

Equality Impact Assessment (EqIA) for Policies, Procedures and Services

Proposal name	Charging Policy for Community Based Social Services		
Directorate	Adult Social Care & Inclusion		
Service			
Responsible Officer	Terry Hawkins (Interim Assistant Director) SC & I		
EqIA Author	Maureen Cooper (Strategic Lead Officer) SC & I		
Date proposal started	14/08/2014	Proposal commencement date (due or actual)	06/04/2015

1	What is the purpose of the proposal?	Yes / No	New / revision
	Policy	Yes	Revision
	Procedure		
	Internal service		
	External Service		
	Other - give details		
2	What are the intended outcomes, reasons for change? (The business case)		
	<p>The current charging arrangements for adults who receive community social care services require a review given the recent findings of the Local Government Ombudsman. The Ombudsman, in March 2014, recommended that the council complete a review of the charging model it uses for Housing 21 Extra Care and further recommendations in July 2014 suggested consideration of how the policy was applied, in particular the eligibility for a particular Welfare Benefit. This is timely given charging arrangements need to take into account new legislation in the Care Act and the Children and Families Act this year.</p> <p>In June 2014, in the Department of Health's Care and Support Statutory Guidance (Issued under the Care Act 2014) the following guidance was issued:</p> <p>Charging and financial assessment</p> <p>The Care Act 2014 provides a single legal framework for charging for care and support. It enables a local authority to decide whether or not to charge a person when it is arranging to meet a person's care and support needs or a carer's support needs.</p>		

Where a local authority arranges care and support to meet a person's needs, it may charge the adult, except where the local authority is required to arrange care and support free of charge. The new framework is intended to make charging fairer and more clearly understood by everyone. The overarching principle is that people should only be required to pay what they can afford. People will be entitled to financial support based on a means-test and some will be entitled to free care. The framework is therefore based on the following principles that local authorities should take into account when making decisions on charging. The principles are that the approach to charging for care and support needs should:

- Ensure that people are not charged more than it is reasonably practicable for them to pay;
- Be comprehensive, to reduce variation in the way people are assessed and charged;
- Be clear and transparent, so people know what they will be charged;
- Promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control;
- Support carers to look after their own health and wellbeing and to care effectively and safely;
- Be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs;
- Apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings;
- Encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so;
- Be sustainable for local authorities in the long-term.

Due regard has been given to the consultation outcomes along with other components of the review to shape the policy proposals for presentation to cabinet.

3 Who is the proposal potential likely to affect?

People in Walsall	Yes / No	Detail
All		
Specific group/s	Y	Adult Social Care Service Users/ Carers
Council employees		
Other		

4 Summarise your evidence, engagement and consultation.

Cabinet approved a period of consultation on social care and inclusion non-residential charges in September 2014.

A letter or information in suitable format explaining that a period of consultation was to be undertaken was sent to approximately 8,000 people who would be potentially affected by the policy change.

A series of pre-consultation engagement activities were held throughout November 2014, to find out what people thought of the current system including any ideas for how things could be managed differently. The activity used a range of qualitative

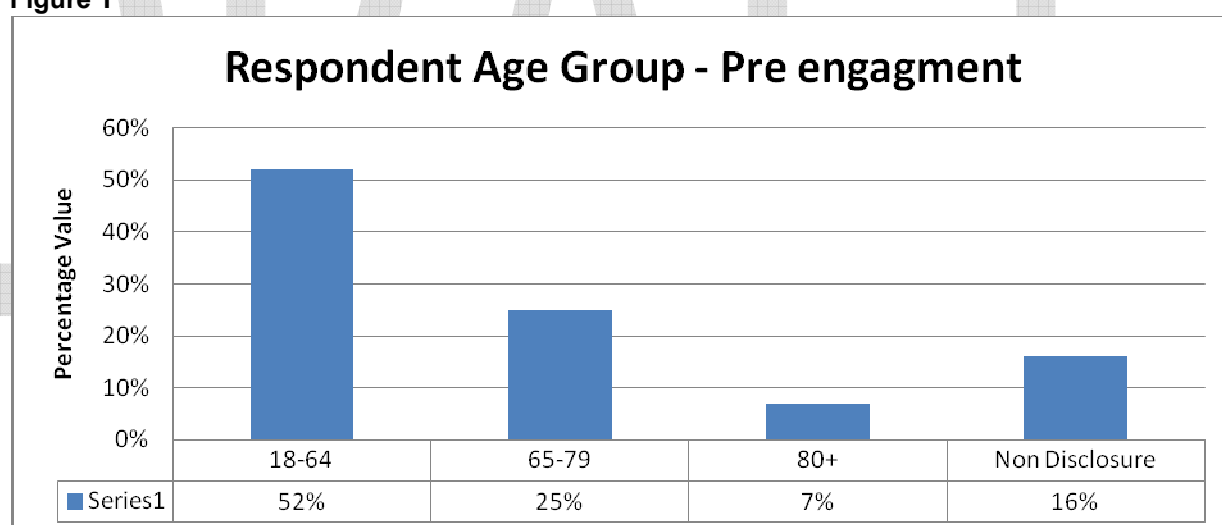
approaches, engaging hard to reach groups and ensured those involved were representative of those affected by the charging review.

