

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	Haringey Respite Policy
Service area	CYPS, ASS, CCG
Officer completing assessment	Carlene Liverpool/ Lilee Craig
Equalities/ HR Advisor	Daisy Daventry
Cabinet meeting date (if applicable)	February 13 th 2018
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

There is currently 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.

This single respite policy will cover Adults Services, Children's Services and Public Health. This will 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. Adopting a consistent approach will reduce the likelihood of discrimination in the provision of respite. It will also serve to provide a clear definition of respite which will 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. For young carers, respite needs will be considered as part of the Young Carer's Assessment and the Council will ensure that young carers are not delivering inappropriate levels of care which would impact academic achievement, social development or the emotional wellbeing of the child.

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.

Whilst the policy doesn't specifically prescribe 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 clarifies that respite exceeding 8 weeks per year will move from being assessed under the Fairer Contributions Policy to being assessed 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 clarify that respite provision is only for people who receive care in the community and excludes those who reside in residential, care or nursing home settings. 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::

- Carers of service users
- Service users who reside in a residential/nursing home who receive a respite service

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.

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 anticipated that this will increase take up of respite care by care recipients.

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

- adult social care users (ASC), specifically those who received a respite service
- carers of adults
- children who receive a short breaks service

We have broken down the data by protected characteristic where we have known it.

Adult Recipients of Respite (The cared for)

As of July 2017, in Haringey, there are 2,779 people in receipt of care in the community, or care in their own homes (that is not residential or nursing care). 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.

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.

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 and currently have 702 number of carers on our carer's register.

Young Carers

Due to system challenges, we do not have data broken down by protected characteristics for young carers. We do however have generic information on young carers based on the 2011 census. According to the 2011 census, there were 2,214 young carers in Haringey, of whom 1,068 are male and 1,146 are female. The Haringey Young Carers project offers respite activities in the form of various activities including sports, cooking, music, day trips and residential visits. In 2016, there were 62 young people accessing respite activities.

1. Sex

Carers

Women are overrepresented among carers and therefore women are much more likely to be impacted by the Respite Policy.

Gender	Carers
Males	25.4%
Females	73.6%
Unspecified	1.0%

Female carers will benefit from the Respite Policy because they will benefit from:

- a greater focus on support planning and agreed outcomes for the cared for and carer
- greater consistency in practice
- clearer procedures, which should make it easier for carers to access respite.

Cared for

In Haringey more adult women receive respite services compared to men - 53.30% to 46.70% respectively, suggesting they are slightly overrepresented among receivers of care. Women are more likely to live longer and to require formal care as they outlive male partners.

Cared for person			
Gender	ASC Respite	ASC care in community clients	LBH
Males	46.70%	46.20%	49.50%
Females	53.30%	53.60%	50.50%
Unspecified		0.20%	

Female recipients of care will benefit from the Respite Policy because they will benefit from:

- a greater focus on support planning and agreed outcomes for the cared for and carer
- greater consistency in practice
- clearer procedures, which should make it easier for carers to access respite.

Among children, boys are more likely to receive care than girls (65% to 35% respectively). More boys are diagnosed with autism than girls and this accounts for the disparity. However, this policy will not see a change in respite or short breaks provision for children and young people.

Children's Gender		
Male/Female	Disabled Children's Team (%)	Statemented Children LBH (%)
F	35%	28%
M	65%	72%

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

Carers

Age	Carers	LBH
18-29	1.3%	27%
30-44	12.5%	36%
45-59	36.8%	21%
60+	45.2%	16%
Unknown	4.3%	27%

Older people are overrepresented among carers compared to Haringey's population and therefore older people are more likely to be impacted by the respite policy.

We anticipate that the policy will have a positive impact. Currently, there appears to be a disparity between the number of carers known to us (702) against those receiving respite (210).

Older carers will benefit from the Respite Policy because they will benefit from:

- a greater focus on support planning and agreed outcomes for the cared for and carer

- greater consistency in practice
- clearer procedures, which should make it easier for carers to access respite.

Cared for

Adults

Cared for person			
Age	ASC Respite	ASC care in community clients	LBH
18-29	9%	12%	27%
30-44	17%	27%	36%
45-59	10%	19%	21%
60+	64%	43%	16%

The biggest users of respite are the 60+ years age group (64%), which is higher than the wider population (16%). Older people will therefore be overrepresented among the users who will be affected by this policy.

This policy will serve to ensure the needs of carers are identified through the assessment process, for example, carer’s assessment, the cared for person’s assessment, or a joint assessment. This is likely to increase the availability of respite services to carers who currently do not have access to it as well ensure that respite is aligned to care planning and outcomes.

