



Equality Impact Assessment Form

The Equality Act 2010 came into force on the 1st October 2010.

Under the Act there is a legal obligation (a “duty”) on the council to **assess the impact** of council policies, processes and behaviours on customers and staff with protected characteristics as identified in the Act.

In addition council has a legal duty to show how our policies and practices would further or have furthered the aims below:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

Equality Impact Assessments (EIAs) demonstrate that we meet the legal duties above. To comply with the essence of legislation EIAs should be a comprehensive, formal and structured process and the results should be published. These factors enable us to demonstrate to all stakeholders and regulatory/ enforcement bodies (like the Equality and Human Rights Commission and the Courts) that we have fully addressed equality and diversity within the council.

An Equality Impact Assessment must be done at the development stage of any policy, review, project, service change etc, **before any decision is taken**. It should also be done every time there are changes to policies and practices, **before the changes are finally agreed** by decision makers

1	Name and Job Title of person completing assessment	Kathy Clark Assistant Director Assessment and Safeguarding
2	Name of service, policy, function or criteria being assessed	FACS changes to substantial
3	What are the main objectives or aims of the service/policy/function/criteria?	<p>Review the level at which social services will fund support to those needing community care support.</p> <p>Ensure those people with higher needs can be supported within available social care budgets.</p> <p>Develop new alternative ways to support people with moderate needs through community and voluntary sector provision</p>
4	Date	13/7/12

Stage 1: Initial Screening				
5	<p>What evidence is available to suggest that the proposed service/policy/function/criteria could have an adverse impact on quality of life outcomes¹ for people (both staff and customers) with protected characteristics? Document the source of evidence, (e.g. past experience; anecdotal; research, including national or sectoral; results of engagement/consultation; monitoring data etc) and assess relevance of impact as: Not relevant / Low / Medium / High. <i>Please see www.equip.org.uk for further help with completing this stage.</i></p>			
Protected Characteristic	Impact Not relevant = NR, Low = L, Medium = M, High = H		Source of evidence that there is or is likely to be adverse impact	
	Staff	Customers /Public	Staff	Customers/Public

¹ See appendix 1

Race	NR	M	<p>National indication that those from an ethnic minority less likely to access care service – but local data does not indicate this as an issue.</p> <p>Response rate to the consultation reasonably representative which means only a small number of responses from minority groups. Within this noted that there is a lower rate from Asian and British Asian compared to estimated older population for York (0.1% opposed to 0.23-0.83%) (based on Projecting Older People Population Information website).</p>
.Religion / Spirituality /Belief	NR	M	<p>No indication that level of need for social care support is impacted by religion, belief or spirituality. More important is the way support is provided</p>

<p>Gender</p>		<p>M</p>	<p>Any changes will affect both male and female population, but nationally more women live longer so may be more affected, and more women are carers</p> <p>Analysis of those at moderate level in York who may be affected indicates an 50/50 split between male and female</p> <p>Response to consultation was higher from women than men although 12.2% preferred not to answer this question.</p>
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<p>Disability</p>		<p>H</p>	<p>Social care services are primarily provided for those with a disability or life limiting illness so those with moderate levels needs in these groups could be adversely affected by change in FACS criteria.</p> <p>There may be additional costs to individuals if they need to find alternative ways to meet the moderate care needs. Others will need to change the way they access support.</p> <p>Of those who may be affected by the changes 24% are people with a learning disability 30% have a mental health need and 36% are frail or have a physical or sensory disability.</p> <p>The responses to the consultation were representative of our disabled communities. 73% of respondents said they were disabled. 34% of these have a learning disability, 24% have mental health needs and 73% have a physical disability. 37% have a sensory disability.</p>
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Annex E

Sexual Orientation		L		No indication that level of need affected by sexual orientation.
Age		H		Older people who are frail or disabled or vulnerable are main users of support, particularly those who are over 85. Those at moderate levels could be adversely affected by change in FACS criteria. Please see disability characteristics for issues
Pregnancy/maternity	NR	NR		
Gender Reassignment		L		No indication that level of need affected by gender reassignment
Marriage and Civil Partnership	NR	NR		

