

NOTICE OF MEETING

CABINET MEMBER SIGNING

**Thursday, 12th October, 2017, 2.00 pm - Civic Centre, High Road,
Wood Green, N22 8LE**

Councillor Vanier – Cabinet Member for Adult Social Care and Culture

1. FILMING AT MEETINGS

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The chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

2. URGENT BUSINESS

The Leader/Cabinet Member will advise of any items they have decided to take as urgent business.

3. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

4. RESPITE POLICY CONSULTATION (PAGES 1 - 38)

5. NEW ITEMS OF URGENT BUSINESS

As per item 2.

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Bernie Ryan
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Wednesday, 04 October 2017

Report for: Cabinet Member Signing, October 12th 2017

Item number:

Title: Draft joint Council and Haringey Clinical Commissioning Group Respite Care Policy for Children, Young People and Adults in Haringey for permission to consult with a range of stakeholders

Report

authorised by : Charlotte Pomery, Assistant Director Commissioning

Lead Officers: Sebastian Dacre, Commissioning Manager

Ward(s) affected: All

Report for Key/

Non Key Decision: Key Decision

1. Describe the issue under consideration

- 1.1 Haringey Council and Haringey Clinical Commissioning Group are committed to enabling all residents to have a good start in life and to live as independently as possible with the right support, achieving their stated outcomes whether they are carers, young carers or cared for people. This paper proposes that consultation is carried out on a draft Respite Policy which is intended to provide clarity for all carers, users of all ages and practitioners to ensure that those with eligible needs receive the appropriate respite support.
- 1.2 Both carers and those with care needs have rights set out in law and described in the guidance that the Council and CCG have to consider, specifically: The Care Act 2014, the Children and Families Act 2014 and The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2012.
- 1.2 These pieces of legislation and guidance provide the framework for Local Authorities and Clinical Commissioning Groups (CCGs), as well as partners such as Mental Health Trusts, Acute trusts and the community and voluntary sector, to ensure that all partners are treating the needs of carers and the cared for person with parity, promoting their wellbeing and supporting their choice and control. There has also been a requirement to strengthen support for carers, including an emphasis on the importance of respite care. This also includes the requirement for the needs of young carers to be identified and addressed.
- 1.3 The draft respite policy (attached at appendix 1) is intended to provide clarity for all carers, users of all ages and practitioners to ensure that those with eligible needs receive the appropriate respite support.

- 1.4 This report sets out the Council's intentions for consultation (appendix 2) with a wide range of stakeholders on the draft joint Council and CCG Respite Care Policy for Children, Young People and Adults in Haringey before the final Respite Policy is presented to Cabinet for approval next year. It outlines how the Council and the CCG will move towards a consistent and equitable way of supporting people in the provision of respite across health and social care.
- 1.5 This policy forms part of a suite of documents which the Council is in the process of refreshing to ensure that its key priorities and outcomes – that is, to give every child the best start in life and to enable all adults to lead healthy and fulfilling lives, as set out in the Corporate Plan – are supported by clear policy positions.

2. Cabinet Member Introduction

- 2.1 I am delighted to introduce this draft Respite Policy for consultation across Haringey. The policy is a joint document between the Council and the CCG and reflects the strong strategic and working relationships between the two partners.
- 2.2 We full acknowledge the significant contribution which carers make to supporting people with care needs of all ages to lead independent and fulfilling lives. We see on a daily basis the difference that the energy, dedication and enthusiasm of carers make in the lives of local residents who need more support. This policy is aimed at providing clarity about the respite offer which would be available both from the Council and from the CCG.

3. Recommendations

- 3.1 To approve the draft Respite Policy for consultation with stakeholders for a period of 56 days (8 weeks).
- 3.2 To report back to Cabinet on the responses to the consultation undertaken and for a decision on the proposed Respite Policy.

4. Reasons for decision

- 4.1 Haringey Council is committed to supporting carers, young carers and the cared for person to access the right respite care in a way that supports carers, contributes to outcomes for the cared for person and aligns with the Borough Plan. The Council is also committed to closer integration between health and social care. This policy outlines Haringey Council and Haringey Clinical Commissioning Group's approach to respite care which has the aim of maintaining or improving carers' well-being and, in line with the Care Act 2014, the Children and Families Act 2014 and The National Framework for NHS Continuing Healthcare and NHS- funded Nursing Care 2012 treating carers and the cared for person equivalently.
- 4.2 Haringey Council and Haringey CCG recognise the significant contribution that carers – whether family members, young carers or parent carers – make to the

care of those with a range of needs who are thereby able to remain living at home for longer, preventing the need for institutionally based care for as long as possible.

- 4.3 The current council arrangements for respite care do not rest upon a single clearly stated policy position. Current practice is inconsistent with local variations in different service areas.
- 4.4 The CCG also does not have a single clearly stated policy position.
- 4.5 The aim of a single respite policy is clearly to set out and define what respite care is and isn't, to provide a clear pathway for identifying need and the provision of respite and to set out how charging applies to respite thereby providing clarity and consistency for all carers and cared for across Haringey.

5. Alternative options considered

- 5.1 Alternative options considered were separate respite policies for children, adults, health and social care. This option was not taken forward as this would have been a missed opportunity to encourage joined up working across service boundaries.
- 5.2 The contents of the Policy reflect the wider strategic aims of the Council to give all children the best start in life and empower all adults to live healthy, long and fulfilling lives and also to contribute to the closer integration of health and social care. The option of maintaining the current model for respite was not considered to meet these wider strategic aims due to the lack of consistency across service areas.

6. Background information

- 6.1 The draft Respite Policy seeks to bring into one place arrangements for carers and the cared-for person with regard to respite care and to ensure consistency of approach across the Council and the CCG. This Policy does not affect eligibility for services or support.
- 6.2 Currently, respite is offered inconsistently and depends on practice in each individual service area. There is currently no single policy in place which sets out what respite is and how it is identified, funded and delivered. In some areas respite is offered only in an emergency without the needs of the carer having been assessed.
- 6.3 The policy offers a single approach to respite across service areas for carers and the cared for person. The aim is to ensure that the service received and the user experience are consistent and that the most efficient, effective and suitable respite assistance is provided.
- 6.4 The changes proposed in the draft Policy should ensure that respite care is proactive rather than reactive. This will better support carers' wellbeing as the respite care will be planned and delivered in a way that meets the needs and

aspirations of the cared-for person. Planned respite care will ensure that the correct respite care is provided for the cared-for person and should reduce the risk of breakdowns in the provision of respite care.