Children

Children under the age of 18, or those under the age of 25 in education, also receive respite care. There is a greater proportion of 7-12 and 13-18 year olds in receipt of short breaks compared to the 0-6 age range, which reflects the number of statemented children. However, this policy will not see a change in respite or short breaks provision for children and young people.

Age	Children	Statemented Children LBH
0-6	16.63%	10.69%
7-12	40.12%	41.26%
13-18	43.24%	48.05%

4. Disability

Carers

Just 3% of carers in Haringey record having a disability. Disabled carers will benefit from the Respite Policy because they will benefit from:

- a greater focus on support planning and agreed outcomes for the cared for and carer
- greater consistency in practice
- clearer procedures, which should make it easier for carers to access respite.

Disabled carers will also receive support through the carers assessment process.

Disability	Carers
Disabled	3%

Not Disabled	97%
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Cared for

Adults

Although the majority of those impacted by this policy report that they do not have a disability, it is likely that this is under-reported as they receive respite care which includes frailty and age related disabilities. More disabled people receive respite care than are present among Haringey's population. Disabled care users will benefit from the Respite Policy because they will benefit from:

- a greater focus on support planning and agreed outcomes for the cared for and carer
- greater consistency in practice
- clearer procedures, which should make it easier for carers to access respite.

Cared for person			
Disability	ASC Respite	ASC care in community clients	LBH
Disabled	33%	73%	14%
Not Disabled	67%	27%	86%

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. This policy suggests no changes to short breaks and therefore there will be neutral impact.

5. Race and Ethnicity

Carers

Ethnicity	Carers	LBH
Asian / Asian British	7.8%	9%
Black / African / Caribbean / Black British	33.3%	19%
Mixed / multiple	1.9%	6%
No data	12.4%	0%
Other Ethnic Group	3.7%	5%
White	40.9%	61%

Black/African/Caribbean/Black British people are over represented amongst carers compared to the Borough's population. These care users will be positively impacted by the Respite Policy because they will benefit from:

- a greater focus on support planning and agreed outcomes for the cared for and carer
- greater consistency in practice
- clearer procedures, which should make it easier for carers to access respite.

Cared for

Due to the way we record ASC users we incorporate White British, with other White groups. This will include Turkish and East European communities. Black/African/Caribbean/Black British 43%, followed by white groups 38%, will be the largest group affected by the policy.

Black/African/Caribbean/Black British groups are the largest users of respite care (43%), and are over represented when compared to the wider demographic (19%). This indicates that we are meeting the needs of this particular protected characteristic group, particularly as BAME groups are more likely to be over represented in temporary accommodation and economically disadvantaged. The White category are the second largest users of respite care (38%), but appear to be under-represented when compared to the wider demographic (61%). This will include Turkish and East European communities. White British form part of this category; in Haringey they are more likely to have family support networks and to be more economically advantaged, which means that they have the option to rely on family for respite or are able to purchase respite care elsewhere.

Black/African/Caribbean/Black British people are over represented amongst care users compared to the Borough's population. These care users will be positively impacted by the Respite Policy because they will benefit from:

- a greater focus on support planning and agreed outcomes for the cared for and carer
- greater consistency in practice
- clearer procedures, which should make it easier for carers to access respite.

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

Black/African/Caribbean/Black British children are the largest users of short breaks, which is in proportion to the number of children with this protected characteristic who are statemented with special educational need in the borough. White children are the second largest users of short breaks, which is proportionate to the number of children with statements of special educational need across the borough. However, children and young people are not impacted by this policy.

Children's Ethnicity		
Ethnicity	Disabled Children's Team (%)	Statemented Children LBH (%)
Asian / Asian British	10%	8%
Black / African / Caribbean / Black British	40%	36%
Mixed / multiple	8%	6%
White	28%	35%
Other Ethnic Group	8%	12%
No data	6%	3%

Black/African/Caribbean/Black British children are over represented amongst carers compared to the Borough's population. These care users will be positively impacted by the Respite Policy because they will benefit from:

- a greater focus on support planning and agreed outcomes for the cared for and carer
- greater consistency in practice
- clearer procedures, which should make it easier for carers to access respite.

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

Carers

Religion	Carers	LBH
No religion	4.3%	25.20%
Christian	32.8%	45.00%
Buddhist	0.7%	1.10%
Hindu	2.4%	1.80%
Jewish	0.7%	3.00%
Muslim	10.1%	14.20%
Sikh	0.4%	0.30%
Other religion	6.7%	0.50%
Religion not stated	41.9%	8.90%

As 41.9% of carers have not made a declaration, we are unable to determine the impact on carers with a faith of this policy. We will ensure when implementing the policy that all carers are treated equally and that any discrimination, harassment or victimisation will be tackled.