Activities included Focus Groups, 1:1 interviews, group discussions, workshops, telephone and written feedback. People, who specifically expressed an interest with supporting the Directorate with this consultation following receipt of the first letter, were contacted and offered the opportunity to become involved in these activities.

A report can be seen [Pre-engagement summary report \(http://cms.walsall.gov.uk/pre-engagement-summary-report-04-12-14.pdf\)](http://cms.walsall.gov.uk/pre-engagement-summary-report-04-12-14.pdf) which details the outcomes of the 3 week engagement. During the pre-engagement period data was collected around the protected characteristics and care was taken to ensure specific groups who may be adversely disadvantaged as a result of the policy change were engaged with throughout the process. The information gathered has been used to determine an approach to wider consultation over a 9 week.

During the Pre-engagement activity much of the activity was carried out using face to face methods. The breakdown of respondents by gender were evenly split (44% male and 51% female 5% not responding). The age range of respondents can be seen in **Figure 1** below.

Figure 1

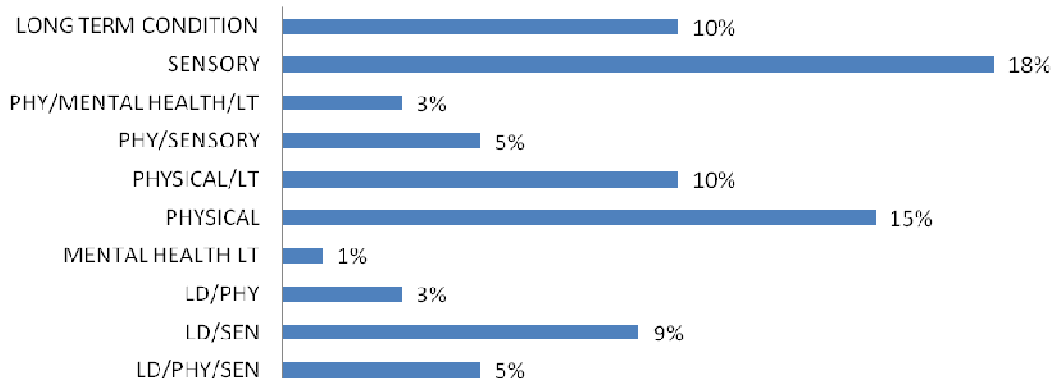


82% of responses were from people of a white background with the remaining 15% being BME or from another background and 3% preferring not to say. 69% considered themselves disabled, 28% considered themselves not to be disabled and 3% preferring not to say.

The graph at **Figure 2** shows the type of impairments people indicated

Figure 2

Respondent Impairments



Feedback suggested that there was a difference of opinion about the one area of consultation for the “free service for over 80’s CAS customers” this will need to be considered in detail by the cohort of clients this may impact on if a change is made to this part of the policy.

The initial exercise did not identify any particular impacts for those with protected characteristics with the exception of the views around how to engage and consult.

In particular this period was used to seek views on how to engage and consult, a strong belief was that more needed to be done to reach groups who find traditional methods of consultation difficult. Many said that consulting people effectively takes time and when the subject is complicated time needs to be spent ensuring people understand.

The information gathered during this phase has now shaped the consultation and engagement planning. The formal consultation period began 8 December 2014 with the publication of information to the Councils website. This was supported through a range of mediums including press releases and social media, briefings for staff and providers were also conducted.

A further letter was sent to all those potentially affected by the policy following the formal launch, accompanied by a questionnaire, and pre-paid return envelope seeking views on the areas of a charging policy that can be locally influenced. The letter offered an opportunity for the information to be received in an alternative format and for support to be available for participation on request.

In support of this quantitative approach to receiving feedback, other opportunities were available for people to share their views. People were able to contact us and share their views through a range of mediums. Meetings were held and drop in sessions in over 14 locations across the borough. Specific representative groups attended to seek the views of those the groups represent. Specific sessions were set up to engage particular groups in their preferred manner, to enable the information to be shared in a format that can be easily understood and for people to positively contribute to the process.

During the formal consultation period 8 public meetings were led by member of the Executive Management Team, across the borough where people were able to hear more about the charging review and share their views, these commenced in January 2015, allowing time for people to understand what is proposed. In addition 14 drop in sessions was held at a range of community locations and extra care schemes across the borough to have an officer led discussion on the charging review providing an opportunity for citizens to contribute their thoughts, again commenced in January 2015. To ensure we were able to meet the needs of those with communication difficulties, bespoke sessions were held to enable active participation using the correct communication method and additionally regular service user and carer forums was also attended to seek a representative view of these groups.

The face to face sessions within the main body of the consultation also enabled the collection of demographic data through the drop in sessions, public meetings and some of the group sessions attended also gave the opportunity for people to complete demographic information. Examples of this detail can also be seen below.

Demographics

During the consultation process demographic information was collected from participants who were willing to share these details. It was explained that these questions were voluntary however the Council have a legal requirement to ask for the information.

It was further explained that this was a really important part of the process to help us to gain a better understanding of the needs of different service users, the views of different people and how they could be impacted by any changes.

