outcomes between different equality groups? Who is likely to be adversely affected?

In terms of staff numbers, the greatest proportion of Council staff are those in the lowest grades:

- 45.3% of staff are Scale 1-3: of these, 56% of Scale 1-3 staff live within the city, with 22% living in the city's most deprived areas; 75% of staff at this grade are women; 32% are BME.
- 24.5% of staff are Scale 4-6: of these 24% live in the city; 68% of staff at this grade are women. Half of our staff work part time, and of these part-time staff, 43% are women; 35% are BME.

Because of the composition of our workforce, it is likely that women will be disproportionately affected when it comes to Council job losses. BME staff will also be affected, but not disproportionately when compared to their overall representation within the city.

If there are adverse impacts, will any particular area of the city be affected?

Council staff living in the city tends to come from the lower grades (Scale 1 – 6 as described above). Of these, half of city residents live within the most deprived areas of the city. Therefore, it is possible that these areas of the city will be disproportionately affected – but until specific details of job redundancies and home locations identified, this would just be speculative.

Can these negative impacts be reduced or removed? If so, how?

Support is being provided by the Council for those facing redundancy to enable them to prepare themselves for new employment and also to provide them with available local job vacancies that they can apply for (Penna and Amethyst).

Outcomes most likely to be impacted

The profile of the Council's workforce may no longer be as representative of the city's population, depending on the demographic profile of staff who are to be made redundant. The Council will continue to carry out its outreach work and its aim of having a representative workforce.

Appendix 4: Individual Case Studies

This Equality Impact Assessment is about the impact of the Comprehensive Spending Review Announcements on the residents of Leicester. Quantitative figures give an understanding of the breadth of provision and level of need across the city as presented in the final section of this report, but they do not touch upon the personal impacts on individuals that these Announcements will have. We have interviewed a small sample of people, identified with the help of the Council's STAR (Supporting Tenants and Residents) service who, each in their own way, can be considered to be vulnerable. We have made no attempt to ensure these individuals are representative of the range of vulnerable people in the city – that is beyond the scope of this report. We will go back to them in 6 months time, to see how their personal situation has changed. These personal stories form a backdrop for this Equality Impact Assessment. Their names have been altered.

Case Study 1

Daniel is single and has been a Council tenant for 5 years. Before that he was homeless, living on the street, with mental health issues. He was 'picked up' by the Community Care Team and supported by RISE (pre-STAR) into a Council tenancy. He receives incapacity benefits, housing benefits and council tax benefits. Daniel does voluntary work 5 days a week for 'Rise & Shine', a voluntary group co-ordinating STAR service users and providing tenancy support. They hope to become a social enterprise. Daniel says he doesn't have a social life apart from doing voluntary work.

Over the past 6 months, he has particularly noticed the increase in the cost of food – 'the quality of food I can afford has gone down'. This has resulted in his not eating 'as well as I should'. He's concerned about the cost of heating this winter – last winter he regularly monitored his gas meter and often switched the gas off and got into bed to keep warm. This was 'not a good thing' in regard to his mental health.

'Rise & Shine' are collating all the places people can eat for free or at very little cost across the city. Daniel has noticed that there are more places doing breakfast clubs and providing food parcels now than there were this time last year, with the addition of suburban churches providing food parcels. 'They're doing them because there is a need'.

He still uses the STAR service, 'without it I don't know where I'd be'. He uses the library, the Brite Centre and Dawn Centre (for his voluntary group's meetings) and works with City Learning on the training his group provides. They will be working with a charity to get their training accredited.

Daniel is aware of the Government's Announcements under the Comprehensive Spending Review, and is particularly concerned about the impact of having intermediary tenancies and the benefits cap. He thinks that entrenched rough sleepers are some of the most vulnerable people there are, and wonders how they can be encouraged to 'move on' with these changes being introduced. He speculated that public sector workers losing their jobs could easily become STAR service users. He is concerned that under the new Universal Credit rules he could be made to give up his voluntary work.

Case Study 2

Cheryl is a 24 year old lone parent with a 5 year old son. She recently moved into her first Council tenancy in Beaumont Leys, having previously lived with her grandfather in Highfields, the area she grew up in. She's doing various courses with LAEC as they 'fit within school times'. She receives income support, child tax benefits, housing benefits and council tax benefits. She's happy with her son's new school, although he almost lost a term because of the delay in processing paperwork for getting him transferred when she moved to her new flat.