Cared for

Cared for person			
Religion	ASC Respite	ASC care in community clients	LBH
No religion	4%	4.10%	25.20%
Christian	40%	35.00%	45.00%
Buddhist	0%	0.20%	1.10%
Hindu	1%	1.80%	1.80%
Jewish	2%	2.20%	3.00%
Muslim	10%	11.10%	14.20%
Sikh	0%	0.20%	0.30%
Other religion	2%	2.10%	0.50%

Religion not stated	40%	40.20%	8.90%
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As 40% of people cared for have not made a declaration, we are unable to determine the impact of this policy on people cared for who have a faith. Of those who have made a declaration, the proportion from each faith is broadly in line with the proportion within the population. We will ensure when implementing the policy that all people receiving care are treated equally, that the needs of care users of faith will be met, and that any discrimination, harassment or victimisation will be tackled.

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%

We do not have data for 43% of children accessing services; however, respite and short breaks for children and young people is not impacted by this policy and therefore there will be no impact on children.

8. Pregnancy & Maternity

We do not hold data on this protected group for carers or for care users and therefore do not know the impact for people with this protected characteristics. Carers may have additional responsibilities in regards to parenting children, which will need to be considered.

9. Marriage and Civil Partnership Status

We do not have data on which carers or care receivers are married or in a civil partnership. Service users and/or carers who are in a civil partnership will be treated the same as if they are 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

Key Stakeholders

- 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

Pre-consultation meetings took place with carers and service users to capture any considerations that should be factored into the consultation. A draft respite policy was drafted on the basis of this information. Following this, a 12-week consultation will run from October 2017 to January 2018 where service users and carers currently in receipt of respite will receive direct mail, and there will be an opportunity to discuss proposals at drop in sessions.

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.

Following the consultation, any feedback and views will be considered and used to inform a revised policy to be agreed at cabinet.

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?

The consultation ran from 24th October 2017 to the 16th January 2018. 44 individuals or carers responded to the **respite** consultation either online or by paper. A further six written responses and two verbal responses was received totalling **52 responses**. Four of the six written responses were from a professionals working within adult social care/CCG and one was received from the Hornsey Pensioners Action Group.

Three drop in sessions were held during the consultation period at the following locations: 1) Hornsey Library (1st November – 9.30am -11am), Marcus Garvey Library (20th November – 6.30pm – 8pm) and Wood Green (11th December, 11.00-12.30pm), in total 8 people attended these sessions. Two focus groups were held with young carers on 4th and 11th December, in total 20 young carers attended.

Of the 44 **individuals or carers** that responded, the following quantitative results were obtained:

Gender	
Male	11%
Female	73%
Left blank	16%

Disability	
No	59%
Yes	14%
Prefer not to say	9%
Left blank	18%

Age	
18-24	5%
25-44	7%
45-60	47%
61-84	30%
over 85	2%
Left blank	9%

Religion	
Christian	44%
Muslim	14%
No religion	11%
Prefer not to say	11%
Left blank	17%
Budhist	3%

Sexual Orientation	
Heterosexual	52%
Lesbian	2%
Prefer not to say	11%
Left blank	34%

Marriage and Civil Partnerships	
Co-habiting	2%
Married	39%
Prefer not to say	5%
Single	27%
Widowed	5%
Left blank	23%

Ethnicity	
British Asian	2%
Bangladeshi	2%
African	16%
Black British	16%
Caribbean	7%
Mixed Other	2%
Person of colour	2%
White & Black Caribbean	2%
White british	23%
Kurdish	2%

White other	7%
Turkish	2%
Left blank	16%

The key findings from the consultation are as follows;

1. 45% agreed with the definition of respite care, 39% reported that they were unsure, 11% reported that they did not agree and 5% did not respond
2. 52% understood the difference between respite care and other short term care, 23% reported that they were unsure, 20% reported that they did not understand the difference and 5% did not respond
3. 45% thought the proposed policy would have an impact on them or their carer's ability to provide care, 32% reported they were unsure, 13% reported it would have no affect and 9% did not respond
4. 34% understood when and how the Council charges for respite care, 20% reported they were unsure, 39% reported that they did not understand and 7% did not respond
5. 32% reported that the policy was clear and easy to understand, 27% reported they were unsure, 32% report they it was not clear and easy to understand and 9% did not respond

Furthermore, the following issues were raised during the consultation:

- Definition – needs to be updated to reflect that respite allows both the carer and cared for person to have a “break” and may needed to cover longer periods, such as in the case of parent carers of disabled children.
- Eligibility – more clarity about who is eligible for respite care.
- Charging – there was difficulty understanding when charging applied and a concern about those who would be unable to pay.
- Emergency respite – That emergency respite should not be part of the respite allocation.
- Entitlement
 - practitioners raised issue of allocation; consideration should be given as to whether respite allocations should be based on need bandings e.g. low, medium, high which would help determine the allocation respite. Should there be a cap on the amount of funding provided for respite care?
 - respondents wanted clarity about how much respite the carer would be entitled to, how it would be accessed and the amount of funding that would be made available.
- Young carers felt that the policy made clear how respite care was accessed but felt that the language used was not very young person friendly and the policy needed explaining to them.

