## 1. Proposal Summary Information

<table>
<thead>
<tr>
<th>EAA Title</th>
<th>Short breaks / Respite care for adults and children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please describe the proposal?</td>
<td><strong>Adults’ services</strong> wish to move away from grant funding towards contract arrangements that allow respite and short breaks to be accessed by Adults’ services with 100% nomination rights to the contracted service. Respite and short breaks will become a part of the commissioned care package for Adults’ Services clients. A varied range of respite care with flexibility to meet different needs will require a flexible and responsive range of high quality respite care offers and possibly expanding the Shared Lives approach. For <strong>children’s services</strong> the proposed priorities will provide short breaks and respite for children and young people with disabilities and a young carers’ support service.</td>
</tr>
</tbody>
</table>

### 1. What is the proposal looking to achieve? Who will be affected?

The proposal for **adults** will aim to increase the range of carers respite support through a contracted service. Carers and the person they care for will be provided with a range of options including home, community, centre and holiday based short breaks for young adults. Carers are supported to use community facilities, establish social networks, meet people and make friends.

We want to develop a varied market in respite and carers breaks to be marketed at both self-funding and self-commissioning carers (there are an increasing numbers of carers making use of direct payments available through the Council). We want to increase the amount of home-based respite available.

The council is looking to develop services that support prevention of placement breakdown and in-patient admission and this could be support provided in a respite unit or an outreach model in the customers/carers home. The Council want to look at a range of options and encourage innovation. The Council intends to tender from suitably registered Care Providers for various types of Respite Care Services. This range of services provide planned and emergency short term, time limited breaks for families and other unpaid carers of adults with the intention that families/carers resume care at the end of the respite period. Both the planned and emergency respite provision is focused on helping individuals remain at home, sustaining caring relationships and preventing crises developing. The Service will be available 365 days per year.

The JSNA estimate that there are around 35,000 carers in Ealing. Census data indicates that the highest concentration of carers is in Southall, Greenford and Northolt. We think that though there are particular communities where carers do not self-identify or seek support. The borough is ethnically diverse and there is a need to consider what support is needed to support carers from black and ethnic minority communities and want the market to develop new and innovative ways in which to engage these groups.

The issues that have been raised by carers over the last few years are not new, and in some cases the services are there but they may not have enough capacity (for example limited access to respite care).
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or be flexible enough to meet people's needs. We need to expand the use of personal budgets for carers and for clients to increase the flexibility and responsiveness of their care package.

In the previous grant round Adult services grant funding was provided to contribute toward the costs of providing respite for family carers. Grant funding is currently provided through three grant payments, made up of:

- Dementia respite services are provided through Weekend Day Care and the Call and Care support for people with dementia in their own homes. The grant funding does not cover the full cost of this service and additional financial support is funded through an Ealing CCG grant.
- Respite support for family carers of people with learning disabilities.
- Respite support for other vulnerable adult carers.

In terms of provision for children it is proposed that short breaks and respite for children and young people with disabilities and support for young carers continue as key priorities either through continued grant funding or move to commissioned contracts with short breaks providers.

The groups that will be affected will be organisations that currently receive funding and service users, Children, young people and families that use their service.

2. What will the impact of your proposals be?

The Council will take a different approach to the funding of short breaks and respite care for adults through individual care packages rather than through grant funded services. The proposal is to cease grant funding for respite service but make the service available to carer and carers assessed by Adult services as in need of respite support. The contracted providers will need to consider how to offer personalised care to meet identified needs which will be commissioned by the Council.

Adult services will move towards contract arrangement that allow respite and short breaks to be accessed by Adult services with 100% nomination rights to the service. Respite and short breaks will become a part of the commissioned care package for Adult services clients. Carers and the person they care for will be provided with a range of options including home, community, centre and, for young adults, holiday based short breaks. Carers will be supported to use community facilities, establish social networks, meet people and make friends.

- All protected groups will be affected by the proposed change. Carer in Ealing who access respite services delivered by the Voluntary and Community Sector (VCS), in particular those who receive services via organisations funded via the health and social care grant will be affected by the proposal. Some VCS may stop providing services that are currently in use.
- VCS organisations in Ealing involved in the delivery of services currently funded via the health and social care grant will be affected by the proposal. Some of the current grant funded providers already have and are managing major contracts with the council and Ealing CCG and may choose to bid for the contracted service.