The cost of food in the area she has moved to is more expensive than Highfields, which had more bargain shops, and there is not a wide selection in local shops. The extra £1 or £2 on a single item results in her 'not being able to afford to do very much'. She thought that the VAT increase would result in her buying less, and 'turning off the lights to study by candlelight'. She found that buses were very expensive to use and felt that the cost of travel prevented her friends from Highfields from coming to visit her in her new flat.

She uses the STAR service, commenting on how helpful the booklet they provide on local services and facilities was to her when she moved into the area. They also helped get her son into the local school as well as with housing repairs, 'quicker when someone rings on your behalf'. She takes her son to the park and has signed him up for swimming lessons with the local leisure centre. She also takes him to the local library.

Cheryl wants to find a job that pays better 'once all the bills are paid'. Her mother lives close by and Cheryl would like to get a night job so that her mother could look after her son then. She will look for a placement with VAL, and also contact her local MAC for help with her CV. There aren't many jobs in this part of the city, and 'buses aren't cheap'.

Case Study 3

Lumumba is single and came to Leicester in 2005 from the Democratic Republic of the Congo. When he came he started volunteering for the Red Cross. He has since set up a project teaching music to the migrant community and is now project co-ordinator for another project, Afro Innovation Group, providing support to migrant workers in need of help in the city. In order to sustain the project, he and the other advisor do not draw a salary at the moment. He works part-time at Tesco and receives working tax credit, but anticipates this will be ending soon as he has reduced his hours of work to just weekends in order to be able to focus more time on the project. He has a Council tenancy.

He has found the cost of food to be more expensive over the last half year, along with clothes, household items, utilities and his rent. He commented that the cost of a weekly bus ticket has nearly doubled since 2005. He sends money to his family in Africa and complained about the declining value of the Pound Sterling. He finds himself struggling at the moment. When asked about the impact of the proposed VAT increase in January, he said that things were difficult now but expected that it 'will be horrible'.

Lumumba signposts his project's clients to different Council services based on their area of need. He has found Housing (the STAR service) and Benefits useful along with welfare benefits; recycling, libraries and neighbourhood based restorative justice. He was critical of the Home Choice service as they provided no resource to support vulnerable people, particularly those with few English language skills. This language barrier makes the service difficult to access. He thought once welfare

benefits went online (Universal Credit), vulnerable people will suffer – ‘need to speak to people, how can you ask your problem to a machine?’ He emphasised the importance of the Council’s services supporting different communities to live together as this ‘gives a proper image of the city. If one community was in trouble with another, how would it be?’

He anticipated unemployment to rise and members of the migrant community would have more difficulty in finding jobs due to their not speaking English, or for those who do, ‘not having a proper accent’. The lack of work in his community makes socialising difficult – people don’t have money to spend. Women without jobs have turned to prostitution, affecting their children, but they have no other way of providing what they need. Shoplifting also goes up. He also commented on the fact that Council staff will lose jobs, but in the meantime ‘they try to do what they can’. He thought that this will affect accessibility to and delivery of services.

Case Study 4

Lee is 31, single and has only lived in Leicester for 2 years. He is a recovered heroin addict and has been in and out of prison. He left his previous city to get away from his past, and start a new life. He hopes to go back to college in January to study Level 2 English – otherwise he has no qualifications. He is out looking for work but gets ‘knocked back’ when CRB checks identify his criminal record. He feels he is in a ‘Catch 22’ situation. He lives in a private rental flat. He is on income support, housing benefit and council tax benefit.

In terms of living costs, Lee is finding that he spends a lot more on food now, trying to make sure it lasts for 2 weeks. Financially, he has always been poor. He keeps looking for work, but nothing turns up. Council services he uses are the buses, the library, STAR and housing support. He also uses the Job Centre. He hopes his library stays open because he uses that quite a lot – the internet and taking out books. If it closed down, ‘there would be nowhere to go’. He feels that he learns a lot from books, and closing the library would be ‘shutting down an educational facility’. He has cut back on buses, but is not bothered as he walks everywhere. He is a heavy smoker and has chest problems, but otherwise his health is all right and he is still able to live on ‘what they give him’.

Lee isn’t really connected to a wider community in Leicester – he ‘hasn’t found anything yet’. If there was a book club at his library, he would go to that. When asked about what he thinks life will be like in the next 6 months, he said that he found it a ‘bit sad’ that such cuts had to be made as he always thought Britain was a thriving country with no money problems. He hoped that everything would get back to normal and that the cuts would be only for this bad period of time.