- 6.5 A number of carers, across a range of service areas, have been engaged through existing carers' meeting and forums about the draft respite policy. The discussions centred on what respite care is and on the principle that the service is for the cared for person. The engagement focused on the broad themes of the policy but carers have not had the opportunity to comment on the detail of the draft Policy. Carers were in favour of a joint policy across health and social care.
- 6.6 Carers engaged were in agreement that a policy setting out what respite care is and how it is provided is needed as it will provide clarity for them. There were no major concerns expressed in relation to the draft policy.
- 6.7 The engagement carried out to date has also served the purpose of raising awareness of the draft Policy and the proposal for consultation over the Autumn period.
- 6.8 Following the proposed consultation, the amended Policy will be presented to Cabinet for approval.

7. Contribution to strategic outcomes

- 7.1 The Corporate Plan, Building a Stronger Haringey Together, sets out the vision and priorities for the Council over the three years running from 2015 – 2018. The draft Respite policy will deliver outcomes in both Priority 1 and Priority 2 of the Plan to give all children the best start in life and empower all adults to live healthy, long and fulfilling lives and also to contribute to the closer integration of health and social care.

8. Statutory Officers comments (Chief Finance Officer, Procurement, Assistant Director of Corporate Governance, Equalities).

8.1 Finance

- 8.1.1 The council's total spend on respite for 2016/17 was £1.38m and the forecast spend for 2017/18 is £1.14m.
- 8.1.2 We would always recommend that value for money is obtained through the best use of resources ensuring that efficiencies and savings opportunities are always explored fully.
- 8.1.3 In applying a consistent approach, the allocation of respite is likely to have a dampening impact on spend as decisions will be based on carers needs as opposed to historic entitlement.

8.1.4 At this stage in the process it is noted that the policy is in draft. When the final proposal is submitted it is to be accompanied by an analysis of the full financial impact.

8.2 Procurement

Strategic Procurement notes the contents of this report and will seek to work with the service units to incorporate any new policy into future procurement activity relating to respite provision.

8.3 Legal

8.3.1 The proposal is for a respite policy across children and adult social care and health. It could affect existing arrangements and expectations for the provision of respite care. There is a common law duty on the Council to consult with service users and other stakeholders that are likely to be affected by the proposal. The consultation must take place at a time when the proposals are still at their formative stages. The Council must provide the consultees with sufficient information to enable them properly to understand the proposals being consulted upon and to express a view in relation to it. The information must be clear, concise and, accurate and must not be misleading. The consultees must be given adequate time to consider the proposals and to respond.

8.3.2 The Council must give genuine and conscientious consideration to the responses received from the consultees before making its final decision on the proposals.

8.3.3 As part of its decision making process, the Council must have “due regard” to its equalities duties. Under Section 149 Equality Act 2010, the Council in exercise of its adult care and support functions, must have “due regard” to the need to eliminate discrimination, advance equality of opportunity between persons who share a protected characteristic and those who do not, foster good relations between persons who share a relevant protected characteristic and persons who do not share it in order to tackle prejudice and promote understanding. The protected characteristics are age, gender reassignment, disability, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In line with its equalities duties, the Council must undertake an Equality Impact Assessments (EqIA) of the proposals on the protected groups. The Council is required to give serious, substantive and advance consideration of the what (if any) the proposals would have on the protected group and what mitigating factors can be put in place. This exercise must be carried out with rigour and an open mind and should not be a mere form of box ticking. These are mandatory consideration. The outcome of the consultation on the proposals together with the analysis of the EIA must be considered before reaching a final decision on the proposals.

8.4 Equalities

8.4.1 A draft Equalities Impact Assessment has been developed and is attached as Appendix 3 to this report .

8.4.2 Further information about carers and the cared for person, including their protected characteristics, will be collected during the consultation. The consultation will also allow stakeholders to provide feedback, which will be taken into consideration when shaping the final Respite Policy.

9. Use of Appendices

9.1 Appendix 1: Draft Respite Policy

9.2 Appendix 2: Draft consultation questions

9.3 Appendix 3: Draft Equalities Impact Assessment

10. Local Government (Access to Information) Act 1995

**Respite Care Policy for Children,
Young People and Adults in Haringey**

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Glossary

1. Introduction

Haringey Council and NHS Haringey Clinical Commissioning Group (CCG) recognise the significant contribution that carers – whether family members, young carers or parent carers – make to the care of those with a range of needs. In this way, many people are able to remain living at home for longer, preventing the need for institutionally based care for as long as possible.

Although carers recognise the rewarding and positive aspects of their role, there is also evidence that many carers experience negative impacts which affect their physical and emotional health and wellbeing and ultimately their ability to continue in their caring role.

The needs of those caring for others are as diverse as the needs of those being cared for and therefore it is important that the well-being of carers is given as much consideration as that of the cared for person. Our aim is to maintain or improve carers' well-being and prevent ill-health.

2 Carers

The Carers' Trust defines a carer as anyone who cares – unpaid – for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

Anyone could be a carer – for example, a 15-year-old girl looking after a parent with an alcohol problem, a 40-year-old man caring for his partner who has terminal cancer, or an 80-year-old woman looking after her husband who has Alzheimer's disease, as the Carers' Trust highlights.

Young carers are likely to have particular needs and can be defined as 'children and young people under 18, who provide regular and on-going care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances', using the definition proposed by Barnados.

Supporting the needs of carers of all ages requires a range of solutions, not all of which can be fully addressed within a single policy document.

3 Scope of this policy

This policy focuses on what happens when a carer cannot provide care in the short term. This can require respite care to be arranged as an important part of wider support planning for a cared for person who is eligible for social care or health funding. Cared for people likely to be affected directly by this policy will be disabled children, those young people in transitions to adult services and adults eligible for adult social care.

Although this policy does not cover direct support to carers and young carers – whose needs will have been identified through their own care and support

plan - the respite care provided directly to the cared for person provides a break, for the carer or young carer, from their caring responsibility.

4 Aim of this Policy

The policy sets out Haringey Council's and Haringey Clinical Commissioning Group's approach to respite care provision in the borough for children, young people and adults. This local policy aims to ensure that residents, all carers (including young carers) and professionals have clarity about the definition and provision of respite care for people with health and care needs in Haringey and can be clear about the respite offer.

This document will also set out how we intend respite care to be considered as part of a support plan for carers, including young carers.

5 Background

National Policy Context

Both carers and those with care needs have rights set out in law and described in the guidance that the Council and CCG have to consider, specifically

- The Care Act 2014 ¹
- Children and Families Act 2014 ²
- The National Framework for NHS Continuing Healthcare and NHS- funded Nursing Care 2012 ³

These pieces of legislation provide the framework for Local Authorities and Clinical Commissioning Groups (CCGs), as well as partners such as Mental Health Trusts, Acute trusts and the community and voluntary sector, to ensure that we are treating the needs of the carer, and the cared for person with parity. There has been a requirement to strengthen support for carers, including an emphasis on the importance of respite care. In addition, the needs of young carers to be identified and addressed.

