

What is an Equality Impact Assessment?

An Equality Impact Assessment (“EIA”) is a way of analysing a proposed organisational policy or decision to assess its effect on people with protected characteristics covered by the Equality Act 2010*. To meet the Council’s statutory duty the EIA should also address issues of advancing opportunities and fostering good relations between different groups in the community.

There is no legal requirement to carry out an EIA, but the courts place significant weight on the existence of some form of documentary evidence of compliance with the Public Sector Equality Duty* when determining judicial review cases. Having an EIA as part of the report which goes to the decision makers and making reference to the EIA within that report helps to demonstrate that we have considered our public sector equality duty and given “due regard” to the effects the decision will have on different groups..

The EIA must be considered at an early stage of the formation of a policy/decision and inform its development, rather than being added on at the end of the process. The EIA form should be completed and updated as the policy / decision progresses and reviewed after the policy or change has been implemented.

Please note all sections must be completed. However the obligation is to have due regard and it may be that while an issue requires the completion of an EIA equally the matters at hand may not lend themselves to some of the obligations for example fostering good relations. As long as this has been properly considered it is legitimate to conclude that this cannot be applied in a particular case.

*Please read the notes at the end of this document.

Name of proposed decision/policy being reviewed:

Supporting People, Connecting Communities: plan for living and ageing well in Camden

Question 1

What is changing and why?

If the issue is going for decision, e.g. at Cabinet meeting, what are the decision makers being asked to decide? If you are reviewing a policy what are its main aims? How will these changes affect people?

The Cabinet approved the Supporting People, Connecting Communities plan on 18 October 2017. The approach is the strategic foundation for a whole Council approach to support the transformation of ASC in Camden and the additional savings proposals being presented to Cabinet on 6 December 2017 deliver the goals and objectives of the strategic plan and therefore this EIA also acts as an overarching EIA for the savings programme.

The strategic plan builds on proposals for a new strategy for ASC that were agreed by Cabinet in December 2016. This analysis flows directly from the EIA conducted in December 2016 that related to the proposals to develop a new strategy and specific savings as part of Camden's Medium Term Financial Strategy. The assessment is a working document and deals with the equality implications of the broad strategic direction set out in the plan. More detailed assessments on specific and detailed proposals that feature in the plan may be required as they are progressed and implemented.

Across all customer groups and adult social care services

The plan proposes a new relationship between the Council, the community and Camden residents. This will aim to build on individual and community strengths fostering resilience, reducing reliance on statutory services and focusing on quality outcomes. The approach will use a strengths based model, alongside a continued focus on supporting social connectedness, tackling social isolation and maximising independence, tailored to differing needs.

The approach reflects the principles in the Care Act, and highlights the principles underpinning the approach which were agreed by Cabinet in December 2016. The plan sets out a set of key objectives and workstreams that will deliver the transformation required, including the basis for delivering savings in 18/19 for ASC that the Cabinet agreed in December 2016. It will also be the strategic basis of future savings that the Council may need to deliver from ASC.

In summary, the plan sets out the proposed high level changes that will support outcomes across all care groups and Camden residents more generally as below:

Development of a new strengths based model of social work, moving away from care management to offering support which focuses on assets and strengths, enabling people to connect with a wide range of resources in their communities, including:

- Assist people to meet their desired outcomes
- Consistently apply the national eligibility threshold promoting the best use of resources to help people to have as much choice and control over their care and support as possible
- Offer early help when people experience a short term crisis so that they regain their independence
- Ensure all of our practitioners are consistently working in a strengths based way and that our systems and processes adapt to support this

Help residents to help themselves, including

- Improvements in information and advice and signposting integrated with other council services including Contact Camden, housing and health through primary care practices to enable people to be able where possible to find help and advice earlier and without the need for unnecessary assessment.
- Build community awareness and strengthen role of communities in contributing to healthy lifestyle choices
- Support opportunities for social action and innovation
- Look to develop innovative housing options to prevent, reduce and delay need for services
- Maximising activities that support positive outcomes including sport, libraries and the cultural opportunities
- Create age and disability friendly environments, exploiting opportunities through new developments

Help when residents need it, including

- An integrated response with health colleagues to provide timely short-term interventions
- Using the latest digital technologies to help people stay independent for as long as possible
- Improve early identification and management of physical health issues for people with learning disabilities
- Continue to develop earlier access to help and support for people experiencing mental health conditions, including developing a pathway of support for people with autism and enhancing Primary Care Mental Health Services;
- Support people to be active during the day and provide help into paid employment and training opportunities to support resilience

Ongoing support for those who need it

- Promote diversity and quality in the care and support market
- Ensure that there is a range of different providers of services focused on outcomes
- Develop a more consistent pricing structure for residential and nursing home placements

Help adults stay safe

- Offer person centred responses to safeguarding so that people who have experienced harm and abuse are involved to the extent that they want to be and feel empowered and supported to get the outcome they want

Notes to Question 1

- Summarise briefly and precisely just what the decision is about. In particular what changes will happen if this decision is agreed and put into effect? What happens now and what will happen in the future? What will be different?
- **Do not cut and paste the report or policy** but concisely restate it, considering equalities issues directly against the facts
- **Focus on the impacts on people** e.g. the users of any facility or service.

