

Cumulative Impact Assessment: Gender

This cumulative impact assessment needs to be read in conjunction with the IMPACT ASSESSMENT SUMMARY FOR 2011/12 BUDGET PROPOSALS which provides more detail of individual proposals and the actions that will be taken to mitigate their effects.

Item	Portfolio	Total in 2011/12 (£'000)	Comment
Contract efficiencies	ASCH 1	% of 565	As the majority of care workers are low paid and women, providers decisions about managing delivery of a 0% inflation increase will have an impact on wage levels, with the greatest impact on women.
Review of contracted Day Care Services	ASCH 9	% of 400	Overall reduction in alcohol and mental health service levels will reduce ability to respond to women accessing mental health services who sometimes prefer to specify the gender of their key worker.
Meals on Wheels Service	ASCH 12	% of 45	Almost all customers of meals on wheels are over 65. The majority of customers are either disabled or have age related frailty. There are a higher number of female customers as females tend to live longer.
Review the level of funding for voluntary organisations where service is non statutory	ASCH 14	% of 776	Overall reduction in services would also limit access to women accessing mental health services who feel that they may be particularly vulnerable in mixed settings. People from some religions and faith communities prefer to access gender specific services. Some voluntary provision includes women only services. Reduction in voluntary sector contracts will remove this provision.
Strategic Development - Cease Later Years Service	ASCH 16	% of 239	No statutory requirement for this includes team and financial support to Third Age Centre including the Suhana Project. Partnerships - Southampton Partnership and the Later Years Partnership
School purchasing behaviour support services	CSL 6	% of 175	A smaller service with less capacity - more of the service users are boys than girls.
Reorganisation of services to children, young people and families from across the Directorate	CSL 10	% of 703	Risk of less progress in tackling differential outcomes for boys and girls in attainment.
Grants to voluntary organisations	LSCS 13	% of 450	Impact dependent on final recommendations – appraisal of grant applications currently underway and IAs will be completed on the recommendations to Cabinet in new year.

Cumulative Impact of budget proposals on gender

Background

- The Equality Act came into force on Friday, 1 October 2010. The Act consolidates, harmonises and expands upon existing discrimination law. It provides a new cross-cutting and unifying legislative framework that applies to discrimination, harassment and victimisation on grounds of disability, gender and race, and six other characteristics: age, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion or belief, and sexual orientation. This is to:
 - protect the rights of individuals and advance equality of opportunity for all;
 - update, simplify and strengthen the previous legislation;
 - deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Demographics

- Southampton city's gender split of the working age population (between 16-64 years old) is fairly evenly proportioned between men and women, with most recent estimates showing there are slightly more men (51.43%) than women (48.56%). This gap is closing with the younger population (0-15 year olds) made up of 50.49% boys and 49.56% of girls. These proportions are dramatically reversed however within the older population (65+), with the trend of an ageing population, women's average life expectancy of 82.1 years old being much higher than

men's (average 75.6 year's old). In reality, this means that the eldest 6-10% of the population have a much higher proportion of women than men and is likely to continue to rise for the foreseeable future.

3. There are limited direct cumulative impacts of service reduction on the women of Southampton as proposals are more individual in their nature.

Possible impacts include

4. Safety: The reduction of the night time transport services such as fewer night bus marshals, impact of reduction in grants budgets and community safety review may have an impact on supporting women experiencing domestic violence and reduced community safety services in the voluntary sector may decrease women's perception of safety in the city.
5. Older women: A large proportion of proposed health cuts are likely to impact on the elderly population. The higher proportion of older women than men in later years is supported by the fact that adult social care female clients over 65 are more than double of men. Therefore the majority of cuts to health services such as, Day Care, meals on wheels and ceasing of Later Years team and partnership are likely to have a greater impact on elderly women than men. Women accessing mental health services can be particularly vulnerable in mixed settings.
6. Supporting families: There are also some services that are more likely to be accessed by women than men either in their continued traditional position as primary carers for children or that they are carers for others although this needs further investigation. There are a number of prevention and inclusion budget cuts proposed such as family support workers, education welfare and educational psychologists for example that may potentially have a greater negative impact on women through their access to these services and the impact on a particular child, other siblings or a cared for adult. Third and private sector contracts for prevention may to be reduced which will have further negative impact on women with families or dependents.

Mitigation:

7. Monitoring and analysis to identify if trends signify if there is greater usage of the services by women and any likely impact. Consultation has already taken place with social care users and anyone who feels they have to refuse care because of the impact of the additional cost will be assessed and support provided to meet eligible need. Any user or carer of day services currently who considers they will be adversely affected will be assessed and support provided where eligible need is found to exist
8. The majority of hospital admissions are people over 65, with a disproportional number of people over 85 (and therefore also disproportionately more women). Most patients prefer to be at home if they do not need acute hospital care and will be more able to make their long term decisions about care in a known setting with maximum independence.
9. Ensure that the city wide single comprehensive needs assessment considers the particular gender related needs are identified and supported within the GP Consortia commissioning
10. Consider and encourage alternative options for delivery of these services such as shared services, pooled budgets or voluntary sector delivery.
11. Use communication campaign to support a safer women campaign and raise awareness of where support available for women at risk and initiatives such as car/taxi sharing. Alternative routes and timetables are available but need to highlight that safety is paramount.
12. Raise key issues for women, especially later years, at Safe City Partnership, Children's Trust and Health and Well Being Partnership. The continued arrangement for an older people's champion will maintain the profile of older people's needs.
13. Almost all customers of meals on wheels are over 65. If the customer wishes to withdraw from the service due to the increased cost, a care management review will be implemented and alternative care arrangements put in place if an eligible care need is identified as a result of the service change.
14. Undertake an analysis with partners to consider the long-term cost implications of reduced preventative work for public services given the greater life expectancy of women.

Next step:

15. A joint discussion between the relevant Heads of Service or their nominated representatives on the potential cumulative impact and mitigating actions: Action: Jane Brentor, Alison Alexander and Jon Dyer-Slade