¹ <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

² <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

<https://www.gov.uk/government/publications/young-persons-guide-to-the-children-and-families-act-2014>

³ <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

Local Context: Our vision and principles

Haringey Council and Haringey CCG will work in partnership with and all other agencies working with carers to improve outcomes for carers in this borough.

Ensuring that we have a clear, consistent approach to providing respite care that contributes to positive outcomes for children, young people and adults in Haringey is a priority in enabling this vision and fits with wider local objectives.

The approach set out in this policy document will be underpinned by the following cross-cutting principles;

Principle 1

Carers and the cared for person will be respected and listened to and be at the centre of their care and support planning process to define and achieve outcomes relating to their eligible needs.

Principle 2

The carer and cared for person will be treated fairly and equitably, recognising their individual circumstances and will be offered respite based on their eligible health and care needs.

Principle 3

The cared for person who has been assessed and eligible will have choice and control over respite care to meet their needs, which will help achieve their outcomes and enable independence appropriate for them.

Principle 4

Staff will work with partners across health and social care in the best interest of the carer and the cared for person.

6 Eligibility for Respite Care

All adults and children with needs that meet the eligibility threshold as set out in the Children and Families Act 2014, Care Act 2014, or who meet the threshold for NHS Continuing Health Care may be able to access Respite Care/Short Breaks. The need for respite will be assessed and take into account the impact of the caring role on the carer and the capacity of the carer to meet the needs of the cared for person.

Respite care is not available to people living in supported living, residential or nursing care as their care provision is delivered by paid carers.

During the period when respite care is made available, it is likely that the existing range of services delivered into the home will be changed or suspended.

7 Respite Care Defined: A Framework for Respite Care

Respite Care

Respite care is short term care by Paid Carers of adults or children who normally receive care in their own home from informal carers. It is provided when the cared for person is eligible for care services and the Carer cannot provide that care, or the cared for person requires a break from their carer.

Respite care will not necessarily be a direct replacement of the care being offered by a carer, although it will meet the needs and outcomes of the cared for person.

Forms of respite care

Like any support, Respite Care should allow flexibility and choice for the cared for person and for carers, so it can take many forms. It could include, but is not limited to:

- a. Provision of care by another carer in the network of the cared for person
- b. Volunteer support coming into the home to deliver the care required
- c. Paid carers coming into the home to deliver the care required
- d. Time taken doing daytime activities to give a break for the carer, for example after school clubs, or day centres/play schemes.
- e. Overnight respite provision
- f. A holiday away from home, with paid or volunteer carers
- g. A period in a supported living, residential or nursing care home
- h. A stay with a Shared Lives carer

Reasons for respite care

Respite Care/short breaks arranged for the cared for person may allow the carer to have a break from their caring role to:

- Spend some time on their own or with friends
- Take a holiday
- Recover from an illness, or
- Achieve other outcomes agreed in a support plan following a carers assessment

Timing of respite care

Respite Care is allocated according to the needs of the user and can take the form of:

- regular weekly or monthly breaks throughout the year
- annual breaks
- ad hoc or emergency arrangements

Arranging respite care

The carer and the cared for person can arrange their own respite care by accessing their own networks or private sector or voluntary services.

Short breaks

Respite services in the form of short breaks are available through Children and Young People's Services.⁴

8 Accessing Respite Care

Where possible, a need for respite care will be identified as part of the carer and cared for person's assessment(s). Use of respite care and the outcomes to be achieved from it will be set out in their care and support plan and be part of their personal budget.

Children who are eligible for a service from the Disabled Children's Team may access short breaks through assessment from education/social work team/health provisions. Please refer to the eligibility criteria for short breaks.⁵

A primary focus of any respite care arranged will remain on enabling the independence of the person being cared for and maximising their choice and control over their own lives. Please see the Local offer and Preparing for Adulthood documentation.

In families where the carer is under 18 years of age, Adult and Children's Social Work teams will work together to complete the assessments and support plans for the family, based on the needs of the young care, the interests of the children and the circumstances of the family as a whole.

Respite care will be treated in the same way as any other aspect of care and support services, such as domiciliary care or day services, and be organised in the same way under the relevant policies and procedures of the Council and CCG which cover the provision of services to meet eligible needs.

The amount of respite care a cared for person may be offered will depend on their individually assessed needs and circumstances.

Where a user, or an informal carer on the user's behalf, requests accommodation based respite of longer than 8 weeks duration, the Council's top up policy may be applied and the Council will agree to contribute to the costs of the respite care being requested.

Any changes to the need for respite care will be considered in light of a review or reassessment, either at an annual review or because needs or circumstances change.

9 Emergency Respite

If no respite care is included in the support plan for the cared for person, or if contingency arrangements have failed, the Local Authority or CCG will

⁴ http://www.haringey.gov.uk/sites/haringeygovuk/files/1205_19_short_breaks_booklet_v5.pdf

⁵ http://www.haringey.gov.uk/sites/haringeygovuk/files/personal_budget_policy_haringey_final_version_0.pdf

arrange respite with a provider who can provide the type of care needed at short notice. Where the cared for is not an existing service user, a needs assessment will be undertaken and suitable temporary care arranged.

In emergencies, respite care can be arranged without a full assessment and support plan as long as sufficient information is available to ensure provision of a safe service. An assessment and support plan should be completed after emergency arrangements are put in place.

10 Other short term care

There are other types of short term care which are not respite care and are not therefore covered in this policy. The following are not respite care:

- a) Replacement care provided regularly because the carer has another commitment, unrelated to their wellbeing. For example, if the carer works one day a week, care provided on that day is not respite, it is simply a care service for an eligible resident.
- b) Replacement of family responsibilities unrelated to care and support needs, for example being present to supervise a young child.
- c) Replacement of a paid care worker when the usual paid care worker goes on holiday or is off sick.
- d) Replacement of a Personal Assistant or Shared Lives carer, for example when they go on holiday. In this circumstance, the cared for will use their Personal Budget to purchase replacement care when their personal assistant is absent.
- e) When a person is discharged as medically fit from hospital into a residential unit because they are not yet able to return home due to the property not being suitable or when a person is being discharged from hospital to any alternative suitable placement whilst undergoing a further reassessment/ review to determine their rehabilitation potential or need for further intervention and treatment, this is not respite care but a short stay or step down. Where a person is discharged into a step down bed or rehabilitation bed, this will be an NHS provision.
- f) Short-term housing and care where there is no carer providing care to the service user. For example, where a person's house may need a major adaptation before they can return home with a funded care package they had previously received.