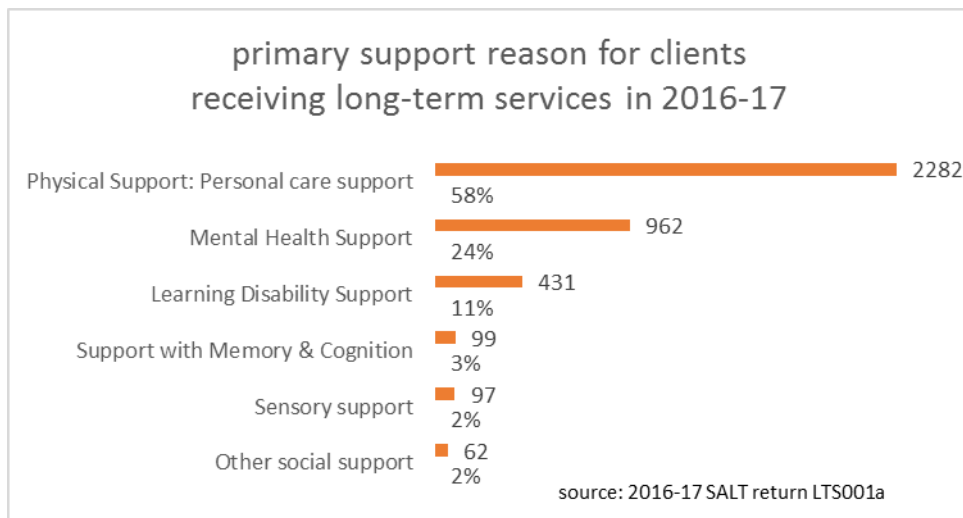
Question 2

Who will be affected by this decision and how?

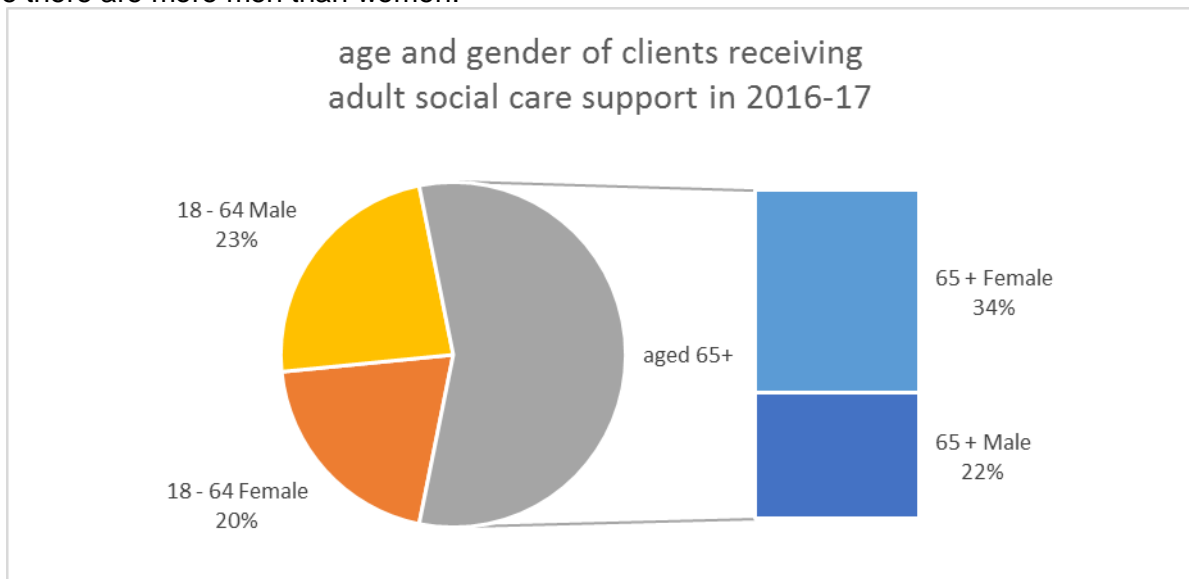
In particular do those from protected groups benefit or will they experience specific and disproportionate impacts? Will there be any direct or indirect discrimination?

