

Building the National Care Service

Equality Impact Assessment

Contents

Introduction

1. What is care and support?
2. The current system's impact on equality strands
3. The Big Care Debate and formal public Consultation, July–November 2009
4. Impact of the specific proposals outlined in the White Paper on different equality strands
5. Summary of main messages on the impact of reforms on different equality strands
6. Recommended actions
7. Methodology for research
8. Full list of evidence reviewed

Introduction

Background

Care and support for those who need it is an issue that is likely to touch everyone's lives at some point, and potentially at a number of stages throughout life – whether directly or through friends, family members, work colleagues or members of the community. It therefore has an important role to play in determining whether people can enjoy key aspects of their fundamental human rights – a decent quality of life, lived with dignity and respect¹.

The existing care and support system is a legacy, not of a single bold reform like the creation of the NHS, but of a series of incremental steps. The Government has been working hard to transform the care and support system and much has been achieved over the last decade. However, it is recognised that there are problems still to be addressed. Over time, some of these will be resolved without significant reform but there are others, particularly around the local variability of care and about funding, will not. The problems raised by people most frequently during the Government's engagement programme in 2008 and consultation in 2009 were:

- state-funded care and support is often provided only when people have already developed high levels of need
- people with the same needs receive different levels of care depending on where they live
- the different parts of the care and support system do not always work together
- the system as a whole is confusing, with people feeling it is not clear about what makes up 'care and support' or what financial support they may be eligible for or entitled to
- the system is not always designed to meet individuals' needs
- people with high needs do not always get help from the state towards paying for their care and support, so people can feel that the system seems unfair and provides little peace of mind.

There is also a challenge of not being able to predict what a person's care costs will be, leaving everyone with a potential risk of catastrophic care costs.

Alongside these current challenges, wider socio-economic and technological changes are emerging posing huge new challenges to the care and support system. The most pressing new challenge is the pace of demographic change. There will be a substantial increase in the numbers of people with potential care needs over the coming years. The Government expect the numbers of disabled older people and younger adults with potential care needs to rise from under 6 million now to some 7.66 million in 2030, an increase of around 1.7 million over 20 years.^{2 3}

¹ EHRC (2009)

² Wittenberg et al (2008)

³ Wittenberg et al (2008)

Equality Impact Assessment

This all helps to demonstrate that reform of the overall system is needed to solve the problems of the current system in the context of new challenges.

The Government published a Green Paper *Shaping the Future of Care Together* on 14 July 2009. This outlined a number of potential ways in which the current system could be reformed to address issues and meet future challenges. The Green Paper was supported by the launch of the Big Care Debate, which aimed to raise awareness of the challenges the system faces and explain why reform was necessary and important. The formal public Consultation ran for four months, from 14 July to 13 November 2009 and received over 28,000 formal responses.

To support the reform proposals outlined in the Green Paper, an Equality Impact Assessment (EIA) was published to understand and assess the potential impact of the proposals on key equality strands.

The Government is now publishing a White Paper to outline the final proposals for the future of the care and support system. The White Paper is shaped by the responses we received through the public Consultation and what we have learned over the past two years through public engagement to try and understand people's views on the principles of reform.

What does the EIA cover?

The White Paper *Building a National Care Service* sets out the Government's proposals for a comprehensive National Care Service. In the White Paper the Government commits to building a National Care Service for all adults in England with an eligible care need, free when they need it.

The National Care Service is part of a broader system of care and support that brings together the public, private and voluntary sectors with individuals, families and communities. It is designed to enable people to live the lives they want with dignity and respect, and to be independent and well for as long as possible.

The White Paper is supported by a refreshed EIA focused on the final proposals to be implemented, and building on the detail of the EIA published alongside the Green Paper. It assesses the likely impact of reforms on the diverse range of people who use, and will use the system or who support someone else who uses it.

The final policy proposals outlined in the White Paper are designed to impact all communities in a positive way and promote equality and diversity in the care and support system. This covers those people accessing care and support, including carers, families and friends, as well as people who are not accessing the system directly. This latter reason is also why the White Paper discusses the need for, and importance of, access to relevant information and universal services.

