

EQUALITY IMPACT ASSESSMENT

Name of the service, policy or function being assessed

Directorate

Is this a policy or a function Policy Function

Is this a new or existing policy or function New Existing

Names and roles of the people carrying out the Impact Assessment

(Explain why the members of the impact assessment team were selected ie the knowledge and experience they bring to the process. Also identify lead contact.)

	Name	Role, Knowledge & Experience
1	Jean Hedley	Assistant Director Strategy & Performance
2	Nicola Stubbins	Policy Team Manager, Social Worker
3	Mo Holmes	Physical Disabilities Social Worker
4	Sean Nixon Smith	Supported Living Manager
5	Mike Collier	Principal Benefits Officer
6	Kate Aldridge	Customer Care Manager
7	Michael Watson	Policy Officer

Service Head	Jean Hedley
Signature	
Date	

Once you have filled in this document please send a copy to the Faith Equality and Diversity Team

SECTION 1

AIMS & IMPLEMENTATION OF THE POLICY

Identifying the aims of the policy

What is the policy? Fairer Charging Policy

What is the aim, objective or purpose of the policy?

Blackpool Social Services provides a range of services for vulnerable people, but is reliant on income from charges to help pay for them. Without this income, service levels could not be maintained at current levels.

The charging policy takes into account the ability of each individual to contribute towards the cost of the services that they receive. The introduction of this policy takes this further by combining assessment of charges with a service providing a benefit maximisation check for all those who wish one.

Rationale behind the policy and its delivery

Please state the underlying policy objectives that underpin this service and what they are trying to achieve.

Are there associated objectives of the policy? If so what are they?

What outcomes do we want to achieve from this policy?

What factors contribute/detract from the outcomes?

The objective of the policy is to provide a structure of charges for social care services which is fair, based on ability to pay, proportionate to the level of service provided. In addition the policy seeks to ensure that service user independence is maintained, that service users have choice and to facilitate the generation of income to be reinvested in local services.

Who is affected by the policy? Who is intended to benefit from it and how?

Who are the main stakeholders in relation to the policy?

What outcomes would other stakeholders want from this policy?

Are there any groups which might be expected to benefit from the intended outcomes but which do not?

Users and potential users of the following services are subject to the policy: All types of day care, personal home care, domestic help, non residential care services wholly or part funded by health, non residential out of borough services, services provided through Supporting People, Community Alarm Schemes, Supported Living, Direct Payments. The policy is not applicable to residential and nursing care which are subject to a separate regulatory framework. There are no unexpected benefits arising from charging for care services, however there is a financial benefit to receiving services under Fairer Charging as opposed to residential forms of care. This is entirely due to differences in statutory frameworks.

Promotion of good relations between different communities

(How does the policy or function contribute to better Community Cohesion?)

How do you promote good relations between different communities you serve based on mutual understanding and respect?

What opportunities are there for positive cross-cultural contact between these communities to take place e.g. between younger and older people, or between people of different religious faiths?

Policy does not contribute directly to community cohesion.

(Specifically identify the relevance of the aims of the policy to the equality target groups and the Council's duty to eliminate unlawful racial discrimination, promote equality of opportunity and good relations between people of different racial groups).

Aims of the policy are to ensure that all people are charged fairly. No specific relevance to individual equality target groups.

Policy Priorities:

How does the policy relate to other policies and practices within the council?

What factors/forces could contribute/detract from the outcomes?

How do these outcomes meet or hinder other policies, values or objectives of the council?

The policy is governed to a greater extent by central government and specific regulations and law. It has little interaction with other policies other than the Fairer Charging Appeals and Waiver Policy and the Council's Fairer Debt Policy.

How is the policy implemented

(How is, or will, the policy be put into practice and who is, or will be, responsible for it?)

Who defines or defined the policy?

Who implements the policy?

How does the council interface with other bodies in relation to the implementation of this policy?

Is the service provided solely by the Department or in conjunction with another department, agency or contractor?

If external parties are involved then what are the measures in place to ensure that they comply with the Council's Equal Opportunities policy?

The policy is largely defined by central government and guidance issued by the Department of Health. The policy is implemented across Social Services by the Social Care Benefits Team and Social Care staff and is unique to Social Services. There is no external involvement in the development or implementation of the policy other than Central Government and the Department of Health.

SECTION 2

CONSIDERATION OF DATA & RESEARCH

List all examples of quantitative and qualitative data available that will enable the impact assessment to be undertaken

Include information where appropriate from other directorates, Census 2001 etc.

