

Equality Analysis (EA)

Financial Year
2020/21

Section 1 – General Information (Aims and Objectives)

Changes to the Adult Social Care Charging Policy

The consultation on changing the Adult Social Care Charging Policy outlines three options, one of which will come into effect in December 2020. The options apply to community-based social care services, and do not apply to residential or nursing care:

Option 1

- To change the current capped maximum weekly charge of £250 to £1,000.
- To reduce the Standard Utilities Allowance of £15 per week to £0. The Standard Utilities Allowance is disregarded in financial assessments.
- To provide respite and ‘carer relief’ services free of charge if they are put in place primarily to meet the needs of a carer following a carer assessment. Currently, these services are chargeable if the direct recipient of the service is the service user, and payments are charged to the service user rather than carer.

Option 2

- To change the current capped maximum weekly charge of £250 to £1,000.
- To reduce the Standard Utilities Allowance of £15 per week to £5. The Standard Utilities Allowance is disregarded in financial assessments.
- To provide respite and ‘carer relief’ services free of charge if they are put in place primarily to meet the needs of a carer following a carer assessment. Currently, these services are chargeable if the direct recipient of the service is the service user, and payments are charged to the service user rather than carer.

Option 3

- To change the current capped maximum weekly charge of £250 to £300
- To remove the Standard Utilities Allowance of £15 per week to £5.
- To provide respite and ‘carer relief’ services free of charge if they are put in place primarily to meet the needs of a carer following a carer assessment.

More detail on the aims, motivations and intended outcome of this proposal is described in the ‘Changes to the Adult Social Care Charging Policy Savings Proposal’.

Conclusion - To be completed at the end of the Equality Analysis process

(the exec summary will provide an update on the findings of the EA and what outcome there has been as a result. For example, based on the findings of the EA, the proposal was rejected as the impact on a particular group was unreasonable and did not give due regard. Or, based on the EA, the proposal was amended and alternative steps taken)

Name:

(signed off by)

Date signed off:

(approved)

**See
Appendix A**

Current decision
rating



Service area:

Adult Social Care – Health, Adult and Community Services Directorate

Financial Assessment team – Resources Directorate

Team name:

As above.

Service manager:

The proposal is jointly held by:

- Claudia Brown (Divisional Director, Adult Social Care)
- Joanne Starkie (Interim Head of Strategy and Policy – Health, Adult and Community Services)
- Neil Sinclair (Head of Strategic Finance – Health, Adult and Community Services)
- Claudia Johnson (Financial Assessment Team Manager)

Name and role of the officer completing the EA:

Joanne Starkie (Head of Strategy and Policy – Health, Adult and Community Services)

Section 2 – Evidence (Consideration of Data and Information)

The impact of the proposed options is on adult social care users and carers, and is described in the table in Section 6. The evidence is taken from two main sources:

- Framework-I, which holds information on the protected characteristics of adult social users and carers. This information can then be disaggregated to provide information on the profile of social care users being charged now, and those who are likely to be impacted by the proposed changes.
- Two impact assessments have been carried out in relation to charging: The first was carried out in October 2018 (one year after charging for community-based services was introduced) and a follow-up impact assessment was carried out in June 2019. Both impact assessments provide quantitative data and qualitative insights on how the proposals might impact on service users and carers.

Section 3 – Assessing the Impacts on the 9 Groups

The impact of the proposed options is described on the table below.

Overall, the equality profile of adult social care users in community-based services is different to the profile of Tower Hamlets residents, as is the equality profile of carers in the borough. Tower Hamlets resident and carer information¹ is taken from the 2011 Census. Adult social care user information is taken from Framework-I as of June 2018.

Age

Adult social care users are – on average – older than the general population.

- 6.1% of the Tower Hamlets population are aged 65 or over. 74.1% are aged 16 to 64 years old.
- 61% of adult social care community-based service users are aged 60 or over.
- 8.6% of carers in Tower Hamlets are aged 65 or over.

Gender

Women are overrepresented in both the profile of adult social care users and carers compared to the general population.

- 48.5% of the Tower Hamlets population are women.
- 58% of adult social care community-based service users are women.
- 55% of carers in Tower Hamlets are women.

Ethnic background

The ethnic background of adult social care users and carers compared to the general population is different:

¹ It should be noted that the number of carers known to adult social care is much smaller than the number of carers overall.

