

## **Community Impact Assessment**

### **Proposal to change to the Fair Access to Care Services eligibility level**

**September 2013**

#### **The proposal**

National guidelines used by all councils in England categorise the social care needs of people who apply for help whether these are low, moderate, substantial or critical. These eligibility criteria are commonly known as Fair Access to Care Services (FACS). It helps councils decide how much support people with social care needs might benefit from, to help them cope and keep them fit and well. Its aim is to help social care workers make fair and consistent decisions about the level of support needed, and whether councils should pay for this. Although the assessment system is national, it is up to each individual council to decide at what level of need services will be provided.

Salford City Council is proposing to change the level at which services will be provided in Salford. It has been forced to look at making this change because of the government's reductions in the budget it gives the council to provide these services.

Currently if a social care worker assesses someone as having moderate, substantial or critical needs, Salford City Council can help arrange and pay for care services. It is proposing to change this so that it concentrates its help on the most vulnerable people and would only provide or pay for services to people assessed as having substantial or critical needs. This would mean that in future it would give people with moderate needs information and advice but it would not help to arrange or help to pay for services. This would make the council the same as all the other councils in Greater Manchester

#### **Findings from the community impact assessment**

The assessment has found overall that the proposed change would have differential impact on people with moderate care needs who have disabilities, people with moderate care needs from the white ethnic majority, women who have moderate care needs and older people who have moderate care needs. In addition the proposed change would have a differential impact on people who provide care and support to those with moderate care needs.

## Background

1. Department of Health guidance gives councils a framework for setting their own eligibility criteria for adult social care. This framework is called Fair Access to Care Services or FACS. At the heart of the guidance is the principle that councils should operate just one eligibility decision for all adults seeking social care support. The FACS framework introduced four bands of eligibility based on people's needs – critical, substantial, moderate and low. Councils must use this eligibility criteria framework to identify eligible needs, according to the risks to an individuals' immediate and long-term independence. The guidance is intended to:
  - help councils to decide eligibility fairly, transparently and consistently, considering the needs of their local community as a whole and not just individuals' needs for support;
  - emphasise the benefits of early intervention and prevention and greater access to universal services, including high quality information and advice;
  - produce better outcomes for people who need of support.
2. The guidance was reviewed and updated in April 2010.

People with **low needs** can do most things for themselves but may need a bit of help with daily tasks, such as cooking, cleaning, or having a bath. They may not be able to keep in touch with all their friends or go out socially, or go to work without a little help. They can take their own medicine.

People with **moderate needs** can wash and dress themselves but may need a bit of help or some equipment to help with bathing or showering. They may have difficulties washing their back and with fastening buttons or zips. They can take their own medicine but may need reminding. Keeping in touch with friends and going out is difficult.

People with **substantial needs** can only do things like washing, getting dressed or getting in and out of bed with some help. They need their home to be adapted so that they can use it properly and they cannot get to the shops without help. They might be confused in unfamiliar places and not be able to make informed choices.

People with **critical needs** will have serious health problems and their life is in danger if they do not have support. They need help with almost all aspects of their daily life, from going to the toilet to eating. They will not be able to take medicines by themselves and will not be able to work, study or socialise without help.

Equality and human rights form an important theme running through FACS, emphasising that staff should:

- work within organisations' policies and procedures for actively promoting equality and challenging discrimination
- apply a human rights and equal opportunities approach, ensuring no groups are excluded from assessment on the basis of diagnosis alone
- work with individuals to identify their cultural needs and appropriate support
- contribute to the identification, development and maintenance of community-based resources to meet diverse needs
- identify barriers to social inclusion of individuals, carers and families, and take action to address them.

## National situation

The FACS framework sets out eligibility criteria against which councils assess individuals' needs. Each council can choose where to set its eligibility threshold and therefore the level of need for which they will offer support. The latest national figures show that levels of access to care and support vary:

- 3 councils offer support only for people with critical needs,
- 127 councils also doing so for people with substantial needs,
- 19 councils for people with moderate needs as well, like Salford City Council
- 3 councils also offer support for people with low needs

Source: Association of Directors of Adult Social Services, autumn 2012.

### Care Bill (published May 2013)

Amongst other matters, the Care Bill emphasises the need to prevent and reduce care and support needs and introduces a national eligibility threshold for care and support

The Government considers that council should be able to exercise flexibility in how they meet the needs of their local populations, according to local circumstance. However, evidence suggests that access to care and support for care users, carers and offenders with care needs varies to a degree which the Government finds unacceptable. This largely results from local interpretations of national legislation and guidance. Repeated attempts to bring more national consistency have failed. The Government therefore considers that it needs to intervene to support greater equality and consistency of access to assessment and provision of support.

The Government is also using the creation of a single statute relating to assessment and eligibility as an opportunity to look again at how these policies interact with the rest of the system, and to design them to support greater personalisation and self-directed support for care users, families and carers.

### Why is an assessment required?

Service or policy that people use or which apply to people (this could include staff)	X
Discretion is exercised or there is potential for people to experience different outcomes. For example, planning applications and whether applications are approved or not	X
Concerns at local, regional or national level of discrimination/inequalities	X
Major change, such as closure, reduction, removal or transfer	X

### Protected characteristics and other equality issues likely to be affected by the proposals

Age	X	Religion and/or belief	X
Disability	X	Sexual Identity	X
Gender (including pregnancy and maternity and marriage and civil partnership)	X	People on a low income (socio-economic inequality)	X
Gender reassignment	X	Other (please state below) (For example carers, ex offenders, refugees and asylum seekers, gypsies and travellers)	
Race	X	Carers	X

## Monitoring information

Do you monitor by the following protected characteristics or equality areas?	Yes (Y) or No (N)	If no, please explain why and / or detail in the action plan at Section E how you will prioritise the gathering of this equality monitoring data.
Age	Y	
Disability	Y	
Gender (including pregnancy and maternity and marriage and civil partnership)	Y	But not pregnancy and maternity and marriage and civil partnership.
Gender Reassignment	N	XX
Race	Y	
Religion and/or belief	Y	But not in full.
Sexual Identity	N?	
People on a low income (socio-economic inequality)	N?	
Other (please state) (For example carers, ex offenders, refugees and asylum seekers, gypsies and travellers)	Carers Y	XX

## CONSULTATION

- Posters
- Consultation booklet
- Paper versions of consultation forms
- Covering letters
- Phone info line
- Online survey
- Website pages
- Face to face communications
- Twitter / Facebook
- Community committee meetings
- Neighbourhood Management/ community newsletters
- Targeting hard to reach / minority groups
- Hotlink for intranet and internet
- Staff communications
- Briefing for CMT
- Briefing for key staff (to include customer service staff)
- Life in Salford
- e-Life
- PR
- Attend events
- Communications with organisations / agencies
- Councillor briefings
- Briefings for trade unions
- Additional sessions at centres (Gateways etc).