This EIA draws on evidence currently available to look at the likely equality impact of reforms to the care and support system on people according to their age, disability, gender, ethnicity and race, religion and belief, and sexual orientation. In addition to these groups, the EIA also considers the impact of the White Paper proposals on rural communities and human rights. The EIA considers:

Equality Impact Assessment

- what is care and support?
- the current system's impact on equality strands
- the formal Consultation process
- the impact of the specific proposals outlined in the White Paper on specific equality strands
- a summary of the main messages on the impact of reforms on the specific equality strands
- recommended actions
- methodology
- a full list of the evidence reviewed.

It should be noted that conclusions drawn within the EIA are based on current evidence. Evidence available in this area is primarily focused on the current care and support system and the inequalities within it. It is therefore difficult to say with any certainty what the exact impact of the proposals in the White Paper may be on the various equality groups. However, the aim of the White Paper is to promote equality and diversity for all within any future care and support system, and respect people's human rights.

We recognise that further work will be required to identify potential impacts and take action to mitigate or avoid any negative effects on implementation of policy proposals. This may include the need for more detailed EIAs on individual aspects of the system in the future.

To support implementation of the National Care Service and provide advice to Ministers, a National Care Service Leadership Group will be established. It will be important for this group to ensure it considers how the system promotes equality and complies with necessary legislation.

1. What is care and support?

‘Care and support describes the activities, services and relationships that help people to be independent, active and healthy – as well as be able to participate in and contribute to society – throughout their lives.’⁴

This includes the mixture of financial, practical and emotional services and relationships that people experience every day.

For example, people might need care and support to:

- get in and out of bed
- get dressed and into work
- choose what and when to eat
- get out of the house
- see friends
- care for families.

People rely on a wide range of support from their families, friends, carers and communities, and may also receive some state-funded support such as care in their own home, a residential care home or financial support from the benefits system. All of these services combine to help people stay independent, active, safe and well, and to contribute to and participate in their community and society.

Over time the care and support system has responded to changes in society and changes in needs and there have been many improvements in the last 20 years. Reforms underway are already delivering benefits. However, as outlined earlier in this document, we also know that there are problems that so far have not been resolved in the current system. We are also beginning to see wider socioeconomic and technological changes that will pose considerable new challenges for the care and support system in the future. These challenges need to be addressed, particularly if we are to build a National Care Service that supports people to live independently and well, achieving the outcomes they want, and having choice and control over the support they may receive. It is also vital to ensure that people have a good quality of life and are treated with dignity and respect.

⁴ Department of Health (2008)

2. The current system's impact on equality groups

Equality issues in the current care and support system were covered in detail in the EIA for the Care and Support Green Paper.⁵ As the current issues remain the same, a summary is provided here for reference. This includes updates around the wider public service agenda in addressing inequality.

Demographic change

- Our ageing society is putting increased pressure on local authority resources as more people are looking to access care and support.
- As funding for local authorities becomes more constrained, they are tightening eligibility criteria for access to state funding. This puts increased pressure on carers and individuals to pay for their own care, and runs the risk of people being left without the care and support they need.

Carers

- Women, older people and people from some black and minority ethnic (BME) communities (such as Pakistani and Bangladeshi communities) are more likely to be carers.
- Informal carers may need to reduce their paid employment hours or forego employment altogether to provide the necessary level of support.⁶
- This inevitably affects their ability to save for their own future care needs and for their children.⁷
- There is some evidence to suggest that there is a negative impact on informal carers not just financially, but also in terms of their general health and well-being, and suggest that the majority of informal carers find themselves stressed and overwhelmed by their caring responsibilities.⁸
- The Equality Bill, currently before Parliament, includes legislation to address issues of 'discrimination by association', providing an important marker for how these issues need to be considered in the context of future legal requirements.

Individuals paying for their own care

- Available evidence suggests that gender is a key variable, with older women being less financially well off and more in need of residential care than older men. Nearly five times as many women as men are in institutional care, but they are less able to afford it.⁹

⁵ HM Government (2009)

⁶ EHRC (2009)

⁷ EHRC (2009)

⁸ Carers UK (2004)

⁹ Mayhew (2009)

Equality Impact Assessment

- Older women are likely to be more adversely affected by the costs of privately purchased residential care, as a result of both their increased need for this form of social care and their lower income and savings.
- Older people living in deprived areas in England are at least twice as likely to be living in poverty as those in Britain as a whole. This is particularly acute among older Black Caribbean, Bangladeshi and Somali people.¹⁰ This may reduce their ability to afford individual contributions to social care as they are less likely to have access to equity that can be released.
- This is exacerbated by the under-claiming of means-tested benefits among these groups.¹¹
- Seventy percent of low-moderate earners are likely to be ineligible for any state funding for care and support, yet these groups have incomes that only just fall above the eligibility criteria, meaning that privately purchased care can be unaffordable.¹²