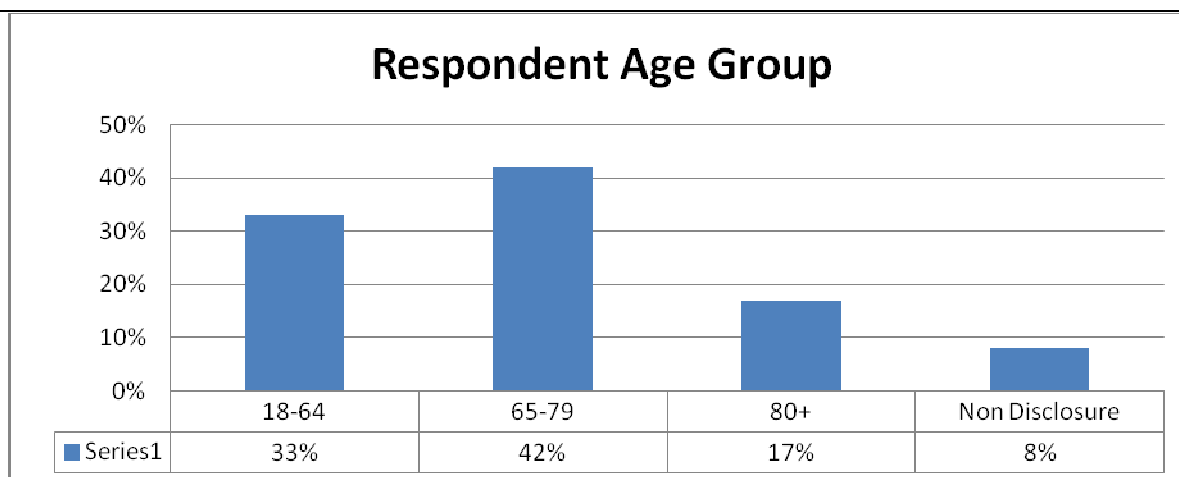
The overall process was broken down into 2 stages, the pre-engagement and the formal consultation stages. Demographic information was sought in all areas but was not universally shared by all participants.

The consultation report can be seen under **Section 13** with regards to demographics at www.walsall.gov.uk/localconsultation this section of that report gives a breakdown of the demographic information for the pre-engagement and the formal consultation activity in showing the difference in responses between the face to face activity and the survey responses.

At the end of the consultation period in February 2015 the feedback was drawn together, and used to shape the final draft policy for consideration and shared with the public along with Cabinet as part of the decision making process.

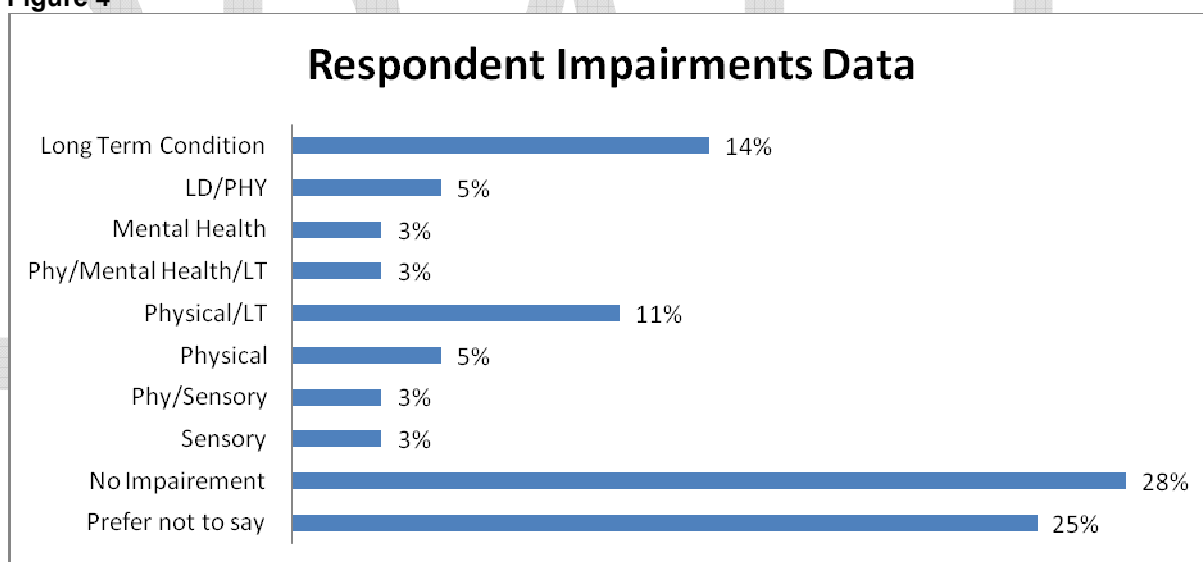
The breakdown of respondents by gender were evenly split (53% male and 47% female). The age range of the respondents can be seen in **Figure 3**

Figure 3



The breakdown of respondents by Ethnicity were split between 64% White British, 22% Black, African, Caribbean or Black British and 14% Asian or Asian British. 36% considered themselves disabled and 64% considered themselves not to disabled.