11 Personal Budgets

Personal Budgets for Respite Care are not to be utilised by the carer for their own support, but must be used to pay for care of the cared for person. A Personal Budget made to a carer (either in the form of a direct payment or a managed personal budget) as a result of their own carer's assessment should

not be used to fund respite care or other direct support to the cared for person. A carer's Personal Budget is allocated in response to their own assessment and support plan and is for them to meet their own needs and the outcomes they have identified.

The carer for children eligible for a short break will receive a personal budget based upon assessment, resource allocation and support planning.

12 Charges for Respite Care

Respite care for adults organised by the Council is treated under the Council's charging policy, which states that all respite up to a maximum cap of 8 weeks per rolling year – including residential care settings – will be included in the assessment of how much someone should contribute under the Fairer Charging framework⁶.

Respite Care arranged by the Council for a parent carer who is caring for a child under the age of 18 years of age will not be subject to charging.

Respite Care arranged by the Council for a young carer who is caring for another child will not be subject to charging.

Respite Care arranged by the CCG is not subject to charging as outlined in the NHS Framework for those in receipt of NHS Continuing Care.

Where care for the cared for person is joint funded by the CCG and Council, there will be no charge for respite care commissioned by the CCG.

13 Conclusion

By producing a combined policy across children and adults, health and social care the Council and CCG have demonstrated their commitment to improving the lives of carers, young carers and those they care for of all ages who are eligible for funding to have clarity and a clear understanding of the pathway and delivery of respite care in Haringey.

⁶ http://www.haringey.gov.uk/sites/haringeygovuk/files/fairer_contributions_policy_june_2015.pdf

Glossary

- **Carer**
Somebody who provides unpaid support or care for a family member, partner, child, or friend because of their age, physical or mental illness, substance misuse or disability. This excludes someone paid or employed to carry out that role, or someone who is a volunteer.
- **Young Carer**
A “young carer” is someone aged 18 or under who provides or intends to provide unpaid support or care for a family member, partner, child, or friend because of their age, physical or mental illness, substance misuse, or disability.
- **Parent Carer**
A “parent carer” is someone aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility, and which is considered above and beyond normal parenting responsibilities.
- **Cared for person**
A cared for person is either a child (under the age of 18) or an adult (over the age of 18) with a need for care and support – they are the recipient of the care or support from carers, paid staff or others. Unless stated otherwise, in this policy it also means that the person has been assessed and found to have eligible needs under the Care Act 2014, Children and Families Act 2014 or NHS Continuing Care Guidance.
- **Respite**
For the purposes of this policy, respite refers to a break or rest for the carer from their caring role. It can also be a break or rest for the cared for person from the carer.
- **Short Breaks**
Short breaks provide opportunities for disabled children and young people to spend time away from their primary carers. These include day, evening, overnight or weekend activities and can take place in the child's own home, the home of an approved carer, a residential or community setting.
- **Carer’s Assessment**
A carer’s assessment is an assessment undertaken by, or on behalf of, the Local Authority to consider the carer’s needs and will find whether someone is eligible for care and support in their own right. This may take the form of a joint assessment with the cared for person or a separate carers assessment.
- **Personal Budget (or Personal Health Budget)**
This is the amount the Council or CCG agrees as available to a cared for person or carer to meet their assessed care needs. It can be managed by the

Council or CCG or taken as a cash “direct payment”, but is always exclusively to meet the needs set out in the persons support plan.

- **Paid carer**
People who are paid directly for their caring duties, including Personal Assistants (PAs), Support Workers, Care Workers, Support Staff, Nurses etc.
- **Care and Support Plan**
This is a detailed plan developed following an assessment that sets out how an individual will use their Personal Budget or other support services to meet their assessed eligible needs and improve or maintain their wellbeing. Care and support plans must be agreed by the Council or CCG before any payments are made.
- **Broker**
A broker is someone from the Council or CCG who will arrange care services in a Care and Support Plan if the person does not take a Direct Payment.
- **Children**
Children - anyone who is under the age of 18.
- **Charges for respite care**
A charge is the amount of money an individual is required to contribute to the cost of their respite care based on their care and support plan and following a financial assessment. NHS funded respite services are not chargeable.

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Respite Policy Consultation

Haringey Council and NHS Haringey Clinical Commissioning Group (CCG) recognise the significant contribution that carers – whether family members, young carers or parent carers – make to the care of those with a range of needs.

The draft respite policy focuses on what happens when a carer cannot provide care in the short term. This can require respite care to be arranged as an important part of wider support planning for a cared for person who is eligible for social care or health funding.

Although the draft policy does not cover direct support to carers and young carers – whose needs will have been identified through their own care and support plan - the respite care provided directly to the cared for person provides a break, for the carer or young carer, from their caring responsibility.

In this way, many people are able to remain living at home for longer, preventing the need for institutionally based care for as long as possible.

What is the purpose of the consultation?

We want to know what users of respite care and carers think about our draft respite policy. The reason for this is to see if we should make changes to the policy.

What is Respite Care?

Respite care is short term care by Paid Carers of adults or children who normally receive care in their own home from informal carers. It is provided when the cared for person is eligible for care services and the carer cannot provide that care, or the cared for person requires a break from their carer.

Like any support, Respite Care should allow flexibility and choice for the cared for person and for carers, so it can take many forms.

Examples of respite care include:

- a. Paid carers coming into the home to deliver the care required
- b. Time taken doing daytime activities to give a break for the carer, for example after school clubs, or day centres/play schemes.
- c. A period in a supported living, residential or nursing care home

It is possible to use a Direct Payment to access respite care or to access respite as a Managed Service organised by the Council or CCG.

What is being proposed?

The Council and CCG do not currently have a respite policy. We are proposing to have a single Respite Policy across Children and adults and health and social care for Haringey.

The reason for this is to have a consistent approach to respite which provides clarity to carers, service users and staff across care groups.

Whilst respite care is available, there is a lack of consistency around how respite care is access and delivered across service areas.

Charging for respite care

There is no change to charging for respite funded by adult social care, which is explained in the Council's Fair Contributions Policy:

"6.12 Respite Care

6.12.1 All respite care up to eight weeks, including a short stay in supported housing, whether commissioned by the council or purchased with a direct payment will be charged under this policy."

This means for anyone who is receiving community care services (non-residential) and who has been financially assessed, the assessment will also apply for up to 8 weeks of their respite care. The financial assessment is based on the circumstances of the cared for person, not the carer.

