

Adults and Communities Equality Impact Assessment

Questionnaire EIA 1 (relates to Saving E1)

Please refer to the guidance before completing this form.

1. Details of function, policy, procedure or service:	
<i>Title of what is being assessed:</i> Older adults and those with physical disabilities	
<i>Is it a new or revised function, policy, procedure or service?</i> Revised function	
Department and Section: Adults and Communities	
Date assessment completed: December 2013 – UPDATED 1 October 2015 Revised and Updated 7 Nov 2018 (Jon Dickinson) Updated 21 Oct. 19	
2. Names and roles of officers completing this assessment:	
Lead officer	James Mass
Stakeholder groups	Service users and their carers
Representative from internal stakeholders	N/A
Representative from external stakeholders	Public Consultation 2013/2014
Equalities Network rep	Will Hammond
Performance Management rep	Appy Reddy
HR rep (for employment related issues)	N/A
3. Full description of function, policy, procedure or service:	
<p>This is predominantly a reviewing project which intends to ensure that reviews for all people who receive community-based services are offered a range of community-based options which promote prevention and increase independence and wellbeing. This focus on strengths-based practice, prevention wellbeing and choice are in line with the legislative framework of The Care Act 2014. These options include:</p> <ol style="list-style-type: none"> 1. We will ensure that residents, service users and carers have access to clear information and advice at the first point of contact. This will include the provision of independent advice and support. Where appropriate people will be signposted to preventative community alternatives. 2. We will continue to develop community-based options which promote independence, including: <ul style="list-style-type: none"> - Increased offer of short-term Reablement as a means of promoting people's independence at home rather than long term home care visits or moving into residential care - Increased use of telecare as a preventative measure and an alternative to home care visits - Increased use of occupational therapy assessments, telecare, aids and equipment to 	

support residents to live at home as an alternative to traditional care, or home care visits

- Use of a range of community-based respite care models to support carers, without necessarily moving the service user into a respite residential care placement

3. Any changes for individuals will be based on an assessment of their needs, which they will be fully involved in, and their views will be considered. We will not make any changes that do not meet these assessed needs. We will seek to ascertain the “Ordinary Residence” of those clients who are in residential placements out of borough before exploring any changes to their support plans.

Through these measures, we expect to minimise the use of traditional care and long-term residential placements.

Social workers work with the following user groups, all of whom would be impacted by the changes:

- Older adults
- Younger adults with disabilities and sensory impairments
- People with learning disabilities
- People with mental health needs
- Carers of people from the above groups

This proposal is as a positive next step in our promotion of personalisation and the implementation of strengths-based practice. However, there are some risks and some potentially difficult impacts for some people:

- Residents who have been in traditional residential placements for a long period may find a move to a community-based service difficult.
- The success of the changes will depend on their being a suitable range of services available for all user groups. This is particularly challenging for younger adults with disabilities
- Carers may feel that the reduced use of residential placements put increased pressure on them
- People remaining in their own homes supported using equipment and adaptations as opposed to home care visits may feel more isolated.

This equality impact assessment considers these impacts on the above user groups and the social care staff who work with these sections of the community. Where necessary actions to mitigate have been identified in Sections 4 and 14.

4. How are the equality strands affected? *Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.*

Equality Strand	Affected?	Explain how affected	What action has been taken already to mitigate this? What action do you plan to take to mitigate this?
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1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Some very elderly & frail adults may prefer and feel safer living within a residential placement rather than in the community with support.</p> <p>Elderly people supported using equipment and adaptations as opposed to home care visits may feel more socially isolated.</p>	<p>Each customer will have their case individually reviewed and assessed as to their needs. Changes to support plans will only be made following negotiation and agreement with the service user and relevant family / carers. Risk assessments will be carried out to mitigate all risks. Those carrying out assessments and support planning will consider social needs and identify other ways in which these needs can be met.</p>
2. Disability	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Customers with physical disability, learning disability or mental health problems who have special needs may need additional support to live in the community. Feelings of safety, as described above, and increased isolation may also apply.</p>	As above
3. Gender reassignment	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	No specific impact identified.	As above
4. Pregnancy and maternity	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	No specific impact identified from these proposals	As above
5. Race / Ethnicity	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Customers will need assurance that culturally-appropriate community support and care services are available -for example home carers who understand their cultural background and are able if needed to speak their language if English is not their first language.</p>	<p>Contract monitoring with home care providers will ensure that equalities issues are addressed. The assessment and support planning process, which fully involves the service user, will identify particular needs. Staff workforce development and training arrangements will ensure that staff understand and are able to respond to diverse needs.</p>

6. Religion or belief	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	As above.	As above
7. Gender / sex	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	No specific impact identified.	Each customer will have their case individually assessed and reviewed (as for older people, above)
8. Sexual orientation	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	No specific impact identified.	As above
9. Marital Status	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	No specific impact identified.	As above
10. Carers (discriminated by association)	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	Carers may feel that they are under more strain than if the cared-for person was using traditional services, as their support is considered in the assessment and overall support plan.	We will continue to carry out carers assessments to identify the needs of the carer and the impact of the service users support plan on them. Risks assessments will be done as part of the overall assessment of the customer We will explore alternative, community-based options for respite. Carers may receive a Direct Payment, enabling them to choose and control respite support.

