

EQUALITY IMPACT ASSESSMENT QUESTIONNAIRE/CHECKLIST - Proposals to change the criteria to determine who qualifies for social care services (FACS)

Summary statement

Many respondents to the EIA and the consultation thought that the proposals would impact equally on all service users, who would be financially assessed as being liable for a charge, and therefore no one group would be more adversely impacted in comparison to other groups. Other respondents said that it is not possible to know in advance if particular groups would be differentially impacted, as the proposals centre around changes to existing policy.

However, some respondents disagreed and voiced concern that the following groups of people COULD be differentially impacted

- Age
- Race
- Disability
- Carers

This was due mainly to the following four potential factors

1. Service users who do not 'recognise' their needs, and in particular that their needs have changed over any given period of time. This includes people with learning disabilities, dementia, mental health and mental illness.
2. Service users who cannot 'vocalise' their needs. This includes people with speech and/or hearing difficulties, language issues such as ethnic minority communities as well as asylum seekers.
3. Service users who have no one to advocate for them.
4. The financial and caring implications for carers and families.

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Actions to monitor differential impact if members choose to adopt the proposals:

1. Set up a formal monitoring group to determine if any of the potential concerns materialise. The group would consider appropriate measures required to reduce differential impact for any group.
2. As set out in the commitment in the consultation paper, all clients will be reassessed to determine eligibility for social care services under the new criteria. This would include an assessment of the levels of risk and a period of one month's notice will be given for any changes.

Directorate	People First	Section	Community Care		
1 Name of the function/ policy to be assessed	Proposals to change the criteria to determine who qualifies for social care services (FACS)	2 Date of Assessment	July 2007	3 Is this a new or existing function/policy?	New/proposed policy that has been the subject of a recent user and public consultation

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4 Briefly describe the aims, objectives and purpose of the function/policy

Harrow Council faces financial difficulties caused by low levels of government funding and increasing demands on council services that are currently outstripping resources in some areas. The Council is not looking to reduce the overall amount spent on social care services, but **to operate within its available budget. It is, therefore, looking at ways to refocus its limited resources, in order to continue to protect the growing number of people most in need in the community, within the available resources.**

The Council currently provides care services to people with social care needs assessed as either critical or substantial. If the proposed change were to go ahead, only needs that fall within the critical criteria would be eligible for care support from the council. The Council would stop paying for any assessed needs at substantial level or below (i.e. moderate and low). The Department of Health FACS Guidance definitions are

Critical – when: life is, or will be, threatened; and/or significant health problems have developed or will develop; and/or there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or serious abuse or neglect has occurred or will occur; and/or there is, or will be, an inability to carry out vital personal care or domestic routines; and/or vital involvement in work, education or learning cannot or will not be sustained; and/or vital social support systems and relationships cannot or will not be sustained; and/or vital family and other social roles and responsibilities cannot or will not be undertaken.

Substantial – when: there is, or will be, only partial choice and control over the immediate environment; and/or abuse or neglect has occurred or will occur; and/or there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or involvement in many aspects of work, education or learning cannot or will not be sustained; and/or the majority of social support systems and relationships cannot or will not be sustained; and/or the majority of family and other social roles and responsibilities cannot or will not be undertaken.

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<p>5 Are there any associated objectives of the function/policy? Please explain</p>	<p>Sustainable Communities Plan 2006-2020 National Framework Draft Community Development Strategy Budget Reports</p>		
<p>6 Who is intended to benefit from the function/policy and in what way?</p>	<p>Harrow Council as the proposal will help to ensure it is able to operate within its budget constraints and to refocus limited resources in order to protect those people most in need in the community. The proposals do <u>not</u> intend to deliver a saving to the council.</p>		
<p>7 What outcomes are wanted from this function/policy?</p>	<p>If the proposed change were to go ahead, only needs that fall within the critical criteria would be eligible for social care support from the council.</p>		
<p>8 What factors/forces could contribute/detract from the outcomes?</p>	<p>The proposals will be discussed and a formal decision made at the cabinet meeting on July 2007. The decision to reject the proposals would mean that the desired outcome above would not be achieved.</p>		
<p>9 Who are the main stakeholders in relation to the function/policy?</p>	<p>Service Users, Carers, Harrow Council, Voluntary Sector, a range of service providers.</p>	<p>10 Who implements the function/policy and who is responsible for the function/policy?</p>	<p>Adult Community Care, People First, Harrow Council.</p>