Here are some examples of how the Fair Contributions Policy applies to respite care for up to 8 weeks:

- If a client has been assessed to pay nil contribution for their community care services then this assessment also applies to their respite care services.
- If a client has been assessed to pay £50 a week for their community care services, then they will still only pay £50 a week for their respite care services.
- If a client has savings over £23,250 and has been assessed to pay the full cost of their community care services then they will also pay the full cost of their respite care services, as a cared for person.

Should respite be required for longer than 8 weeks, then a financial assessment will be completed as the cared for person or client is charged using residential charging rules as set out in the Care Act 2014

Respite care funded by the NHS is not charged for, as these NHS services are free for the people who are eligible for them.

Likewise, respite care for a child is not charged for.

Respite Care Policy Questionnaire

Please click the answer that best describes your situation as the cared for person:

- I am self-funding
- I currently receive fully funded respite care through the Council
- I currently receive fully funded respite care through the CCG
- I receive a direct payment which I use to fund respite care
- I receive a direct payment, however this is not used to fund respite
- I do not currently receive any respite care

Please click the answer that best describes your situation as a carer:

- The person I care for is self-funding or the person I care for does not receive funding from the council or CCG
- The person I care for receives a personal budget which is used to fund respite care
- The person I care for currently receives fully funded respite care through the council or CCG
- The person I care for receives a personal budget, however, this is not used to fund respite

From Reading the draft respite policy:

1) Do you agree with the definition of respite care? (See section 7 of the draft policy)

Yes
No
Not sure

If not, what do you think is missing or needs to be changed?

2) Do you understand the difference between respite care and other short term care (see section 7 and 10 of the draft policy)

Yes
No
Not sure

3) Do you think the proposed policy will have an impact on you the carer/or your carer's ability to provide care?

Yes
No
Not sure

If yes, how?

4) How well do you think the future respite pathway will work for you?

Very well

No change

Not very well

Comment:

5) Do you understand when and how the Council charges for respite care? (see section 12 of the draft policy)

Yes

No

Not sure

Comment:

6) Is the policy clear and easy to understand?

Yes

No

Not sure

Comment:

7) Do you have any other comments about the respite policy?

Comment:

EQUALITY IMPACT ASSESSMENT

The **Equality Act 2010** places a '**General Duty**' on all public bodies to have '**due regard**' to the need to:

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advancing equality of opportunity for those with 'protected characteristics' and those without them
- Fostering good relations between those with 'protected characteristics' and those without them.

In addition the Council complies with the Marriage (same sex couples) Act 2013.

Stage 1 – Screening

Please complete the equalities screening form. If screening identifies that your proposal is likely to impact on protect characteristics, please proceed to stage 2 and complete a full Equality Impact Assessment (EqIA).

Stage 2 – Full Equality Impact Assessment

An EqIA provides evidence for meeting the Council's commitment to equality and the responsibilities under the Public Sector Equality Duty.

When an EqIA has been undertaken, it should be submitted as an attachment/appendix to the final decision making report. This is so the decision maker (e.g. Cabinet, Committee, senior leader) can use the EqIA to help inform their final decision. The EqIA once submitted will become a public document, published alongside the minutes and record of the decision.

Please read the Council's Equality Impact Assessment Guidance before beginning the EqIA process.

1. Responsibility for the Equality Impact Assessment

Name of proposal	Respite Policy
Service area	The Council and Clinical Commissioning Group
Officer completing assessment	Carlene Liverpool/ Lillie Craig
Equalities/ HR Advisor	Paul Green
Cabinet meeting date (if applicable)	12 th October 2017
Director/Assistant Director	Charlotte Pomery

2. Summary of the proposal

Please outline in no more than 3 paragraphs

- *The proposal which is being assessed*
- *The key stakeholders who may be affected by the policy or proposal*
- *The decision-making route being taken*

The Proposal

Haringey Council and NHS Haringey Clinical Commissioning Group (CCG) recognise the significant contribution that carers, whether family members, young carers or parent carers make to the care of those who are disabled, frail or ill. In this way, many people are able to remain living at home for longer, preventing the need for institutionally based care for as long as possible.

Currently, there is no single respite policy across the Council and CCG, which sets out what respite is, how it is identified and how it is provided. This means that practice is varied, creating disparity in the respite offer across different client groups and age groups. A respite policy is therefore being developed across Adults, Children's and Health to enable us to implement a consistent approach to providing respite, ensuring that it is aligned with care and support planning for clients and that the budget is used to support agreed outcomes. By adopting a consistent approach, this will reduce the likelihood of discrimination in the provision of respite.

It will also serve to provide a clear definition of respite as well as provide procedural guidance, creating transparency for staff, service users and carers. It is worth noting that the Children & Young People's service already have a short breaks policy for parent carers of disabled children and young carers. This respite policy is not seeking to change what is already in place, but to ensure an overarching approach to respite, with clear and consistent principles.

Whilst we anticipate that the policy will bring about positive change by creating transparency to how respite is identified and delivered, we recognise that applying these respite principles consistently, will mean a change for a small number of people. Any charging associated with respite remains unchanged, under the Fairer Contributions Policy. This means contributions to any respite charges are the same as what an individual has been financially assessed to pay towards their community care needs, for up to 8 weeks of respite per year. Current data indicates that 78% of adults receiving community care services from Adult Social Care make a nil contribution to the cost of their care. The remaining 22% who pay towards the cost of their community care - if they receive respite care, they will make the same contribution for respite as they would have paid towards their weekly care contribution.

Whilst the policy doesn't specifically proscribe a threshold for respite care, it does clarify that the amount of respite care a cared-for person may be offered will depend on their individually assessed needs and circumstances. Furthermore, the policy reiterates that respite exceeding 8 weeks per year, not be assessed under the Fairer Charging Policy but under the residential charging framework. Contributions under this framework are calculated using income, assets, and for short term placements, housing liabilities.

The policy will also look to clarify that respite provision is only for people who receive care in the community and exclude those who reside in residential, care or nursing home setting.

Key Stakeholders

- Service users in receipt of a care in the community package who use respite
- Carers of service users
- Service users who reside in a residential/nursing home who receive a respite service
- Families of service users
- Respite Providers
- Disabled children and their families who receive short breaks
- Young carers

Whilst there are a number of stakeholders who need to be made aware of the policy, from the above list, the main groups that may be affected by the policy are;

- Service users in receipt of a care in the community package who receive respite
- Carers of service users
- Service users who reside in a residential/nursing home who receive a respite service

Decision making route

Pre-consultation meetings have taken place with carers and service users to capture any considerations that should be factored into the consultation. A paper will be submitted for cabinet member signing in October 2017, seeking permission to consult. Following this, an 8-week consultation will run from October 2017 to December 2017 where service users and carers currently in receipt of respite will be written to, and there will be an opportunity to discuss proposals at drop in sessions. Following the consultation, any feedback and views will be considered and used to inform a revised policy, which would go to Cabinet for a decision in January 2018.