Figure 4 below shows the type of impairments people indicated
Figure 4



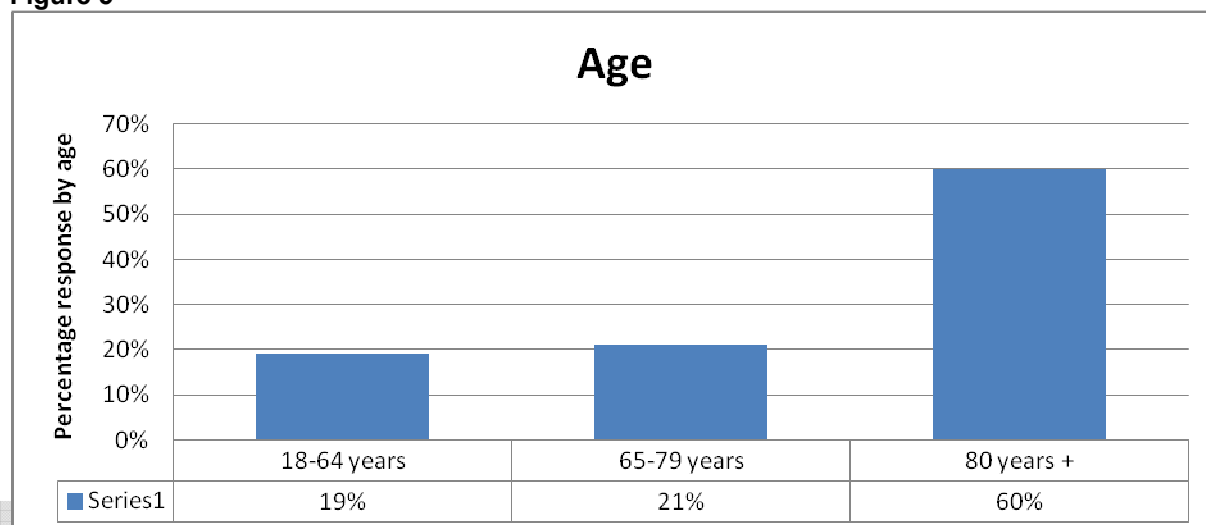
A questionnaire and pre-paid return envelope seeking views on the areas of a charging policy that can be locally influenced was sent to 7542 people. People were supported to complete the questionnaire on request. The questionnaire was also available through the council's website for anyone interested in contributing to the consultation process.

The survey used within the formal consultation process collected demographic information across the protected characteristics. The base line data comes from 910 responses to the survey. It needs to be noted that all of those responding did not answer all the demographic questions.

With regards to gender 38% of those responding were male, with 62% female. Overall 73% of those completing the survey said their marital status was single with 27% married. From the 745 people who answered the question regarding their age 446 were over 80 years old, as shown in **Figure 5** below this indicates that those who were

over 80 were more likely to respond in writing than attend a community type face to face session.

Figure 5



The Equality Act 2010 considers a person disabled if: 'they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out day to day activities.' People were asked if they considered themselves disabled 72% said yes, with 28% saying no. A breakdown of disability type is shown at **Figure 6** people were able to choose more than one disability.

Figure 6

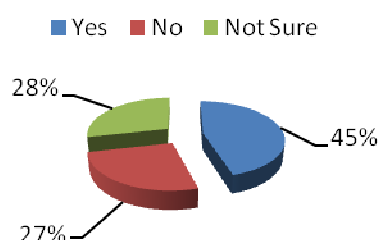
Disability or impairment Type	Count
Physical disability	501
Sensory impairment	113
Mental Health Condition	155
Learning disability/ difficulty	99
Long standing illness or health condition	374

91% of those responding to the survey were White British or White Other 7% were Asian or Asian British with 1% were Black African, Caribbean or Black British and 1% of people said mixed or multiple groups.

In the survey people were asked about whether the council should continue to use their discretion to charge see **Figure 7** below. 383 of those responding felt the council should continue to charge, 227 said no, 243 people said not sure.

Figure 7

Discretion to charge



Many respondents commented it is fair that everyone contributes something to the cost of their care, in particular the view was expressed those who receive non-means tested benefits should use these to pay their contribution.

In the face to face discussions held a general consensus was that councils needed to make a charging policy and most people accepted that this should remain the case in Walsall.

During a drop in session at Old Vicarage Court someone attending commented:

“I agree you need to charge but it seems unfair that a person with a disability has to pay to have the same quality of life as other people”.

Whereas during a group discussion held with the membership of Walsall Disability Forum a member said:

“There should not be a charge for Social Care services”

In the group and face to face discussions many people expressed that disability related expenditure should be assessed individually whilst others thought having a standard amount for all, with an option for full assessment seemed the best way of administering disability related expenditure.