## AGE

### Introduction

1. Most people (XXXX%) receiving social care services are older people so overall the proposal would potentially affect older people with moderate care needs and older carers more than younger people. .

<b>Older people might experience these negative impacts ...</b>	<b>... which the following might help to reduce:</b>		
1. Reaching crisis point or doing so earlier and more often, with needs rising to substantial more quickly	a) taking this risk into account in reassessments	O1a	As
	b) good neighbours, including Street Champions and Neighbourhood Watch	O1b	GN
2. Increased social isolation because of shrinking social networks offering less support as peers age	a) good neighbours, including Street Champions and Neighbourhood Watch	O2a	GN
	b) people with moderate care needs maintaining social connections as one of the five ways to well-being	O2b	Cap
	c) inter-generational activities	O2c	GN
3. Increased risk of exploitation from unregulated services	a) public awareness of adult safeguarding	O3a	GN
	b) neighbours and good neighbour organisations to recognising adult safeguarding as a year round issue, not just during severe weather	O3b	GN
4. Increased risk of self-neglect, self-harm and falls	a) public awareness of adult safeguarding	O4a	GN
	b) neighbours and good neighbour organisations to recognising adult safeguarding as a year round issue, not just during severe weather	O4b	GN
	c) continuing current falls prevention services and activities	O4c	Con
5. Increased risk of carers' breakdowns	a) providing advice and guidance on contingency planning by people with medium care needs and their carers and support networks	O4a	Inf
	b) taking this risk into account in reassessments	O4b	As

<b>Younger people might experience these negative impacts ...</b>	<b>... which the following might help to reduce:</b>		
1. Increased risk of exploitation and hate crime	a) providing advice and guidance on how to respond to attempted exploitation and to hate crime	Y1a	Inf
	b) neighbours and good neighbour organisations recognising adult safeguarding as a year round issue, not just during severe weather	Y1b	GN

Younger people might experience these negative impacts ...	... which the following might help to reduce:		
	c) Police awareness of increased risk	Y1c	ED
2. More housing problems, including homelessness	a) continuing to provide floating support to those who need it to keep their homes	Y2a	Con
	b) housing providers' awareness of the potential impact of no longer providing care services for people with moderate care needs	Y2b	ED
3. Greater reduction in eligibility for services when becoming eligible for Adult Services at 18 years old.	a) continuing joint working with young people with care needs from the age of 16 between Children and Adult Services	Y3a	Con
	b) taking this into account when reassessing the care needs of young people.	Y3b	As
4. Less able to pay for care because more likely to be out of work, with fewer skills and other resources such as savings	a) continuing programmes to develop people's skills, including statutory education	Y4a	Cap
	b) continuing sheltered employment programmes	Y4b	Cap
	c) continuing to promoting training and employment for vulnerable young people through the City Mayor's Employment Charter	Y4c	ED
	d) ensuring that young people have access to advice on about the benefits to which they are entitled.	Y4d	Inf
5. Increased misuse of alcohol and drugs	a) primary and secondary health care providers' awareness of this increased risk	Y5a	ED
	b) people with moderate care needs and their support networks using Way to Well-being portal	Y5b	Cap