The voluntary sector serves a diverse community, including groups specifically identified within equality legislation including groups of different ages, levels of disability, different gender, race, faith and religious belief, sexual orientation and level of caring responsibility. The data received has been analysed to assess the current uptake of specific services across different equalities groups. This has highlighted differential patterns of access to provision as indicated below.
As a result of the change some organisations currently grant funded may not meet the requirements of the new specification for the contract and will not qualify for funding.

For children short breaks will continue as a priority from the previous grant round and will enable short break services to be provided to help needs and children with and families. Any reduction in funding will impact children and families of all ages 0-18. 100% of children supported via health and social care have a disability and or complex health need. Overall the reduction in funding will have a negative impact potentially resulting in fewer schemes and places available, an increase in price of placement to parents and social care, for all placement and packages bought.

Potential change from grant funded services to commissioned services may impact some of the voluntary organisations that are funded. A move to commissioned services will mean a focus on direct placement costs managed by the council rather than infrastructure costs. The impact on organisations will be a reduction in contribution to core running costs. A move from grant to contract will not impact the number of service users referred for support and may lead to a slight increase.

Young Carers will be a continuation from the previous grant round and will enable young carers support to continue. It is proposed to sustain the level of funding for young carers but if there is a reduction in funding it will impact young carers aged 5-18 and their families.

All voluntary sector grant funded organisations are required to provide data relating to people using the service. This information has been used in assessing the potential impact of the proposed changes. The data received has been analysed to assess the current uptake of specific services across different equalities groups. This has highlighted differential patterns of access to provision as indicated above.

### 2. Impact on Groups having a Protected Characteristic

#### AGE

**Combination of positive and negative impact**

**Describe the Impact**

**For adults** analysis of the performance data provided by the voluntary sector indicates uptake of existing services as follows:

- Age of the person cared for: 35% 18-64 years; 26% 75-84 years; 20% 85+ years; 5% aged under 18
- Age of the carer: 2% under 18; 67% 19-64 years; 17% 65-74 years; 11% 75-84 years; 3% 85+ years

There is no evidence to suggest that this profile will necessarily change as a result of this proposal.

**For children** the continuation of short breaks and a young carers support services as priorities will enable services to continue to be provided and can help develop the market.

For short breaks, the 28% reduction in funding will impact children and families of all ages 0-18:

- The majority of children supported by services via health and social care funding are aged 5-13 and 14-18
- Reduction in funding will have a negative impact potentially resulting in fewer schemes and...
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places available and an increase in price of placement to parents and social care, for all
placement and packages bought.

For young carers the 28% reduction in funding will impact children and young people aged 5-18. The
majority of young carers currently supported are aged between 13-16 years. Any reduction would
reduce the amount of support available

Alternatives and mitigating actions which have been considered in order to reduce negative
effect:

For children
- Short breaks services are also funded via other grant streams.
- Short breaks will continue to be provided for individual children and young people as part of
  their care plan
- Contracting voluntary organisation through a Dynamic Purchasing System to help develop the
  market and increase the range of provision available in Ealing

Service to continue to provide young carers project and support
- Profile of young carers to be raised within statutory, community and independent sector
  children and adult services
- Link young carers service with the carers centre contract to develop capacity

DISABILITY

Combination of positive and negative impact

Describe the Impact

For adults, analysis of the performance data provided by the voluntary sector indicates current
uptake of services as follows:
- 3% of the cared have learning disabilities or autism
- 35% of the cared for have a physical disability
- 3% of the cared for have a sensory disability
- 2% of the cared for have a mental health problem
- 3% of the cared for have a substance misuse problem
- 19% of the cared for have a cognitive impairment or dementia

There is no evidence to suggest that this profile will necessarily change as a result of this proposal.

For children, continuation as priority will enable services to continue to be provided and can help
develop the market. The 28% reduction in funding will impact children and families of all ages 0-18
- 100% of children supported via the grant have a disability and or complex health need
  - Reduction in funding will have a negative impact potentially resulting in fewer schemes
    and places available and an increase in price of placement to parents and social care,
    for all placement and packages bought.

