

Service User Data report: Gender and Disability (Dec 2014)

1.0 Introduction:

The Equality Act (2010) imposes a duty on all public bodies carrying out public functions to promote equality and eliminate discrimination.

There are nine protected characteristics covered by the duty: age, sex, race including nationality and ethnicity, gender reassignment, sexual orientation, religion or belief, disability, marriage and civil partnership and pregnancy and maternity.

Specific duties that need to be undertaken:

- Annually publish **relevant, proportionate information** demonstrating compliance with the equality duty. The information must be published by on **31 January each year** and in an easily accessible format.
- Consideration needs to be given to the following:
 - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
 - Advance equality of opportunity between people from different groups; and
 - Foster good relations between people from different groups
- A year on year snapshot comparison of trust service referral caseload by age, gender, ethnicity, religion, marital status, sexual orientation, pregnancy & maternity, gender re-assignment and disability.

2.0 Methodology:

As agreed with the Equality & Human Rights Steering Group, there will be quarterly reports which focus on 2-3 of the 9 characteristics at a time. This second report will focus on Gender and Disability and will be broken down by Directorate and Borough.

- Data will be a snapshot of the Trust's referral caseload as at 31st March each year.
- Wherever necessary low numbers have been replaced with the < value, for the purpose of preserving anonymity
- Comparisons, where made, are against ONS (Office of National Statistics) census 2011

3.0 Gender

3.1 Population Analysis – Census Mid -Year Population Estimates (Table 1)

The ONS Mid-Year Population Estimates figures show minor differences in the gender split for our area compared to the England average. 51.3% of our residents are female compared to the national average of 50.7%. On average there are slightly more females than males across our area. The Bexley and Bromley gender profile are very similar but in Greenwich the split between male and female is almost even.

Table 1 Census Mid 2013 Population Estimates

Year of Data	2013				
	NHS Bexley	NHS Bromley	NHS Greenwich	Total	England
Female	51.9%	52.0%	50.1%	51.3%	50.7%
Male	48.1%	48.0%	49.9%	48.7%	49.3%

3.2 Comparison – Trust Data (Tables 2&3)

There does not appear to be an issue with the recording of gender on RIO with only 1 client whose gender was recorded as unknown each year. Overall the proportion of clients seen by the trust who are female is much higher than population figures suggest. 51.3% of the population across the 3 boroughs is female yet in 2013 61.4% of clients seen by the trust were female, in 2014 this figure dropped slightly to 59.8%.

3.3 Mental Health data (Bexley, Bromley & Greenwich)

Table 2

Gender	Trust		Mental Health		Population MH
	2013%	2014%	2013%	2014%	Census
Female	61.4%	59.8%	50.6%	51.2%	51.3%
Male	38.6%	40.2%	49.4%	48.8%	48.7%
Overall	100.0%	100.0%	100.0%	100.0%	100%

The gender split for clients receiving mental health services is almost identical to that for the whole population for the 3 boroughs suggesting that gender does not present a factor in determining who is identified as being in need of mental health services.

3.4 Community Health (Bexley & Greenwich)

Table 3

	Trust		Community Health		Population CH
	2013%	2014%	2013%	2014%	Census
Female	61.4%	59.8%	61.9%	60.2%	50.9%
Male	38.6%	40.2%	38.1%	39.8%	49.1%
Overall	100.0%	100.0%	100.0%	100.0%	100%

While the overall gender split for the population of Bexley and Greenwich is fairly even the split for those receiving services is quite different. While 50.9% of the population is female in 2013 nearly 62% of clients receiving services from community health were female. This dropped slightly in 2014 but females continue to be more likely to be in receipt of community health services than males.

3.5 Directorate Breakdown

Community Health & CAMHS (Table 4 & 5)

The following table shows gender data at Directorate level. Comparisons are made using the appropriate population data (i.e. population aged over 18 for adults and the 0-18 population for children's services and CAMHS and 65+ for Older Adults). There is a variation in the gender breakdown for the age groups as the breakdown for those aged under 65 is more evenly split (though there are slightly more males than females) whereas for the over 65's there are significantly more female than males.

