

Enfield Equality Impact Assessment (EqIA)

Introduction

The purpose of an Equality Impact Assessment (EqIA) is to help Enfield Council make sure it does not discriminate against service users, residents and staff, and that we promote equality where possible. Completing the assessment is a way to make sure everyone involved in a decision or activity thinks carefully about the likely impact of their work and that we take appropriate action in response to this analysis.

The EqIA provides a way to systematically assess and record the likely equality impact of an activity, policy, strategy, budget change or any other decision.

The assessment helps us to focus on the impact on people who share one of the different nine protected characteristics as defined by the Equality Act 2010 as well as on people who are disadvantaged due to socio-economic factors. The assessment involves anticipating the consequences of the activity or decision on different groups of people and making sure that:

- unlawful discrimination is eliminated
- opportunities for advancing equal opportunities are maximised
- opportunities for fostering good relations are maximised.

The EqIA is carried out by completing this form. To complete it you will need to:

- use local or national research which relates to how the activity/ policy/ strategy/ budget change or decision being made may impact on different people in different ways based on their protected characteristic or socio-economic status;
- where possible, analyse any equality data we have on the people in Enfield who will be affected eg equality data on service users and/or equality data on the Enfield population;
- refer to the engagement and/ or consultation you have carried out with stakeholders, including the community and/or voluntary and community sector groups you consulted and their views. Consider what this engagement showed us about the likely impact of the activity/ policy/ strategy/ budget change or decision on different groups.

The results of the EqIA should be used to inform the proposal/ recommended decision and changes should be made to the proposal/ recommended decision as a result of the assessment where required. Any ongoing/ future mitigating actions required should be set out in the action plan at the end of the assessment.

Section 1 – Equality analysis details

Title of service activity / policy/ strategy/ budget change/ decision that you are assessing	Reardon Court Extra Care Procurement
Team/ Department	Strategy and Resources People Department
Executive Director	Tony Theodoulou
Cabinet Member	Cllr Alev Cazimoglu
Author(s) name(s) and contact details	Nancie Alleyne Strategy and Service Development Adult Social Care nancie.alleyne@enfield.gov.uk
Committee name and date of decision	Lead Member and ASC Director meeting

Date the EqIA was reviewed by the Corporate Strategy Service	26 th August 2022
Name of Head of Service responsible for implementing the EqIA actions (if any)	Doug Wilson
Name of Director who has approved the EqIA	Bindi Nagra

The completed EqIA should be included as an appendix to relevant EMT/ Delegated Authority/ Cabinet/ Council reports regarding the service activity/ policy/ strategy/ budget change/ decision. Decision-makers should be confident that a robust EqIA has taken place, that any necessary mitigating action has been taken and that there are robust arrangements in place to ensure any necessary ongoing actions are delivered.

Section 2 – Summary of proposal

Please give a brief summary of the proposed service change / policy/ strategy/ budget change/project plan/ key decision

Please summarise briefly:

What is the proposed decision or change?
What are the reasons for the decision or change?
What outcomes are you hoping to achieve from this change?
Who will be impacted by the project or change - staff, service users, or the wider community?

Proposed decision:

An approval to procure care services is due to be presented to Cllr Alev Cazimoglu, (Cabinet Portfolio Adult Social Care) for approval in late August/ September 2022.

Subject to successful approval, the procurement process will commence in late September starting with a market engagement with local and national providers to brief our procurement and tender intentions. This Equality Impact Assessment has been carried out to assess the differential impact in relation to each protected characteristic on the proposed procurement of care and care services provided within the new Extra Care provision at Reardon Court.

Reason for the decision and intended outcomes:

Reardon Court is the site of a former in-house residential care home which had an extra care facility included. It's a Council owned site that is well placed to accommodate an extra care housing service, with good transport and community links. It is located in Winchmore Hill, an area of the borough in which the Council supports a high number of older people with adult social care needs and sits adjacent to green space to encourage healthy active ageing.