3. What data will you use to inform your assessment of the impact of the proposal on protected groups of service users and/or staff?

Identify the main sources of evidence, both quantitative and qualitative, that supports your analysis. Please include any gaps and how you will address these

This could include, for example, data on the Council's workforce, equalities profile of service users, recent surveys, research, results of relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national. For restructures, please complete the restructure EqIA which is available on the HR pages.

Protected group	Service users	Staff
Sex	Mosaic data of service users	N/A
Gender Reassignment	Current data on service users does not breakdown by gender reassignment.	N/A
Age	Mosaic data of service users	N/A
Disability	Mosaic data of service users	N/A
Race & Ethnicity	Mosaic data of service users	N/A
Sexual Orientation	Current data on service users does not breakdown by sexual orientation.	N/A
Religion or Belief (or No Belief)	Mosaic data of service users	N/A
Pregnancy & Maternity	Current data on service users does not breakdown by pregnancy and maternity.	N/A
Marriage and Civil Partnership	Current data on service users does not breakdown by marriage and civil partnership.	N/A

Outline the key findings of your data analysis. Which groups are disproportionately affected by the proposal? How does this compare with the impact on wider service users and/or the borough's demographic profile? Have any inequalities been identified?

Explain how you will overcome this within the proposal.

Further information on how to do data analysis can be found in the guidance.

For the purpose of this decision, we will be analysing the following data by relevant protected characteristic.

Recipients of care (The cared for)

As of July 2017, in Haringey, there are 2779 people in receipt of care in the community, or care in their own homes (that is not residential or nursing care). Following a financial assessment, 2190 (78%), of these people do not make any contributions towards the cost of their care, which also means they do not pay towards their respite provision (for up to 8 weeks respite per year). The remaining 589 (22%) contribute an average of £64.93 per week towards the cost of their care.

People in residential or nursing homes

There are also 776 people, who the council have placed in residential or nursing homes, where 85% make a contribution to the cost of their care with the average weekly contribution being £196.12.

Recipients of respite

In 2016/2017, 210 people received a respite service. We refer to these clients in our policy as the cared for person. The total cost of respite was £1,137,972 with an average cost per client of £5418. 6 people in residential/nursing care homes received a respite service and may see a change in the provision of respite.

Carers

Due to system challenges, our data does not show which carers are specifically linked to these clients. We do however have generic information on all carers.

Children

There are 435 disabled children who receive a short break service from Haringey, which consists of after school play schemes, holiday schemes, personal care, or support workers to take children out on a 1-2-1 basis.

We have broken down the data by protected characteristic where we have known it. It will focus on;

- adult social care users (ASC), specifically those who received a respite service
- people who resided in a residential/nursing care home and received respite
- carers of adults

Additionally, it will provide equalities data on children who receive a short breaks service.

1. Sex

This policy will impact on those who live in a residential or nursing home. This is because those who live in a residential/nursing home will no longer receive the same level of respite, this amounts to 8 people only.

Gender	Residential/nursing respite
Males	16.70%
Females	83.30%

Women are disproportionately represented amongst the residential/nursing respite, compared to the wider population, who receive respite, those who receive some form of care and the wider

Haringey population. This is likely to be because women generally are over represented in social care provision, because they are more likely to live longer, and there is a very small proportion of those receiving respite are impacted by this policy. Men are over represented in regards to the 8 weeks respite care, as it is likely that they are over represented in those with complex disabilities.

Gender	ASC Respite	ASC care in community clients	Res/Nursing clients	LBH
Males	46.70%	46.2%	47.90%	49.50%
Females	53.30%	53.6%	52.10%	50.50%
Unspecified		0.2%		

In regards to carers, we expect women to be more likely to be represented as they are more likely to take on caring roles. For the 24 people who may be impacted by residential charging rules, this is likely to disproportionately indirectly impact on female carers.

Gender	Carers
Males	25.4%
Females	73.6%
Unspecified	1.0%

Boys are more likely to receive care in regards to Children's Services. However, this policy will not see a change in respite or short breaks provision for children and young people.

Children's Gender	
F	35%
M	65%

2. Gender Reassignment

We do not hold any service user data on the gender reassignment protected characteristic and we do not have any data on the transgender population of Haringey. However, we are aware that people who are seeking, receiving and have received gender reassignment surgery experience discrimination, harassment and victimisation. The Council will continue to adopt their Equality policy to prevent this happening to service users when delivering respite care.

3. Age

This policy is likely to impact on people over the age of 60 years old. This is because they are likely to be the largest population to receive adult social care.

Age	Residential/nursing respite
18-29	17%
30-44	0%
45-59	0%
60+	83%

Age	ASC Respite	ASC care in community clients	Res/Nursing clients	LBH
18-29	9%	12%	2%	27%
30-44	17%	27%	8%	36%
45-59	10%	19%	17%	21%
60+	64%	43%	73%	16%

In regards to carers, we expect this will indirectly impact on older carers as they are more likely to take up caring responsibilities.

Age	Carers
18-29	1.3%
30-44	12.5%
45-59	36.8%
60+	45.2%
Unknown	4.3%

4. Disability

Although the majority of those impacted by this policy have said they do not have a disability, it is likely that they have some form of disability or impairment as defined by the Equality Act as they receive respite care and include frailty and age related disabilities.

Disability	Residential/nursing respite
Disabled	17%
Not Disabled	83%

Disability	ASC Respite	ASC care in community clients	Res/Nursing clients	LBH
Disabled	33%	73%	79%	14%
Not Disabled	67%	27%	21%	86%

The vast majority of carers in Haringey record not having a disability. For those who do declare that they have a disability, we will use the carers' assessment process to try and prevent a decline in their disability, through agreed outcomes relating to eligible needs.

Disability	Carers
Disabled	3%
Not Disabled	97%

Children

The nature of meeting the eligibility criteria to receive the short breaks service, means that all children receiving respite or short breaks have a disability. There are 435 disabled children who receive a short break service from Haringey. They will not be adversely impacted by this policy.

5. Race and Ethnicity

Due to the way we record ASC users, we incorporate White British, with other White groups. The White category will be the largest group affected by the policy change. This will include Turkish and East European communities. Black/African/Caribbean/Black British service users will also be impacted by this policy.

