

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 and 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.

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 1 – Equality Analysis Details

Title of service activity / policy/ strategy/ budget change/ decision that you are assessing	Health & Adult Social Care
Lead officer(s) name(s) and contact details	Doug Wilson, doug.wilson@enfield.gov.uk ,
Team/ Department	Health and Adult Social Care
Executive Director	Tony Theodoulou
Cabinet Member	Alev Cazimoglu
Date of EqIA completion	16/05/2022

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?

Adult Social Care is currently and will continue to be subject to eligibility rules that discriminate positively for people with illness, disability and care needs as well as people caring for them.

The government has introduced new legislation, which includes within it the aim to deliver Adult Social Care Charging Reforms (The Health & Care Act 2022).

As a direct result of this new legislation by October 2023 there will be more generous means testing regulations in place, which includes the introduction of a Care Cap – people who pay a contribution towards the costs of their care will not pay more than £86,000 within their lifetime. People who have sufficient financial resources under the current charging regulations to fund the costs of their own care can ask the Local Authority for a Care Act Assessment. There will be a new

duty for local authorities to assure themselves of the sustainability of their care markets (Fair Price for Care).

There are currently around 6,500 people aged 18 and over receiving chargeable services from Adult Social Care and an estimated number of people in excess of 1,200 self-funding their own care arrangements in the borough (not known to the Local Authority). The number of care providers (delivering care and support) across the Enfield markets is in excess of 300.

The direct beneficiaries of the (amended) policy will be those who require formal support for their care needs. The policy will help these individuals plan for and manage the costs of their care, and will offer increased protection for people's income, assets and wealth. It will also provide greater peace of mind in relation to people's future ability to access care and would mean that individuals are more able to access care that is appropriate for their eligible needs. These benefits will apply to both those who currently have care needs, and those who may require care in the future. While the policy provides specific protection for people with a range of care needs and income, assets and wealth, it is expected that the policy will have particular benefits for:

- those with more intense or longer lasting care needs
- those who are less able to plan for the future because their care needs are complex or unpredictable
- those whose income, assets and wealth mean that they have more uncertainty over how they will meet the cost of care for these needs in the future

It is also expected that this policy will benefit unpaid carers by offering them greater peace of mind about the potential future care and care costs of the person for whom they are caring.

This policy will have benefits for the general population in that it will provide peace of mind and increased certainty over future ability to meet the costs of care from all those who could potentially have care needs in the future, regardless of whether they actually go on to develop these needs.

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, where possible, 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.

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.

This legislation will positively impact on people who are eligible for care and support aged 18 and over. There are currently in excess of 6,500 people within this cohort currently receiving chargeable services as well as a further 7,500 unpaid carers (family members for the most part) directly and positively impacted by these changes. The direct beneficiaries of the (amended) policy will be those who require formal support for their care needs. The policy will help these individuals plan for and manage the costs of their care, and will offer increased protection for people's income, assets and wealth. It will also provide greater peace of mind in relation to people's future ability to access care and would mean that individuals are more able to access care that is appropriate for their eligible needs. These benefits will apply to both those who currently have care needs, and those who may require care in the future. While the policy provides specific protection for people with a range of care needs and income, assets and wealth, it is expected that the policy will have particular benefits for:

- those with more intense or longer lasting care needs
- those who are less able to plan for the future because their care needs are complex or unpredictable
- those whose income, assets and wealth mean that they have more uncertainty over how they will meet the cost of care for these needs in the future
- unpaid carers by offering them greater peace of mind about the potential future care and care costs of the person for whom they are caring.
- the general population in that it will provide peace of mind and increased certainty over future ability to meet the costs of care from all those who could potentially have care needs in the future, regardless of whether they actually go on to develop these needs.

Mitigating actions to be taken

Action plan in place to address the requirements of implementation include:

- IT work programme for introduction of new Care Accounts (Care Cap)
- Workforce development plan for recruitment of additional staff required to meet the increase in demand for assessments, support plans, reviews and financial assessments
- Market development plan to support the implementation of Fair Price for Care work

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.

This legislation will positively impact on people with illness/disabilities who are eligible for care and support aged 18 and over.

The following factors will affect if and how individuals benefit from the proposed reforms.

- **Uptake of formal care** - Groups who are more likely to access formal care are more likely to benefit from this policy.
- **Likelihood of developing care needs** - Groups who are more likely to develop care needs will be more likely to benefit from this policy.
- **Average intensity of care needs (and therefore cost of care)** - Groups with more intensive care needs and higher lifetime care costs are more likely to benefit from this policy.

Mitigating actions to be taken

Action plan in place to address the requirements of implementation include:

- IT work programme for introduction of new Care Accounts (Care Cap)
- Workforce development plan for recruitment of additional staff required to meet the increase in demand for assessments, support plans, reviews and financial assessments
- Market development plan to support the implementation of Fair Price for Care work

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 existing and revised policy does not treat people differently on the basis of gender reassignment and we foresee no impact on this protected characteristic with regards to the uptake of care.