The plan will affect all users and potential users of adult social care services, as the plan represents a whole system change. A detailed profile of the use of adult social care is set out below which informs the understanding of the impact of the proposals.

In 2016/17 we supported 3,933 service users, of whom 11% had a learning disability and 24% had mental health needs. Physical disabilities and sensory impairments accounted for 60% clients needing support. Note that some users will have multiple support needs e.g. physical support and support with memory and cognition. There are also approximately 17,000 carers in Camden. 1,012 received a carers support in 2016/17.

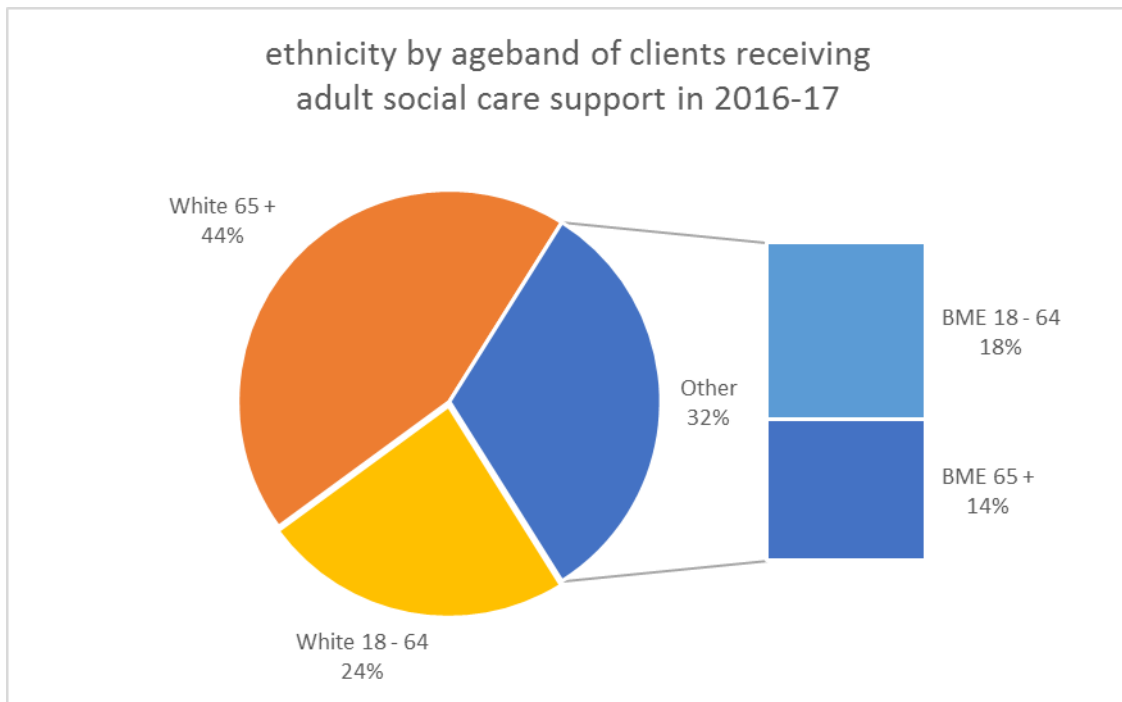


The majority of support ASC provides is to older people with age-related disabilities. In 2016-17, 55% were older service users aged 65 or above. Women increasingly outnumber men in the oldest age groups so more women than men are clients aged 65+. This is reversed in the 18 – 64 age group where there are more men than women.



68% of those supported by adult social care are classified as White ethnicity, of which a clear majority are aged 65+. 32% are classified as BME, which broadly reflects the proportion of Camden's general population from a BME background. However there are slightly more people aged 18 – 64 than 65+ in the BME group receiving support, in contrast to the White age profile.