## EVIDENCE

### Consultation findings

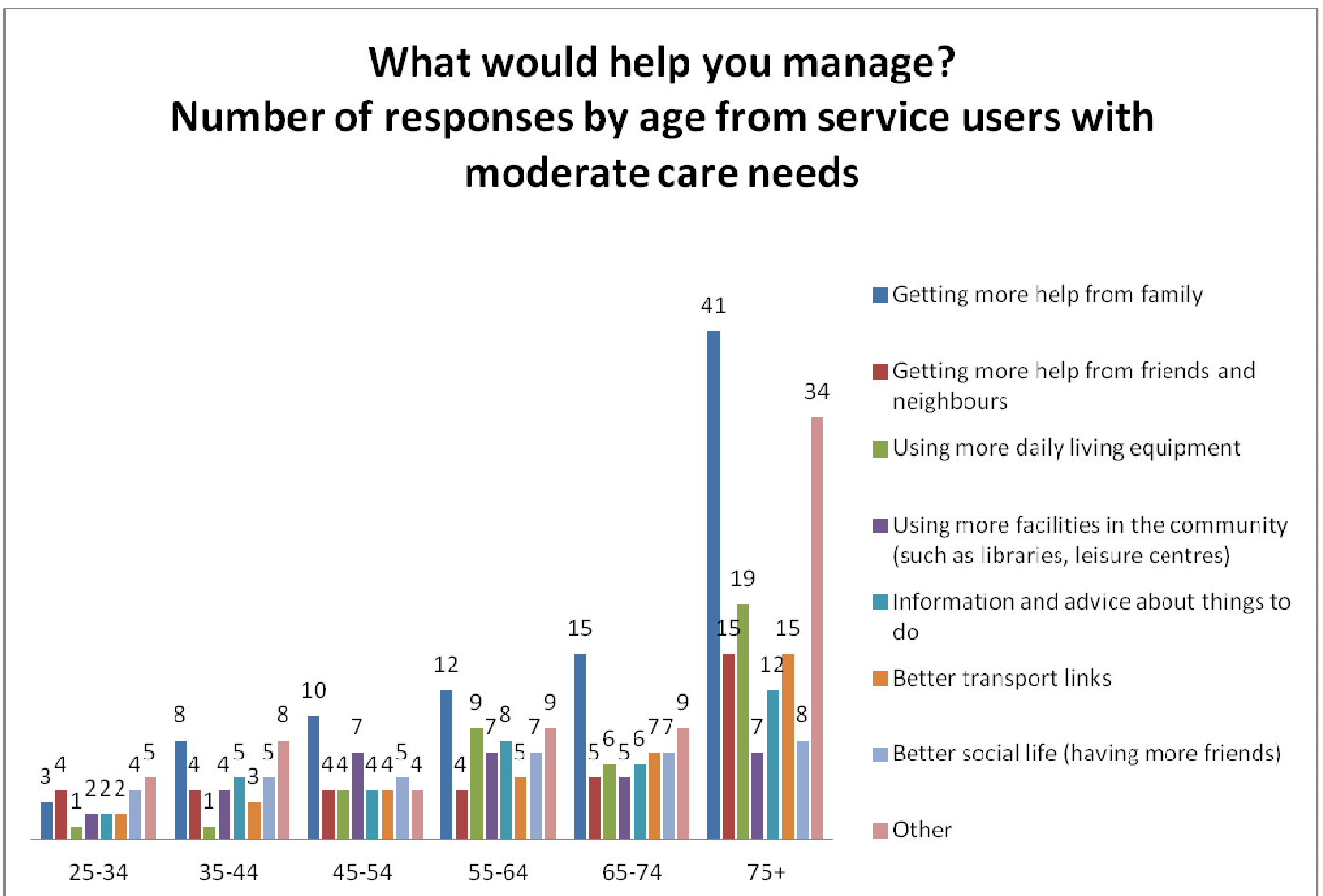
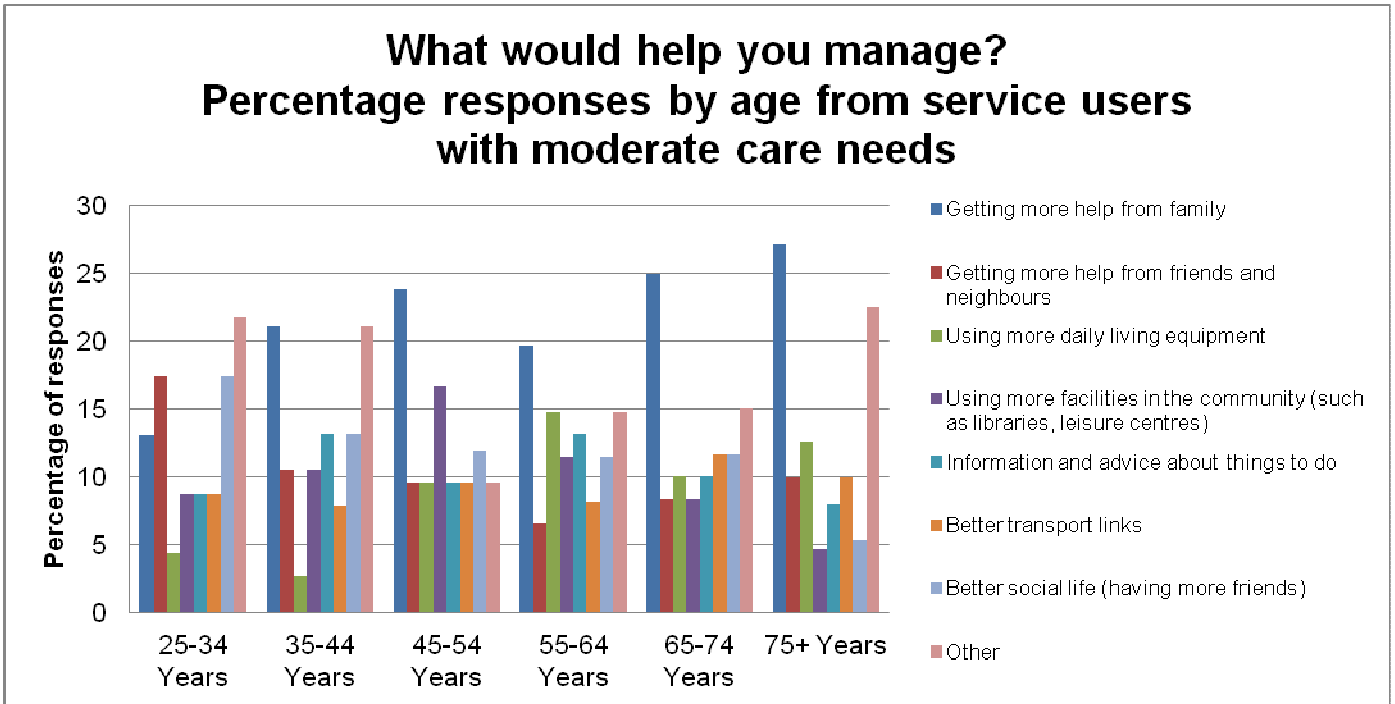
Of the responses to consultation about the proposal, 57% were from people aged over 65 years, with 44% from people aged over 75 years. These numbers correlate well to the 56% of service users aged over 65 years 40% of the carers who comments were aged over 65, and 25% of the general public compared to the 14% of the city's population that was over 65 years old in 2011 (ONS, Census 2011).

In response to the question, if we made this change what would help you to manage, most respondents who were service users with moderate care needs of all ages mentioned getting more help from family. For most age groups this was the most popular response, with it counting for 27% of responses from those over 75 years old. However, for respondents aged 25-34, it came behind getting more help from friends and neighbours, and having more friends and a better social life, perhaps reflecting different expectations in these age groups, although there were only 23 responses from people in this age group, compared to 151 from the

over 75s. Conversely, having a better social life scored lowest amongst those aged over 75, alongside using more facilities in the community.

In all age groups, a relatively high proportion of comments come under the heading "other".

These comments generally express opposition to the proposal, or describe the respondents' situations without commenting on what would help them manage.



## Background

2. Evidence suggests that the kind of support older people most welcome is less likely to be provided through the FACS framework than other types of support. A study by Bowling et al<sup>1</sup> of people aged 85 and over found that they had most difficulty with odd jobs around the house, shopping, using public transport and dealing with finances – all tasks that, in isolation are unlikely to be priorities for council funding. The high value placed by older people on 'low level' interventions to support independence appears to be important in their perceptions of coping day-to-day and maintaining independence and a positive identity. This suggests that for many older people, the withdrawal of support for those with moderate care needs will have an impact but will not affect their need for this 'low level' support either way.
3. In a report about investigating the experience of ageing, Godfrey et al found that central to well-being in old age were links to others: not just family but friends, neighbours and the wider community. Helping others and doing things with them – whether just having a laugh, engaging in leisure or other pursuits or taking part in collective action to make things better – enhanced people's capacity and confidence to cope with their own difficulties.<sup>2</sup> However, while CSCI identified a few examples where support had been provided to assist people with regards to social inclusion and participation, all of these instances involved disabled adults. For older people there seemed to be no recognition of the value of participation or social inclusion<sup>3</sup>.
4. CSCI highlighted concerns about both the availability and quality of information provided to people seeking support, which

can lead to a lack of understanding about the assessment process and a lack of knowledge about the options available for care and support.

5. In a study for the Joseph Rowntree Foundation,<sup>4</sup> Dunning found that older people may be more dependent than other people on good information and advice, because of the following factors:
  - retirement, which can reduce income and social networks
  - changes in housing and living arrangements
  - ageism.
6. Information and advice can help to alert older people to circumstances and options as well as the services and support they may require to take, and to remain in control. Advocacy should enable older people to find and use their own voice wherever possible, as well as being about speaking up on their behalf if needed. Information, advice and advocacy can also support older people to become involved in decision making and to be included in the life of the community.<sup>5</sup>
7. The need for information, advice and advocacy services is not confined to concerns about health and social care. It is also concerned with wider aspects of citizenship, including lifelong learning, leisure and employment opportunities, which can support older people towards positive participation and preparation for later life.

### Younger people in transition from children's to adult services

8. The Voluntary Organisations Disability Group (VODG) suggests that there is a distinct lack of data about the numbers of young people with disabilities who might be eligible for social care and support

---

<sup>1</sup> Bowling, A, Grundy, E and Farquhar, M (1997).