Research done by the Department for Health and Social Care indicates a wider lack of more granular data with regards to this group and signals continued support for further research to be done and that any emerging evidence will be considered by future policy development in order to understand whether there are or will be any unintended consequences as a result of this legislation.

Mitigating actions to be taken

In addition to the more general actions needed to implement these reforms further work will be done to collect data, where appropriate and proportional, to understand more about the demand for Adult Social Care support from this particular group.

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

Current social care charging policy treats married people and single people differently in order to promote equality between these groups and ensure that those who are married are not at greater risk of having to sell their home than single people because of their married status. There are also some situations in which those who are married or in a civil partnership might be more likely to benefit from social care charging rules which mean that their home isn't taken into account in the means test. This applies when the care user's home is still occupied by:

- a partner or former partner, unless they are estranged
- an estranged or divorced partner IF they are also a lone parent
- a relative who is aged 60 or over
- a relative who is disabled

- the individual's child who is aged 18 or under

The proposed reform policy will maintain this protection: neither married people nor single people will stand to benefit or be disadvantaged compared to each other relative to the current policy. The policy does not differentiate between people who are married and people who are in a civil partnership.

Single people are more likely than married people to access formal care. In the 2011 census 85% of the aged 65+ population receiving residential care were non-married: this group includes those who have never been married as well as those who are divorced, separated or widowed. Single people may therefore receive particular benefits from this policy.

However, there are a range of benefits to this policy which may impact on different groups in different ways. For example, individuals who live with a partner or who have children are more likely to receive informal care in their older age. This group may be more likely to receive the benefits of this policy to informal carers, including greater peace of mind over the care recipient's future support. However, single people may face greater uncertainty over their future care due to reduced access to informal care: in this context, the policy will have particular benefits for these individuals by giving them greater peace of mind over how they will meet their future care needs.

In providing benefits in line with the specific needs of individuals in different groups, this policy will advance equality of opportunity between those who share a protected characteristic and those who do not.

Mitigating actions to be taken

In addition to the more general actions needed to implement these reforms further work will be done to collect data, where appropriate and proportional, to understand more about the demand for Adult Social Care support and the impact of charges on this particular group.

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

This protected characteristic refers to individuals who are pregnant, breastfeeding

or have recently given birth..

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.

Those who share this protected characteristic may be more likely than the general population to face uncertainty over their future income or ability to meet the cost of care if their working arrangements are affected by pregnancy or infant caring responsibilities. If this is the case, this group may receive additional benefits from the increased peace of mind offered by this policy.

We expect the combination of a cap on lifetime care costs, the implementation of s18(3) and local authorities paying a fair and sustainable rate for care to have benefits for the wider social care market, including encouraging investment and innovation. While we do not currently have evidence of specific care requirements related to pregnancy or maternity, it may be that individuals sharing this protected characteristic could benefit from a more innovative care market with a greater range of services offering increased flexibility and / or care packages specifically targeting their needs.

Mitigating actions to be taken

In addition to the more general actions needed to implement these reforms further work will be done to collect data, where appropriate and proportional, to understand more about the demand for Adult Social Care support and the impact of charges on this particular group.

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

This policy does not treat people differently based on their race. However, some groups may receive particular benefit from the reforms if they are more likely than others to have care needs or to access formal care.

Enfield is a very diverse borough in terms of the ethnicity of its residents. The Adult Social Care Survey and ONS population estimates indicate that there are only minor differences between the care user population and the general population in terms of ethnicity. On this basis, we would not expect any ethnic group to be more likely to directly benefit from this policy. However, further evidence would be

required to monitor the uptake of services across the various groups to ensure that access by various groups is reflective of what we know about the various ethnic groups within our community. It would be good practice to include a quality assurance feedback process into Adult Social Care practices in order to understand the uptake of services by people living within the community.

Mitigating actions to be taken

In addition to the more general actions needed to implement these reforms further work will be done to collect data, where appropriate and proportional, to understand more about the demand for Adult Social Care support and the impact of charges on the different ethnic groups living within the borough.

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.

This policy does not treat people differently based on religion or belief. However, other factors may influence how the policy could impact people of a specific religion or belief.

Mitigating actions to be taken

In addition to the more general actions needed to implement these reforms further work will be done to collect data, where appropriate and proportional, to understand more about the demand for Adult Social Care support and the impact of charges on the different religious groups living within the borough.

Sex

Sex refers to whether you are a man or woman.

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

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

This policy does not treat people differently based on their sex or gender. However, there are various factors which may mean that women are more likely to benefit from the support this policy offers and that this policy will thereby promote equality of opportunity between these 2 groups.