One attendee at Willenhall Chart Centre commented:

“Disability related expenditure should be based on actual expenses not assumed expenditure”

Overall 677 people responding to this question in the survey chose an option with an element of individual assessment. **Figure 8** shows the breakdown. Comments in the survey about other ways to assess disability related expenditure identified some people did not understand the question and others said they were unsure how to answer, however the questions rephrased to ensure people could understand and answer appropriately

Figure 8

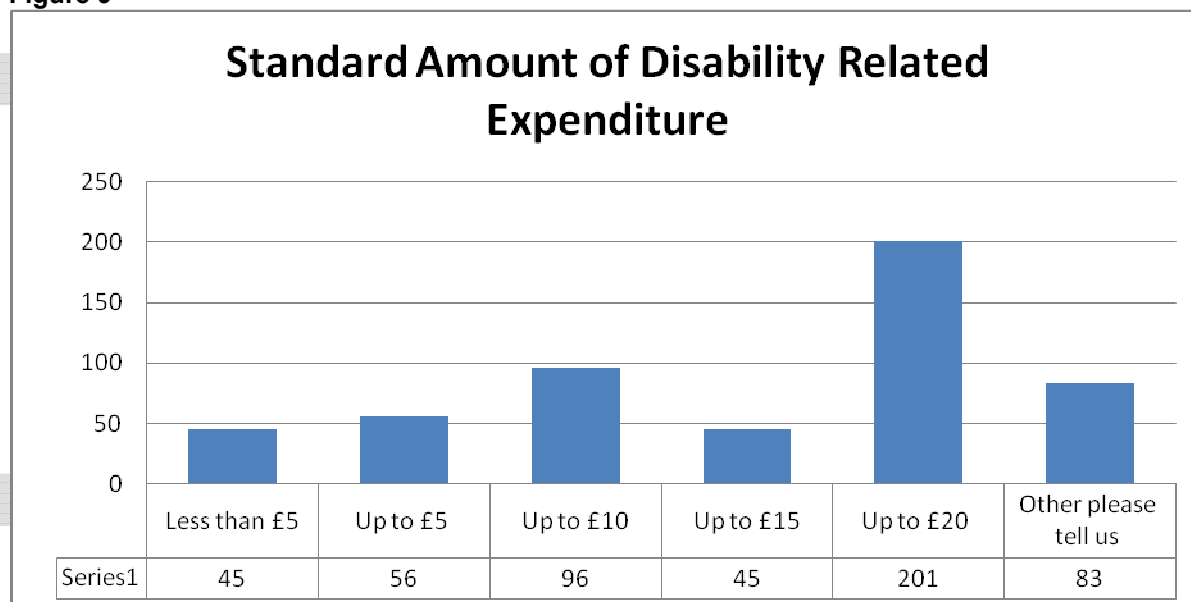
Option	Overall %	Count
Option A. A standard allowance given to everyone who has this type of additional expenditure.	13%	99

Option B. An individual assessment, based on evidence of the need and costs.	50%	399
Option C. A standard allowance for certain common illnesses and disabilities, with an option for more detailed assessment where people feel their expenditure is greater	35%	278
Other	2%	15

Where people had chosen an option in the survey that included a standard amount of disability related expenditure people were asked for suggestions on what level this could be set at, see **Figure 9** below.

Respondents chose other and they were asked to provide details of what this should be. A strong theme identified here was that many people who chose this option did so because they were not sure what disability related expenditure is or the current way it is assessed.

Figure 9



The Community alarm (maintenance and response combined) – which is already charged for most people using them; currently over 80s are not charged for this service. Those consulted were asked for their views on whether everyone should be charged the same for this service regardless of age and to give a view on what would be a reasonable weekly charge.

On the matter of those over 80 not having this for free some people in the group and face to face discussions felt that this could cause people to have the alarm removed and may leave them vulnerable. Some people argued that other groups should be considered when looking at whether the alarm should be given free of charge, these included people from the Deaf Community.

At a meeting arranged to specifically engage those who use services from the Deaf Community, Held at Walsall Deaf Peoples Centre the following comments were made:

“Deaf people have issues with community alarms so believe they should be free

for all deaf people”

“When response are called no interpreter is called to come”

“Sometimes response have knocked down clients doors to get in as the person is deaf and hasn’t heard the door, the client then has to pay for a new door”

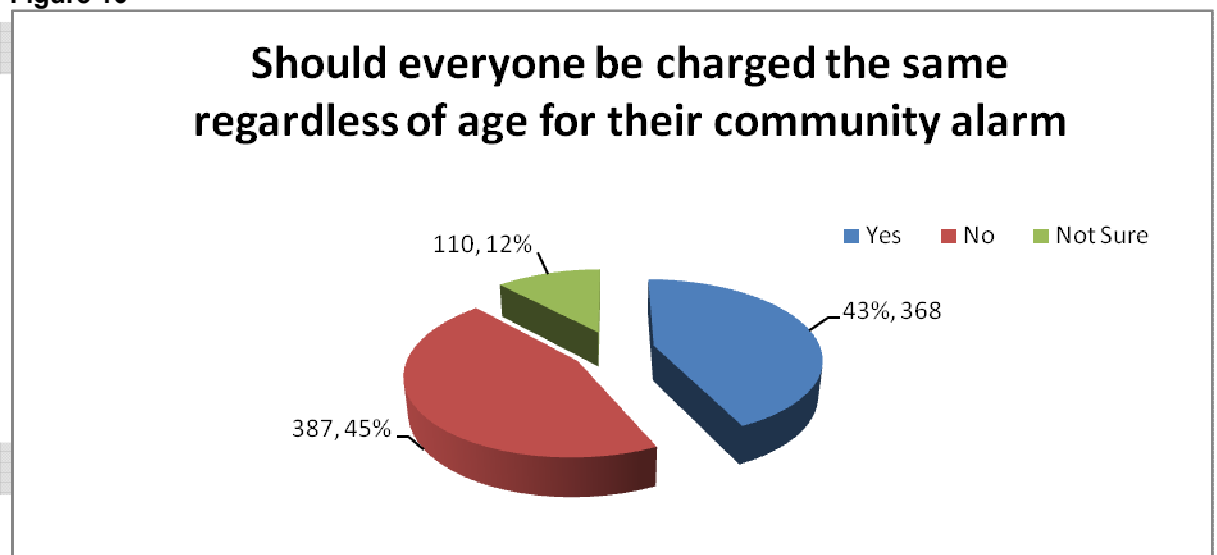
“Also the alarms are talking – deaf can’t hear them”