Question 2

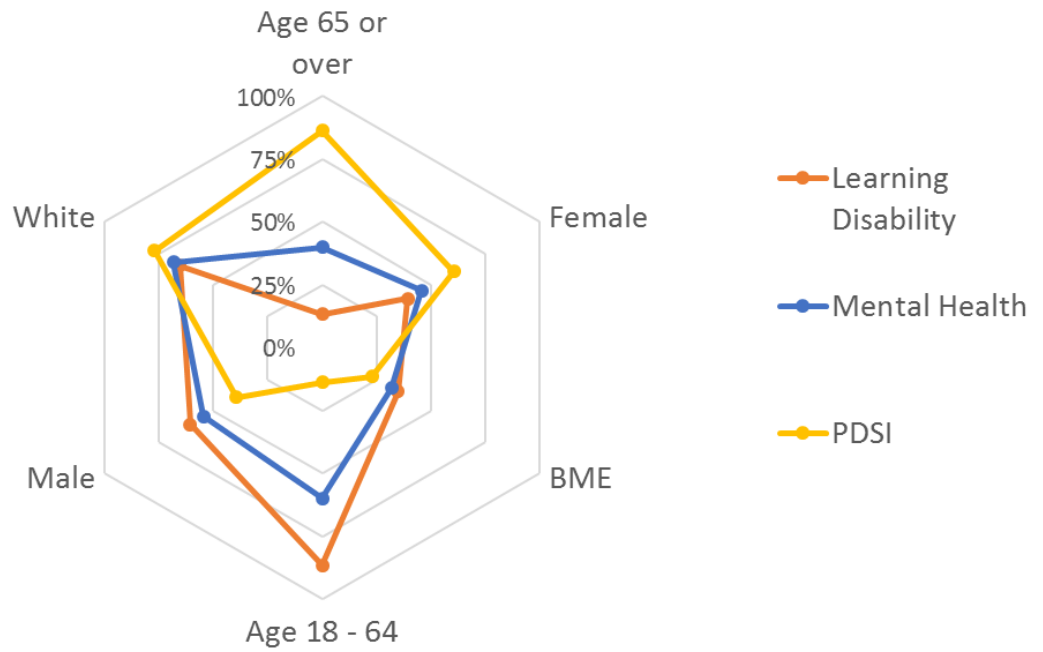


The age, gender and ethnicity characteristics of service users vary according to their primary support need. Learning disability clients are typically aged under 65 and more likely to be male. Mental health service users are a broad group although also generally aged under 65. PDSI service users are predominately elderly white women. BME service users are a smaller proportion of the older client group.

This data is not a reflection of *all* mental health service users in the borough, but only those that are eligible for services and have been assessed as having severe needs. People with lower, non-eligible levels of mental ill health will access other preventative mental health services such as IAPT (Improving Access to Psychological Therapies) services. There are an estimated 36,600 adults with common mental health conditions in the borough.

Question 2

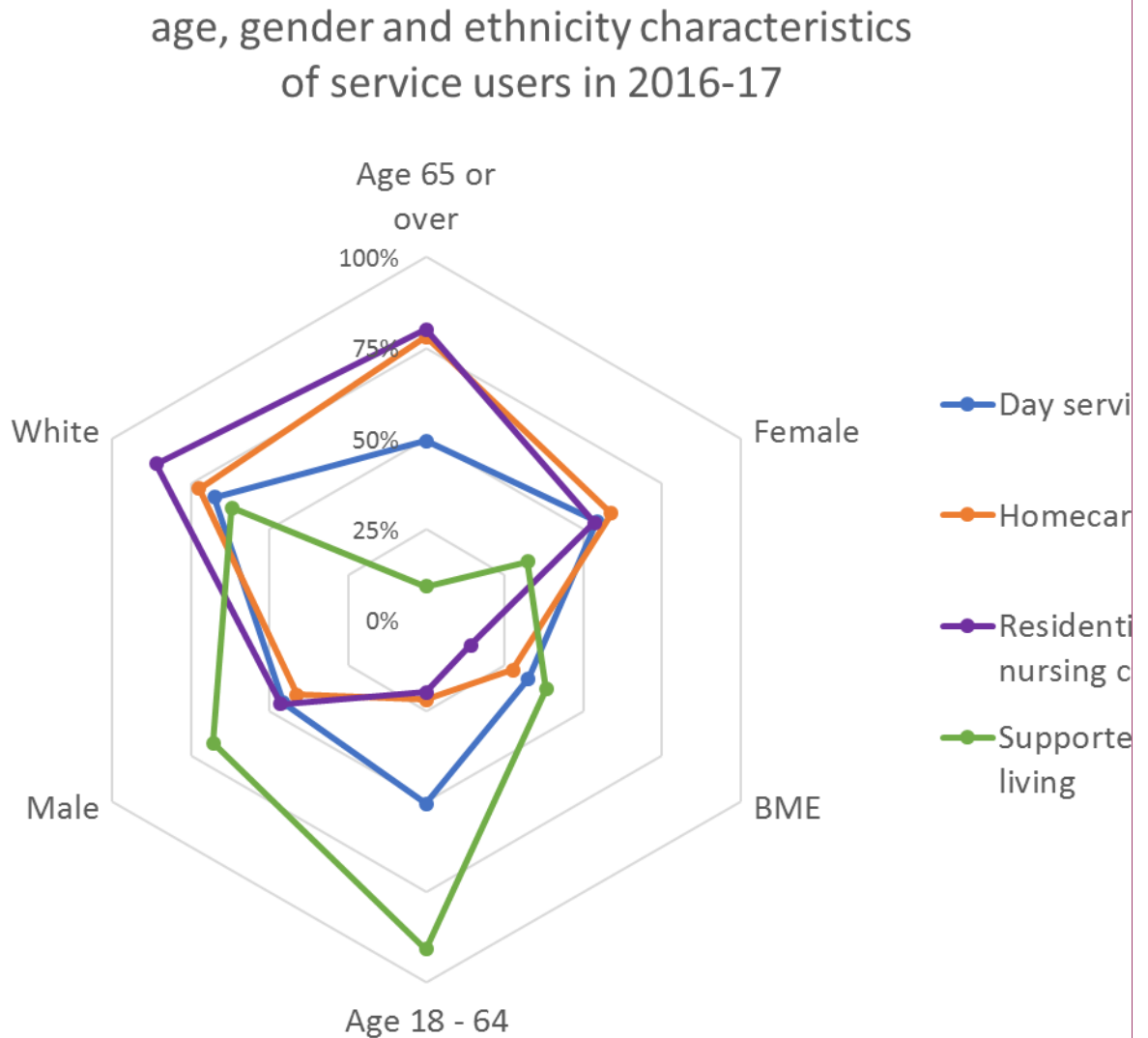
age, gender and ethnicity characteristics of service users in 2016-17, categorised by support need