- 45% of the Tower Hamlets population are of a White ethnic background, the majority of which are White British (31% overall). 41% are of an Asian ethnic background, the majority of which are Bangladeshi (32% overall). 7% are of a Black ethnic background.
- 38% of adult social care community-based service users are of a White ethnic background. 38% are of an Asian ethnic background and 14% were of a Black ethnic background.
- 33% of carers in Tower Hamlets are a White British ethnic background and 43% were of a Bangladeshi ethnic background.

Religion or belief

- 35% of the Tower Hamlets population are of a Muslim faith. 27% were of a Christian faith, and 19% reported no religion.
- 35% of all adult social care users are Christian, 31% are Muslim and 34% have another or no religious belief (please note that unlike the rest of the evidence, this evidence is based on Framework-I data as of January 2016).
- Information on the religion or belief of carers was not available to inform this analysis.

Disability

Disability is likely to be more prevalent for both adult social care users and carers compared to the general population.

- 6.8% of the Tower Hamlets population report a health problem or disability lasting for at least 12 months and limiting day to day activity.
- The nature of adult social care is such that a significant proportion of people are likely to consider themselves to have a disability. 64% of service users primarily need physical support. 21% primarily need support related to a learning disability. 11% primarily need support related to a mental health issue.
- Carers report worse health than the general population: 9% reported bad health compared to 6% overall.

Socio-economic status

There is no like-for-like information to provide a meaningful comparison between the socio-economic status of adult social care users and the Tower Hamlets population as a whole. However, there are some indications:

- 69.8% of Tower Hamlets residents are economically active.
- 57.6% of carers are economically active.

Sexual orientation, marriage and civil partnership and pregnancy and maternity

Information on sexual orientation, gender reassignment, marriage and civil partnership and on pregnancy and maternity in relation to adult social care users and carers is not available in sufficient detail to be able to draw any meaningful comparisons. Given the age profile of adult social care users, it can be assumed that the proportion who are pregnant or those who fall under the 'maternity' characteristic is lower than the borough average.

Interdependencies

It is worth noting here that age, ethnic background and disability are linked for adult social care users in Tower Hamlets. Proportionately more older people are of a White ethnic background², and proportionately more younger people are of an Asian ethnic background. Proportionately more younger people have a learning disability or mental health issue, whereas there is a higher prevalence of physical disability in the older population.

Covid-19

We recognise that Covid-19 is having a detrimental impact on the income and employment of a residents as a result of lockdown and the subsequent economic downturn including those who are currently charged for services. The financial assessment is means tested so individual circumstances are taken into account.

² 55% of 60-74 year olds were of a White British ethnic background in the 2011 Census, rising to 63% for those aged 75 or over. The figures for residents of a Bangladeshi ethnic background are 21% and 17% respectively.

It is also likely that the pandemic may be having a negative impact on some carers - for example where caring arrangements and responsibilities may have increased during lockdown or as a result of service closure. The proposal to move to free respite and carer relief should help mitigate this to an extent.

Consultation

- Consultation in relation to charging for community-based social care took place in 2016 and 2017, prior to the introduction of charging in October 2017.
- Engagement with a range of adult social care users and carers took place over 2018 to inform the Charging Impact Assessment produced in October 2018.
- 'Help shape our budget' consultation with residents ran in 2019 to inform savings proposals. The main findings applicable to this proposal are: Over a third of respondents (35%) thought that 'services for the elderly and vulnerable adults' were the most valuable service provided by the Council. Residents were asked a question on income generation, with 65% of respondents supporting the idea of expanding this approach³.
- Collectively and driven by the need for the Council to make substantial future savings, this has led to the three options described at the start of this Equality Analysis being defined. These options will be consulted on over 2020 with the adult social care users and carers likely to be impacted by the change
- Consultation on the three options described in this report was carried out over summer 2020 and is described in the 28th October 2020 Cabinet report.

³ The text preceding this question read: "One of the ways Tower Hamlets Council already generates income is by hiring out unique council-owned assets such as parks for events and filming, and the use of venues for ceremonies and sporting activities. Fees and charges are compared against other councils and the council is exploring more innovative ways to raise income. Respondents were asked if they support the council expanding this approach".