On 25th July 2018 Adult Social Care (ASC) received approval from Cabinet to use the site of Reardon Court for an Extra Care facility. Reardon Court was previously used as a residential care home with extra care facilities, however that service was closed in 2016 as the building was no longer fit for that use. Following approval demolition works were commissioned and the residential care home was demolished ready for the construction of extra care services. Contractors are now on site building the extra care construction is being managed by Enfield Housing department.

The new Extra Care Scheme is due to be completed early in 2024. The building will be handed over to ASC in March 2024 to prepare for Extra Care operations in April 2024.

A project board for ensuring delivery of the scheme and the procurement of care has been developed supported by the following Steering groups

- Housing
- Care and Support
- Design & Development
- Community, Communication and Engagement

Each group meets on a monthly basis and reports to project board every six weeks.

It is intended for the procurement process to commence on 1st September 2022 with market engagement with potential providers. A project plan with key milestone within the procurement process has been developed.

Who will this decision impact?

The new extra care facility at Reardon Court will impact on all older people in the borough aged 60+ The below illustrates the proposed criteria for placement within Reardon Court:

- Be aged 60 years or over (or aged 55+ if there is a diagnosis of dementia or the applicant has a learning difficulty or physical disability);
- Be a resident in the London Borough of Enfield or have a local connection with the area or a strong social need to live in the area. This would usually be part of the local authority housing department's eligibility criteria;
- Have a housing need and be eligible for Sheltered Housing in the Borough, including having a local connection with the area;
- Have a positive desire to remain independent within the community;
- Have assessed adult care needs.

The proposed service will be provided to individuals whose circumstances mean that their independence cannot be maintained in their current home environment, described as:

- Needing someone to check on well-being at least daily because of a serious risk of harm to self or others;
- Experiencing health problems that require support to prevent admission to hospital or residential care;
- Having disability seriously impacting on ability to function independently in the community;
- Having cognitive impairment resulting in an inability to cope with everyday environment;
- Having mobility difficulties in the home that is severely restrictive and cannot access essential facilities independently;
- Being at risk of neglect or abuse;
- Needing help with personal care and activities of daily living;

- Where critical support networks have broken down or physical and/or mental health is at risk due to lack of social support systems;
- Services will be offered to people with toileting support needs and continence management requirements;
- Services will be offered to people who require support with the administration of medication.

The scheme will provide care for diverse range of older people who have a range of support needs including dementia. The service will be accessible, appropriate and welcoming for people of different religions and cultural backgrounds and will be proactive in developing a service that recognises and values diversity.

Communication and stakeholder engagement will be a key part of this project. To date, commissioners have engaged with operational teams and other departments. A series of face-to-face consultation and user engagement meetings will happen from September 2022 – December 2022. All Stakeholders will also be given the opportunity to give their views by sending a letter, via a central email address and a central telephone line.

The consultation and engagement will include the participation of service users and family members within the two existing extra care schemes of Alcazar Court and Skinners Court, Age UK Enfield. Enfield Carers, Partnership Boards, ICB North London Central London a form of citizens panel and local residents within the neighbourhood of the scheme. This will establish what is important to future users and their families and the information captured to be reflected in the service design.

Section 3 – Equality analysis

This section asks you to consider the potential differential impact of the proposed decision or change on different protected characteristics, and what mitigating actions should be taken to avoid or counteract any negative impact.

According to the Equality Act 2010, protected characteristics are aspects of a person's identity that make them who they are. The law defines 9 protected characteristics:

1. Age
2. Disability
3. Gender reassignment.
4. Marriage and civil partnership.
5. Pregnancy and maternity.
6. Race
7. Religion or belief.
8. Sex
9. Sexual orientation.

At Enfield Council, we also consider socio-economic status as an additional characteristic.

“Differential impact” means that people of a particular protected characteristic (eg people of a particular age, people with a disability, people of a particular gender, or people from a particular race and religion) will be significantly more affected by the change than other groups. Please consider both potential positive and negative impacts, and provide evidence to explain why this group might be particularly affected. If there is no differential impact for that group, briefly explain why this is not applicable.