<p>11 What data or other existing evidence have you used to assess whether the function/policy might have a differential impact? (please continue on a separate piece paper if necessary)</p>	<p>Over 50 organisations and individuals were asked to submit their views specifically for this EIA. Respondents are listed in section 18.</p> <p>By analysing the data gained from the consultation process. Consultation packs were sent out to 4135 current, recent and potential service users, 2000 carers, 693 local organisations and the 63 councillors. Free return envelopes were provided for completed feedback sheets. In order to encourage feedback, potential respondents were able to choose from the following methods to express their views.</p> <ul style="list-style-type: none"> • By post using a free return envelope (to send back feedback sheets) • Calling the dedicated telephone consultation line (feedback sheets were filled in by council staff) • Via email to the dedicated consultation email address • By taking part in the three public meetings organised by Harrow Council as well as attending the Public Question Time Meeting (attended by 46 people) • By taking part in the meetings/workshops organised independently and specifically to feedback into the consultations. Three meetings organised by Harrow Mencap (three meetings attended by over 100 people of which 76 were people with learning disabilities and their families and carers), the Harrow Users Group (19 people), Milmans Day Centre service user group (37 service users), The Bridge Service Users Group meeting (37 service users), The Young Carers Project, Harrow MS Society and the Partnership for Older People (POPS) panel, Older Peoples Reference Group and the Harrow Strategic Partnership. Written notes of the meetings/workshops were sent for inclusion within the consultation, and have been contributed to this EIA.
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<p>12 Has the data or other evidence raised concerns that the function/policy might have a differential impact? If so in what area?</p>	<p>Age Race Disability Carers</p>
<p>13 What are the concerns? (please continue on a separate piece paper)</p>	<p>Many respondents thought that the proposals would impact equally on all service users currently assessed as having ‘substantial’ only needs. However, some respondents voiced four main areas of concern:</p> <ol style="list-style-type: none"> 1. Service users who do not ‘recognise’ their needs, and in particular that their needs have changed over any given period of time. This includes people with learning disabilities, dementia, mental health and mental illness. 2. Service users who cannot ‘vocalise’ their needs. This includes people with speech and/or hearing difficulties, language issues such as ethnic minority communities as well as asylum seekers. 3. Service users who have no one to advocate for them. 4. The financial and caring implications for carers and families. <p>The above points have been determined from the range of concerns fed back from respondents. These are listed below, under the headings of section 12. Data snapshots of service users as at 31st March 2007 are also stated (see note 1 below). Clearly, respondents were keen to voice concerns about the assessment process itself, as well as the actual proposals of the consultation.</p> <p><i>NOTE 1: Electronic recording of social care user data began last year on Framework i. Some user data remains partially complete, hence there is some disparity of totals in the data tables provided. Currently, a separate database, JADE, holds information on service users with mental health needs.</i></p>

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Age

- Some older service users are likely to have settled within their present circumstances and may have difficulty in coping with changes to their long-established routine. It was thought that there may also be fewer 'alternative' services that can be accessed by older people.
- Older people will have more rapidly changing needs and thus there may be greater adverse affect on this group.
- Many older people who do not have family support will not be able to judge or answer questions about their needs under critical or substantial and will need more support.
- Possible increased isolation for older service users who may have fewer alternatives for contact with friends and people other than family members, as well as fewer other opportunities that provide a break from the home environment.
- A 'quicker' rate of deterioration for vulnerable individuals without the support of care services than would otherwise be the case, as care service staff often provide information and support on health issues as part of general social care support.

The breakdown of care service users by age is shown below, excluding users with mental health needs (see Note 2 below):

Age	No. of service users	% of service users
19-45	377	13.3%
46-65	360	12.7%
66-75	526	18.6%
76-85	757	26.7%
85+	815	28.7%
Total	2835	100%

NOTE 2. Unfortunately it was not possible to include a breakdown for some 834 service users with mental health needs as this information is kept in the JADE database. This database does not allow a distinction to be made between those that have received an assessment and people who have been in contact with health professionals only.