Case Study 5

Maura is 51, single, unemployed and ‘on the drink’. She was in debt and lived in a hostel. For the past year she has lived in her own housing association flat. Maura receives Job Seekers’ Allowance, Housing Benefit and Council Tax Benefit. She does a lot of volunteer work: some with the Council’s service user groups, ‘a lot of services not going out to the right people’, with homeless people, soup kitchens, and also mentors a couple of people undergoing gender transitioning. She has recently started studying for a mentoring certificate at college. She feels she has gained more being unemployed in the past 12 months than previously, taking advantage of the concessions she gets.

She is a grandmother of 8 and often takes care of her grandchildren over the weekend. Her limited income severely restricts her relationship with her grandchildren – she can't afford to give them anything, and can't afford to take them out for the day because 'that would cost £40', including bus fares. Maura stressed how expensive bus fares were as she has to incur their cost to attend the various meetings she goes to. She anticipates a reduction in money coming in, and will 'have to re-budget her money and hope that I can cope'. If the gas runs out before she gets paid (her JSA), she sits in the cold for 2 days. She did receive a lot more benefits when she lived in the hostel and wondered why she now had to pay for everything herself.

She uses the libraries the most. She used to go swimming but without a leisure pass, she can no longer afford it as she would have to pay full price. Other Council services she uses are STAR services, and has taken her grandson to a Sure Start centre, spending an afternoon there when he went for an assessment. She was critical that 'there was no route for alcoholics' in terms of services to access compared to the facilities available for substance misuse. In terms of her well-being, she is not as fit as she used to be because she doesn't use leisure centres as much. When she lived in the hostel, they paid for her to go and use leisure centre gym and swim services 'to help come off the drink'.

In thinking about the future, Maura thinks that a lot of people will lose their jobs. She wondered whether Council services would 'go downhill' with anticipated staff cuts. She does go for interviews, but because she only owns a few casual clothes, she is finding them very hard. She has learned to cope with minimum money – 'with voluntary work and free church, I won't starve'.

Case Study 6

Tatenda is from Zimbabwe and came to Leicester 5 years ago, after arriving in London, on the recommendation of a friend living here. He likes the pace of living here – 'slow paced, nice people, a place more understandable than London'. He and his partner have a young family – a daughter of 3 and a new baby. Tatenda has just completed a Master's degree, following on from an undergraduate degree he also did here. The recession which happened just as he graduated from his first degree, prevented him getting a job so he decided to continue with his studies. He just finished being paid to train for the Council's Boost project (providing an advice and support network for the city's migrant community) and receives working tax credits. If he doesn't get a job, the family will need to go on benefits. They live in a housing association tenancy.

The cost of living for the family has really gone up. Food is more expensive, the housing association has raised its rent, and the cost of bus fares have gone up. He is very much aware of the gas and electric consumption of the family, and switches appliances off to save energy – 'don't stay up late, switch off the computer – daughter can't play on it as long as she would like'. He finds within his community, there is 'less motivation to go out', and that people cannot afford the time to go out socially. Even the turnout for their football team has decreased – 'people would rather go to work'.

He is in contact with the Housing Department (through the Boost project), and takes his children to use the Council's leisure, library and cultural facilities. His daughter goes to the local Children's Centre following a personal recommendation, and he finds the childcare there much cheaper than the childminder he previously used. They have gone to the Sure Start health visitor – he thought it was a 'fantastic service – you get everything you need there'. He is actively involved in his local

community and uses Council facilities – the African Caribbean Community Centre, and Victoria Park for their football team. As a community leader, he thinks that housing is really important for his community – if ‘hit’ there is the likelihood that people will become homeless and this will cause other problems. ‘If housing is protected, it will prevent certain things from happening’.

Tatenda is ‘very, very, very concerned’ about the way things are going (re: the budget cuts by Government and by the Council). He feels that ‘at times like these, the Council should carry its people out of their burden’. He is concerned that the Council will not be able to operate in ‘a robust manner’ and sustain the community as well as provide services for families. People will be ‘socially excluded, and that there will be a lot of inequalities. Every community has different problems. The Council has managed to bring communities together and tackle problems together’. He feels that community cohesion will be at risk – ‘at times of risk, we get individualistic’. Through the Boost project, representatives from 10 communities have established the ‘Leicester Active Community Forum’ and will be encouraging people from other communities to join. The Forum would like to be involved in any consultation being undertaken by the Council.