Please consider how the proposed change will affect staff, service users or members of the wider community who share one of the following protected characteristics.

Detailed information and guidance on how to carry out an Equality Impact Assessment is available [here](#). (link to guidance document once approved)

Age

This can refer to people of a specific age e.g. 18-year olds, or age range e.g. 0-18 year olds.

Will the proposed change to service/policy/budget have a **differential impact [positive or negative]** on people of a specific age or age group (e.g. older or younger people)?

Please provide evidence to explain why this group may be particularly affected.

The nature of the services provided will impact upon the vulnerable people for which it is intended i.e. older people aged 65 and over.

Older people in the borough

Enfield life expectancy at birth is 80.5 years for males and 84 years for females, this is above the London average. This suggests people, on average, live longer in Enfield compared to other parts of the country. However, life expectancy varies quite widely across wards within Enfield, mainly due to differences in level of deprivation.

The number of older residents has increased between 2012 – 2020. Over 65s in total have increased by 4,716 (11.8%) during that time, according to Office for National Statistics (ONS) mid-year population estimates. Residents are also living for longer.

Figure 1: Number people aged 65+ in Enfield between 2012-20

Age band	2012	2013	2014	2015	2016	2017	2018	2019	2020	from 2012 to 2020	
										Increase (no.)	Increase (%)
65+ Total	40121	40920	41623	42080	42589	43259	43903	44564	44837	4716	11.8
65 to 69	11957	12211	12234	12359	12333	12202	12214	12344	12473	516	1.3
70 to 74	9184	9389	9715	9830	10227	10702	10864	10921	10997	1813	4.5
75 to 79	7788	7913	8027	8131	8096	8117	8313	8490	8518	730	1.8
80 to 84	5701	5842	6035	6085	6104	6259	6403	6538	6520	819	2.0
85 to 89	3453	3495	3477	3536	3656	3722	3882	3964	4054	601	1.5
90+	2038	2070	2135	2139	2173	2257	2227	2307	2275	237	0.6

The number of older people (65+) managing health conditions, including long term conditions that limit quality of life is also on the rise. In 2020/21, it was projected that over 2,000 older people had a long-standing health condition caused by heart attack in Enfield (rising to 2,579 by 2025). This can have a detrimental health affect because of physically and psychological effects; it can limit mobility, increase falls, increase loneliness and decrease social support networks.

Many of the older people supported by ASC are living with long-term medical conditions. As the incidence of long-term conditions increases with age, many older people have a variety of physical, mental, health and social care needs.

The closure of Reardon Court as a former residential care home with extra care facilities have led to the reduction of ECH (by 28 units) available in the borough for older people with 24-hour on-site support and care needs. The demand for extra care housing has a correlation to the growth of older people numbers in the borough and increased health related needs which comes with age. There we need to ensure we commission high quality care services, which safeguard and empowers residents and is sensitive to their specific cultural, spiritual, dietary and linguistic needs. We will ensure that the commissioned provider devises communication strategies to ensure service users choice in how their care is provided is maintained.

Reardon Court will support vulnerable older people aged 60 and above. The criteria and nomination process for housing with care only refers to this group.

Mitigating actions to be taken

There are other mechanism and process for supporting vulnerable people who do not meet the age criteria for Extra Care which include sheltered accommodation, supported living, Shared Lives and for those with significant needs residential care

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-day activities.

This could include: physical impairment, hearing impairment, visual impairment, learning difficulties, long-standing illness or health condition, mental illness, substance abuse or other impairments.

Will the proposed change to service/policy/budget have a **differential impact [positive or negative]** on people with disabilities?

Please provide evidence to explain why this group may be particularly affected.

All older people in council funded care services have met Care Act 2014 eligible assessed needs as well as not being able to achieve at least one of the outcomes set

out by ASC which places the person at a health and safety risk to themselves because of their disabilities.

Residents placed within Reardon Court will have a range of and sometimes multiple disabilities and therefore will be counted more than once in the results of disabilities. Behavior changes often occur as a result of disabilities. Communication strategies, quality of services, choice and control, and safeguarding are important issues for this group. The tender documentation and contractual expectations for new extra care settings will be clear on the need for the care provider to engage with people through a variety of communication approaches.