Lack of transparency within the system

- People who qualify for state support are more likely to receive better information (or be guided to information) than those who do not.
- Signposting from local authorities is considered to be weak, and this often results in people being steered into care homes without any real consideration of alternative options for care.
- The current complex means-testing system has been widely recognised as being unfair to 'savers', particularly those people on low incomes who have accumulated fairly modest savings for old age.¹³
- The current system can act as a disincentive to save for some people. Such people are often liable to pay a significant portion of care home fees and domiciliary care fees.
- Older people often reach retirement age with no knowledge of the fact that state-supported care is subject not only to needs testing but to means testing as well.¹⁴
- The complexity of the means-testing system often discourages older people from applying for state funding. This suggests that needs may often go unidentified until a point where they have escalated to a level that requires more expenditure at the individual and state level.

¹⁰ Scharf et al. (2003) cited in Raynes, Clark and Beecham (2006)

¹¹ Raynes, Clark and Beecham (2006)

¹² Resolution Foundation research cited in EHRC (2009)

¹³ Wanless and Forder (2006)

¹⁴ Wanless and Forder (2006)

Lack of consistency within the assessment process and portability of assessment

- A lack of national consistency in how social care needs assessment is decided can mean that there is variability across local authorities on those who are assessed as eligible or ineligible for social care.
- This may restrict the movement of people requiring care and support, as there is no guarantee that moving from one local authority area to another will result in the same level of care even if a person's needs remain the same.¹⁵
- Older people may find that they are unable to move nearer to relatives or other sources of informal care as they may not know what level of support they will be eligible for.
- Working-age disabled people may find that the lack of consistency in how their needs are assessed may restrict their ability to move in order to take up employment opportunities elsewhere.
- Minority ethnic groups that are less comfortable about identifying themselves as having a care need can end up not receiving the support they are entitled to.¹⁶
- Issues of cultural importance may be neglected within the assessment process and faulty assumptions about people from minority ethnic groups may be made.¹⁷
- People from lesbian, gay and bisexual (LGB) communities may find themselves in an assessment process that fails to correctly assess their needs, which is likely to result in the provision of services and support that inadequately meet the needs of these individuals. The situation is also suggested to be similar for transgender people.¹⁸ Informal carers are often friends or partners of the individuals in need, especially in cases where the family disapproves of their sexual orientation. Providing these individuals with the opportunity to nominate their 'next of kin' is considered vital in ensuring that they get the care they need.¹⁹
- Those 16- and 17-year-olds who are in transition between children's and adults' services are also identified as being negatively affected by the current system, with the risk they may not get the support they need from adult social care services.²⁰
- Certain patient groups have been identified as particularly disadvantaged by the current needs assessment process. People with mental health problems currently enter the health system directly without a social care assessment or any access to support. People with learning disabilities who are judged ineligible for learning disability support are not likely to receive any further assessments or have any contact with social care.²¹ These individuals may have a wide range of needs that go unidentified.

¹⁵ EHRC (2009)

¹⁶ EHRC (2009)

¹⁷ CSCI (2008a)

¹⁸ CSCI (2008c)

¹⁹ CSCI (2008c)

²⁰ CSCI (2008a)

²¹ CSCI (2008a)

Effective use of state money

- Older people are more likely to have low-level needs requiring what they call 'that little bit of help' that contributes greatly to their quality of life. However, it is becoming increasingly difficult for these older people to access help at home as a result of its limited availability.
- The absence of a preventative agenda has also been identified as a key problem within the current system for these groups. They could benefit from some type of preventative intervention to help reduce the risk of their level of need escalating further to the point where they then become eligible for care and potentially have higher costs that need to be covered.
- For people from LGB groups, an important 'low-level' need is getting involved with other people from their community. Such ongoing involvement can be very important for their identity and self-esteem. However, it may often be difficult for people to make such social arrangements on their own.²²