During a drop in session at Alrewych court one attendee said:

“A flat rate charge for an alarm in extra care is ok but disagree that you should charge the well being charge for care people don’t receive”

Figure 10 below shows the percentages of people who thought everyone should be charged the same regardless of age.

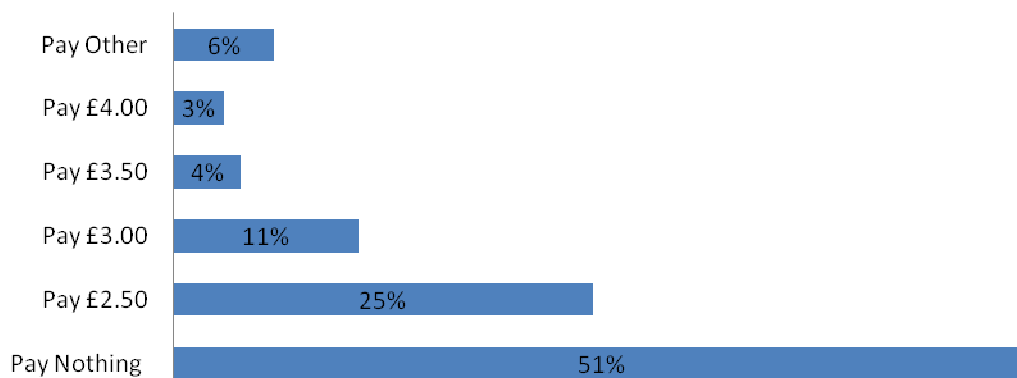
Figure 10



People were also asked about what would be a reasonable weekly charge. During the face to face consultations many felt the small flat rate fee paid now was reasonable that it provided an essential lifeline for people and was valued. In the survey 412 people chose the pay nothing for the community alarm service option, See **Figure 11** below, it should be noted that of 745 people who responded to this question 446 (60%) were over 80 years old and the current policy is they do not pay for this service.

Figure 11

Reasonable Community Alarm Service charge



Some of the additional supporting comments from within the survey included:

“Older people who need an alarm may refuse one if they had to pay, an alarm can save lives”

“Minimum care should be provided, this prevents deaths at home”

“Free for over 70’s and perhaps £2.50 per week for under 70’s”

“Depending on age, income and disability”

“I do not use or are offered any other services except the alarm. I will do without thank you, so will other people”

“Difficult to say but if it’s too much people will ask for removal of the system”

“My mother feels as though she has paid enough over her lifetime and would have this removed”

Equalities

As part of the pre-engagement to the consultation to assist us with completing the EqIA and planning for the consultative approach we spoke directly to a number of people with communication difficulties in order to understand the most effective way to engage and enable participation. There was a clear requirement to make available information about the consultation in the following formats: Audio, BSL and Easy Read

A transcription to audio was made available and utilised by those with a visual impairment, in addition we made available a large font version of all documentation and the information was also transcribed into Braille, these were made available through the transcription service contracts held by the council.

An approach was made to obtain transcription into easy read for those with a learning disability. Unfortunately the contract did not provide this type of transcription. In order to meet the needs of this cohort of people the Directorate purchased relevant tools and made all documentation available in pictorial easy read format.

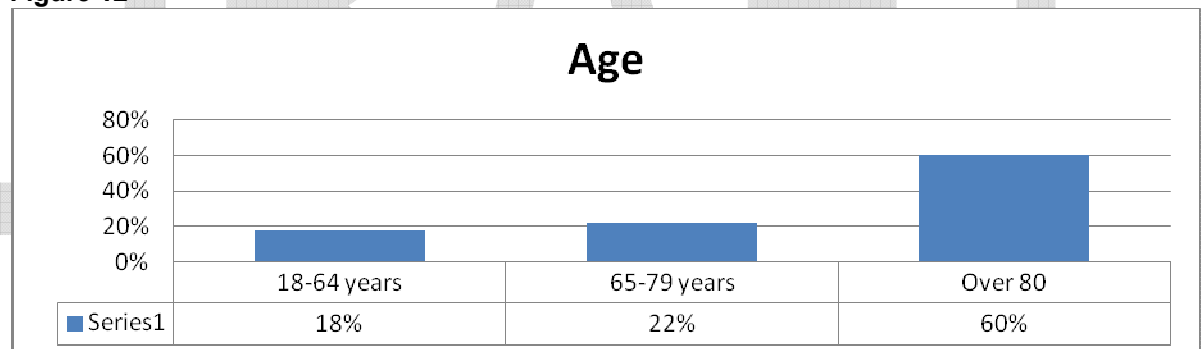
In addition a range of bespoke sessions were held to ensure the views of those who are underrepresented in traditional consultation methods were given an opportunity to participate. For example a focus group session was facilitated by Walsall Deaf Peoples Centre to enable those who use BSL as a first language to share their views. This was agreed following the pre-consultation activity that identified difficulty for BSL users to engage in traditional methods. A Self Advocacy group for people with a learning disability was engaged twice throughout the process to ensure we sought the views, using the easy read materials available.