*Living Well into Old Age*, London: Age Concern

<sup>2</sup> Godfrey, M, Townsend, J and Denby, T. *Building a good life for older people in local communities* (2004) JRF

<sup>3</sup> Henwood and Hudson, *Lost to the system?*

---

<sup>4</sup> Dunning, A. *Information, advice and advocacy for older people: Defining and developing services* (2005) JRF

<sup>5</sup> Ibid



services in England. Not only is there a shortage of information about young people at the threshold of care services but there is also little longitudinal data which follows the pathways of young disabled people as they move from childhood to adult life.<sup>6</sup> CSCI identified this group as being particularly at risk of falling outside eligibility criteria

9. An earlier study by CSCI reported that at least half of the councils surveyed stated that the level of young people's services changed at transition, and that young people could not maintain activities provided before transition because the local authority did not provide the same level of support.<sup>7</sup> Over half of disabled people in a study for Leonard Cheshire Disability said the shortfall in social care services for younger disabled people had led to more accidents, serious illness, and suicide attempts and/or more visits to the doctor and hospital.<sup>8</sup> A study by the RITE research project also found that the move to adult health and social care services with different entitlement criteria usually triggered the withdrawal of the specialist services often essential to the young person's quality of life.<sup>9</sup>
10. The RITE research also pointed to the fact that as young people grow up, leisure time is increasingly used to explore their own interests and to make new relationships, so that they rely less on their families. Disabled young people may need additional support in order to share this experience, but this tends not to be deemed as a critical or substantial need,

and hence such support is often not available.

11. Resources are directed at meeting the increasing level of needs for the most vulnerable. It promotes independent living amongst the general adult population and Intermediate Care and Reablement Services will remain outside of FACS criteria with a focus on reablement and rehabilitation potential. Enabling people to acquire or relearn core skills and maintain independence will reduce reliance on more costly ongoing services.
12. Assistive technology and equipment services contribute to maximising independence and keeping people safe at home.
13. The service directory via the Salford website provides people with information and advice about all aspects of care and support. It is part of a universal information and advice strategy which recognises the importance of accessible and accurate information to help people make decisions about the help they need.

### **Possible positive impacts**

There may be a positive impact for older people arising from the re-assessment process and from the changed assessments for new applications for help. The revised assessments and enhanced advice and information will help people to identify their own assets and aspirations. This might help staff spend more time than previously with older people, redressing the risk highlighted in a CSCI review<sup>10</sup> that generally more time might be given to gathering information about a younger disabled person, including their personal preferences and aspirations, than for an older person. Assessments for younger adults with learning disabilities, for example, were more likely to be person-centred while assessments for older people were historically more likely to be service-centred.

---

<sup>6</sup> Voluntary Organisations Disability Group (2008) *Shadow lands: application and impact of eligibility criteria on young people with disabilities*. Oxford: Institute of Public Care, Oxford Brookes University, for VODG

<sup>7</sup> CSCI, *Growing Up Matters, Better transition planning for young people with complex needs* (2007)

<sup>8</sup> Foster, J et al, *Your Money or Your Life: Disabled people's experiences of the loss of social care services in England*, Leonard Cheshire Disability (2008)

<sup>9</sup> Rustin, C et al, *The RITE transition : the only way forward. Summary and recommendations*. DART Foundation (2006)

---

<sup>10</sup> Henwood and Hudson, *Lost to the System?*

## **Community cohesion**

FACS guidance has generally focused on the assessment of individual need and providing services to meet them..

Guidance places much more emphasis on the importance of community well-being, supporting and developing social capital to enable people to draw on the resources already available within their own communities for support. It also prioritises social participation and inclusion as a key outcome to be addressed in the process of planning for care and support.

## DISABILITY

### Introduction

All service users have some form of disability affecting daily living so the proposed change in eligibility criteria would have a greater negative impact on disabled people with moderate care needs than on people who are disabled with substantial/critical care needs or who are not disabled.

Amongst disabled people with moderate care needs, the number with a learning disability is likely small and proportionately low. However, the change would potentially affect them much more than other disabled people because of the degree to which they depend on care and support and the cognitive difficulties that they would have in finding and managing alternative sources of care and support.

Disabled people might experience these negative impacts ...	... which the following might help to reduce:		
1. Reaching crisis points, or doing so earlier and more often, needs rising to substantial more quickly	a) people with care needs raising their concerns early	Cap	D1a
	b) family, friends and neighbours looking out for signs	GN	D1b
	c) Make Every Contact Count programme identifying if people's condition is deteriorating due to lack of care and support	ED	D1c
	d) increased recognition of early warning signs by front-line staff in all agencies	ED	D2d
	e) Continuing prevention and early help support services.	Con	D2e
2. Increased social isolation	a) befriending	GN	D3a
	b) signposting to Disability Forum for advice and guidance	Inf	D3b
	c) more widespread and increased IT literacy	Cap	D3c
3. Increased risk of falls, self-neglect and self-harm	a) continuing falls clinics and advisory services	Inf	D4a
	b) Helping Hands minor maintenance service keeping fixtures and fittings safe	ED	D4b
	c) family, friends and neighbours looking out for signs	GN	D4c
4. Increasing misuse of alcohol and drugs	a) specialist advice services' awareness of eligibility levels	ED	D4a
	b) Make Every Contact Count programme and brief interventions	ED	D4b
	c) focussing on recovery		D4c
5. Increased risk from unregulated services and exploitation	a) people with moderate care needs using accredited trades and services	Inf	D5a
	b) family, friends and neighbours keeping an eye out for suspicious behaviour by visitors and associates	GN	D5b
	c) adaptations sited with security issues in minds e.g. ramps and grab rails on less visible entrances.	ED	D5c
6. More housing problems, including homelessness	a) Alertness of providers of social rented housing to early warning signs of difficulties	ED	D6a
	b) providers of social rented housing reviewing relevant policies in the light of emerging issues.	ED	D6b
	c) advice on ways to reduce the impact of the bedroom tax	Inf	D6c
	d) specialist housing advice	Inf	D6d
7. Increased risk of carers' breakdown,	a) Continuing annual health checks for people with learning difficulties	ED	D7a
	b) continuing support for Carers' Centre	Cap	D7b