Choice and control

- Personal budgets are intended to enable the personalisation of care services by allocating a budget to people who can then decide how it is spent to meet their assessed eligible care needs and agreed outcomes, in line with a personalised support plan.
- There is currently variation across different local authorities in terms of how personal budgets for people eligible for adult social care are being implemented as well as the timing of that implementation.
- Groups potentially able to benefit from personal budgets include older people, people with mental health problems, people with learning disabilities, people with physical and sensory impairments, and carers.
- People can choose the way in which the personal budget is deployed. They can have a personal budget managed on their behalf where they influence the choice of services, take a direct payment in cash, or a mixture of the two.
- For BME and LGB groups as well as transgender people, personal budgets have been shown to have the potential to offer greater independence and flexibility in support arrangements. For BME groups, this can mean improved access to culturally sensitive, tailored support.
- Such positive impacts on wellbeing, however, can be hindered by a lack of options in the market to provide culturally sensitive care and support, limiting the choice available to these budget holders.
- Levels of satisfaction have been shown to be higher for LGBT (as outlined in the research) people using Direct Payments than for other services.²³
- Personal budgets may have less of a positive impact on older people than on other communities in the sense they need a greater degree of support to access the benefits of personal budgets.²⁴ This can be addressed by ensuring the availability of appropriate support, which can often be effectively provided by third sector organisations.

²² CSCI (2008c)

²³ CSCI (2008c)

²⁴ Individual Budgets Evaluation Network (IBSEN) Report (2008)

3. The Big Care Debate and the Consultation, July–November 2009

The EIA published alongside the Green Paper detailed the engagement process held by the Government from May to November 2008.²⁵

Following the publication of the Green Paper, the Government launched the Big Care Debate, including a public Consultation from 14 July to 13 November 2009, to which over 28,000 formal responses were received from members of the public, carers, service users, those working in care and support and national and local stakeholder organisations. From analysing the formal responses to the consultation, we know that at least 40,000 people contributed through further research or events organised by stakeholders.

As part of this Consultation, 37 stakeholder events and 80 Big Care Debate public roadshows were organised, which took to the streets of town centres across the country, giving people the opportunity to learn about the debate and have their say. Resources were also made available to support people to run their own consultation events. People also joined the debate through the Care and Support website, or filled in the Big Care Questionnaire or public leaflets, which were placed in GP surgeries and other public places.

The Consultation asked participants for their views on the proposed vision for the National Care Service, as outlined in the Green Paper, the system reforms necessary to create the National Care Service and proposals for how the National Care Service should be funded in the future.

Supplementary research was also undertaken with the general public and minority groups to understand the views of those people who have not traditionally engaged with these issues. This supplementary research comprised deliberative workshops, group discussions and in-depth interviews. Participants included representatives from a range of minority ethnic communities, gay and lesbian participants, transgender participants, faith leaders and the general public. A report of the research findings, by Opinion Leader Research, is published alongside the White Paper.²⁶

The Department of Health commissioned an independent organisation, Ipsos MORI to analyse the responses to the formal Consultation. A detailed analysis of responses is published alongside the White Paper.²⁷

All of this work provides an insight into specific and wider public opinion and helps to inform this EIA about what the proposals for care and support could mean for different equality strands.

²⁵ HM Government (2009)

²⁶ HM Government (2010)

²⁷ HM Government (2010)

Equality Impact Assessment

Overall, the Consultation showed a consensus on the vision for the care and support system and the principles that should underpin a National Care Service. Stakeholder groups in particular strongly welcomed the Government's commitment to reforming the care and support system. There was a lot of debate on how to deliver a high quality service and how best to fund the service.

In addition, key voices from the world of care and support came together and discussed the main issues facing the care and support system, explaining their views to national and local politicians at a Care and Support Conference on 19 February 2010. The conference enabled a helpful, broad-ranging and high-level discussion to take place, helping build consensus towards a White Paper.²⁸

²⁸ A copy of the statement agreed by attendees at the conference can be found at <http://careandsupport.direct.gov.uk/news/2010/02/care-and-support-conference-19th-february-2010/>

4. Impact of the specific proposals outlined in the White Paper on specific equality strands

The National Care Service, for all adults in England, will be based on a set of six key principles, all of which are designed to be supportive of the five key elements of human rights: fairness, equality, dignity, respect and autonomy. The six principles are set out below.

- Be universal – supporting all adults with an eligible care need within a framework of national entitlements
- Be free when people need it – based on need rather than the ability to pay.
- Work in partnership – with all the different organisations and people who support individuals with care and support needs day to day.
- Offering choice and control – valuing all, treating everyone with dignity, respecting an individual's human rights personal to every individual's needs and putting people in charge of their own lives.
- Support family, carers and community life – recognising the vital contribution families, carers and communities play in enabling people to realise their potential.
- Be accessible – easy to understand, helping people make the right choices.