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Race

- Studies have shown that people from BME communities are amongst the poorest and most excluded groups, finding it more difficult to access services or ask for help. The impact of a reduction of service entitlement, affecting both service users and carers may be more likely to be 'hidden' amongst certain ethnic groups.
- Afro-Caribbean young men are reluctant to engage with services at an early point. This change may exacerbate this difficulty of early intervention with this group.
- Language and understanding the system can be daunting and prohibitive for some BME communities.
- Assessments/reassessments may not take cultural factors and needs into consideration, for example if a mother is not around it would not be possible in some cultures for a father to live with and to take care of his daughter's needs. Asian groups tend to live in culturally appropriate environments with extended families, if an assessment indicates less need this could cause some difficulties and possibly increase isolation.

The breakdown of care service users by ethnicity is shown below, excluding users with mental health needs (see Note 2 above):

Ethnicity	No. of service users	% of service users
White	1818	64.1%
Asian or Asian British	754	26.6%
Black or Black British	106	3.8%
Other Ethnic Groups	55	1.9%
Mixed	16	0.6%
Unknown/not stated	86	3.0%
Total	2835	100.0%

Disability

- Service users with a less severe disability are by the very nature of the FACS assessment less likely to meet critical criteria currently if they are eligible and may have their service(s) withdrawn.

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- People with mental health problems/disabilities tend to be more socially isolated than non-disabled people. If they currently receive services and those services are withdrawn or reduced this will increase the level of isolation and social interaction.
- Potential conflict with the DDA 1995. A change in criteria could be seen as limiting access for some people to services.
- People with learning disabilities, dementia and mental incapacity may be disadvantaged if they are not supported in communicating with social care services at the point at which their needs may have changed significantly.
- Additional financial pressures to pay for other items or additional costs related to their disability not encountered by non-disabled people.

The breakdown of care service users by service user group is shown below. This **includes** approximately 800 mental health service users on the JADE database.

Service user Group	No. of service users	% of service users
Physical disability, frailty and sensory impairment (including older people)	2379	67.3%
Mental Health (JADE & Frameworki databases)	834	23.5%
Learning Disability	313	8.9%
Other vulnerable People	9	0.3%
Total	3535	100.0%

See Note 1 above in section 13.

Carers

The proposals are more likely to affect service users who live at home with their carers/families than those living alone in their own homes, who are more likely to be at greater risk. Thus the following points are more likely to be applicable to the former set of carers/families.

- Carers may not be able to support the cared for person to access community resources/alternative services.
- Financially carers will have less money for other family expenditure if they decide to make alternative service arrangements.

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- Some carers may have to make changes at home, possibly giving up work, education and leisure, which would need consideration in light of the 2004 Equal Opportunities Act for Carers. This would be applicable to carers eligible for social care services. Anxieties that carers may also no longer be eligible for respite care.
- If the proposals are introduced current 'substantial' service users may become more dependent on their carers for support and social stimulation. This may lead to an increased health and social pressures on carers due to an increased caring function.

<p>14 Does the differential impact amount to adverse impact i.e. could it be discriminatory, directly or indirectly?</p>	<p>Potentially YES but it is not possible to fully determine if the concerns will materialise</p>	<p>15 If yes, can the adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or any other reason?</p>	<p>NO</p>
<p>16 Have you considered ways in which the adverse impact might be reduced or eliminated?</p>	<p>The EIA has revealed potential concerns of differential impact for the groups listed in section 12. Councillors are yet to decide if any of the proposals are to be implemented. See also the main report section 2.4 'options for consideration' – bullet points. However, if the proposals are implemented, a formal monitoring group should be set up to determine if any of the concerns listed under section 13 materialise/exist, in the event and extent of any decision to change the criteria. This group should also consider appropriate measures to reduce differential impact for any groups, as noted under the improvement plan at the end of this document.</p>		
<p>17 How have you made sure you have consulted with the relevant groups and service users from Ethnic Minorities? Disabled people? Men and women generally?</p>	<p>Yes, please see section 11 for details and the list of specific EIA respondents in section 18.</p>		

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18. Please give details of the relevant service users, groups and experts you are approaching for their views on the issues

Specific responses for the request for information for the EIA were received from:

- Age Concern
- Bentley Resource Centre
- Brember Day Centre
- Bridge*
- Carers Support Group
- Central & North West London Mental Health Trust
- Harrow Association of the Disabled – staff and service users*
- Harrow Association of Voluntary Organisations
- Harrow Council Staff
- Harrow Rethink Support Group *
- Harrow User Group*
- Mencap (3 meetings)*
- Mind in Harrow
- Milmans – staff and service users*
- Tanglewood (people with learning disabilities and carers)*
- Wiseworks*
- Young Carers Project*

* Denotes that a response was sent feeding back the thoughts of a specific user group session/meeting

Feedback to specific questions were also obtained from the 97 people who attended the public consultation meetings, of whom 20 were deemed to be from a visible ethnic minority background. Participants in each public meeting identified themselves as a mix of service users (38%), carers (49%) and voluntary organisation representatives (12%) and a GP (1%).

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<p>19 How will the views of these groups be obtained? (Please tick)</p>	<p>Letter ✓ Meetings ✓ Interviews ✓ Telephone ✓ Workshops ✓ Fora ✓ Questionnaires ✓ Other: Email ✓</p>	<p>20 Please give the date when each group/expert was contacted.</p>	<p>Throughout the consultation/EIA period – 2 April 2007 to 29 June 2007.</p>
<p>21 Please explain in detail the views of the relevant groups/experts on the issues involved. (Please use a separate sheet if necessary)</p>	<p>Covered in detail under section 13.</p>		
<p>22 Taking into account the views of the groups/experts, please clearly state what changes if any you will make, including the ways in which you will make the function/policy accessible to all service users, or if not able to do so, the areas and level of risk (Please continue on a separate sheet if necessary)</p>	<p>The Cabinet is yet to decide if the proposals are to be formally implemented. See also the main report section 2.4 ‘options for consideration’ – bullet points. However, if the proposals are implemented, a formal monitoring group should be set up to determine if any of the concerns listed under section 13 materialise. The group should also consider appropriate measures to reduce differential impact for any groups, as noted under the improvement plan in this document.</p>		
<p>23 Please describe how you intend to monitor the effect this function/policy has on different minority groups (Please continue on a separate sheet if necessary)</p>	<p>See 22 above.</p>		

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<p>24 If any elements of your function/policy are provided by third parties please state, what arrangements you have in place to ensure that to ensure that the Council's equal opportunities criteria are met</p>	<p>Not applicable.</p>		
<p>25 Please list any performance targets relating to equality that your function/policy includes, and any plans for new targets (Please continue on a separate sheet if necessary)</p>	<p>Not applicable</p>		
<p>26 How will you publish the results of this Impact assessment?</p>	<p>Via the Harrow website, with printed copies sent to people on request. All councillors will receive a copy of this report prior to the Cabinet meeting in July.</p>	<p>27 Date of next assessment</p>	<p>On-going from the start of introduction, if the proposals are adopted.</p>

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Please list actions you intend to take as a result of this assessment. Attach additional sheets if necessary.

IMPROVEMENT PLAN

The following applies only if any proposals are implemented.

ISSUE IDENTIFIED	ACTION REQUIRED	LEAD OFFICER	TIMESCALE	COMMENTS
Potential concerns in section 13	To set up a formal monitoring group, that will report back to the Director of Adult Services and Cabinet, if potential concerns have materialised. The actions required to mitigate any differential impact should be considered in detail with timescales for implementation.	Mark Gillett	<p>To begin monitoring from the date of implementation of any proposals.</p> <p>A formal cabinet report should be produced outlining the main findings 6 months from the implementation date with appropriate recommendations for reducing or eliminating differential impact, if any.</p> <p>A report from the monitoring group should be considered in a cabinet meeting and made public via the Harrow Website.</p>	<p>The monitoring group will gather the views of service users and key stakeholder organisations.</p> <p>Focus groups may be appropriate as well as the collation of case studies.</p> <p>Recommendations for reducing or eliminating differential impact, if any, should include timescales.</p>

Signed:

NAME: Peter Singh, Service Manager Research and Strategic Planning, **Completing officer**

Date: July 16 2007

Signed:

NAME: Mark Gillett, Group Manager +, **Lead Officer**

Date: July 16 2007