Section D  
Potential impacts - disability

Disabled people might experience these negative impacts ...	... which the following might help to reduce:		
particularly for risk of people with learning difficulties because most of their carers are older people, particularly parents.	c) continuing to ensure that advice and guidance on care options considers all support options and assumes nothing based on current caring role	Inf	D7c
	d) continuing to pay particular attention to the need to reassess young carers' needs	As	D7d
	e) continuing carers' assessments and advice and guidance	As	D7e
8. Difficulties arising from impaired mental capacity reducing ability to manage change and alternative care and support	a) alertness of Improving Access to Psychological Therapies to this risk amongst people with moderate care needs	ED	D8a
9. Risk of repeated delays in getting care for substantial needs for those with varying conditions	a) Continued capacity for fast track assessments	As	D9a
	b) continued advice about Contact Team numbers	Inf	D9b
	c) continued referral routes, easy access and open communication	Inf	D9c
10. Worsening mental health problems because of more isolation	a) awareness of Improving Access to Psychological Therapies to this risk amongst people with moderate care needs	ED	D10a
11. Less access to care services because of less ability to pay than the general population	a) access to benefit and advice services	Inf	D11a
12. Less access to assistive technology	a) continued telecare services	Con	D12a
	b) continued advice about availability and sources of technology to buy	Inf	D12b

### Consultation findings

A high proportion of respondents to the consultation considered that they were disabled. In the case of service users, 90% did so, 33% of carers and 39% of the general public who responded. This level of reported disability among service users is consistent with the fact that they have been assessed as having moderate or substantial/critical care needs indicates some degree of

disability. The proportions amongst the carers and general public who responded are much higher, however, than the general population in which reported levels of disability are generally around 20%.

On the basis of these proportions, comments from service users can be taken to represent those of people with disabilities. Their biggest concern was that the proposal would leave them without care and support because their

families are too busy to help or to help more, or they have no-one to help and they rely on care services. Such comments made up 25% of all comments, 32% of comments from service users with moderate needs, rising to 41% of comments from service users with substantial or critical needs, although the proposal would not affect the latter group. This strong feeling The service directory via the Salford website provides people with information and advice about all aspects of care and support. It is part of a universal information and advice strategy which recognises the importance of accessible and accurate information to help people make decisions about the help they need.

#### **Positive outcomes**

The majority of disabled people will not experience any positive outcomes Some people with disabilities might to experience the positive outcome of greater independence and freedom to choose alternative methods of care, but given the consultation responses they will

#### **Community cohesion**

The proposal might improve community cohesion by encouraging more support for disabled people with moderate care needs from neighbours and communities. FACS guidance has focused on assessing individual needs and providing services to meet them.

Guidance places much more emphasis on the importance of community well-being, supporting and developing social capital to enable people to draw on the resources already available within their own communities for support. It also prioritises social participation and inclusion as an outcome for planning care and support to address

**GENDER**

<b>Women might experience these negative impacts ...</b>	<b>... which the following might help to reduce:</b>		
1. feeling less safe than men without carers' visits	a) informal community support from neighbours	GN	W1a
	b) more emphasis on safeguarding vulnerable people in neighbourhood watch schemes	GN	W1b
	c) publicity about actual crime levels	ED	W1c
2. having more difficulty managing everyday tasks because of more musculo-skeletal conditions than men	a) continued advice on availability and use of aids and equipment	Inf	W2a
	b) continuing advice on domestic arrangements	Inf	W2b
3. being more likely to fall than men	a) continued advice and guidance on how to avoid falls	Inf	W3a
4. being expected to take more of a role as carers than men	a) advice and guidance on care options that considers all support and assumes nothing based on relatives', friends' and neighbours' genders	Inf	W4a

<b>Men might experience these negative impacts ...</b>	<b>... which the following might help to reduce:</b>		
1. having difficulty managing everyday domestic tasks due to less knowledge or experience than women	a) continued providing advice, guidance and training about domestic tasks	Inf	M1a
	b) awareness of friends and neighbours community groups	GN	M1b
2. misusing alcohol and drugs, and as a result experience housing problems and homelessness	a) continued advice and information about alcohol and drug treatment services, including the Way to Well-being portal	Inf	M2a
	b) awareness of general health and specialist services of this risk	ED	M2b
3. older men, experiencing social isolation and suffering from any breakdowns in care arrangements	a) awareness of families and information community support networks of this risk	GN	M3a
	b) organisers of community and social activities taking this into account when planning and running activities	GN	M3b
4. neglecting themselves because of the above impacts	a) awareness of families and information community support networks of this risk	GN	M4a

*Insert number/%age of service users by gender male/female*

1. There is very little evidence about the effect of gender on outcomes in the process of determining eligibility. However the predominance of female informal carers means that evidence about carers may be of some relevance.
2. A 2007 study suggested that 11.3% of women carried out a caring role, compared to 8.6% of men<sup>11</sup> while Joseph Rowntree Foundation estimates that four in five carers are women.<sup>12</sup> *Cutting the Cake Fairly* identified carers as a specific group with hidden needs vulnerable to exclusion within the FACS framework, suggesting that women may be disproportionately affected. EHRC have also expressed concerns about the impact of narrowing eligibility for publicly funded support on gender equality, given that women continue to provide the overwhelming majority of unpaid care to relatives.<sup>13</sup>
3. There is a higher representation of women receiving social care services than in the population of Salford. Due to the representation, any change will potentially impact on females more than males. Any change may impact more female informal carers.

### PREGNANCY AND MATERNITY

Pregnant women and mothers in 26 weeks after delivery might experience the negative impact of ...	... which the following might help to reduce:		
1. ... anxiety and stress from changes and from managing support arrangements	a) maternal and neo-natal health services awareness of the risk of anxiety and stress	PM1a)	ED

The council has no information about rates of pregnancy and maternity amongst service users, The numbers are likely to small given the age and gender profile of service users.

However, any women with moderate care needs during pregnancy or the 26 weeks after birth might be more affected by the proposals than other women. This risk could be mitigated by alerting maternal and neo-natal health services to this risk and the need to take into account the needs of expectant mothers and mothers with moderate care needs in the light of the council's proposal.

<sup>11</sup> Dahlberg, L, Demack, S and Bambra, C, *Age and gender of informal carers: a population-based study in the UK. Health and Social Care in the Community (2007) 15 (5) 439-445*

<sup>12</sup> Himmelweit, S, and L, and H, *Reducing gender inequalities to create a sustainable care system*, Joseph Rowntree Foundation (2008)

<sup>13</sup> EHRC, *From safety net to springboard*

**MARRIAGE AND CIVIL PARTNERSHIP**

<b>People who are married or in civil partnerships might experience the negative impact ...</b>	<b>... which the following might help to reduce:</b>		
2. ... providing more care and support for the spouses or civil partners than those who are single	advice and guidance on support options that considers all options and assumes nothing based the marital or civil partnership status of people with moderate care needs.	MCP	Inf

People with spouses or civil partners might be affected by the proposed change because they of providing more care and support for them. This could be mitigated by ensuring that advice and guidance on care options considers all options and assumes nothing about them based the marital or civil partnership status of people with moderate care needs.

**Positive impacts**

It is unlikely that the proposal would have an positive impacts based on gender, pregnancy and maternity or marriage and civil partnership.