Blackpool Figures, Office of National Statistics (Census Information), National Statistics reports (Department of Work and Pensions)

Equalities profile of users or beneficiaries

(Use the Council's approved diversity monitoring categories and provide data by target group of users or beneficiaries to determine whether the service user profile reflects the local population or relevant target group or if there is over or under representation of these groups)

Population

Blackpool has a total population of 142,283, 48% men and 52% women (similar to national gender balance).

Marital Status

In total 42% of Blackpool's adult population is single, 29% is within their first marriage, and a further 29% is remarried, separated, divorced or widowed. In contrast the North West figures are 45%, 34% and 21%, and England's figures are 44%, 35% and 21%

Blackpool has a higher percentage of people who have remarried (7.8%), are separated (2.4%), divorced (9.9%) or widowed (8.9%) than other areas regionally and nationally.

Children/Caring Responsibilities

The percentage of households with dependent children is lower in Blackpool (26.1%) than regionally (30.5%) and nationally (29.5%).

11% of the population in Blackpool indicate they provide care for someone else, which is similar to the picture in the North West and nationally. However there is a slightly higher number of people in Blackpool providing a higher number of hours of care with 3% caring more than 50 hours a week (as oppose to 2% elsewhere).

Note: from a national Family Resources Survey, conducted by the Department for Work and Pensions in 1999, there are similar percentages of male and female carers under 25, but between 25-54 more female carers than male, and 55 and over more male carers than female.

Ethnicity/Religion

Blackpool has a very low number/percentage of people from BME communities with 98.4% classifying themselves as white. The percentages are lower in the North West (94.4%) and in England (90.9%).

96.59% of people living in Blackpool were born in the United Kingdom as oppose to 95% regionally and 91% nationally. Of those born outside of the UK, the highest percentages were born in Western Europe (0.85%) and Asia (0.79%). Those countries outside of the UK where Blackpool residents were born are Germany (586), Italy (191), Poland (127), South Africa (147), Hong Kong (195), and India (218).

Only 1.2% of the population describe their religion as other than Christian, none/not stated, of which the highest percentage (0.44%) describe themselves as Muslim. The percentage of population for the North West are 4.3% (of which 3% is Muslim) and in England the percentage is 6% (again 3.1% being Muslim and 1.1% Hindu).

Sexuality

The percentage of people indicating they live in a same sex relationship is higher in Blackpool at 0.5% than in the North West or England (0.2%).

Age

Blackpool has an older population than in the North West and in England as a whole

- 20% of the population is over 65 in Blackpool, as oppose to 16% in England and North West. - 16% of the population in Blackpool aged 16-74 are classed as economically inactive/retired, as oppose to 14% regionally and nationally.

- There are more retired women than men.

Health

Blackpool has more people in poorer health than regionally and countrywide

- 14% of Blackpool population indicate they are not in good health, this is higher than in North West (11%) and within England (9%)

- 25% believe they have a limiting long term illness in Blackpool, this is higher than in North West (21%) and within England (18%).

- 10% of people between 16-74 are permanently sick or disabled and economically inactive. Percentages are 8% for the NW and 5 for England. In Blackpool approximately a third more men than women are in this category.

- 42.9% of households in Blackpool include one or more person with a limiting long-term illness, statistics in the North West are 38.4% and in England 33.6%.

Wealth

Blackpool has a smaller percentage of people in professional and supervisory roles (social grades A-C1). 55% are in grades C2-E (skilled manual, semi skilled manual and on state benefits/unemployed/lowest grade jobs), and as oppose to 52% in the North West and 48% in England. Of these figures 19% are in grade E in Blackpool, as oppose to 17% in the North West and 16% in England. These figures would suggest lower levels of income.

There is a higher % of people who are unemployed in Blackpool (4.2%) than regionally (3.6%) and nationally (3.4%)

Less people between 16-74 are economically active in Blackpool (56.2%), with fewer than average people working full time – in North West this is 57.7%, and in England this is 60.9%

There are higher percentages of self-employed people (9.7%) in Blackpool. Regional percentages are 7.1% and nationally 8.3%.

There is a lower percentage of people working full time as employees in Blackpool (34.2) than regionally (38.8%) and nationally (40.8%). Of those working part time in Blackpool, there are four times as many women than men.