Target Groups	Impact – Positive or Adverse	Reason(s)
Race	Both	<p>Analysis in June 2018 set out that people of a White ethnic background are more likely to be paying the full cost of their community-based care up to the maximum amount: 60% of those paying the full charge up to the maximum of £250 per week are of a White ethnic background. Those of an Asian ethnic background were less likely to be paying full cost, and are more likely to be paying no charge⁴. The trend is broadly in line with what we would expect if viewed in the context of the economic profile of the borough⁵. There is no noticeable trend in terms of charging for people of a Black ethnic background and the remaining groups are too small to draw meaningful conclusions.</p> <p>Analysis in February 2020 indicates that 28 people will be impacted by raising the existing £250 per week cap. 19 of the 28 people are of a White ethnic background (2 are of an Asian ethnic background and 5 are of a Black ethnic background). However, this trend changes when considering reducing or removing the Standard Utilities Allowance: 1239 people would be impacted by reducing the allowance to £5 and 1304 would be impacted by removed it entirely. In both cohorts, people of an Asian ethnic background make up 41% whereas people of a White ethnic background make up 39%. People of a Black ethnic background make up 15%.</p> <p>Based on this:</p> <ul style="list-style-type: none"> - Raising the cap is likely to have the biggest impact of social care users of a White ethnic background - Reducing or removing the Standard Utilities Allowance is likely to have the biggest impact on social care users of an Asian ethnic background - Ceasing to charge for respite may have the biggest (positive) impact on social care users of a White ethnic background. <p>The impact is therefore variable depending on whether we proceed with option 1, option 2 or option 3. The impact will be socio-economic in nature and this is described more in a later section.</p>
Disability	Both	<p>Analysis in June 2018 set out that people with a learning disability are less likely to be paying the full cost of care up to a maximum of £250 per week, and have a lower weekly charge (on average) compared to other groups. The average weekly contribution for people with a learning disability is £34 per week, compared to £59 for people with a mental health issue and £61 for people with a physical disability or sensory impairment. 66% of those paying the full charge up to the maximum of £250 per week had a primary care need that related to a physical disability or sensory impairment. This trend may be aligned to the age profile described later, as the need for physical support is more prevalent in the older population.</p>

⁴ People of a mixed heritage or 'other' ethnic background constitute a small proportion of adult social care users using community services (1.4 and 2.8 per cent respectively) making it difficult to draw conclusions.

⁵ Borough Profile 2018: Poverty', Tower Hamlets Corporate Research Unit. Figures are drawn from Mayhew Harpers Associates, Tower Hamlets Population Study, March 2011.

		<p>Given the nature of the service, the proposed changes will have a disproportionate impact on people with a disability. Increasing the cap and reducing the Standard Utilities Allowance will have a potentially adverse impact: This impact will be largely financial in nature in that it will result in some service users having less disposable income. People with a disability may be more likely to need clear information in an accessible format, and the October 2018 Impact Assessment identified communication as a critical issue. Feedback gathered through the impact assessment was that some people found the introduction of charging stressful, and this may be a risk in relation to introducing any future changes to the policy. Actions to mitigate the risk of adverse impacts occurring are described in Section 6 of this document.</p> <p>There is a risk of people ending or reducing support as a result of an increased charge, with subsequent risks to wellbeing and/or an increased burden placed on unpaid carers: Over 2018-19, 68 care packages were stopped due to charging. Actions to mitigate these risks are already in place and are described in Section 6 of this document.</p> <p>Conversely, ceasing to charge for respite will have a potentially positive impact: This impact will result in more disposable income for service users, and is primarily intended to support carers both in their caring role and to promote their overall wellbeing.</p>
Gender	Neutral	<p>Analysis in June 2018 did not identify a noticeable trend in terms of charging and gender. The average contribution paid by men was £56 per week, whereas the figure was £53 for women. As previously noted, women are overrepresented in both the profile of adult social care users and carers compared to the general population.</p> <p>Analysis in February 2020 indicates that 28 people will be impacted by raising the existing £250 per week cap, of which 16 are female. Likewise, of the cohorts of service users who would be impacted by reducing or removing the Standard Utilities Allowance, 57% are female.</p> <p>Based on this, an increase in the cap, a reduction in the Standard Utilities Allowance and ceasing to charge for respite may have the biggest impact on female service users and carers. However, the nature of the proposal will not have a disproportionately negative or positive impact on this group compared to others, so the impact has been assessed as neutral.</p>
Gender Reassignment	Neutral	<p>There is not enough information on the gender reassignment of adult social care users or carers to draw meaningful conclusions. However, it is not anticipated that the proposal will have a disproportionately negative or positive impact on people who have a gender that is different to the gender assigned to them at birth.</p>
Sexual Orientation	Neutral	<p>There is not enough information on the sexual orientation of adult social care users or carers to draw meaningful conclusions. However, it is not anticipated that the proposal will have a disproportionately negative or positive impact on people of different sexual orientations.</p>