Adult Social Care Integrated Locality Team (older people service) currently supports older people who live with

- physical impairment,
- hearing impairment,
- visual impairment,
- long-standing illness or health condition,
- dementia
- mental illness and other impairments.

The current profile of disabled people within our current extra care facility is

- Alcazar Court 23 service users (Alcazar Court has 45 flats)
- Skinners Court 9 service users (Skinners Court has 49 flats)

The Reardon Court development has secured the availability high quality accessible housing with care for older disabled people, increasing our extra care facility from 94 to 164. The additional 70 flats will help ensure that:

- people have access to services that prevent their support and care needs escalating, or delay the impact of their needs;
- people are supported to maximise their independence and feel in control of the support and care that they receive;
- people have a choice of a range of providers offering high quality, safe and appropriate care services from a vibrant and diverse marketplace

There is a growing demand for dementia services as more and more people presented to ASC are living with this condition. This is further support by the borough profile which states 5% of adults over 65 have been diagnosed with dementia – the highest prevalence in London, and higher than the rate for England. The placements of residents within Reardon Court will support ASC to meet this growing demand and residents will come from our diverse local population.

Culturally and linguistically diverse elderly people with dementia face many unique challenges and needs because of the impairment of verbal and non-verbal language, which worsens with the degenerative process of dementia. Communication is essential for social life, regardless of cognitive function, and for avoiding isolation, strengthening resident's identity, and decreasing depression and anxiety. Therefore, ASC will

continue to work with the commissioned care provider that they extend their role to take account of cultural needs in relation to a resident disability and to raise and extend the standard of dementia care.

Reardon Court flats and the care provision as specified designed to support and care for older people with needs arising from disabilities. All flats are wheelchair assessable and have a range of assistive technology solutions to support a resident to live safely in their flat. This includes pull chords which goes to a centralised response team and sensors that pick-up movement or non-movement should a resident have a suspected fall. The extra care scheme will have onsite 24-hour staff who will be available to support residents anytime of the day and not just when their care needs is being attended to. For residents with physical impairments, mobility aids are supplied based on individual need through care planning arrangements. Providers of health (GPs, dentists, community health providers etc) will be engaged with during the service development of Reardon Court. This will provide a focus on the varying needs of this protected characteristic which will be built into the accommodation as well as individual resident's needs.

ASC will maintain ongoing monitoring of care services provision so that it remains safe throughout the contract period of when care is being commissioned. In addition, the Care Provider will have to be registered with the Care Quality Commission (CQC), a government body who will formally inspect the quality of care provided to this vulnerable group of residents and publishes their findings.

As a result of the Reardon Court development, ASC will be able to increase long term security of housing with care option for people who are disabled and ensure that ASC are effectively, meeting their statutory care requirements.

Mitigating actions to be taken

No mitigating action identified.

Gender Reassignment

This refers to people who are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on transgender people?

Please provide evidence to explain why this group may be particularly affected.

The Gender Identity Research and Education Society (GIRES) estimates that in the UK around 650,000 people, 1% of the population, experience some degree of gender non-conformity. If these numbers are correct and Enfield's population of 333,794, were exactly typical of that population, this equates to 3,350 individuals with some degree of gender non-conformity.

Reardon Court extra care services is for all residents who have a Care Act 2014 and a housing need and currently live in the borough, regardless of their gender identity.

As part of this proposal ASC intend to work with a range working with the Local LGBTQ groups to ensure needs and concerns in planning and implementation is taken into consideration in the service model.

We will ensure that the service design of the care services accommodates the needs of people undergoing gender reassignment alongside others who have protected characteristics. Furthermore, we will ensure that the commissioned care provider and their staff have adequate training to support transgender individuals, without discrimination. A performance monitoring requirement for the care service will specifically record the gender identity of the service user.

Mitigating actions to be taken

No mitigating action identified.