Alternatives and mitigating actions which have been considered in order to reduce negative
effect:

For children
- Short breaks services are also funded via other grant streams.
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- Short breaks will continue to be provided for individual children and young people as part of their care plan
- Contracting voluntary organisation through a Dynamic Purchasing System to help develop the market and increase the range of provision available in Ealing

Service to continue to provide young carers project and support
- Profile of young carers to be raised within statutory, community and independent sector children and adult services
- Link young carers service with the carers centre contract to develop capacity

### GENDER REASSIGNMENT

**Neutral impact**

**Describe the Impact**

No data available so no impact can be identified.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**

N/A

### RACE

**Neutral impact**

**Describe the Impact**

For adults, analysis of the performance data provided by the voluntary sector indicates that 59% of carers are Asian. Information from the Census 2011 (ONS) shows that in Ealing 10% of Asian/Asian British people provide unpaid care which is higher than in any other ethnic group. Nearly one third of all Ealing residents are from this ethnic group.

The council’s data on the number of carers who access all carer services within the borough in the twelve month period from April 2016 to March 2017 shows:

- The rate of carers accessing services is higher in Southall (7.1 per 1,000 populations) than any other area within the borough.
- Ethnic groups with a higher than average rate (per 1,000 populations) of accessing services are: Indians (8.4); Black Caribbean (7.6); other (7.3); and Pakistani (5.4)

A higher proportion of children from BME groups have a disability in Ealing, services are placed and aligned to meet needs of all children and families across the borough. Children supported by the young carers projects are from a mixture of ethnic back grounds. Higher percentage of adults with a disability are from BME groups

There is no evidence to indicate what this profile might be going forwards but a person’s race will not affect access to services.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**

Service to continue to provide young carers project and support
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- Profile of young carers to be raised within statutory, community and independent sector children and adult services
- Link young carers service with the carers centre contract to develop capacity

**RELIGION & BELIEF**

**Neutral impact**

**Describe the Impact**

Data provided by the voluntary sector indicates the religions of adult carers as follows but there is no evidence to indicate what this profile might be going forwards but religion/belief will not affect access to services.

- 27.9% - Christian
- 16.7% - Muslim
- 14.2% - Hindi
- 32.5% - Sikh
- 0.4% - Buddhist
- 0.4% - Jewish
- 0.4% - no religion
- 0.5% - other religion
- 4.7% - preferred not to say
- 2.4% - not asked about religion

Services are available to all children and young people

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**

N/A

**SEX**

**Neutral impact**

**Describe the Impact**

For adults, analysis of the performance data indicates that 63% of carers supported through the voluntary sector are female while 37% of carers are male. There is however no evidence to suggest that this profile will necessarily change as a result of the proposal.

Services are available to all children and young people. Currently a slightly higher of children and young people with disabilities are boys. A slightly higher proportion of girls are known as young carers and to the service

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**

Service to continue to provide young carers project and support

- Profile of young carers to be raised within statutory, community and independent sector children and adult services
- Link young carers service with the carers centre contract to develop capacity

**SEXUAL ORIENTATION**

**Neutral impact**
**Describe the Impact**

There is no comprehensive data on the uptake of services by this characteristic however there is no evidence to suggest that this profile would necessarily change as a result of the proposal.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**

N/A

### PREGNANCY & MATERNITY

**Neutral impact**

**Describe the Impact**

There is no recorded data to show what impact this reduction in funding will have on people with this characteristic.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**

N/A

### MARRIAGE & CIVIL PARTNERSHIP

**Neutral impact**

**Describe the Impact**

There is no recorded data to show what impact this reduction in funding will have on people with this characteristic.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**

N/A

### 3. Impact on other key areas

#### CARERS

**Positive impact**

**Describe the Impact**

Respite is provided specifically to allow the carer to have a break and the proposal will allow adult’s and children’s services to contract services for carers in the greatest need of support.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**

N/A

#### HEALTH

**Positive impact**

**Describe the Impact**

National research has found that one in five carers report that their health suffers as a direct result of caring, as personal health needs are often neglected when faced with the priority of caring for...
somebody else. Carers often end up as patients themselves or requiring care and support. There are many problems associated with caring responsibilities including mental and physical health problems, social isolation, and increased mortality as a result of mental or emotional distress, especially in older carers. The Government White Paper ‘Healthy lives, healthy people’ highlights carers as a group who experience health inequalities.