Religion or Belief	Neutral	<p>Data from January 2016 sets out that 35% of all adult social care users are Christian, 31% are Muslim and 34% have another or no religious belief (please note that unlike the rest of the evidence, this evidence is based on Framework-I data as of January 2016). Information on the religion or belief of carers was not available to inform this analysis.</p> <p>Analysis in February 2020 indicates that of the 28 people impacted by raising the existing £250 per week cap, 13 are of a Christian faith and two are of a Muslim faith (there is no data on 11 of the 28). This trend changes when considering reducing or removing the Standard Utilities Allowance: 1239 people would be impacted by reducing the allowance to £5 and 1304 would be impacted by removed it entirely. In both cohorts, people of a Muslim faith make up the biggest single group at 44% whereas people of a Christian faith 28-29%⁶.</p> <p>Based on this:</p> <ul style="list-style-type: none"> - Raising the cap is likely to have the biggest impact of social care users of a Christian faith - Reducing or removing the Standard Utilities Allowance is likely to have the biggest impact on social care users of a Muslim faith <p>However, the nature of the proposal will not have a disproportionately negative impact on a particular group compared to others, so the impact has been assessed as neutral.</p>
Age	Both	<p>Analysis in June 2018 set out that older people were more likely to be paying the full cost of their care (up to the maximum amount). 82 per cent of the people being charged this amount are aged 60 or over⁷, whereas they represent 61 per cent of all adult social care users using community-based services. The average weekly contribution for older people is £62 per week, compared with £35 for those under 60 years old⁸. In the October 2018 Impact Assessment, older age stood out as a key determinant in relation to charging. The impact assessment notes: <i>‘Two key factors driving this may be that older people have had more time to accumulate wealth and may have more of their disability benefit taken into account in assessments compared to adults of working age’</i>.</p> <p>Analysis in February 2020 indicates that of the 28 people impacted by raising the existing £250 per week cap, 23 are aged 65 or over (16 of whom are aged 85 or over). Likewise, of the cohorts of service users who would be impacted by reducing or removing the Standard Utilities Allowance, 58% are aged 65 or over.</p> <p>Based on this, an increase in the cap, a reduction in the Standard Utilities Allowance and ceasing to charge for respite may have the biggest impact on older social care users – particularly those aged 60 or over. The nature of the proposal will not have a disproportionately negative impact on older people specifically compared to other age groups, but older people with a disability or long-term health issue will be potentially impacted by this. The impact will be the same at that described in the ‘disability’ section of this table.</p>

⁶ No data is held for 21% of both cohorts. People who have no religion make up 1.5%. People of different faiths are too small to draw meaningful conclusions.

⁷ This EXCLUDES people being charged the full amount due to not completing a Financial Declaration Form.

⁸ These figures EXCLUDE people being charged the full amount due to not completing a Financial Declaration Form.

Marriage and Civil Partnerships.	Neutral	<p>There is not enough information on the status of service users and carers in relation to marriage or civil partnerships to draw meaningful conclusions. However, it is not anticipated that the proposal will have a disproportionately negative or positive impact as it relates to this characteristic.</p> <p>The Charging Policy position as it relates to couples (those married, in a civil partnership and living in the same household; or those living together as a couple in the same household) will not change as a result of these proposals (please see Section 12 of the policy).</p>
Pregnancy and Maternity	Neutral	<p>There is not enough information on the status of service users and carers in relation to pregnancy and maternity to draw meaningful conclusions. Given the age profile of adult social care users, it can be assumed that the proportion of those who are pregnant or those who fall under the 'maternity' characteristic is lower than the borough average. In addition, it is not anticipated that the proposal will have a disproportionately negative or positive impact as it relates to this characteristic.</p>
Socio-economic	Both	<p>Analysis in June 2018 set out that 43 per cent of adult social care users in community-based services were being charged an amount of money towards the cost of their care as of 30th June 2018, equating to 1154 people⁹. Most people (57 per cent) were being charged up to 25 per cent of the total cost of their care package. The average weekly amount paid was £54¹⁰. The October 2018 impact assessment notes: <i>'Of the 129 people who are paying full cost, 42 per cent are being charged due to their income and 51 per cent are being charged due to capital'</i>.</p> <p>The current Charging Policy and the proposals in Option 1, Option 2 and Option 3 are in accordance with the national legal framework for charging that is set out in Care Act statutory guidance¹¹. These proposals are therefore in line with what Government guidelines view as being affordable for people. That being said, the proposal to increase the cap and reduce the Standard Utilities Allowance will inevitably result in a cohort of adult social care users having less disposable income; and the proposal to stop charging for respite will result in a cohort of adult social care users having more disposable income.</p> <p>Option 1 proposes to raise the weekly £250 cap to £1000 and remove the weekly Standard Utilities Allowance (from £15 to £0). Option 2 proposes to raise the weekly £250 cap to £1000 and reduce the weekly Standard Utilities Allowance from £15 to £5. Option 3 proposes to raise the £250 cap to £300 and to remove the Standard Utilities Allowance. When comparing the three options against each other: Option 1 will have a bigger impact on those with most disposable income, and Option 3 will have a bigger impact on a larger group of people with less disposable income.</p>