Marriage and Civil Partnership

Marriage and civil partnerships are different ways of legally recognising relationships. The formation of a civil partnership must remain secular, where-as a marriage can be conducted through either religious or civil ceremonies. In the U.K both marriages and civil partnerships can be same sex or mixed sex. Civil partners must be treated the same as married couples on a wide range of legal matters.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people in a marriage or civil partnership?

Please provide evidence to explain why this group may be particularly affected.

Care services provided are not restricted by or to marriage or civil partnership status. The service is open to anyone aged over 65 provided they meet Care Act 2014 eligibility and the service can meet their assessed needs.

There is no data available regarding the number of people in a civil partnership who are in receipt of care and support in extra care housing commissioned by the Council. The majority of the residents living within the two current schemes at Alcazar Court and Skinners Court live alone for reason of bereavement, divorce, or having always being single. There is one married couple currently living at Alcazar Court.

Extra Care services accommodates couples, friends and siblings enabling them to continue to live together even if only one of them needs care and support. Reardon Court has been designed on the basis of mixed usage to include couples, marriages and civil partnerships. This will encourage the retention of close relationships and means couples can stay together should one partner deteriorate in health, as all staff are trained to support those residents with residential needs and those who require nursing care needs.

Reardon court will consist of 70 flats broken down as follows:

- 61 one-bedroom (2 persons) flats
- 5 two-bedroom (3 persons flat) units,
- 3 flexi flat one bedroom (2 persons)
- 1 flexi flat two bedroom (3 persons flat)

The two-bedroom flats will be used to support couples or a live-in carer.

Information gathered at the point of assessment where it is appropriate and proportionate to do so will be monitored and analysed in order to understand whether person centred approaches are taken for people within this protected characteristic

A performance monitoring requirement for our renewed service will specifically record the marital and civil partnership status of the service users.

Mitigating actions to be taken

No mitigating action identified.

Pregnancy and maternity

Pregnancy refers to the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on pregnancy and maternity?

Please provide evidence to explain why this group may be particularly affected.

Currently at the two existing extra care services there are no individuals representing this specific characteristic. However, where individuals do share a protected characteristic related to pregnancy or maternity, they will benefit in the same ways as other care users who do not share the protected characteristic. There is no negative impact on this specific group.

Mitigating actions to be taken

No mitigating action identified

Race

This refers to a group of people defined by their race, colour, and nationality (including citizenship), ethnic or national origins.

Will this change to service/policy/budget have a **differential impact [positive or**

negative] on people of a certain race?

Please provide evidence to explain why this group may be particularly affected.

The most demographically distinguishing feature about Enfield is its combination of ethnic groups as shown by the 2011 Census data. The 2011 Census data revealed that, compared to the average for London boroughs, Enfield had a slightly smaller White UK group (at 40.5% of total population), and relatively large numbers in the 'Other White' group (18.2%) and in Black groups (17.2%).

ASC supports service users from a wide range of ethnic backgrounds. The service is open to anyone aged over 65 provided they meet Care Act 2014 eligibility and the service can meet their assessed needs. However, it should be noted that data is not collected in way to provide an accurate percentage figure from each racial group, the descending order are as follows:

(2019 unofficial estimates – proportions rebased with 2021 Census population estimates)

Ethnicity	Estimated population size	% of total population
White British	116,556	35.3%
White Irish	7,194	2.2%
Greek	4,488	1.4%
Greek Cypriot	16,038	4.9%
Turkish	23,826	7.2%
Turkish Cypriot	6,336	1.9%
Kurdish	4,191	1.3%
White Other	24,981	7.6%
White and Black Caribbean	4,587	1.4%
White and Asian	4,290	1.3%
White and Black African	2,442	0.7%
Other mixed	6,765	2.1%
Indian	11,748	3.6%
Pakistani	2,772	0.8%
Bangladeshi	6,336	1.9%

Chinese	2,673	0.8%
Other Asian	12,639	3.8%
Somali	9,009	2.7%
Other Black African	24,354	7.4%
Black Caribbean	17,424	5.3%
Other Black	8,217	2.5%
Other Ethnic Group	13,134	4.0%

Studies have showed that the levels of loneliness and social isolation are very much higher among people from ethnic minorities than for the general population. The social isolation of older ethnic minority people is of further concern as people in this group are less likely to access services for older people.