**Community cohesion**

It is unlikely that the proposal would foster better relations between people with the protected characteristic have a positive impacts based on gender, pregnancy and maternity or marriage and civil partnership.

**Gender reassignment**

People might experience the following negative impacts due to <b>gender reassignment</b> ...	<b>... which the following might help to reduce:</b>		
1. ... more likely to be estranged or distant from family and neighbours	a) increased understanding and tolerance of gender reassignment	Gr1a	GN
	b) assessors' awareness of this risk	Gr1b	As

There is no indication that the proposed change would affect people *planning, undergoing or who have undergone gender reassignment* who have undergone gender reassignment We have no specific information on how changes to criteria would affect the gender reassignment communities.

**Positive impacts**

There is no indication that the proposed changes will have any positive impacts on people planning, undergoing or who have undergone gender reassignment.

**Community cohesion**

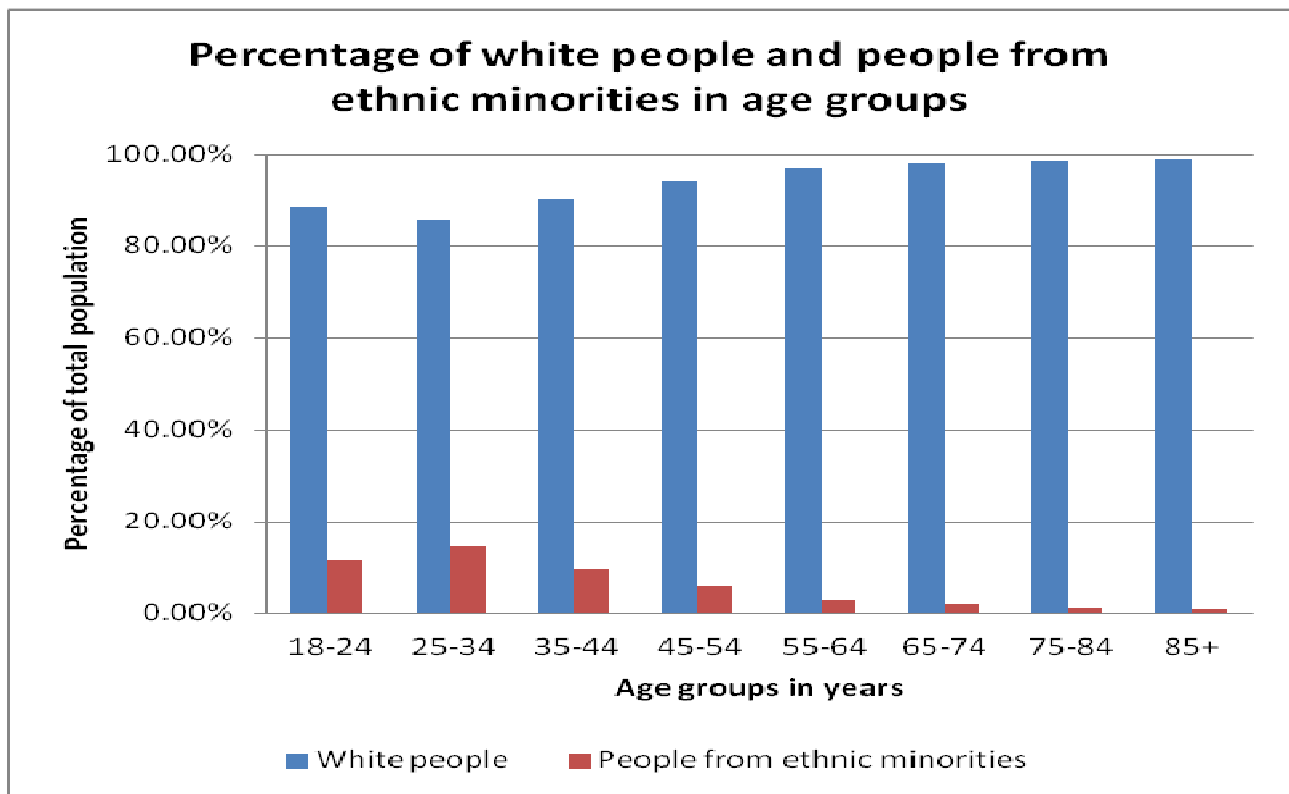
It is unlikely that the proposed change would have any impact on relations between people planning, undergoing or who have undergone gender reassignment and people with other protected characteristics.



Race and ethnicity

People might experience the following negative impacts due to their <b>race or ethnic origin</b> ...	... which the following might help to reduce:		
1. ... the majority White British population might be more affected by the proposals, because of its older age profile	a) continued account taken of the needs and preferences of White British people in advice and information about care and support	R1a	Inf
	b) good neighbours, including Street Champions and Neighbourhood Watch	R1b	GN
2. ... people of White British ethnicity may be at greater risk of increased misuse alcohol	a) specialist services' awareness of proposed changes to the FACS eligibility level	R2a	ED
	b) taking this into account in assessments	R2b	As
3. ... a higher risk of increased social isolation for those from minority ethnic groups	a) good neighbours, including Street Champions and Neighbourhood Watch	R3a	GN
	b) inclusive community activities as well as those specifically for minority ethnic groups.	R3b	GN
	c) telecare	R3c	Cap
4. ... a higher risk of exploitation and hate crime for those from minority ethnic groups.	a) adult safeguarding guidance and practice recognising this risk	R4a	ED
	b) more awareness of safeguarding procedures amongst ethnic minority groups	R4b	GN
	c) good neighbours, including Street Champions and Neighbourhood Watch	R4c	GN
5. ... a higher risk of housing problems, including homelessness for those from minority ethnic groups	a) housing advice services' awareness of the changes to the FACS eligibility criteria	R5a	Inf
	b) housing providers helping people with moderate care needs from ethnic minority groups to overcome barriers to extending their housing choices	R5b	ED
6. ... fewer culturally appropriate services and alternatives for BME groups	a) service providers' awareness in all sectors to the need and opportunity to provide services for people with moderate care needs from BME groups	R6a	ED
	b) mutual support amongst people from BME groups	R6b	GN
	c) BME community groups providing help and support	R6c	GN
7. ... less knowledge amongst BME groups about what culturally appropriate services are available	a) promotion of culturally appropriate services	R7a	Inf

The chart below shows the proportion of people from ethnic minorities reduces in older age groups. Conversely, people from white ethnic groups (not shown in the chart) including the white ethnic majority, form an increasing proportion rising from 89% of 18-24 year olds to 99% of those aged 75 and over.