Women in England are more likely than men to receive formal care: over half (58%) of the publicly funded or managed care population in England is female. Women are therefore likely to receive particular benefits from this policy.

In addition, women are more likely than men to be disabled. In the [2019 to 2020 Family Resources Survey](#), 24% of females reported having a disability compared to 19% of males. Across all age groups except those below aged 15, a higher proportion of females than males reported that they were disabled. Please see above for an assessment of how this policy will benefit disabled people compared to those without disabilities. These differences are similar in Enfield.

There are also differences in income, wealth and assets between men and women which could affect how they benefit from this policy. Estimates from the [Office for National Statistics](#) (ONS) indicate that women's lifetime earnings are substantially lower than men's: in 2018 women received, on average, equal to 59% of men's lifetime earnings. This means that they are likely to have less certainty over how they will meet the costs of their future care needs and will be particularly likely to benefit from this policy. Further details of how this policy will interact with individual levels of income, assets and wealth will be available in the social care funding reform impact assessment.

Women may also be more likely to receive the benefits of this policy because they are more likely to provide informal care than men. In 2019 to 2020, 2.7 million women provide informal care versus 1.8 million males, according to data from the [Family Resources Survey](#). The benefits of the reforms for unpaid carers, which include greater peace of mind over the care recipient's future support, will therefore be likely to have a disproportionately positive impact on women.

Again, the picture in Enfield is very similar.

Mitigating actions to be taken

No mitigating actions required other than the more general actions needed to implement these reforms.

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.

This policy does not treat people differently based on their sexual orientation, and we have no reason to believe that people of any one sexual orientation are more likely to receive direct benefits from it than any other.

Data from the 2019 to 2020 Adult Social Care Survey indicates that care users are less likely than the general population (take from ONS experimental statistics on sexual orientation in the UK in 2018) to specifically identify as heterosexual / straight. However, a higher proportion of respondents to this survey answered 'don't know' or refused this question than in the general population estimates. The amount of people specifically identifying as bisexual was lower in the Adult Social Care Survey than in the ONS estimates for the general population.

Mitigating actions to be taken

In addition to the more general actions needed to implement these reforms further work will be done to analyse the data, where appropriate and proportional (to a person's assessment), to understand more about the impact of the policy with regards to sexual orientation.

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.

The regulations relevant to how people are financially assessed and (potentially) charged for the care and support services they receive will specifically change with regards to the threshold amounts applied as part of the financial assessment process and the introduction of the Care Cap placing a lifetime limit on the amount of money a person has to pay towards their care and support costs.

When it comes to the outcome of financial assessments the Adult Social Care population can be split into three different groups. Those who pay the full cost of their service, those who pay an assessed contribution (not full cost) towards their service and those who are assessed to pay a nil contribution towards their care costs.

For those who either pay a contribution or the full cost of their care services the charging thresholds are more generous, and the care cap means that they will not pay more than £86,000 towards care costs which the Council considers to be reasonable in their lifetime. This policy will, therefore, positively benefit those people.

For people who are assessed to pay a nil contribution towards their care costs this policy will prove to have a neutral impact so will neither positively or negatively impact on them.

Once the new regulations are implemented, the Council will continue to monitor the impact of these on all groups involved to assess whether there are any beneficial or detrimental impact not originally foreseen.

Mitigating actions to be taken.

In addition to the more general actions needed to implement these reforms, further work will be done to analyse the data in order to understand more about the impact of the policy with regards to all income groups, including those on low incomes.