There is a slightly lower percentage of people looking after the home (5.7%) than regionally and nationally. In Blackpool

Housing

Blackpool has higher rates of home ownership. 32% of all households own their house outright, with a further 38% with a loan/mortgage and 0.7% in shared ownership making a total of 71%. Regionally and nationally this figure is 69%, with slightly fewer owning outright than with a mortgage.

29% of people rent in Blackpool (10% from the local authority/RSLs with the other 19% being from private landlords), whereas 31% rent in the North West and England but a higher percentage is from the local authority/RSLs (20% and 19% respectively) with 11% and 12% being rented from the private sector.

Income Support (DWP, August 2005 claimant counts)

57% of people in Blackpool claiming income support are women. This is lower than the percentages regionally (62%) and nationally (64%).

63% of people claiming are aged between 25-49, and 23% aged between 50-59 which is similar to the national pattern. However Blackpool has slightly higher percentages of the 50-59 age group and lower 25-49 age group claiming than regionally and nationally.

86% of those claiming income support in Blackpool are single.

The trend in claimants appears downwards with a -2.4% between August 2004 and August 2005. Seasonal employment may have an impact but no could find no seasonal trend data.

Incapacity Benefit/Severe Disablement Allowance (from Feb 2006 figures)

In Blackpool 10,530 people receive incapacity benefit and 990 people receive or severe disablement allowance making a total of 11,520. This is a higher proportion of the population than regionally or nationally.

There has been a reduction in the number of people claiming Incapacity Benefit, between Feb 2005 and Feb 2006 (by -2.6%), which appears to follow a national downward trend. However between Aug 2001 and Feb 2006 there has been an increase of +2.6% in Blackpool IB claims, which is in line with the national increase of +2.7%, but not with the regional reduction of -4.1% over the same period.

There has been a sharper reduction in the numbers claiming Severe Disablement Allowance. Between August 2001 and February 2006 there has been a -19.5% reduction in the number of claimants for SDA in Blackpool, and a steeper decline of -22.7% and -23.5 regionally and nationally over the same period.

5% of claimants are under 25, 49% between 25 and 49, 33% between 55-59 and 13% over 60.

62% of people claiming these benefits are male (58% in NW, England)

76% of people have been claiming for more than 2 years

The majority of people claiming these benefits are for are mental disorders (41%), followed by musculoskeletal injuries

Pension Credit (from August 2005 figures)

In Blackpool there is a smaller percentage of people claiming pension credit in the over 80 age groups (33%) than both regionally (35%) and nationally (38%).

80% of those claiming pension credit in Blackpool are single (79% regionally, 78% nationally)

The trend in claiming pension credit is upwards across the country, although it has not risen as much in Blackpool and the region (+3.6%) as nationally (+4%) between August 2004 and August 2005.

Equalities profile of staff

(Indicate profile by target groups and assess relevance to policy aims and objectives e.g. Workforce to Reflect the Community. Identify staff responsible for delivering the service including where they are not directly employed by the council)

Social Services workforce strategy acknowledges that the Social Services workforce is not fully representative of the community it serves. It does however broadly reflect the service user profile.

Evidence of complaints against the service on the grounds of discrimination

(Is there any evidence of complaints either from customers or staff (Grievance) as to the delivery of the service, or its operation, on the equality target groups?)

No evidence of complaints against the service on the ground of discrimination. Evidence of Service Users accessing the Reviews, Waivers and Appeals process suggests that people who access this process are representative of the Departmental Service user profile.

Barriers

(What are the potential or known barriers to participation for the different equality target groups?)

Possible barriers for people who lack capacity to understand the policy and how it directly affects them. Most likely to be people with a learning disability or a mental health problem.

Recent consultation exercises carried out

(Detail consultation with relevant interest groups, other public bodies, voluntary organisations, community groups, trade unions, focus groups and other groups, surveys and questionnaires undertaken etc. Focus in particular on the findings of views expressed by the equality target groups)

Consultation was carried out when the policy was developed in 2004. The majority of respondents to public consultation either agreed or strongly agreed that the charging policy was fair. Before charges for social care services are determined, individual needs are assessed against eligibility criteria. The eligibility criteria have been consulted on. The Fairer Charging working group members have undertaken consultation with a number of Service User groups.

Identify areas where more information may be needed and the action taken to obtain this data.

(You will need to consider data that is monitored but not reported, data that could be monitored but is not currently collected and data that is not currently monitored and would be impossibly/extremely difficult to collect).

Following analysis of data from consultation, no further information is required.