⁹ This includes the 240 people being charged as a result of not completing a Financial Declaration form.

¹⁰ This excludes people being charged as a result of not completing a Financial Declaration form.

¹¹ There is currently no legal requirement to set a cap on the amount a person is charged for social care. There is also no requirement to have a Standard Utilities Allowance (there is a requirement to have a Minimum Income Guarantee, and our rate for working-age adults are higher than the current national rate).

Section 4 – Mitigating Impacts and Alternative Options

From the analysis and interpretation of evidence in section 2 and 3 - Is there any evidence or view that suggests that different equality or other protected groups (inc' staff) could be adversely and/or disproportionately impacted by the proposal?

Yes

If yes, please detail below how evidence influenced and formed the proposal? For example, why parts of the proposal were added / removed?

The table in Section 6 sets out how the potentially adverse impacts will be mitigated against.

Section 5 – Quality Assurance and Monitoring

Have monitoring systems been put in place to check the implementation of the proposal and recommendations?

Monitoring systems will be agreed and put in place when the final proposal is agreed, following consultation on the three options described in this document.

*Does the policy/function comply with equalities legislation?
(Please consider the [OTH objectives](#) and [Public Sector Equality Duty](#) criteria)*

Yes

If there are gaps in information or areas for further improvement, please list them below:

The gaps in information are described earlier in this document. There are plans in place to improve the recording of all nine protected characteristics on our systems in future.

How will the results of this Equality Analysis feed into the performance planning process?

This Equality Analysis is intended to inform the final proposal and its implementation.

Section 6 - Action Plan




As a result of these conclusions and recommendations what actions (if any) **will** be included in your business planning and wider review processes (team plan)? Please consider any gaps or areas needing further attention in the table below the example.

Recommendation*	Key activity	Progress milestones including target dates for either completion or progress	Officer responsible	Progress
<ul style="list-style-type: none"> - Mitigate the risk of some people with a disability – particularly older people with a disability - having less disposable income as a result of raising the cap and reducing the Standard Utilities Allowance in the Charging Policy, recognising that people may be facing additional economic hardship as a result of the pandemic and economic downturn. 	<ul style="list-style-type: none"> - Adult social care practitioners and the Financial Assessment team will continue to support service users to maximise income, including signposting to commissioned information and advice services. 	<p><i>To be confirmed when proposals are finalised</i></p>		
<ul style="list-style-type: none"> - Mitigate the risk of people with a disability reducing or ending support as a result of an increased charge, arising from raising the cap and reducing the Standard Utilities Allowance. 	<ul style="list-style-type: none"> - We will continue to run the Charging Waiver Panel and the associated process: A request to end or reduce support is assessed by a Social Worker. If it is felt that reducing or ending support will leave a 	<p><i>To be confirmed when proposals are finalised</i></p>		

	<p>person at risk, it is essentially interpreted as an appeal against the charging decision and it is discussed at a Charging Waiver Panel.</p>			
<p>– Mitigate the risk of people with a disability not being fully informed of the final changes to the Charging Policy due to inaccessible communication, and/or people with a disability experiencing anxiety or stress as a result of changing the Charging Policy.</p>	<ul style="list-style-type: none"> - Consultation on the proposals will be carried out, and will give a variety of opportunities for people to raise concerns and ask questions on the proposed options. - A communications plan will be drawn up and agreed with the final proposal. This will set out how and when communication will be sent out. It will include learning from the October 2018 Impact Assessment to ensure that communication is clear, timely and fully accessible. 	<p><i>To be confirmed when proposals are finalised</i></p>		

Appendix A

(Sample) Equality Assessment Criteria

Decision	Action	Risk
As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.	Suspend – Further Work Required	Red 
As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy.	Further (specialist) advice should be taken	Red Amber 
As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.	Proceed pending agreement of mitigating action	Amber 
As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.	Proceed with implementation	Green: 