The reform proposals in the White Paper seek to promote equality and diversity and reduce any disadvantages that may be experienced in the current system. The key aim is to enable people to feel more empowered, moving away from being passive recipients of the system towards active citizens, shaping the care and support they receive so that they can live the life they want, wherever they live.

The White Paper *Building a National Care Service* announces that the Government commits to a comprehensive National Care Service that will be for all adults in England with an eligible care need, free when they need it.

To manage the impact on public finances and ensure that the National Care Service is affordable and sustainable, the White Paper outlines that it needs to be built in stages. This is also in recognition of the significant changes that will be required to the system to make the vision of the National Care Service a reality.

The first stage is to create a step change in the provision of services in the home and in communities. These services are essential if we are to ensure more people are supported in their homes, and that costs in the system are to be controlled. Central to this is the Personal Care at Home Bill, helping the most vulnerable first, enabling us to provide free personal care in their own homes for those with the highest needs. The first stage of reform will also see the creation of re-ablement services available in every community ensuring there is a service by which people can be supported to regain their independence and confidence when they need home care for the first time. As part of the first stage we will also see through existing reforms that are already delivering real benefits for people such as the dementia strategy, carers' strategy and *Putting People First*.

The second stage of reform, during the next Parliament, will be to put in place the building blocks of a national system of care and support, in particular the establishment

Equality Impact Assessment

of clear national standards and entitlements. The Government will establish a National Care Service Leadership Group by July 2010 to provide expertise and support delivery of the National Care Service. The group will advise the Government on a detailed implementation plan by the end of 2010.

The Government will introduce a National Care Service bill early in the next Parliament as a major step forward. This will begin to address the existing postcode lottery of care. From 2014, care entitlements will be extended meaning that anyone staying in residential care for more than two years will receive free care after the second year. The first and second stage together will mean that the most vulnerable in society, those with the highest needs, will be protected from very high care costs and that many more people will be supported in their own homes. People on low incomes will continue to have all of their care costs paid by the state.

At the start of the next Parliament, the Government will establish a commission to help to reach consensus on the right way of funding a comprehensive National Care Service. The Commission will determine the fairest and most sustainable way for people to contribute. It will make recommendations to Ministers which, if accepted, will be implemented in the Parliament after next. It will determine the options which should be open to individuals so that people have choice and flexibility about how they pay their care contribution. The expectation is that the Commission will consider all the various options for payment put forward by stakeholders and the public as part of the Big Care Debate and at the Care and Support Conference held on 19 February 2010. The Government will be clear about the principles it wants the Commission to consider, such as fairness to all including between generations.

The final stage of reform, after 2015 will then be an affordable comprehensive National Care Service for all adults in England with an eligible care need, free when they need it, whoever they are, wherever they live and whatever condition leads to their need for care. Underpinning this stage will be sustainable and fair funding backed by a mandate from the public. At this point the Government will take forward the proposals of the Commission on how people should make their contributions to the system to ensure that the National Care Service is sustainable and provide high quality care for generations to come.

The National Care Service will not be a single organisation or institution, but a partnership between the individual, their families and carers, communities, providers and the state. It will not replace the care that many people receive from their families, friends and communities; but it will support those receiving and providing care enabling people to remain active, contribute to their communities and the economy, and enhance their own wellbeing.

The following sections of this EIA consider the impact of proposals with particular reference to the different equality strands, based on current available evidence and considering challenges for the future. They are organised according to the three broad headings below.

Delivering the vision for the National Care Service

- Prevention and wellbeing services to keep people independent.
- Nationally consistent eligibility criteria for social care enshrined in law.

Equality Impact Assessment

- A joined-up assessment.
- Information and advice about care and support.
- Personalised care and support through a personal budget.

Embedding quality in the National Care Service

- An independent body for the National Care Service to develop national quality guidance on best practice for the most cost-effective interventions and acting as a knowledge bank for the sector.
- Developing a national quality framework for the National Care Service
- Developing a more integrated and aligned health and care and support system through looking to introduce mandatory shared outcome indicators and a statutory duty on local authorities and PCTs on joint commissioning in line with priorities from the Joint Strategic Needs Assessment.
- Setting up a regional demonstrator site to look at licensing scheme for all social care workers and healthcare support workers, and a kitemark scheme to recognise organisations that invest in training.