It is assumed that Reardon Court Extra Care service will attract a wide diverse range of older people in the borough. The ethnic profile of service users in the current extra care schemes of Alcazar Court and Skinners Court provides further evidence. There is further potential to expand on supporting more ethnic minority communities, as the borough older population grows in numbers and diversity.

Ethnicity	Alcazar Court	Skinners Court
Greek		10
White British	13	23
Caribbean	7	2
Muslim		3
Turkish	1	4
Asian British	4	1
Cypriot		1
British Muslim		1
Italian		1
European	4	
British Caribbean		1
African	10	

Culturally and linguistically diverse elderly people with dementia face many unique challenges and needs because of the impairment of verbal and non-verbal language, which worsens with the degenerative process of dementia. Communication is essential for social life, regardless of cognitive function, and for avoiding isolation, strengthening resident's identity, and decreasing depression and anxiety, and as such the culturally specific care provision is a crucial part of an older person's care needs. Therefore, we

will ensure that the service specification and tender evaluation quality questions include the requirement for providers to demonstrate their ability to deliver an inclusive service e.g. for residents who speak English as an additional language.

It could be said that some residents at Reardon court may behave in a discriminatory manner to others, and efforts to change long held perceptions of people different to themselves may prove highly problematic, in particularly in cases where the resident has a cognitive impairment. Examples of abuse will be challenged and investigated and different approaches to police abuse brought on by cognitive behaviour will be developed alongside the care provider and the individual resident's family members.

As part of contract management, the provider will need to demonstrate that they are responsive to the diverse needs of residents in the use of communal facilities and provide a range of activities and (through kitchen facilities) appropriate food options.

Mitigating actions to be taken

No mitigating action identified.

Religion and belief

Religion refers to a person's faith (e.g. Buddhism, Islam, Christianity, Judaism, Sikhism, Hinduism). Belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people who follow a religion or belief, including lack of belief?

Please provide evidence to explain why this group may be particularly affected.

It is envisaged that placement of new residents will reflect a wide variety of religion and religious beliefs from the diverse community of Enfield borough.

The breakdown of the current extra care services at Alcazar and Skinner Court are as follows and can be used a guide in terms of the diverse community who may live at Reardon Court

Religious breakdown of residents at Skinners and Alcazar Court

Religion	Alcazar Court	Skinners Court
Christian	31	27
Greek Orthodox		10
Muslim	3	3
Jewish	5	2

Hindu	2	
Unknown	5	5

Both above schemes support service users to attend their place of worship. Transport for some is also provided in some cases.