Service usage – All ASC users

Question 2

The chart below uses data for 2016/17 and shows age, gender and ethnicity by service type.



Homecare services: Nearly 80% of service users are aged 65+ and there are more women than men. Just over a quarter of service users are BME which is a lower percentage than other services.

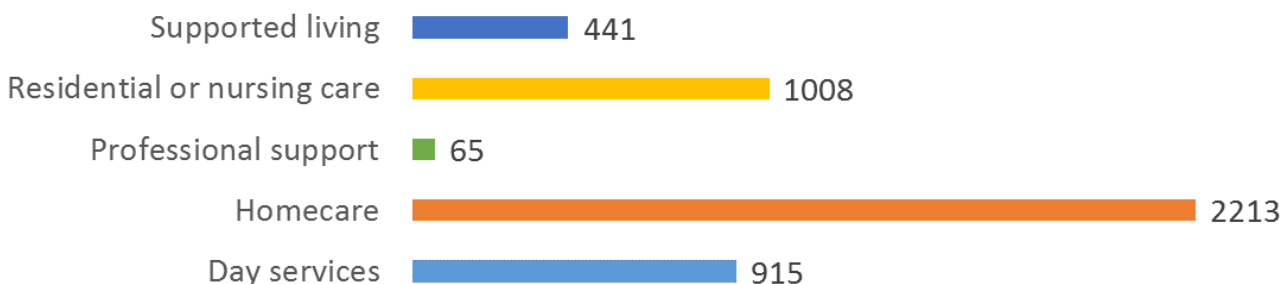
Day services: overall these are used by a broad range of people reflecting the make up of Camden’s general population. Data elsewhere suggests that up to the age of 64, more males are receiving day services. From age 65 onwards there is an increase in females using day services.

Nursing and residential services: Those using placements are much more often white than BME. 80% are aged 65+.

Supported living: The green ring identifying the characteristics of those who receiving this service is similar to the profile of learning disability clients on the previous chart and therefore reflects that these adult placements are predominately aged under 65 and also slightly more male and BME than other client groups.

Question 2

number of clients being supported in 2016-17 by each selected service type (excluding low-level services)



The volume of service users needing homecare support is much larger than other services offered. Note that the table above does not include services such as the provision of OT equipment which do not require extended ongoing support.

Although most homecare service users are aged 65+, the demand for homecare means that it is also the most common service among clients aged 18 – 64. As shown in the table below, 485 people aged 18 – 64 received a homecare service in 2016-17.

	Day services	Homecare	Professional support	Residential or nursing care	Supported living
Age 18 - 64	463	485	5	201	400
Age 65 or over	452	1728	60	807	41
Female	497	1299	37	540	142
Male	417	910	28	468	299
White	609	1540	49	856	271
BME	293	584	15	140	167

To summarise, much of the service provided by adult social care is homecare, nursing and residential placements to the elderly, particularly white women. However homecare is important to other client groups too. Nursing and residential placements are typically a service for the elderly. Day services are used by all groups. Supported living is a more focussed service for under 65s, particularly those with learning disability.