Carers of older and disabled people	NR	H	<p>Older people and disabled people are main users of support and services so their carers may be adversely affected by change in FACS criteria if support is removed</p> <p>Where it is the carer's contribution which means someone's eligibility level is designated as moderate the review of need will take account of the carer's ability and willingness to offer any additional support</p> <p>4% of respondents to the consultation were carers, and 6% identified themselves as carers in the equality monitoring and so the results do not necessarily represent the views of carers. However carers views have been fed in through meetings with York Independent Living Network and the Valuing People Partnership Board.</p>
<p>If you assess the service/policy/function as not relevant across ALL the characteristics, please proceed to section 11.</p>			

If you assess the service/policy/function as **relevant for ANY of the characteristics**, continue to Stage 2, Full Equality Impact Assessment.

Stage 2: Full Equality Impact Assessment

6	Are there any concerns that the proposed or reviewed service/policy/function/criteria may be discriminatory, or have an adverse impact on members of the public, customers or staff with protected characteristics? If so record them here (expand the boxes to take up as much room as you need). See the 2 EIA Guidance documents on Colin for help as to what the issues may be.	
a	Public/customers	<p>Consultation has been undertaken with all residents who are actively supported by adult social care, with letters sent to 3861 residents. The information was made available in a number of formats, including Easy Read, CD, and was printed on yellow paper for those with visual impairments. The questionnaire was kept as simple as possible, but because of the technical nature of the issue was not produced in a separate easy read version.</p> <p>The information and the questionnaire were also available on line through the Council website and residents in the city were advised of the consultation through the council newsletter, Your Voice, and information was also contained in the newsletter of York LINK.</p>

	<p>Representatives on the Mental Health , Older Peoples' and Valuing People Partnership Boards were invited to respond through the Boards. Board members include York Foundation Hospital, Vale of York Commissioning Group and representatives of the voluntary sector and service users and carers groups. Voluntary sector organisations were also offered the opportunity to respond through the forums, organised through York Council for Voluntary Service, for mental health, older people and learning disabilities.</p> <p>Communication with senior officers of the Vale of York Clinical Commissioning Group and York Foundation Trust Hospital has taken place at the Long Term Conditions Steering Group.</p> <p>Care Management staff were given the opportunity to comment on the options at two staff conferences in May.</p> <p>Senior officers met with the York Independent Living Network and the Valuing People Partnership Board at their request</p> <p>There are concerns from the consultation that people who receive support a moderate level need that support and they will struggle if the support is not available.</p>
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		<p>There are concerns that withdrawing support to people at moderate level will impact on preventing their needs becoming higher level.</p> <p>There are concerns that carers will feel pressured to provide more support and this will impact on their health and wellbeing.</p> <p>Some Public/Customers will not receive support funded by the Council if the FACS criteria are changed. Some will be able to access universal or targeted prevention support, such as Supporting People services, telecare and equipment. The proposed £150k investment will support additional community based support, based on an analysis of the consultation responses and of the needs of those currently at moderate level. There will be an opportunity for user led groups to shape and help deliver some of the new investments. Current indication is that around 170 people will be directly affected from current customers. That is around 5% of current service users- so assume will impact on 5% of potential future assessments.</p> <p>Change to the eligibility level will reduce access to social care funds, for those at moderate level, but protect support for those with higher level needs.</p>
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b	Staff	
7	<p>Can the adverse impact be justified? For example:</p> <ul style="list-style-type: none"> ▪ improving community cohesion ▪ complying with other legislation or enforcement duties ▪ taking positive action to address imbalances or under-representation ▪ needing to target a particular community or group e.g. older people. <p>NB. Lack of financial resources alone is NOT justification!</p>	
<p>The Local Authority is required by legislation to decide what level of risk, as defined by the Fair Access to Care Guidance, they will provide services and support for, based on the resources available. Targeting those with higher needs will benefit the same communities who could be affected by a change in the eligibility levels by protecting those who are most vulnerable.</p> <p>Alongside this, recent policy direction on Personalisation in social care has been to encourage greater use of community services and support. Changing our eligibility criteria to Substantial and Critical would allow some of the savings made to be reinvested in lower level preventive services, and in more community based supports as part of a wider preventive approach.</p> <p>The Council is already increasing the capacity within the reablement service which will help vulnerable residents needing support to improve their skills and confidence in daily living activities. The service also ensures we can</p>		

still support discharges from hospital.