Source: ONS, Census 2011

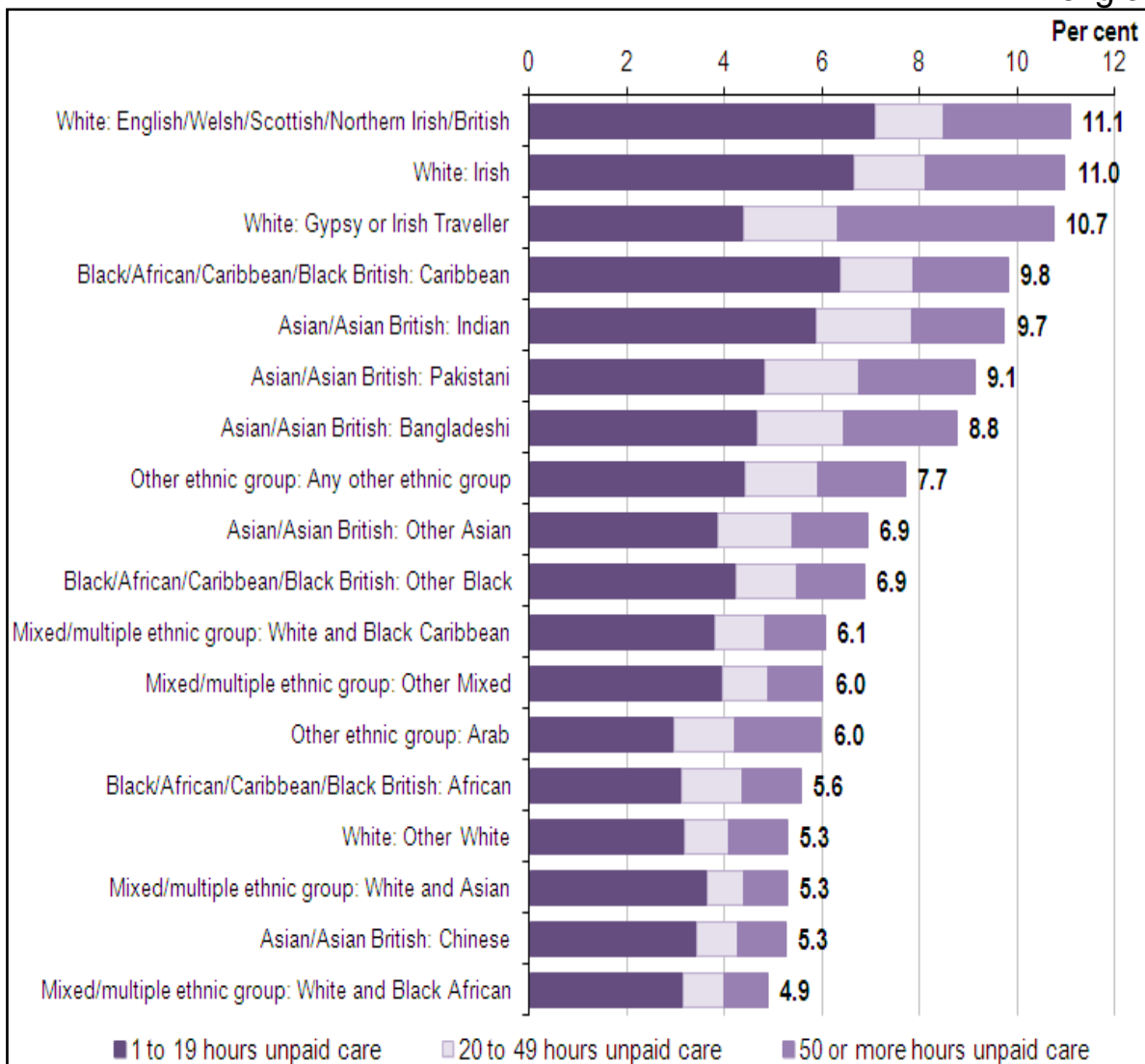
## Background

### Ethnicity

#### Number/percentage of service users 18-64 and 65+

The chart below shows that in 2011 a higher proportion of white ethnic groups provided unpaid care than people from other ethnic groups. The higher proportion providing unpaid care for 1 to 19 hours a week accounts for much of this difference, with the exception of the Gypsy or Irish Traveller ethnic group amongst whom providing care for over 50 hours a week accounts for a larger proportion than in any other group.

**Chart:** ranked proportions of total unpaid care provision and the extent of unpaid care provided: by ethnic group, England and Wales, 2011



Source Census 2011, ONS

1. A 2006 study<sup>14</sup> suggested that the following barriers may have hindered access to services and equality of opportunity for people from BME communities:
  - Lack of knowledge about the availability of support;
  - Lack of appropriate services;
  - Poor-quality services;
  - Lack of choice;
  - Workers without effective communication skills;
  - Workers without the experience and skills needed to work with diverse communities
  - Communication barriers including linguistic limitations;
  - Information barriers;
  - Differences in values;

<sup>14</sup> Butt, J, *Race equality discussion paper 03: Are we there yet? Identifying the characteristics of social care organisations that successfully promote diversity* (2006)

- Lack of understanding of the experience of racism and disadvantage which can reduce self-esteem, confidence and willingness to approach services and assessment processes.
2. There are several examples of where organisations have successfully taken proactive steps not only to stop doing the things that create barriers, but also to start doing things that actively break down barriers. The SCIE discussion paper for example suggests that organisations successful at promoting diversity do the following:<sup>15</sup>
    - Plan for delivery of services in a way that draws on evidence of needs;
    - Implement a policy and monitoring framework to promote diversity;
    - Have processes and a workforce that can implement user engagement;
    - Recruit, retain and develop a workforce that can promote diversity;
    - Demonstrate better frontline practice.
  3. Cultural norms including men not cooking or providing assistance within the home may lead to reduction in FACS criteria having a differential impact on different racial groups.

**Positive impacts**

**Community cohesion**

**Religion and belief**

People might experience the following negative impacts due to their <b>religion or belief or lack of it...</b>	<b>... which the following might help to reduce:</b>		
1. people without religious belief less likely to be involved in groups that offer personal help and support	a) good neighbours, including Street Champions and Neighbourhood Watch	B1a	GN

We do not collect data on the religion of people who use our services and so are unable to assess the impact of this proposal on people with different religious beliefs. Although a range of services are provided for the Jewish community in Salford.

Cultural norms including men not cooking or providing assistance within the home may lead to reduction in FACS criteria having a differential impact on different racial groups. Religious views may also lead to reduction in FACS criteria having a differential impact on different religious groups.