As the model is developed and implemented the impact of the proposals will be closely monitored and further EIA's conducted on detailed proposals. The impact of the proposals in the plan will include impact on a number of protected groups.

Based on the current analysis the following protected groups may be affected:

- A higher proportion of older people are likely to be impacted by proposals due to their proportionately higher use of adult social care services. Potentially some people may no longer receive council funded statutory services to meet their eligible needs.
- A higher proportion of disabled people are likely to be impacted by the proposed approach due to the proportionally higher numbers that receive care and support. Potentially some people may no longer receive council funded statutory services to meet their eligible needs, with a focus on maximising the role of other services that can support and meet eligible needs, including by community resources.
- Refocusing of mental health services and other disability services on a recovery and asset based approach will mean that a significant number of people will no longer access council funded support as their eligible support needs would be met through other methods including by community

Question 2

resources.

Notes to Question 2

- Here use data to show who could be affected by the decision – e.g. who uses the service now and might use it in the future
- **Do not simply repeat borough wide or general service equality data** – be as precise and to the point as possible
- We are under a legal duty to be properly informed before making a decision. If the relevant data is not available we are under a duty to obtain it and this will often mean some consultation with appropriate groups is required.
- Is there a particular impact on one or more of the protected groups? Who are the groups and what is the impact?
- Consider indirect discrimination (which is a practice, policy or rule which applies to everyone in the same way, but has a worse effect on some groups and causes disadvantage) - for example not allowing part-time work will disadvantage some groups or making people produce a driver's licence for ID purposes.

Question 3

Does the proposed decision have an impact (positive or adverse) on our duty to eliminate discrimination/harassment and victimisation, promote equality of opportunity or foster good relations between different groups in the community (those that share characteristics and those that do not)?

The plan has the potential to have a positive impact on the Council's duty to promote equality of opportunity. The plan will aim to ensure that older residents, people with physical disabilities and sensory impairments, learning disabilities, and those with mental health difficulties and people's carers have access to a wide range of services promoted through an improved information and advice offer, and through the development of the new strengths based approach to delivering social care. The plan will aim to

- ensure that training and employment opportunities are maximised for older, disabled people and those with mental health issues;
- ensure that sports and physical activities and access to libraries and cultural opportunities are maximised providing as much equality of opportunity as possible;
- creating age and disability friendly environments, exploiting new developments including through the Council's community investment programme to ensure new properties and estates are accessible for all residents.

The plan has a strong focus on building social capital, and connecting communities, including fostering relations between different groups in the community and ensure that these connections and wider social networks are maximised. The proposals in the plan that will foster relations between different groups includes:

- build community awareness and strengthen the key role communities have in contributing to promoting healthy lifestyle choices, tackling issues of loneliness and isolation, prevention and potential harm (safeguarding) for example a better understanding of the issues that affect people with mental health or dementia;
- Support opportunities for social action and innovation, through such schemes as the 'Recommend me app' and 'Good Gym', and activities that bring different generations together.

As the programme of implementation of the strategic plan takes shape the Council will seek to gather evidence of the impact on fostering positive relations and ensure that through subsequent EIAs related to the Plan there are measures in place to ensure there is a focus on measuring and monitoring the potential to foster good relations between groups.

Notes to Question 3

- Here, think about our other duties (see the notes at the end) and do the proposals impact (positive and or negative) upon those wider duties and aspirations?
- What might say a reduction in the hours of a facility that mainly serves a particular group have on our wider duties?
- Examples of eliminating discrimination: Taking action to ensure that services are open to all groups – e.g. targeting help at particular deprived sections of the community or funding services who work to prevent discrimination

Question 4

If there is an adverse impact can it be avoided?

If it can't be avoided what are we doing to mitigate the impact?

As set out in question 2 the plan may have an adverse effect on a higher proportion of older people, disabled people and those with mental health issues, due to their high proportionality use of adult social care services. Some individuals may receive less Council funded statutory support to meet their eligible needs.

The approach set out in the Plan aims to enable and develop a strengths based model, which will provide more personalised support, maximising and promoting greater use of social and community networks and enable the opportunity to foster good relations through greater social interaction. The plan is focused on enabling more connected communities, utilising the wide range of resources within the borough beyond statutory support. As such the aim will be to work with individuals, communities and partner organisations to ensure the right support is available through the range of opportunities within Camden. To determine eligibility and ensure that residents receive the right support that maintains their independence the Council will ensure that all practitioners are working in a strengths based approach, with systems that are aligned with this, and with a fair and equitable approach to delivering support.