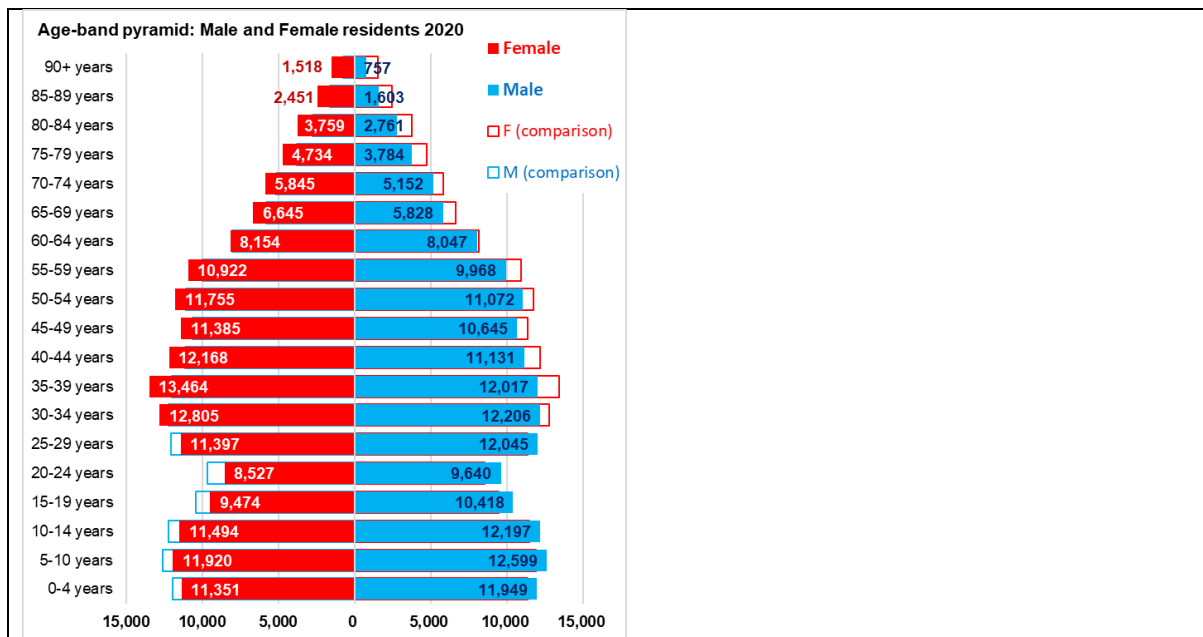
The care provider for Reardon Court will be expected to be responsive to the needs of people regardless of religion or belief (including lack of belief) and support them without discrimination and ensure staff are appropriately trained.

The care service specification will ensure that the provider is aware and support the range of diverse religion and beliefs of the service users they support and that they facilitate them to continue to practice their faith. For those who maybe house bound the council will specify that religious personnel i.e. Catholic Priest, Presbyter for the Greek orthodox community, Islamic Imam and Lama for Buddhist residents be brought to the service user's home and that care staff support the service user to undertake their prayers

Mitigating actions to be taken

No mitigating action identified.

Sex
Sex refers to whether you are a female or male.
Will this change to service/policy/budget have a differential impact [positive or negative] on females or males? Please provide evidence to explain why this group may be particularly affected.
In the borough of Enfield both male and female life expectancies are higher than the national average, while male life expectancy is also higher than the average for London. However, this proposed commissioned care service will affect more women than men because women tend to live longer than men so there are greater numbers of women in older age. In Enfield, women outnumber men among people aged 27 years and over. Life expectancy at birth for males born in Enfield is 81.0 years, female life expectancy is 84.7 years.



A higher proportion of residents in the current schemes of Alcazar and Skinners Court are female. As demonstrated below

Sex	Alcazar Court 45 flats	Skinners Court 49 flats
Male	18	21
Female	21	26
Total	39	47

Women have double the risk of developing frailty compared to men and statistically likely to experience loss of a partner, and mobility between the ages of 75 and 85. In addition, care providers in the local and wider market tend to employ more women than men. This make the provision of personal care more complex especially individual service users request same sex carers where this resource is difficult to secure. Therefore, ASC will work with the care provider to help them secure the appropriate male/female staff ratio to effectively support vulnerable service users.

People in extra care settings, including Reardon Court, will live in self-contained apartments including dedicated toileting and bathroom facilities, allowing for privacy and dignity for residents regardless of sex

Personal care will prescriptive and will be undertaken in accordance to service user's individual care plans. Care staff will take into consideration service user's sex, respect and dignity and this will be monitored through the Quality Assurance process and CQC published inspections

Mitigating actions to be taken

No mitigating action identified.

Sexual Orientation

This refers to whether a person is sexually attracted to people of the same sex or a different sex to themselves. Please consider the impact on people who identify as heterosexual, bisexual, gay, lesbian, non-binary or asexual.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people with a particular sexual orientation?

Please provide evidence to explain why this group may be particularly affected.

We will ensure that the service provider and care home care staff have adequate training to support LGBT+ individuals. There is an expectation that the Care Provider of the service will have an Equal Opportunities Policy, which will positively reflect their approach to the protected characteristic and evidence of this will be sought prior to award of the contract during the evaluation stage of the tendering process. A performance monitoring requirement for our renewed service will specifically record the sexual orientation of the service user

Mitigating actions to be taken

No mitigating action identified.

