

Swindon Borough Council Diversity Impact Assessment Implementation of the Care Act 2014

1 What's it about? Implementation of 2014 Care Act part 1

Refer to equality duties: The Care Act focuses on the Well Being of the entire Adult population codifying the complex tangle of Legislation and Guidance regarding Social Care established over the past half century into new primary legislation with associated statutory instruments and guidance.

What is the proposal? This is not a proposal as such it is legislation that Swindon Borough Council is required to implement with partner agencies.

What outcomes/benefits are you hoping to achieve? Swindon Borough Council will be responsible for the implementation of the Care Act which sets out to provide a unified, coherent approach in primary legislation aimed at promoting Well-Being across the Adult population, deferring the need for statutory support where possible by empowering both adults and carers in need.

Who's it for? The Adult population of Swindon

How will this proposal meet the equality duties? This is a recodification of legislation which covers: the encouragement of Well Being across the Adult population, improvements in advice and information, revised definitions of eligibility for services, and recognition of carers in law on the same basis as adults in need. As such this covers all of the protected groups under Equalities legislation.

What are the barriers to meeting this potential? Awareness raising and accessible information could be a barrier: Engagement is happening at national and local levels, information has been targeted by mail drop to two-fifths of the Households in England including identified Swindon post codes, these coincided with a national media campaign in selected press and radio providers. The decision making on the channels for this publicity was made by Public Health England on behalf of the Department of Health. The national web page points towards the Swindon Borough Council Web Site which carries an information video / transcript produced by Social Care Institute of Excellence (SCIE) and guidance around what the Care Act means to the public.

A web based portal "My Care My Support" continues to be developed as a local resource providing individuals, carers, volunteers, and professionals with information enabling them to make informed choices regarding opportunities that will assist in maintaining their well-being and / or postpone their need for statutory services as well a wide range of local and national support services available to people . This portal will be used to host information gathering tools which will assist in peoples decision making regarding engagement with statutory services and contribute towards assessment where needed. The "My Care My Support Tool" is based on developments that have been undertaken outside of Swindon with a large engagement programme informing its design. It has translation capability built into it and flexibility in the presentation of its script and the ability to provide audio as an alternative to script.

The tool has been shared with the local Equalities forum and Adult Safeguarding Board with positive feedback from both.

2 Who's using it? Adult Social Care under current legislation provides information assessment and support to the eligible adult population of Swindon covering all of the defined equality groups. Use of the My Care My Support portal will be monitored by an indwelling reporting system. Referral rates and National KPI's will be monitored through this period of legislative change.

The second tranche of implementation is scheduled for April 2016 will extend engagement with people who are currently (or who will be) self funders as their care costs will need to be tracked so

that eligible expenditure towards the “care cap”. The draft guidance for this implementation is was open to national consultation which has now closed and responses are planned to be made public by the Department of Health in Oct 15. The implementation of this second tranche will require a refresh of this DIA in advance of the 2016 implementation.

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

Modelling tools have been developed by some Local Authorities with SWADASS specifying which tools will be used regionally. These have help identify the anticipated impact of the changes in definition, and process. It is anticipated that as a result of the Act’s implementation that there will be an increase in assessment activity for adults in need , and carers of such adults which cross cuts all protected groups. But at this stage it is recognised that the change in demand cannot be precisely anticipated and thereby the nature of impact (if any on protected groups). Care has been taken to ensure that information sources are accessible to those whose access needs are regarding language, audio or modified visuals.

How can you involve your customers in developing the proposal? The Guidance on the first stage of the implementation of the Care Act was subject to national consultation designed to minimise the burden on Local Authorities conducting separate consultation exercises. There are very few areas in this first phase of the Act’s implementation which provide choices to Local Authorities which lead to the need for local consultation, these arise in the area of Fairer Charging and Deferred Payment. Policy Briefing notes are being drawn up to commit to consultation on these specific areas which will need to take place out of the pre-election period. Within section 42 of the Care Act (safeguarding) there are requirements to develop a strategy with involvement of the local community. While engagement with the Swindon Care and Support Centre will assist with this, it is appreciated that wider community engagement is required. This as well as the Annual Report (also a requirement) needs to be “read and understood by anyone”.

Who is missing? Do you need to fill any gaps in your data? (pause DIA if necessary)

The impact of the legislative change can only be measured post implementation, it is anticipated that the growth in assessment activity will be cumulative rather than “big bang”. The Act incorporated implementation phase governance protecting those covered by pre-Care Act governance until they are re-assessed (in time) under new assessment and eligibility arrangements

3 Impact Refer to dimensions of equality and equality groups

Show consideration of:

Age; Long term legislative intention is to maintain well-being and avoid or defer dependency though healthier and informed lifestyles. In the short term the empowering nature of the legislation transfers ownership of assessments and support plans to the individual. Any change may have an associated concern within this cohort re loss of access to services especially in the light of much publicised reducing Local Authority funds

Disability; The Care Act does provide some challenges to a simple reading of the Social Model: KPI’s beginning to focus on diagnosis, eligibility is based on underlying need. However there is no presumption that diagnosis equals entitlement as it is the level of significant impact on the wellbeing of the individual that is the final condition to establish of eligibility thus removing paternalistic presumptions of diagnosis equalling need which compliments the theme of empowerment which is written through the Act

Sex; The recognition of carers and their being placed on the same legal basis as people in need will impact on women as they make up a disproportionate number of carers in society.