The proposed focus on developing the range of accommodation and services available in borough should benefit older people with learning disabilities by reducing the need to live or be placed out of borough when their needs change and therefore enable them to live closer to their families and networks. Proposals will have similar benefits for younger people with disabilities in transition from children to adults services, with some being able to return to living in Camden.

A higher proportion of women using older people's services are likely to be impacted by proposals due to their proportionately higher use of those services. A higher proportion of men using learning disability services are likely to be impacted by proposals due to their proportionately higher use of those services. A higher proportion of men receiving mental health services under FACS are likely to be impacted by proposals due to their proportionately higher use of those services.

The focus on building individual resilience so that people have less need for ongoing support from mental health services or are supported in the community should result in better outcomes and ensure that people maintain their independence from Council statutory services.

The key broad ways in which we will mitigate the impact of the changes and potential adverse effected are:

- We will ensure that communications around proposals are appropriate and sufficient for all impacted groups.
- We will ensure that individual needs are considered on a case-by-case basis for all those who may be impacted by proposals. We will ensure that adequate, tailored arrangements are in place for all users, so that no protected groups are disproportionately affected.
- A personalised approach to service delivery will ensure that services are tailored to meet individual needs, and encourage an asset-based approach to services, which focuses on promoting independence and resilience within the community.
- We will provide comprehensive information and advice provision through a range of channels. Our information and advice offer, in accordance with the requirements of the Care Act, will ensure that we provide suitable information at places where people naturally go for help, and will be designed to be equally accessible to all protected groups, including for example to BME communities who might be reliant on particular modes of engagement and communication.
- We will ensure that there is a fair and proportionate service through equitably applying the eligibility criteria, removing the scope for any possible bias affecting our assessment and care planning processes, including through training staff, and analysis and audit of expenditure
- We will ensure that any staffing changes that arise from implementation of the plan and the associated programme are customer-focused and incorporate customer views as far as possible so that any resulting change in staffing structure fairly reflects these.
- We will continue to measure the equality impacts of these changes to services and respond accordingly, including through regular reporting to the ASC Transformation Board as and when there are specific service changes that are considered that flow from the implementation of the plan
- We will set up regular proportionate opportunities to involve service users in the implementation of the approach including through the opportunities presented from the development of Camden's Citizen's assembly and broader engagement through the development of the new overarching strategic plan for the borough.

Notes to Question 4

Question 4

- Assuming there is an impact what are we going to do about it? We need to make sure the **decision makers understand the impacts**
- All our policies and decisions should be designed to eliminate discrimination and contribute to our other obligations such as promoting good relations.
- If it can't be avoided can it be mitigated in some other way?
- There might be decisions elsewhere or perhaps additional spending on other services which could reduce the impact. Beware of simply saying that we will direct service users to other services or resources without considering the feasibility of doing so or the knock-on effect for those services
- We don't have to completely eliminate a negative impact, but we must identify it and try to mitigate it and the **decision makers must be in a position to fully understand the implications of their decision and balance off the competing interests** – e.g. the impact against the need to make savings and balance our budget

Question 5

How can/have we advance/d equality of opportunity via this decision/policy?

How can/have we foster/ed good relations via this decision/policy?

The plan has the potential to have a positive impact on the Council's duty to promote equality of opportunity. The plan will aim to ensure that older residents, people with physical disabilities and sensory impairments, learning disabilities, and those with mental health difficulties and people's carers have access to a wide range of services promoted through an improved information and advice offer, and through the development of the new strengths based approach to delivering social care. This approach will emphasise residents strengths and connect them with broader opportunities.

The plan has a strong focus on building social capital, and connecting communities, including fostering relations between different groups in the community and ensure that these connections and wider social networks are maximised.

Further information on the potential to foster good relations is set out in section 3 of this document.

