

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.</p> <p>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.</p> <p>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.

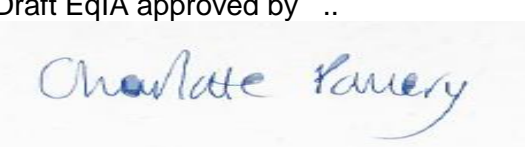
N/A

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>.....</p> <p>(Assistant Director/ Director)</p>	<p>Date27th September 2017</p> <p>.....</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.