2011 census information shows that carers who provide high levels of unpaid care (more than 50 hours per week) for sick or disabled relatives and friends, are more than twice as likely to suffer from poor health compared to people without caring responsibilities. Commonly reported conditions amongst older carers are arthritis and joint problems, back problems, heart disease, cancer and depression. One third of older carers have reported having to cancel their own treatment or an operation because of their caring responsibilities.

The proposed changes aim to ensure that carers needs are addressed by providing improved access respite support to carers assessed by Adult and Children’s services as in need of respite support.

Alternatives and mitigating actions which have been considered in order to reduce negative effect:

N/A

4. Human Rights

4a. Does your proposal impact on Human Rights as defined by the Human Rights Act 1998?

Yes ☐ No X

4b. Does your proposal impact on the rights of children as defined by the UN Convention on the Rights of the Child?

Yes ☐ No X

4c. Does your proposal impact on the rights of persons with disabilities as defined by the UN Convention on the rights of persons with disabilities?

Yes ☐ No X

5. Conclusion

The proposal will aim to increase the range of carers respite support through a contracted service so the overall impact on the protected characteristics should be positive.

5a. What evidence, data sources and intelligence did you use to assess the potential impact/effect of your proposal? Please note the systems/processes you used to collect the data that has helped inform your proposal. Please list the file paths and/or relevant web links to the information you have described.

All voluntary sector grant funded organisations are required to provide data relating to people using the service. This information has been used in assessing the potential impact of the proposed changes in grants priorities. The data received has been analysed to assess the current uptake of specific services across different equalities groups. This has highlighted differential patterns of access to provision as indicated above.

Information from the Census 2011 (ONS) shows that in Ealing:

- A higher proportion of females provide unpaid care compared with males (9.5% females compared to 7.6% males)
- One in ten (10%) Asian/Asian British people provide unpaid care. This is higher than in any other ethnic group. Nearly one third of all Ealing residents are from this ethnic group.
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- Projections of the number of unpaid carers aged 65 and over in Ealing indicate a rise of 42% by 2030; this increase is consistent across all hours of unpaid care.

*Source: Census 2011 (ONS)*

Data on the number of carers who access all carer services within the borough in the twelve month period from April 2016 to March 2017 shows:

- From April 2016 to March 2017 nearly all carers accessing services were 18 or over. The majority (68%) were aged 18-64 years; 16% are aged 65-74; 11% are aged 75-84; 4% aged 85 and over.
- The majority of carers accessing services were female (68%).
- The rate of carers accessing services is higher in Southall (7.1 per 1,000 populations) than any other area within the borough.
- Ethnic groups with a higher than average rate (per 1,000 populations) of accessing services are: Indians (8.4); Black Caribbean (7.6); other (7.3); and Pakistani (5.4)


For children the data sources are CWD data and monitoring from grant funded organisation.
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#### 5. Action Planning

<table>
<thead>
<tr>
<th>Action</th>
<th>Outcomes</th>
<th>Success Measures</th>
<th>Timescales/Milestones</th>
<th>Lead Officer (Contact Details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>This draft EAA will be further refined with regard to adverse impacts and any further mitigating measures taking into account the consultation responses</td>
<td>More accurate assessment of impact.</td>
<td>Any further measures to reduce the adverse impact</td>
<td>May 2018</td>
<td></td>
</tr>
<tr>
<td>Produce detailed specifications for the contract funding priority</td>
<td>Revised specification</td>
<td>Contract specifications</td>
<td>May 2018</td>
<td></td>
</tr>
<tr>
<td>The final EAA will be submitted to Cabinet for consideration at its meeting in June 2018 before final decisions are made</td>
<td>Review by Cabinet on the adverse impact and mitigation measures.</td>
<td>Any further measures to reduce the adverse impact Cabinet approval of the funding criteria/specifications</td>
<td>June 2018</td>
<td></td>
</tr>
<tr>
<td>Assessment of applications which will take account of the extent to which applicants can advance equality of opportunity, promote community cohesion and participation in public life</td>
<td>More accurate assessment of impact</td>
<td>Any further measures to reduce the adverse impact</td>
<td>November 2018</td>
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</tbody>
</table>

**Additional Comments:**

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November 2017 Version 1 – Draft