Notes to Question 5

- **There may be decisions or policies where this is not going to be applicable. Quickly explain this in the box above. However the important point is that it is carefully considered.**
- Suggest positive steps that can be achieved towards our statutory obligations to remove or minimise disadvantages suffered because of protected characteristics, e.g. taking steps to meet the needs of people from the different backgrounds when they are different to the needs of others, encouraging participation from groups when participation is disproportionately low
- Advancing equality of opportunity - (NB this doesn't apply to marriage and civil partnership). **This is a "positive duty"** which requires public authorities to consider taking proactive steps to root out discrimination and harassment and advance equality of opportunity in relation to their functions—from the design and delivery of policies and services to their capacity as employers. The duties require us to give consideration to taking positive steps to dismantle barriers. Advancing equality of opportunity might require treating some groups differently e.g. targeting training at disabled people to stand as councillors. **The legislation requires when we have due regard in terms of advancing equality of opportunity to. A. Remove/minimises disadvantage suffered by those who share a characteristic and is connected to it B. Take steps to meet the different needs of those who share a characteristic C. Encourage those who share a characteristic to participate in public life or any other activity when participation is disproportionately low.**

Notes to Question 5 (continued)

- Advancing opportunity includes the fact that the steps needed to meeting the needs of disabled persons **take into account the disabled persons disabilities**
- We are required to **have “due regard” to the need to foster good relations** between people who share a relevant protected characteristic and people who do not share it. This **involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.**

Examples:

- ↘ an employer to provide staff with education and guidance, with the aim of fostering good relations between its trans staff and its non-trans staff.
- ↘ a school to review its anti-bullying strategy to ensure that it addresses the issue of homophobic bullying, with the aim of fostering good relations, and in particular tackling prejudice against gay and lesbian people.
- ↘ local authority (Not Camden) to introduce measures to facilitate understanding and conciliation between Sunni and Shi’a Muslims living in a particular area, with the aim of fostering relations between people of different religious beliefs.
- ↘ our work to encourage Bangladeshi tenants involvement in TA’s.

EIA prepared by: Andrew Knox

Date: 25 September 2017

EIA checked by: Denise Pittaway

Date: 29 September 2017

EIA approved by: Sarah McClinton

Date: 6 October 2017

(Relevant Director Sponsor)

What is our Public Sector Equality Duty (PSED)?

Under section 149 all public authorities must, in the exercise of their functions, have 'due regard' to the need to:

1. Eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act; EqA 2010 (section 149(1)(a)).
2. To advance equality of opportunity between people who share a relevant protected characteristic and those who don't; This involves having due regard to the needs to:
 - o remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - o take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it (section 149(4)); and
 - o encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

Section 149(6) makes it clear that compliance with the PSED in section 149(1) may involve treating some people more favourably than others, but that is not to be taken as permitting conduct that would otherwise be prohibited by or under the EqA 2010 (this includes breach of an equality clause or rule or breach of a non-discrimination rule (section 149(8))).

(Section 149(3), EqA 2010.)

3. Foster good relations between people who share a relevant protected characteristic and those who don't (section 149(1)(c)). (which involves having due regard to the need to tackle prejudice and promoting understanding) (section 149(5), EqA 2010)..

Under the Duty the relevant protected characteristics are: Age, Disability, Gender reassignment, Pregnancy and maternity, Race, Religion, Sex, Sexual orientation.

- In respect of the first aim only i.e. reducing discrimination, etc. the protected characteristic of marriage and civil partnership is also relevant.
- In meeting the needs of disabled people we have a duty to take account of their disability and make reasonable adjustments to our services and policies where appropriate.
- We must be able to demonstrate that we have considered and had due regard to all three parts of this duty. We must also look for anything that directly or indirectly discriminates.

What do we mean by “due regard”?

- This is not a question of ticking boxes, but should be at the heart of the decision-making process.
- decision-makers must be made aware of their duty to have due regard – so understand the legal requirements on them;
- There should be an analysis of the data – who is this going to affect and how will it put against the legal requirements
- We need to have thought about these duties both before and during consideration of a particular policy and we need to be able to demonstrate that we have done so
- The Duty is “non-delegable” so it is for the decision maker themselves to consider with assistance from the report and officer analysis. What matters is what he or she took into account and what he or she knew so it is important to have the relevant papers accompanying the report. The report should make explicit reference to the EIA. the duty is continuing so while this guide is aimed at the point of decision we should at appropriate points review our duties against the decision/policy
- The decision maker must assess the risk and extent of any adverse impact and the ways in which such risk may be eliminated before the adoption of a proposed policy or decision has been taken
- Officers reporting to or advising decision makers must not merely tell the decision maker what he/she wants to hear but need to be “rigorous in both enquiring and reporting to them”
- The duty should be reconsidered if new information comes to light

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What is due regard? In my view, it is the regard that is appropriate in all the circumstances. These include on the one hand the importance of the areas of life of the members of the disadvantaged ... group that are affected by the inequality of opportunity and the extent of the inequality; and on the other hand, such countervailing factors as are relevant to the function which the decision-maker is performing”

Lord Justice Dyson

”

We need to take a sensible and proportionate approach to this based on the nature of the decision or policy being reviewed