Ethnicity	Residential/nursing respite
Asian / Asian British	17%
Black / African / Caribbean / Black British	17%
Mixed / multiple	0%
No data	17%
Other Ethnic Group	0%
White	49%

Compared to the wider demographics, Black/African/Caribbean/Black British service users who are impacted by this policy, roughly reflects those that receive respite care. The White category are over represented in those affected by this policy compared to those who receive some form of ASC care. This will include Turkish and East European communities.

Ethnicity	ASC Respite	ASC care in community clients	Res/Nursing clients	LBH
Asian / Asian British	8%	8%	5%	9%
Black / African / Caribbean / Black British	43%	36%	24%	19%
Mixed / multiple	5%	2%	2%	6%
No data	2%	5%	5%	0%
Other Ethnic Group	3%	4%	3%	5%
White	38%	46%	61%	61%

Black/African/Caribbean/Black British are slightly over represented amongst carers compared to the Borough's population. Any barriers related to race and ethnicity should be removed when consulting or implementing this policy.

Ethnicity	Carers
Asian / Asian British	7.8%
Black / African / Caribbean / Black British	33.3%
Mixed / multiple	1.9%
No data	12.4%
Other Ethnic Group	3.7%
White	40.9%

Black/African/Caribbean/Black British children are disproportionately represented. However, children and young people are not impacted by this policy.

Children's Ethnicity	
Asian / Asian British	10%
Black / African / Caribbean / Black British	40%
Mixed / multiple	8%
White	28%
Other Ethnic Group	8%
No data	6%

6. Sexual Orientation

We do not hold any service user data on the sexual orientation protected characteristic and we do not have any data on the lesbian, gay and bisexual (LGB) population of Haringey. However, we are aware that LGB people experience discrimination, harassment and victimisation, including in social care and respite. The Council will continue to adopt their Equality policy to prevent this happening to service users when delivering respite care. In the allocation of respite, same sex relationships will be treated the same as heterosexual couples in regards to carers.

7. Religion

We have limited data on the religion and faiths of people affected by this policy. From the data we do have, Christianity is the largest religion.

Religion	Residential/nursing respite
No religion	0%
Christian	33%
Buddhist	0%
Hindu	17%
Jewish	0%
Muslim	0%
Sikh	0%
Other religion	0%
Religion not stated	50%

Christianity is the largest religion in the respite population as well as within the borough as a whole. However, we do not have enough data to make a firm judgement and will seek to ensure when implementing the policy any discrimination, harassment or victimisation will be tackled and inequalities reduced.

Religion	ASC Respite	ASC care in community clients	Res/Nursing clients	LBH
No religion	4%	4.1%	3%	25.2%
Christian	40%	35.0%	38%	45.0%
Buddhist	0%	0.2%	0.10%	1.1%
Hindu	1%	1.8%	2%	1.8%
Jewish	2%	2.2%	3%	3.0%
Muslim	10%	11.1%	4%	14.2%
Sikh	0%	0.2%	0.10%	0.3%
Other religion	2%	2.1%	6%	0.5%
Religion not stated	40%	40.2%	45%	8.9%

Christians are the largest religion amongst carers and therefore most likely to be indirectly impacted by this policy. However, we do not have enough data to be sure of this and therefore must, when implementing the policy tackle any discrimination, harassment, victimisation and reduce any inequality.

Religion	Carers
No religion	4.3%
Christian	32.8%
Buddhist	0.7%
Hindu	2.4%
Jewish	0.7%
Muslim	10.1%
Sikh	0.4%
Other religion	6.7%
Religion not stated	41.9%

Christianity continues to be the largest religion amongst children. However, respite and short breaks for children and young people is not impacted by this policy and therefore there will be no impact.

Children's Religion

Buddhist	0.19%
Catholic	3%
Christian	17%
Greek Orthodox	0.39%
Hindu	0.19%
Jewish	3%
Muslim	10%
No Religion	3%
Not Stated	20%
Other Religion	1%
Sikh	0.39%
No data	43%

8. Pregnancy & Maternity

We do not hold data on this protected group. We do not envisage an impact based upon this protected group for the cared for person. Carers may have additional responsibilities in regards to parenting children, which will need to be considered.

9. Marriage and Civil Partnership Status

Service users and/or carers who are in a civil partnership will be treated as if they were married.

4. a) How will consultation and/or engagement inform your assessment of the impact of the proposal on protected groups of residents, service users and/or staff?

Please outline which groups you may target and how you will have targeted them

Further information on consultation is contained within accompanying EqIA guidance

The consultation will provide key stakeholders (as outlined in section 2) with the opportunity to respond to the draft policy. The consultation will include:

- An on-line questionnaire
- Letters to all key stakeholders currently in receipt of respite care
- Drop in sessions

Ensuring fair accessibility through reasonable adjustments to the consultation for all groups will be offered as required.

4. b) Outline the key findings of your consultation / engagement activities once completed, particularly in terms of how this relates to groups that share the protected characteristics

Explain how will the consultation's findings will shape and inform your proposal and the decision making process, and any modifications made?

TBC once the consultation is concluded.

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5. What is the likely impact of the proposal on groups of service users and/or staff that share the protected characteristics?

Please explain the likely differential impact on each of the 9 equality strands, whether positive or negative. Where it is anticipated there will be no impact from the proposal, please outline the evidence that supports this conclusion.

Further information on assessing impact on different groups is contained within accompanying EqIA guidance

1. Sex

Although the number of people directly affected by the change in policy regarding respite in residential care at 8 people, women will be impacted by the exclusion of respite for those in residential or care homes.

Carers, who are more likely to be women, are likely to be impacted by the change in respite.

The Council will try to mitigate any negative impacts caused by focusing more on support planning and agreed outcomes for the cared for and carer, which has previously not been consistent practice.

Positive		Negative	X	Neutral impact		Unknown Impact	
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2. Gender reassignment

We do not hold any service user data on the gender reassignment protected characteristic and we do not have any data on the transgender population of Haringey. However, we are aware that people who are seeking, receiving and have received gender reassignment surgery experience discrimination, harassment and victimisation. The Council will continue to adopt their Equality policy to prevent this happening to service users when delivering respite care.

Positive		Negative		Neutral impact	X	Unknown Impact	
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3. Age

Those over 60 are the largest age group affected by the changes in this policy as they are the biggest users of ASC.

Carers, who are more likely to be older, are likely to be impacted by the change in respite.

The Council will try to mitigate any negative impacts caused by this reduction by focusing on support planning and agreed outcomes for the cared for and carer, which has previously not been consistent practice.

Positive		Negative	X	Neutral impact		Unknown Impact	
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4. Disability

All service users who use respite care would be considered under the disability protected characteristic as defined by the Equality Act. Therefore, any changes to respite will impact on this

protected characteristic.