The overall reach of the exercise in terms of percentages was broadly representative of the population who use our services. The number of people that were engaged in the consultation was 7,524.

32% were male, with 66% female and 2% of people had not disclosed. Marital status of those consulted was not collected to enable comparison as 66% of people had not disclosed their status. The age categories can be seen at **Figure 12** below and is broadly similar to those responding to the consultation.

Ethnicity of those consulted was recorded in multiple systems and differently to how they were collected in the consultation. However 77% stated they were white British or white other, 7% from BME or another background and 16% or people who did not disclose their ethnicity.

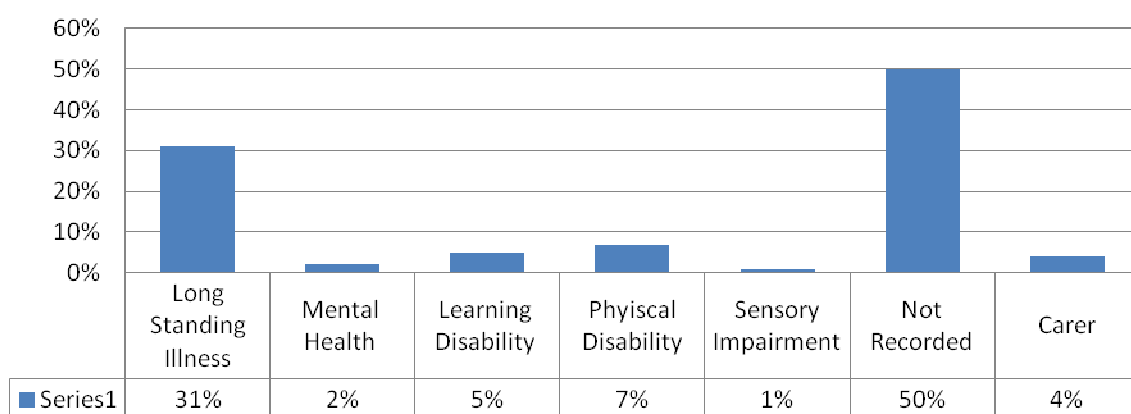
Figure 12



The breakdown by disability type of those consulted can be seen at **Figure 13** below, the data source for this category had a number of entries where the disability was not recorded.

Figure 13

Breakdown by Disability or Impairment



It should be noted that the information used to understand the demographics of the 7,524 people who were engaged to participate came from multiple sources. However we are able to demonstrate the consultation broadly comparable.

Key consultation outcomes have informed the development of the community based charging model, such as:

- A general consensus that the Council should employ its discretionary powers to charge for services;
- A charging approach should consider the level of services people access, as well as income;
- It should not be assumed people can contribute 100% disposable income towards paying for services;
- Disability Related Expenditure should be principled on an approach which considers a standard allowance and an option for individual assessment;
- The charging methodology applied to extra care provision, should align to community based charging model;
- A proportionate and simplified financial assessment process;
- Carers support services should not be charged;
- Those people classed as self funders (determined by income thresholds), should not be charged for support in arranging care;
- Preventive services such as the community alarm and associated responder service should have a charge applied. This means moving away from a free service based on age (over 80 years) to one based on income levels.

The policy proposals being considered are detailed below and each has been considered with regards to protected characteristics:

1. The cessation of the existing contributions policy for community based services and approves a revised community based charging policy, effective from 6 April 2015.

Any disproportionate adverse effects on protected groups?

Disability: A high percentage of people who receive social care support are disabled therefore the council needs to consider carefully the implementation of the relevant aspects of the policy and ensure steps are taken to mitigate any adverse impact on people with disabilities, this would include ensuring information is provided in accessible formats.

2. A flat rate charge is applied to 'preventative' services linked to benefits received, when eligibility for Social Care funding is not met.

Disproportionate adverse effects on protected groups:

Age: Charging for Community Alarms Service for the over 80's for the first time

3. 90% disposable income forms part of the model;

People receiving local authority arranged care and support other than in a care home need to retain a certain level of income to cover their living costs. Under the 2014 Act read with the 2014 Charging Regulations, charges must not reduce people's income below a certain amount. The council proposal of utilising 90% disposable income allows people to keep more of their income and as such is a positive impact on all groups.