Transgender, There is one reference to transgender in the final guidance to stage 1 of the Act

which points towards personalisation. Whilst not unique to this cohort personalised care and support planning is relevant and now enshrined in primary legislation.

Marriage/civil partnership; There is no change in old law and new in the recognition of significant relationships within or without these legal frameworks

Maternity/pregnancy; There is no impact recognised at this time

Race, There is a general duty to stimulate the market to ensure that services meet the diverse population.

Religion/belief, The Well Being principle recognises the role that belief plays for individuals that therefore needs to be represented in the actions the individual takes to promote their own well - being and that the whole system undertakes with each individual.

Sexual orientation; Whilst not unique to this cohort personalised care and support planning is relevant and now enshrined in primary legislation

and if appropriate: financial economic status, There are safeguards to protect the individual from charges levied by the Local authority that would take their disposable income below a nationally set level (though no requirement in this legislation to “top-up” to that level if the individual does not have funds. Protection of capital is set to increase in next year’s stage 2 implementation.

Homelessness: The principle of co-operation with Housing is frequently referred to in the Act. The definitions of ordinary residence (now in primary legislation) reflect the requirements on the Local Authority where an individual with no fixed abode presents and there is no housing legislation in play that would otherwise meet their needs

Political view; there is no change to the position re political view – it was not under old legislation and is not under the care act an item for consideration.

Using the information in parts 1 & 2:

a) Does the proposal create an adverse impact which may affect some groups or individuals? Is it clear what this is? How can this be mitigated or justified?

Changes to Fairer Charging and the potential introduction of charges (to achieve a cost neutral position) for Deferred Payments will be subject to separate consultation. Neither of these would apply to anyone who is not an adult in need, but there is no targeting intentional, or as unintended consequence, that produces an adverse impact on any particular group or groups.

What can be done to change this impact?

b) Does the proposal create benefit for a particular group? Is it clear what this is? Can you maximise the benefits for other groups?

Does further consultation need to be done? How will assumptions made in this assessment be tested?

4 So what?

[Link to business planning process](#)

What changes have you made in the course of this DIA?

This has clarified the need for a refresh of the DIA as part of the 2016 implementation.

What will you do now and what will be included in future planning?

Messaging and engagement will focus at a local level once the final guidance is issued later this year.

When will this be reviewed? The refresh will include a review of the DIA to date. Post implementation of parts 1 and 2 a review in 2017 appears a proportionate step at this stage

How will success be measured?

For the record	
Name of person leading this DIA John Hughes	Date completed
Names of people involved in consideration of impact	Doug Bale, Kay Reeve, Chris Cooke
Name of manager signing DIA	Date signed

Diversity Impact Assessment – an inclusive business planning tool

1. What's it about? refer to equality duties

- What is the proposal? What outcomes/benefits are you hoping to achieve
- Who's it for?
- How will this proposal meet the equality duties?
- What are the barriers to meeting this potential?

2. Who's using it? consider all equality groups

- What data/evidence do you have about who is or could be affected? (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?
- How can you involve your customers in developing the proposal?
- Who is missing? Do you need to fill any gaps in your data?

3. Impact consider dimensions and equality groups

Using information in parts 1 & 2:

- a) Does the proposal create an adverse impact which may affect some groups or individuals? How can this be mitigated or justified?
> What can be done to change this impact?
- b) Does the proposal create benefit for particular groups or individuals. Is it clear what this is? Can you maximise the benefits for other groups?
 - Does further consultation need to be done? How will assumptions made in this assessment be tested?

4. So what?

- What changes have made in the course of this DIA?
- What will you do now and what will be included in future planning?
- When will this be reviewed?
- How will success be measured?

Considerations

Our equality duties

1. Eliminate discrimination, harassment and victimisation
2. Advance equality of opportunity
3. Foster good relations

Equality groups

For the following equality groups: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief and sexual orientation.

Extended by SBC policy to include: financial economic status, homelessness, political view.

Dimensions of equality

How will the proposal affect Human Rights and life chances of different groups? Consider how the proposal affects

1. Longevity.
2. Physical security.
3. Health.
4. Education.
5. Standard of living.
6. Productive and valued activities.
7. Individual, family and social life.
8. Participation, influence and voice.
9. Identity, expression and self-respect.
10. Legal security.