Carers, who also have a disability or impairment, are likely to be impacted by the change in respite and consideration is needed through assessments to ensure that their disability does not deteriorate by the change in respite.

The Council will try to mitigate any negative impacts caused, by focusing more on support planning and agreed outcomes for the cared for and carer, which has previously not been consistent practice.

Reasonable adjustments will need to be offered to ensure disabled people can take part in the consultation

Positive		Negative	X	Neutral impact		Unknown Impact	
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5. Race and ethnicity

Based upon the data analysis in section 3, those impacted by the change in respite roughly reflects the ethnic profile of service users of respite. However, due to the way the Council monitors ethnicity, White British and White Other are not separated.

The Council will try to mitigate any negative impacts caused by focusing more on support planning and agreed outcomes for the cared for and carer, which has previously not been consistent practice

Translation and interpretive services may be needed for the consultation is required.

Positive		Negative	X	Neutral impact		Unknown Impact	
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6. Sexual orientation

We do not hold any service user data on the sexual orientation protected characteristic and we do not have any data on the lesbian, gay and bisexual (LGB) population of Haringey. However, we are aware that LGB people experience discrimination, harassment and victimisation, including in social care and respite. The Council will continue to adopt their Equality policy to prevent this happening to service users when delivering respite care. In the allocation of respite, same sex relationships will be treated the same as heterosexual couples in regards to carers.

Positive		Negative		Neutral impact	X	Unknown Impact	
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7. Religion or belief (or no belief)

Christianity is the largest religion amongst service users and carers impacted by this policy. However, we do not have accurate data to assess the full impact. When implementing the policy, the Council will need to ensure that no discrimination, harassment and victimisation will occur based upon religion and faith. In addition to this, any inequalities based upon this protected group is tackled.

Positive		Negative		Neutral impact	X	Unknown Impact	
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8. Pregnancy and maternity

There are no known equality implications for this protected characteristic in regards to the provision of respite for service users.

There could be some implications for carers who are pregnant or have recently given birth having additional caring responsibilities.

Positive		Negative		Neutral impact		Unknown Impact	X
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9. Marriage and Civil Partnership

All people who receive respite and are in a civil partnership will be treated the same as if they are married.

Positive		Negative		Neutral impact	X	Unknown Impact	
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10. Groups that cross two or more equality strands e.g. young black women

This decision will impact on the protected characteristics of age, sex, disability and race and therefore is likely to have an inter-sectionary impact

Outline the overall impact of the policy for the Public Sector Equality Duty:

- Could the proposal result in any direct/indirect discrimination for any group that shares the protected characteristics?
- Will the proposal help to advance equality of opportunity between groups who share a protected characteristic and those who do not?

This includes:

- a) Remove or minimise disadvantage suffered by persons protected under the Equality Act
- b) Take steps to meet the needs of persons protected under the Equality Act that are different from the needs of other groups
- c) Encourage persons protected under the Equality Act to participate in public life or in any other activity in which participation by such persons is disproportionately low
- Will the proposal help to foster good relations between groups who share a protected characteristic and those who do not?

The Council will follow equality policies to prevent discrimination and tackle inequalities by adopting a support planning process, which focuses on agreed outcomes for the cared for and carers.

6. a) What changes if any do you plan to make to your proposal as a result of the Equality Impact Assessment?

Further information on responding to identified impacts is contained within accompanying EqIA guidance

Outcome	Y/N
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No major change to the proposal: the EqIA demonstrates the proposal is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken. <u>If you have found any inequalities or negative impacts that you are unable to mitigate, please provide a compelling reason below why you are unable to mitigate them.</u>	Y
Adjust the proposal: the EqIA identifies potential problems or missed opportunities. Adjust the proposal to remove barriers or better promote equality. Clearly set out below the key adjustments you plan to make to the policy. If there are any adverse impacts you cannot mitigate, please provide a compelling reason below	N
Stop and remove the proposal: the proposal shows actual or potential avoidable adverse impacts on different protected characteristics. The decision maker must not make this decision.	N

6 b) Summarise the specific actions you plan to take to remove or mitigate any actual or potential negative impact and to further the aims of the Equality Duty

Impact and which protected characteristics are impacted?	Action	Lead officer	Timescale
Age	The Council will try to mitigate any negative impacts caused by focusing more on support planning and agreed outcomes for the cared for and carer, which has previously not been consistent practice. Support planning will promote enabling the independence of the person being cared for, maximising choice and control over their own lives, as well as maintaining or improving a carers well-being and preventing ill health.	Anita Marsden	Jan 18
Sex	The Council will try to mitigate any negative impacts caused by focusing more on support planning and agreed outcomes for the cared for and carer, which has previously not been consistent practice. Support planning will promote enabling the independence of the person being cared for, maximising choice and control over their own lives, as well as maintaining or improving a carers well-being and preventing ill health.	Anita Marsden	Jan 18
Disability	The Council will try to mitigate any negative impacts caused by focusing more on support planning and agreed outcomes for the cared for and carer,	Anita Marsden	Jan 18

	<p>which has previously not been consistent practice. Support planning will promote enabling the independence of the person being cared for, maximising choice and control over their own lives, as well as maintaining or improving a carers well-being and preventing ill health.</p>		
Race	<p>The Council will try to mitigate any negative impacts caused by focusing more on support planning and agreed outcomes for the cared for and carer, which has previously not been consistent practice. Support planning will promote enabling the independence of the person being cared for, maximising choice and control over their own lives, as well as maintaining or improving a carers well-being and preventing ill health.</p>	Anita Marsden	Jan 18

Please outline any areas you have identified where negative impacts will happen as a result of the proposal but it is not possible to mitigate them. Please provide a complete and honest justification on why it is not possible to mitigate them.

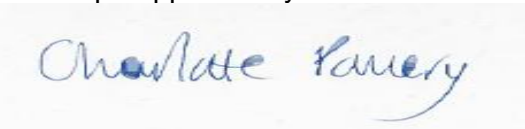
N/A

6 c) Summarise the measures you intend to put in place to monitor the equalities impact of the proposal as it is implemented:

Carers and the cared for person will be at the centre of their care planning process and any effects on equalities for either party, will be highlighted by the care worker and captured in the support plan, which will help to define agreed outcomes relating to their eligible needs.

The carer and cared for person will be treated fairly and equitably, recognising their individual circumstances and offered respite based on their eligible health and care needs.

7. Authorisation

<p>Draft EqIA approved by ..</p>  <p>..... (Assistant Director/ Director)</p>	<p>Date27th September 2017</p>
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8. Publication
Please ensure the completed EqIA is published in accordance with the Council's policy.



Please contact the Policy & Strategy Team for any feedback on the EqIA process.

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