4. In the case of Direct Payment awards, the normal methodology will be to deduct the charge towards social care costs from the Direct Payments and Direct Payments will therefore be paid **after** this charge is applied (i.e. a net payment);

Any disproportionate adverse effects on protected groups?

Disability: As a high percentage of people who use services and are eligible for a Direct Payment have a disability the implementation of this element of the policy needs to be considered carefully with clear information and guidance available to those who will be affected by this, in particular making sure there is an understanding about what needs to take place.

5. A graduated scheme for assessing Disability Related Expenditure (DRE) with an additional exception and evidence based approach on a case by case basis

Any disproportionate adverse effects on protected groups?

If a service user incurs additional expenses due to their disability, additional allowances can be given to reflect the additional cost. The approach proposed is a simple system, aligned to care components of disability benefits and also enables a more detailed individual assessment if required. This will have a positive impact on those who are in receipt of disability related benefits.

6. The principle of contributions by carers towards their eligible support costs and to apply a 100% discount to this for 2015/16 whilst the implications of the Care Act are evaluated.

Any disproportionate adverse effects on protected groups?

Although the policy proposal is to include the principle of contributions towards eligible support costs this will have a 100% discount for 2015/16 and as such any subsequent change to the discount would need to be reviewed in terms of adverse impacts.

5	How may the proposal affect each protected characteristic or group? The affect may be positive, negative or neutral.			
	Characteristic	Affect	Reason	Action needed Y or N
	Age	Negative	Proposed charge for CAS for the over 80's for the first time could have a disproportionate impact on those of a particular age group Potential for above individuals to opt out of the receiving a CAS Service due to the charging being levied	Y
	Disability	Negative	Deaf people may not be able to fully access/ utilise the CAS There may be communications issue's with some disabled people for consultation and the new charging arrangements Net Payments regards direct payment potential people could get confused The potential mental wellbeing of some people may be affected because of the changing charging arrangements	Y
	Gender reassignment	Neutral	No foreseen impact	N
	Marriage and civil partnership	Neutral	No foreseen impact	N
	Pregnancy and maternity	Neutral	No foreseen impact	N
	Race	Neutral	No foreseen impact	N

	Religion or belief	Neutral	No foreseen impact	N
	Sex	Neutral	No foreseen impact	N
	Sexual orientation	Neutral	No foreseen impact	N
	Other (give detail)			
	Further information			
6	Does your proposal link with other proposals to have a cumulative affect on particular equality groups? If yes, give details below.			(Delete one) No
7	Which justifiable action does the evidence, engagement and consultation suggest you take? (Bold which one applies)			
	A	No major change required		
	B	Adjustments needed to remove barriers or to better promote equality		
	C	Continue despite possible adverse impact		
	D	Stop and rethink your proposal		

Now complete the action and monitoring plan on the next page

Action and monitoring plan				
Action Date	Action	Responsibility	Outcome Date	Outcome
End Nov 2014	Identify and provide suitable communication methods required for respondents	Communications/ Group	08/12/2014	Bespoke communication methods were used and sessions held to enable active participation using the correct communication method
6 th April 2015	The potential impact of the overall change to the charging policy in relation to people with disabilities will be monitored by Assessment and Care Management for a period of 3 months on an individual basis. Any potential adverse impacts to individuals would need to be managed accordingly and reported to senior management on a monthly basis to undertake corrective actions as appropriate.	Mike Jones and Mark Pitcher	Mid July 2015	
6 th April 2015	Identify any changes to the continued up take of the Community Alarms Service for the over 80's when charging is introduced, monitor this age group for a period of 3 months on a individual basis, report any potential adverse impact on individuals to senior management on a monthly basis to reduce any adverse impact and take any corrective action where	Nicky Devey CAS Manager	Mid July 2015	

	appropriate			
6 th April 2015	The community alarm system should be reviewed to consider full accessibility for Deaf people	Nicky Devey CAS Manager	Mid July 2015	
6 th April 2015	All communication (e.g. financial assessments, forms, notification letters and public information leaflets) to be well designed and available in alternate formats and community languages	Bev Parslow and Bernard Cysewski	Mid July 2015	
6 th April 2015	The potential mental wellbeing of some people may be affected because of the changing charging arrangements. This will need to be monitored within the Assessment and Care Management processes for a period of 3 months on an individual basis. Any potential adverse impacts to individuals would need to be managed accordingly and reported to senior management on a monthly basis to undertake corrective actions as appropriate.	Mike Jones and Mark Pitcher	Mid July 2015	
6 th April 2015	The implementation of Net Payments for Direct Payments recipients will need to be designed to take account of people's needs with regards to their disability.	Bev Parslow	Mid July 2015	
	This will need to be monitored by Assessment and Care Management	Mike Jones and	Mid July	

	for a period of 3 months on an individual basis. Any potential adverse impacts to individuals would need to be managed accordingly and reported to senior management on a monthly basis to undertake corrective actions as appropriate.	Mark Pitcher	2015	
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Update to EqIA	
Date	Detail
16/02/2015	Reviewed EqIA post consultation and feedback from stakeholders on policy proposals and updated EqIA
End of March 2016	Review EqIA 12 months after implementation of policy