5. What are the number, types and severity of disabilities in play in this case?

The support type, gender and ethnicity of those (as reported nationally in SALT data):

- In receipt of long-term care and support at the end of 2018/19
- Over the age of 65
- With a primary support reason other than mental health or learning disability

Is set out below:

Support type	Number	Proportion
Physical Support / Personal care and support	2882	71%
Physical Support / Access and mobility only	594	15%
Support with memory and cognition / Support with memory and cognition	294	7%
Sensory Support / Support for visual impairment	108	3%
Social Support / Support for social isolation/other	87	2%
Sensory Support / Support for hearing impairment	75	2%
Sensory Support / Support for dual impairment	14	0%
Social Support / Substance misuse support	4	0%
Grand Total	4058	100%

Ethnicity	Number	Proportion
White	1566	66%
Asian/Asian British	383	16%
Black/Black British	197	8%
Other Ethnic Groups	107	5%
(blank)	30	1%
Not Stated	40	2%
Mixed/Multiple ethnic groups	36	2%
Chinese	16	1%
Grand Total	2375	100%

Gender	Number	Proportion
Female	2921	65%
Male	1548	35%
Unknown	10	0%
Grand Total	4479	100%

6. What are the actions that could reduce the impact on people with disability?

The council's existing disability policies and procedures aim to promote equality of opportunity and eliminate discrimination based on disability and other protected characteristics.

Any consideration of changes to support plans will be covered as part of their annual review and will take all aspects of their needs into account.

We will reduce the impact on people with a disability through:

- Increased choice and control, with tailored brokerage options to enable people to access suitable services to meet their needs;
- Improved information and advice;

- Development work with 3rd sector/community services.
- All staff carrying out assessments and support planning with users and carers will ensure that any potential impact of social isolation is considered as part of the process and will seek to identify ways of ensuring people's needs for social contact are addressed through other means, eg accessing universal services, use of lunch clubs, re-connecting with family and friends, etc
- Carers assessments will be offered to all carers where a user's care package is being changed. Changes to the way respite is offered will be developed with carers as part of their support plan.

7. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?

Maintaining high quality social work services will be a key part of the development of these proposals. Customer satisfaction is currently monitored through the Complaints and Representations process and surveys, such as the national Annual Adult Social Care Survey and Carers Survey.

8. How does the proposal enhance Barnet's reputation as a good place to work and live?

These proposals are in line with the local and national Personalisation agenda, which aims to promote people's independence, choice and control. They are also underpinned by the legislative framework found in The Care Act 2014 where the principle of wellbeing is clearly defined. Every case will be reviewed individually and with professional care and attention to the person at the heart of the assessment.

9. How will members of Barnet's diverse communities feel more confident about the council and the manner in which it conducts its business?

The proposals all support the personalisation and wellbeing principles which promote individual choice and control. Individuals' diverse needs will be supported through a range of tailored options including community services and Direct Payments.

10. What measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? *Include information about the groups of people affected by this proposal. Include how frequently will the monitoring be conducted and who will be made aware of the analysis and outcomes? Include these measures in the Equality Improvement Plan (section 14)*

Existing monitoring of customer satisfaction (see 7 above) and of service user and carer outcomes will continue to be monitored on monthly, quarterly and annual bases as at present.

11. How will the new proposals enable the council to promote good relations between different communities? *Include whether proposals bring different groups of people together, does the proposal have the potential to lead to resentment between different groups of people and how might you be able to compensate for perceptions of differential treatment or whether implications are explained.*

As we seek to support people to live in the community, stronger links will be made within the large and diverse sections of the communities in Barnet.

12. How have residents with different needs been consulted on the anticipated impact of this proposal? How have any comments influenced the final proposal? Please include information about any prior consultation on the proposal been undertaken, and any dissatisfaction with it from a particular section of the community.

A major Barnet-wide consultation process was undertaken at the start of this work. There have been no policy changes or shifts since then that have made it necessary to revisit or consult further.

Overall Assessment

13. Overall impact		
Positive Impact <input checked="" type="checkbox"/>	Negative Impact or Impact Not Known ¹ <input type="checkbox"/>	No Impact <input type="checkbox"/>

14. Scale of Impact		
Positive impact: Minimal <input checked="" type="checkbox"/> Significant <input type="checkbox"/>	Negative Impact or Impact Not Known Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	

15. Outcome			
No change to decision <input checked="" type="checkbox"/>	Adjustment needed to decision <input type="checkbox"/>	Continue with decision <i>(despite adverse impact / missed opportunity)</i> <input type="checkbox"/>	If significant negative impact - Stop / rethink <input type="checkbox"/>

16. Please give full explanation for how the overall assessment and outcome was decided
<p>This proposal affects significant numbers of older people including a disproportionate number of women, most of whom will have a disability. Whilst there will be some people who may be less satisfied as a result of a strengths-based approach being applied, and potentially receiving more innovative forms of care and support, overall this should positively impact this cohort through an increased focus on personal goals, prevention of deterioration of needs and increased independence. In continuing to monitor and improve the quality of our practice and adhere to the Care Act, we will ensure that social care needs continue to be met and satisfactions remains high.</p>

¹ 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all the equality strands.

1. Equality Improvement Plan

Please list all the equality objectives, actions and targets that result from the Equality Analysis (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer responsible	By when	UPDATE
Ensure level of care and support, as an outcome of review, is suitable and meet service user expectations	Ongoing audit and assessment of review activity, through MTFS review and savings project board, worker supervisions and panel decisions.	Service users are satisfied with the outcome of review The quality of social work practice is high	James Mass	On-going/monthly	N/A

1st Authorised signature (Lead Officer) Carol Baxter (Head of Localities)	2nd Authorised Signature (Member of SMT) – James Mass James Mass (Director of Adult Social Care)
Date: 17/12/2019	Date: 17/12/2019