SECTION 4 – Monitoring and Review

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

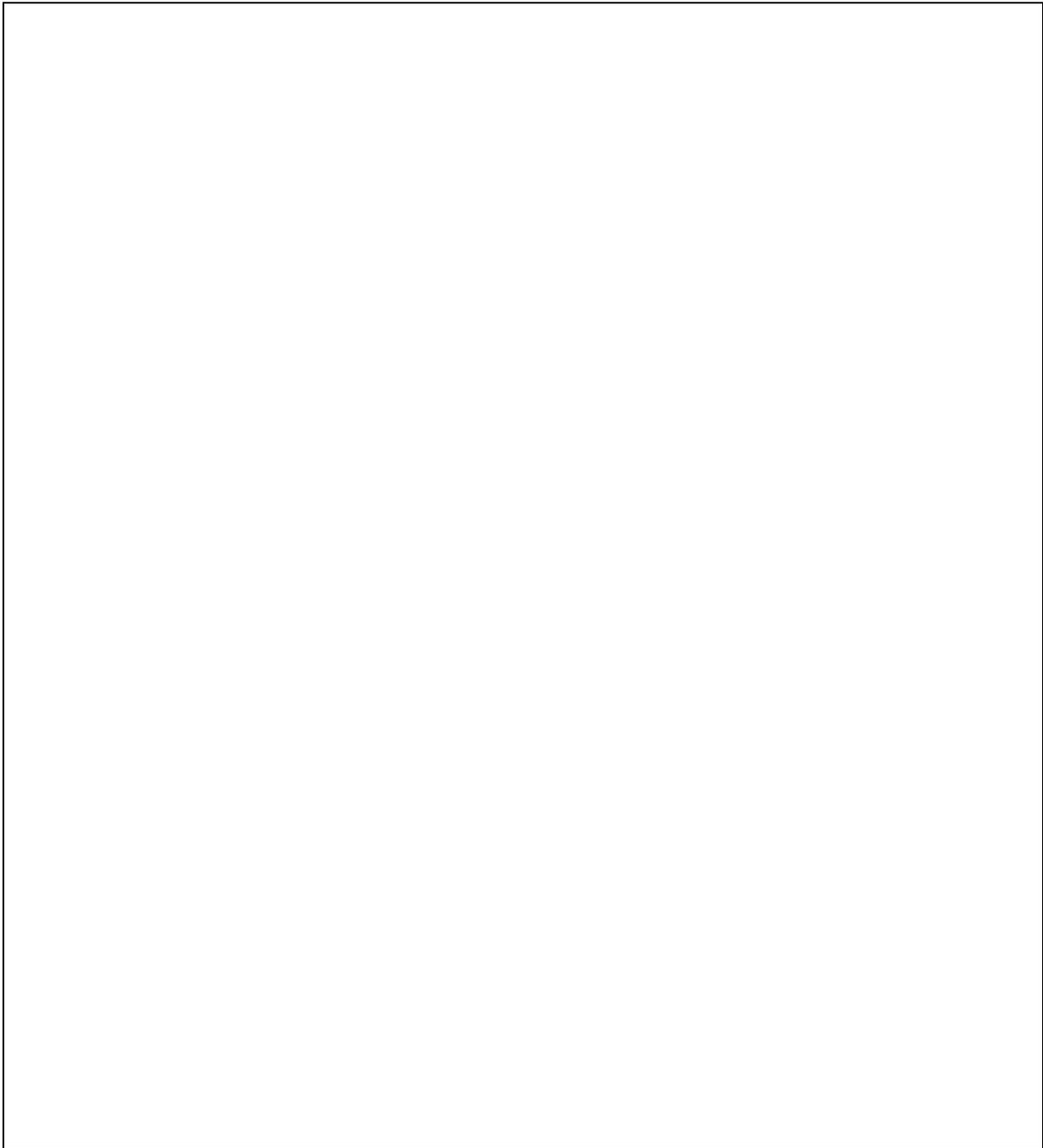
Who will be responsible for assessing the effects of this proposal?

The Council will seek to launch a formal consultation on plans to introduce the new Adult Social Care charging reforms in Enfield.

Through the knowledge and insights hub the divisional management team of Health & Adult Social Care will be responsible for monitoring and assessing the impact of these amended charging regulations on the Adult Social Care population subject to the financial assessment process for chargeable care and support services. This monitoring and oversight will cover the impact on all people within the protected characteristics referenced within this equality impact assessment. This will include:

- the proportion of people accessing services who continue to be nil charge
- the proportion of people paying an assessed contribution towards their care costs and progression towards the care cap
- the proportion of people reaching the care cap where the Council will assume full funding responsibility for care and support costs
- analysis of those cases where any person is judged to be financially worse off as a direct or indirect result of the new charging regulations

It is the intention of Health and Adult Social Care to return to Cabinet before the introduction the new regulations to provide an update on the department's state of readiness and on the results of any consultation process undertaken. It is also intended that within two years of the new regulations being introduced Cabinet will receive a further update on implementation and review with regards to the impact of the new regulations and any positive or negative impact on people accessing services and their carers.



SECTION 5 – Action Plan for Mitigating Actions.

Identified Issue	Action Required	Lead officer	Timescale/By When	Costs	Review Date/Comments
Identification of impact either positive or negative on each protected characteristic area	Analysis work to be done as part of action planning	Doug Wilson	December 2022 and ongoing	Within existing budgets	Monthly as part of the working group and programme board
People are informed and able to voice their views with regards to the new regulations	Public consultation prior to implementation of new charging reforms	Matt Casey	April 2023	Within existing budgets	Process concluded and findings shared by April 23
More generous charging thresholds and care cap applied	Monitor of impact of new thresholds and cap on Council income	Adam Webb	Ongoing from October 2023	TBA – gov funding settlement known Dec 22/Jan 23	Ongoing monthly as part of financial monitor
Action plan items are all actioned in good time to prepare for implementation of reforms	IT plan Financial impact Analysis of current impact Comms/Engagement plan Recruitment of additional resources	Doug Wilson	April 22 – October 23	Subject to analysis and gov funding allocation	Monthly as part of project and programme board monitoring