Gaps in information:

None

Action needed:

(Include short-term measures to be taken to provide a baseline where no or little information is available)

None

SECTION 3

ASSESSMENT OF IMPACT

Race - Testing of disproportionate or adverse impact

Identify the effect of the policy on different race groups from information available above.

No specific unique effect on equality target group.

How is the race target group reflected in the take up of the service?

The user profile of social care services does not match the local population profile but there is no information to suggest that there is any unequal treatment. It is possible that cultural factors affect the take up of services.

From the evidence above does the policy affect, or have the potential to affect, racial groups differently and if so do any of the differences amount to adverse impact or unlawful discrimination?

There is no information to suggest that there is any adverse impact or unlawful discrimination.

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for one racial group or for another legitimate reason?

N/A

Could the policy discriminate, directly or indirectly and if so is it justifiable under legislation?

The policy is applied only after needs have been assessed under our Fair Access To Care Policy, which has been impact assessed and found not to discriminate directly or indirectly.

Gender - Testing of disproportionate or adverse impact

Identify the effect of the policy on gender groups from information available above.

No specific unique effect on equality target group.

How is the gender target group reflected in the take up of the service?

There are more women who use services than men due to a variety of societal factors, but this is consistent with the national picture.

From the evidence above does the policy affect, or have the potential to affect, gender groups differently and if so do any of the differences amount to adverse impact or unlawful discrimination?

There is no information to suggest that there is any adverse impact or unlawful discrimination.

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for one gender group or for another legitimate reason?

No adverse impact.

Could the policy discriminate, directly or indirectly and if so is it justifiable under legislation?

No direct or indirect discrimination identified.

Disability - Testing of disproportionate or adverse impact

Identify the effect of the policy on the disability target group from information available above.

No specific unique effect on equality target group.

How are disabled people reflected in the take up of the service?

The user profile of social care services does not match the local population profile and this would be expected. There is no information to suggest that there is any unequal treatment.

From the evidence above does the policy affect, or have the potential to affect, disability groups differently and if so do any of the differences amount to adverse impact or unlawful discrimination?

There is no information to suggest that there is any adverse impact or unlawful discrimination.

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for one disability group or for another legitimate reason?

No adverse impact.

Could the policy discriminate, directly or indirectly and if so is it justifiable under legislation?

No direct or indirect discrimination identified.

Age - Testing of disproportionate or adverse impact

Identify the effect of the policy on different age groups from information available above.

No specific unique effect on equality target group.

How are young and old reflected in the take up of the service?

The user profile of social care services does not match the local population profile and this would be expected. There is no information to suggest that there is any unequal treatment.

From the evidence above does the policy affect, or have the potential to affect, age groups differently and if so do any of the differences amount to adverse impact or unlawful discrimination?

There is no information to suggest that there is any adverse impact or unlawful discrimination.

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for one age group or for another legitimate reason?

No adverse impact.

Could the policy discriminate, directly or indirectly and if so is it justifiable under legislation?

No direct or indirect discrimination identified.

Lesbian, gay, Bisexual - Testing of disproportionate or adverse impact

Identify the effect of the policy on different lesbian, gay and bisexual (LGB) groups from information available

Information about sexuality is not held routinely by Social Services and information about sexuality is not known to assessors at the time of assessment.

How are LGB groups reflected in the take up of the service?

Not known.

From the evidence above does the policy affect, or have the potential to affect, LGB groups differently and if so do any of the differences amount to adverse impact or unlawful discrimination?

There is no information to suggest that there is any adverse impact or unlawful discrimination.

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for one LGB group or for another legitimate reason?

No adverse impact.

Could the policy discriminate, directly or indirectly and if so is it justifiable under legislation?

No direct or indirect discrimination identified.

Religion/Belief - Testing of disproportionate or adverse impact

Identify the effect of the policy on different religious/belief groups from information available above.

No specific unique effect on equality target group.

How is the religious/belief target group reflected in the take up of the service?

Service Users broadly reflect population profile.

From the evidence above does the policy affect, or have the potential to affect, religious/belief groups differently and if so do any of the differences amount to adverse impact or unlawful discrimination?

There is no information to suggest that there is any adverse impact or unlawful discrimination.

If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for one religious/belief group or for another legitimate reason?

No adverse impact.

Could the policy discriminate, directly or indirectly and if so is it justifiable under legislation?

No direct or indirect discrimination identified.