**Positive impacts**

**Community cohesion**

---

<sup>15</sup> SCIE *Race equality discussion paper 03: Are we there yet?*

## Sexual identity

People might experience the following negative impacts due to their <b>sexual orientation ...</b>	... which the following might help to reduce:		
1. ... older gay men are more likely to be living alone	f) inclusive community activities	GN	S1a
	g) telecare	Cap	S1b
2. ... gay men and lesbians more likely to be estranged or distant from family and neighbours	a) understanding and tolerance of the variety of sexual orientations	GN	S2a
	b) recognising this in assessments	As	S2b
	c) service providers' awareness of the need and opportunity to provide services for gay men and lesbians	ED	S2c
3. ... gay men less likely to have children to help with care	b) service providers' awareness of the need and opportunity to provide services for gay men	ED	S3a
	c) recognising this in assessments	As	S3b
4. ... increased misuse of drugs and alcohol	a) specialist services' awareness of proposed change to the FACS eligibility level	ED	S4a
	b) taking this risk into account in all assessments	As	S4b

1. We have no information on the numbers or proportion of lesbian, gay, bisexual (LGB) communities that might be affected by the proposed change..
  2. There is little research into how sexual orientation can effect outcomes from the FACS process. However, CSCI had previously produced a focus report which found that <sup>16</sup> only 24% of people felt that their needs as an LGB person were adequately considered at their last assessment.
  3. Within this CSCI had identified some common misconceptions about LGB people using services which may affect the application of FACS, including assumptions that:
    - older people and disabled people are not interested in sex, whether they are lesbian, gay, bisexual or heterosexual.
    - there are not many LGB people, so it is unlikely to be an issue whereas the Government estimates that 5% of the population is lesbian, gay or bisexual, living in all parts of the country, in rural and urban areas.
    - that the needs of LGB people do not differ from those of heterosexual people.
- Positive outcomes**
- Community cohesion**

This would seem unlikely.

<sup>16</sup> CSCI, *In Focus: Equality and Diversity Matters 1: Providing appropriate services for lesbian, gay and bisexual and transgender people* (2008)

## Low income

People on <b>low incomes</b> might feel experience these negative impacts ..	... which the following might help to reduce:		
1. Less able to pay for care	a) good neighbours, including Street Champions and Neighbourhood Watch	L1a	GN
	b) People with moderate care needs continuing to develop their skills, including through statutory education	L1b	Cap
	c) continued access for people with moderate care needs to advice about the benefits to which they are entitled.	L1c	Inf
	d) public access points to internet for sites such as Way to Well-being portal	L1d	Cap
	e) ensuring that advice is available for people with moderate care needs about getting disabled living allowance	L1e	Inf

### Background

1. Most people seeking support from adult social care are on low incomes so the impact of the cuts would fall on them more than other people.
2. The original FACS guidance stated that financial assessments should only take place after needs assessment to avoid the risk of screening people out of the process before assessing their support needs and options for meeting them.
3. The guidance reminds councils that their approach should be outcome-focused for individuals seeking support and for the wider community. Social and economic inclusion and participation, including access to employment are defined as key outcomes to consider in support planning so that older and disabled people can be active citizens contributing to their local networks and communities.
4. Also in line with *Putting People First*, the guidance suggests that councils should draw up strategies for prevention and early intervention and that they should positively commission and stimulate the development of universal and open access services. Preventative strategies will help people maintain their independence for longer and reduce or delay their need for social care support.
5. Universal and open access services strengthen the capacity of communities to support all their citizens, including older and disabled people. This supports the recommendation made by CSCI and supported by EHRC that guidance should set eligibility criteria for access to support in a broader context that is more consistent with *Putting People First* and offers some level of assistance and advice to everyone seeking care and support.

### Positive impacts

### Community cohesion

**Carers**

Carers might experience these negative impacts	... which the following might help to reduce:		
1. finding it harder to meet spouses', partners' and relatives' increasing needs	a) increased needs considered in reassessments and advice and guidance revised to suit if the needs remain moderate	C1a	As
2. facing greater expectations and have to take more responsibility	a) advice and guidance and reassessments considering all support options and assume nothing based on current caring role	C2a	As
	b) paying particular attention to the need to reassess young carers' needs	C2b	As
3. more anxiety and stress due to feeling abandoned and less important	a) continued carers' assessments and advice and guidance	C3a	As
	b) continued support the carers' centre	C3b	Cap
	c) peer support	C3c	GN
	d) alertness of families and informal community networks to this risk	C3d	GN
4. finding their employment and other responsibilities at risk	a) ensuring that advice and guidance consider all support options and assume nothing based on current caring roles	C4a	Inf
5. losing the carers' personal budget, compounding the loss of services for people with moderate care needs	a) continuing carers' assessments and advice and guidance	C5a	As
	b) continuing to support the Carers' Centre	C5b	Cap

**Consultation**

Carers echoed to a lesser degree the concerns expressed by service users about the impact the proposal would have, with the largest proportion of their comments, 27% (65), about issues relating to:

- My family are busy and can't provide any more help
- I have no one to get help from / I have no other options
- I am reliant on the care services I receive I would have no quality of life / I won't be able to leave home / I would be socially isolated.

This compares to the 43% (337) of service users' comments that related to these issues.

**Background**

**What information can we include on carers numbers/%ages?**

	Hours of unpaid care provided per week		
	1 to 19	20 to 49	Over 50
Number of people	13,228	3,725	6,449

Source: ONS, Census 2011

1. Informal carers who provide ‘regular and substantial’ amounts of care are entitled to request an assessment of their own needs and that assessment has to consider their ability to continue to provide care.

2. Government guidance makes it clear that carers and other family members should be closely involved in the process, and that their needs and aspirations should also be taken into account. It also
- restates the importance of considering the needs of carers, both in relation to the person they are caring for and the impact on families as a whole and also in relation to their own needs and desired outcomes for their lives
  - promotes the use of user led organisations in the design and delivery of services, to ensure that service users and carers are put at the centre.

**Positive impacts**

Recognition that more community support is necessary for people with care needs and their carers might help to gain greater understanding and practical support for carers from family, friends and the wider community.

**Community cohesion**

The recognition that support from their local community would help people with care needs to maintain their independence and achieve the aspirations might increase understanding of the situation of people with care needs and generate more community cohesion.



## Review

Your CIA should be reviewed at least every three years, less if it has a significant impact on people. Please enter the date your CIA will be reviewed ..... You should review progress on your CIA action plan annually.

Name	Signature	Date
Senior Manager		
Lead CIA Officer		

## FACS equality impact assessment team:

- Alan Tomlinson, Head of Policy and Improvement, (corporate and partnership) – lead officer
- Bernie Enright, Head of Social Work – lead professional advisor and member of FACS Steering Group
- Angie Allan, Principal Manager, Disability Services – professional advisor
- Jeannine Howard, Occupational Therapist Manager – professional advisor
- Julie Boulton, Team Manager/Practice Manager, Contact Team – professional advisor
- Ian Ashworth, Speciality Registrar, Public Health – expert advisor
- Elaine Barber, Diversity Officer – equality advisor
- Bev Hinks, Policy and Improvement Business Manager – equality advocate
- Jeff Niel, Project and Portfolio Manager – project manager