The Review of Elderly People's Homes has already provided an opportunity to deliver day care for older people in a different way. New services provided from April as a result of the programme are open access. This enabled all who were previously attending care homes to be offered support through the new clubs and increased capacity for others to access. In addition the changes to care homes have released one of the decommissioned care homes for use by the voluntary sector who are planning to develop a voluntary sector hub for health and social care voluntary sector groups. It is hoped this will be possible by March 2013

The Vale of York Clinical Commissioning Group, York People First and Lives Unlimited have so far expressed an interest in working with us to develop new support options in the community

8	What changes will you make to the service/policy/function/criteria as result of information in parts 5&6 above?
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We will review those customer affected by the changes through our care management processes, and ensure we include carers in the review. We will identify anyone whose needs have changes and make sure carers are not pressed to take on additional support that they are unable or unwilling to provide. We will work with customers and their carers to help them find support available through other routes if they remain at moderate level

We will look to invest additional money in low level preventive services working with our user led groups and with our Clinical Commissioning colleagues

9	<p>What arrangements will you put in place to monitor impact of the proposed service/policy/function/criteria on individuals from the protected characteristics?</p>	
<p>We will be able to monitor the impact on current customers through the personal reviews. We will still undertake initial Care Assessments for any residents who appear to have community care needs and through this will be able to track how those with moderate needs are able to find support in the future</p>		
10	<p>List below actions you will take to address any unjustified impact and promote equality of outcome (as in appendix 1) for staff, customers and the public from the protected characteristics. The action could relate to:</p> <ul style="list-style-type: none"> ▪ Procedures ▪ Service delivery ▪ Training ▪ Improvement projects 	
Action		Lead
		When by?

<p>We are already on track to increase our capacity to offer an extended assessment (up to 6 weeks) with access to a reablement care service which will seek to improve levels of independence during that assessment period.</p> <p>We will be providing a new online information service to help people find support (My Life My Choice website)</p> <p>We will invest £150k per annum in additional and new voluntary sector services and community support</p>	<p>K Clark</p> <p>K Clark</p> <p>G Terry</p>	<p>October 2012</p> <p>August 2012</p> <p>October 2102</p>
<p>11</p>	<p>Date EIA completed</p>	<p>09/07/12</p>
<p>Author: Kathy Clark Position: Assistant Director Assessment and Commissioning Date: 09/0712</p>		
<p>12</p>	<p>Signed off by</p>	

I am satisfied that this service/policy/function has been successfully equality impact assessed.

Name:

Position:

Date:

Please send the completed assessment for feedback to evie.chandler@york.gov.uk and heather.johnson@york.gov.uk

Once your EIA has been completed we shall also add it to the corporate register of EIAs. We use the register to publish an annual EIA report on the council's site.

Appendix 1 - Quality of Life Indicators (also known as “the 10 dimensions of equality”)

We must ensure there is no adverse impact in terms of:

- ❑ Longevity, including avoiding premature mortality.
- ❑ Physical security, including freedom from violence and physical and sexual abuse.
- ❑ Health, including both well-being and access to high quality healthcare.
- ❑ Education, including both being able to be creative, to acquire skills and qualifications and having access to training and life-long learning.
- ❑ Standard of living, including being able to live with independence and security; and covering nutrition, clothing, housing, warmth, utilities, social services and transport.
- ❑ Productive and valued activities, such as access to employment, a positive experience in the workplace, work/life balance, and being able to care for others.
- ❑ Individual, family and social life, including self-development, having independence and equality in relationships and marriage.
- ❑ Participation, influence and voice, including participation in decision-making and democratic life.
- ❑ Identity, expression and self-respect, including freedom of belief and religion.
- ❑ Legal security, including equality and non-discrimination before the law and equal treatment within the criminal justice system.

Indicators from: The Equalities Review 2007 and the Equality Framework for Local Government.