Health Impact - Testing of disproportionate or adverse impact

Identify the effect of the policy on physical or mental health of service users and the wider community from any information that is available.

(This might include an increased risk to health for some groups in the community, which although not intended, may have still occurred. The impact on health might include: increased mental stress, greater risk of accident or injury, reduced opportunities to have a quality diet, reduced opportunity for physical exercise, or greater incidence of diseases such as heart disease and diabetes.)

From the evidence above does the policy affect, or have the potential to affect the health of groups differently? If so, which groups and how does the impact occur?

Being assessed for charges can exacerbate some existing medical conditions e.g. mental health. The effect of this is mitigated by allowances made for Disability Related Expenditure and a process of appeal against charges. In addition the Council has the discretion to waive charges altogether if charging for care services would be detrimental in individual circumstances.

Additional groups which may experience a disproportionate or adverse impact

Identify if there are groups, other than those already considered, that may be adversely affected by the policy

For example those in poverty may be adversely impacted by the policy and it might be useful to consider them as a

People with limited incomes may be adversely affected. However, the policy is intended to ensure that charges are fair and relate to ability to pay. Part of the process of assessing charges is income maximisation via a benefit check.

Additional factors which may influence disproportionate or adverse impact

Management Arrangements

(How is the Service managed, are there any management arrangements which may have a disproportionate impact

The Social Care Benefits Team is managed separately from staff who assess eligibility for services ensuring that the two process are carried out independently of each other.

What is the custom and practice in the provision or allocation of this service?

(Could these have a disproportionate impact on the equality target groups?)

Custom and practice is dictated by Department of Health policy and guidance.

The Process of Service Delivery

(In particular look at the arrangements for the service being provided).

Service Delivery is dictated by Department of Health policy and guidance.

Operation Times

(When is the service provided; are there seasonal issues; are there barriers to the service based on the time and delivery of the service which may affect the target groups?)

Assessment for charges is carried out during normal office hours. Any delays in assessing charges would not result in delays to services being provided. Visiting Officers visit Service Users at the Service User's convenience. There is no evidence to suggest a negative impact.

Methods of communication to the public and internally

(What methods do you use to communicate this service? Include review and assessment of methods, media, translations, interpretation etc. bearing in mind the extent to which these media forms are accessible to all sections of the community)

Externally

Visiting Officer make Service users aware of the policy when they visit. Service users are advised of the reviews, appeals and waivers policy when they are informed of the charge. The policy underwent public consultation and had a formal launch and was widely publicised. Copies of the policy are available in other formats on request. The policy is published on the Council's website.

Internally

The policy and Q&A are available to all staff via the Social Services Document Control System and staff were involved in consultation.

Awareness of Service by Local People

(Assessment of the extent to which local people are aware of the service based on available data. What measures do you undertake to reach traditionally excluded communities?)

Most potential Service Users coming into contact with Social Services are aware that a charge is made for some services and that the charge will not be excessive and will be proportionate to their ability to pay.

Evidence of disproportionate or adverse impact

(Is there any evidence or view that suggests that different equality, or other, target groups in the community have either a disproportionately high or low take up/impact of/from this service/function?)

Yes

No

If yes, what and why (State below)

SECTION 4

MEASURES TO MITIGATE DISPROPORTIONATE OR ADVERSE IMPACT

Specify measures that can be taken to remove or minimise the disproportionate impact or adverse effect identified at the end of Section 3. If none were identified in Section 3, identify how disproportionate impact or adverse effect could be avoided in the future.

(Consider measures to mitigate any adverse impact and better achieve the promotion of equality of opportunity).

N/A

SECTION 5

CONCLUSIONS & RECOMMENDATIONS

Does the policy comply with equalities legislation, including the duty to promote race equality?

Take into account your findings from the impact assessment and consultations and explain how the policy was decided upon its intended effects and its benefits.)

Yes

No

What are the main areas requiring further attention?

Greater consistency in arriving at individual Disability Related Expenditure.

Summary of recommendations for improvement

Regular review of procedures to implement Fairer Charging and appropriate training for staff.

How will the results of the IA feed into the performance planning process?

Training needs will feed into IPA process.

Future Monitoring and Consultation

How and when will the policy be monitored?

Policy is reviewed approximately twice a year in line with Capital Limit changes as prescribed by CRAG.

Suggested consultation for the future.

(Identify areas for future consultation and any barriers to participation in consultation with proposals to overcome these).

Any significant amendment that changes the substantive content of the policy will be subject to public consultation.