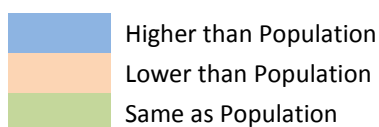
Table 4

Gender	0-17 years	18-64 years	65+ years
Female	48.7%	49.6%	56.1%
Male	51.3%	50.4%	43.9%

Table 5 shows whether the service is above, below or the same as the general population for the Borough and appropriate age group.

Table 5

	Adult Community Health		Children's Services		CAMHS		
	Bexley	Greenwich	Bexley	Greenwich	Bexley	Bromley	Greenwich
Gender	2014%	2014%	2014%	2014%	2014%	2014%	2014%
Female	60.8%	58.4%	71.5%	64.0%	44.0%	40.1%	43.6%
Male	39.2%	41.3%	28.5%	36.0%	56.0%	59.9%	56.4%



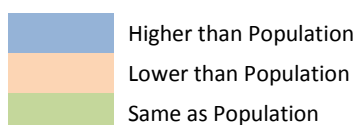
In Adult Community Health Services females are more likely to be in receipt of community health services than males, this is particularly so in Bexley. The gender split for under 18's in receipt of children's services is extremely interesting, while the population gender split is fairly even the same can't be said of those in receipt of children's community health services in Bexley where almost ¾ of clients are girls, the proportion is slightly lower in Greenwich though still much higher than the population split. Boys are more likely to be in receipt of CAMHS services particularly in Bromley.

Adult Mental Health & Learning Disabilities (Table 6)

The gender profile for clients receiving services from the Learning Disability Service shows that males are more likely to be receiving services across the three boroughs. While the split is fairly even in Bexley there is quite a shift in Bromley and Greenwich. Their gender profile for Adult Mental Health services varies greatly between boroughs and the type of services received for example females in Bexley are significantly less likely to be in receipt of inpatient services than males, this is the same (to a lesser extent) in Bromley) yet in Greenwich the opposite is true. The gender profile for those receiving community mental health services in Greenwich is broadly in line with the borough profile.

Table 6

	LD			Inpatient, Crisis, Rehab			Community Mental Health		
	Bexley	Bromley	Greenwich	Bexley	Bromley	Greenwich	Bexley	Bromley	Greenwich
Female	49.5%	45.6%	45.9%	37.0%	47.1%	58.1%	47.8%	53.9%	49.9%
Male	50.5%	54.4%	54.1%	63.0%	52.9%	41.9%	52.2%	46.1%	50.1%

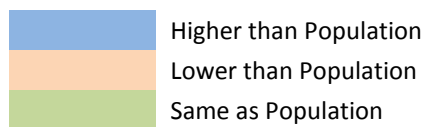


Older People (Table 7)

The gender breakdown for older people in receipt of services shows that females are more likely to be in receipt of services than males with nearly 2/3 of clients being female. This is true across all three boroughs.

Table 7

Gender	Older Adults		
	Bexley	Bromley	Greenwich
Female	63.9%	61.9%	64.5%
Male	36.1%	38.1%	35.5%



4.0 Disability

National data for statistics on disability are only available at a regional level. 16.3% of the 16-64 population of the South East are DDA (Equality Act) disabled.

There is a high percentage of clients who do not have this information recorded on RIO. Also there does not seem to be a uniform way for recording this information on RIO.

For Community Health clients the following options are available via a drop down to indicate that a client has a disability:

Another cause
Hearing Impairment
Learning difficulties
Mental Health Needs
Not Known
Physical Impairment
Visual Impairments

A search indicates that this information is not routinely recorded.

In the case of Mental Health Clients, clinicians use progress notes to record whether a client has a disability. Further Information about disability has been difficult to identify for reporting.

5.0 Recommendations

1. The Trust is due to change the records system and is looking at developing the functionality of the system. Disability needs to be included in these discussions
2. The Clinician Tasklist be used to help clinicians monitor that disability is being recorded on RIO