Socio-economic deprivation

This refers to people who are disadvantaged due to socio-economic factors e.g. unemployment, low income, low academic qualifications or living in a deprived area, social housing or unstable housing.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people who are socio-economically disadvantaged?

Please provide evidence to explain why this group may be particularly affected.

Enfield is also one of the most highly deprived Outer London boroughs. It ranks as the 14th most deprived London Borough. Nationally, Enfield is ranked 64th most deprived out of the 326 local authority areas in England. Levels of deprivation vary considerably across the borough, and there is a stark east-west divide. Wards within the east of the borough, including Edmonton Green, Upper Edmonton, Lower Edmonton have been identified as ranking in the most deprived 10% of wards in England. Within these wards comes many of ASC customers from the older and diverse community In 2019/20 ASC supported 243 people into residential and

nursing care at a cost of £22m. Cockfosters, Chase, Edmonton Green, Turkey Street and Winchmore Hill, had the highest number of people receiving an ASC plan.

Types of tenure can play a part in increasing people's vulnerability. Particularly in the case of older people who are often economically inactive. Older people who rent their home – either privately or socially – could be under greater financial pressure than older people who own their home.

A greater population of older people reside in the west of the borough many who live alone. In 2011 it was projected that 7,812 people over the age of 65 were mildly lonely, between 3,125 and 3,906 were intensely lonely, and 4,687 felt trapped in their homes. Shared facilities at Reardon Court include lounges, a hairdressing/treatment room, activity rooms and sensory green space. For many residents, such facilities served as important venues for social interaction and which is core to older people's social lives and wellbeing.

In Enfield, 31% of people aged 65 and over live alone, 5% provide 50 hours or more of unpaid care a week, 8% cannot speak English well, 36% don't have a car, 19% feel unsafe walking alone after dark, and 26% are worried about antisocial behaviour. Extra Care housing provides adults over age 55 with care and support needs, some of whom would otherwise need to move to Residential Care, with the choice to remain living in their own home on a safe and secure site that provides a 24/7 care and support team. Support plans address barriers that would otherwise prevent Service Users from participating in their chosen activities and engaging with the wider community.

Mitigating actions to be taken.

No mitigating action identified.

Section 4 – Monitoring and review

How do you intend to monitor and review the effects of this proposal?

Who will be responsible for assessing the effects of this proposal?

A robust monitoring process; which includes a quarterly self-assessment form to be completed by the provider. Review of these self-assessments will be part of quarterly meetings between both providers and the Council of the core monitoring data and outcome measures

This monitoring data will include:

- Gender
- Language,
- Faith
- Disability
- Race
- Religion and Belief
- Gender reassignment
- Faith
- Pregnancy and Maternity
- Marriage and Civil Partnership
- Monitor volumes and outcomes of service users of the above group or volunteering work
- Key measures against quality of life improvement
- % of users accessing culturally specific services and the utilisation of those services
- Regular Reports to the Department's Management Team and Partnership Boards

These quarterly meeting will also incorporate discussions about:

- Any new referrals, departures from the service since the previous meeting categorised by the above list
- Findings from the Provider's Quality Assurance systems, which should include complaints, compliments, and feedback from residents' meetings and from families/advocates; and any actions and outcomes thereof; as well as the findings of the Provider's Self-Assessment form. This will include discussion of any serious untoward incidents, safeguarding concerns or alerts (including number and actions taken) or provider concerns;
- Feedback from discussions with service users and their families, the Provider's management and staff.

- Actions or concerns arising from visits and inspections, including any of those conducted by the Care Quality Commission

Section 5 – Action plan for mitigating actions

Any actions that are already completed should be captured in the equality analysis section above. Any actions that will be implemented once the decision has been made should be captured here.

Identified Issue	Action Required	Lead officer	Timescale/By When	Costs	Review Date/Comments