Using the key findings from the consultation, the policy has been amended to ensure any disparities and concerns are clarified and definitions are made clearer, where appropriate. With a low number of respondents, it is difficult to attribute these key findings to a particular group with similar protected characteristics. This policy is about providing a single approach to respite care that helps to ensure user experience is consistent, and that the right respite care is provided. Consequently, this policy aims to have a positive effect on all service user groups.

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

Women are overrepresented among carers and care users. They are likely to be positively impacted by the respite policy because they will benefit from:

- a greater focus on support planning and agreed outcomes for the cared for and carer
- greater consistency in practice
- clearer procedures, which should make it easier for carers to access respite.

Girls are underrepresented among children who receive short breaks. This reflects the proportion of girls statemented with special educational needs. There is no change in the policy with regard to short breaks and therefore the impact will be neutral.

Positive	X	Negative		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		Unknown Impact	X
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3. Age

Older people are overrepresented among carers and care users. They are likely to be positively impacted by the respite policy because they will benefit from:

- a greater focus on support planning and agreed outcomes for the cared for and carer
- greater consistency in practice
- clearer procedures, which should make it easier for carers to access respite.

There is no change in the policy with regard to short breaks and therefore the impact on children will be neutral.

Positive		Negative		Neutral impact	X	Unknown Impact	
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4. Disability

The policy will have a positive impact on carers as we will use the carers assessment process to try and prevent a decline in their disability, through agreed outcomes relating to eligible needs. This is likely to increase the availability of respite services to carers who currently do not have access to it as well ensure that respite is aligned to care planning and outcomes.

Care users are also more likely to have a disability than in the general population. Disabled care users and care recipients will benefit from:

- a greater focus on support planning and agreed outcomes for the cared for and carer
- greater consistency in practice
- clearer procedures, which should make it easier for carers to access respite.

All children who receive care have a disability; however, there will be no changes to policy regarding their respite care.

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

Black people are overrepresented among carers and care users. They are likely to be positively impacted by the respite policy because they will benefit from:

- a greater focus on support planning and agreed outcomes for the cared for and carer
- greater consistency in practice
- clearer procedures, which should make it easier for carers to access respite.

There is no change in the policy with regard to short breaks and therefore the impact on children will be neutral.

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

There is insufficient data regarding service users who have a religion, belief or none at all. 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 will be tackled.

All cares and care recipients are likely to be positively impacted by the respite policy because they will benefit from:

- a greater focus on support planning and agreed outcomes for the cared for and carer
- greater consistency in practice
- clearer procedures, which should make it easier for carers to access respite.

We do not have sufficient data for children either; however, there is no change in the policy with regard to short breaks and therefore the impact on children will be neutral.

Positive	X	Negative		Neutral		Unknown	
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8. Pregnancy and maternity

It is known that carers who are pregnant or have recently given birth will have additional caring responsibilities. There is insufficient data regarding service users or carers who are pregnant or recently gave birth. When implementing the policy, the Council will need to ensure that no discrimination, harassment and victimisation will occur based upon this characteristic. In addition to this, any inequalities identified that are based upon this protected group will be tackled.

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		Unknown Impact	X
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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

deOutline 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 proposal should not result in any direct or indirect discrimination for any protected group. It should help all carers and care users as they will benefit from:

- a greater focus on support planning and agreed outcomes for the cared for and carer
- greater consistency in practice
clearer procedures, which should make it easier for care users and carers to access respite.

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
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, Sex, Disability, Race,	The Council will try to maximise the positive impact of support planning and agreeing 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 carer's well-being and preventing ill health.	Charlotte Pomery Heads of Service Leads: Anita Marsden/Vikki Monk- Meyer/Tim Miller	April 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:

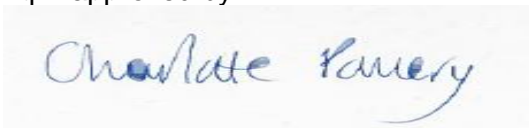
Carers and the cared for person will be at the centre of their care planning process and any

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

EqlA approved by ...



.....
Assistant Director Commissioning

Date 3rd January 2018

8. Publication

Please ensure the completed EqlA is published in accordance with the Council's policy.

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