Fair funding

- Commitment to a comprehensive National Care Service for all adults in England with an eligible care need, free when they need it.
- A locally determined funding system with national consistency.
- Accommodation costs.
- Disability benefits.

The Equality Bill, currently before Parliament, includes a new duty on the public sector generally to take account of the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations in relation to age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Bill also proposes a duty to take account of socio-economic disadvantage when taking strategic decisions. White Paper reforms will need to be taken forward in this legislative context, subject to Parliamentary approval, of promoting equality and diversity across the public sector. Organisations involved in service design and delivery will need to consider this in all the work they do to provide public services for individuals, subject to Parliamentary approval.²⁹

²⁹ From the Equality Bill, available at <http://www.publications.parliament.uk/pa/ld200910/ldbills/039/10039.i-vii.html>

Delivering the vision for the National Care Service

Prevention and wellbeing services to keep people independent

The White Paper is clear that care and support needs to focus on helping people regain independence and skills, and preventing people's needs from getting worse where possible. The White Paper announces that where particular interventions work and are affordable the Government wants local authorities to ensure that everyone can benefit quickly.

The White Paper outlines that, when people have a care plan put together as part of their care package, prevention services such as telecare will be a fundamental part of the package wherever they live. It also highlights the Government's plans to introduce a duty for local authorities and PCTs to jointly commission on the priorities identified as part of the Joint Strategic Needs Assessment to support the health and wellbeing of their communities.

Re-ablement is about helping people get back some of the skills and confidence they may have lost through poor health, a disability or going into hospital or residential care. A re-ablement package helps people learn or re-learn and practise skills for daily living such as washing and dressing, so that they can live independently at home for much longer. Re-ablement will be free for everyone who could benefit from it when they need home care for the first time. This will help them to regain their independence.

Impact on equality strands

The supplementary research work undertaken demonstrates how the prevention agenda was seen as extremely important to a number of BME communities (Bangladeshi, Pakistani, Ghanaian, Nigerian and Caribbean participants), as well as some faith leaders particularly in relation to the idea of supporting families to continue to provide the majority of care for people in line with cultural expectations and beliefs. Lesbian, gay and bisexual (LGB) participants and transgender participants also felt that prevention services were a critical element of any system, particularly in terms of building people's confidence to remain independent.³⁰

There may be a particular benefit for older people, who often greatly value low-level preventative interventions as a means of maintaining their quality of life and sense of independence. For example, there is already some evidence to suggest that well-adapted housing can be effective in preventing falls, improving the mental and physical health of both older and disabled people and reducing the pain and physical ill health of carers.³¹ Continued investment in such services may therefore have a positive impact on these groups – this would include a significant benefit to women if we consider the point made above about the overwhelming majority of carers being women.

³⁰ HM Government (2010)

³¹ Office for Disability Issues and University of Bristol (2007)

Equality Impact Assessment

With regard to investment at a local level, there is a need to take into account the range of prevention activities that are undertaken and where cost-savings may be realised. For example, there is some evidence to suggest that significant savings in home-care costs are mainly found in relation to younger disabled people, because many older people waiting for housing adaptations receive no home care, or their care and support needs are such that adaptations would not remove the need for home care.³²

The point that individual interventions may impact people in different ways (highlighted above) means that local authorities will need to ensure a balance of investment in different interventions that reflects the needs of their local population and that certain communities do not experience a disproportionately positive or negative impact.

There would also need to be an appropriate balance between funding prevention compared with services for people who already have higher-level needs, as an over-emphasis on prevention that did not provide sufficient resources for people with higher-level needs may have an adverse impact on them.

Nationally-consistent eligibility criteria for social care enshrined in law

A joined- up assessment

For the purposes of this EIA, these two key pillars of the National Care Service, as outlined in the White Paper are considered together. The White Paper announces that the Government wants to move towards creating a joined-up process that will give access to care and support services. This will begin by aligning the referral processes for social care and Attendance Allowance through a single portal to both forms of support. The Government will also ask the National Care Service Leadership Group to look at whether and how the gateway for accessing social care and disability benefits could be improved.

The White Paper also outlines that there will be nationally consistent eligibility criteria for social care enshrined in law for the first time, which sets the point at which someone becomes eligible for state support in England. If someone moves to another part of England they will be able to take the results of their assessment with them, unless they want a re-assessment because their circumstances have changed. The Government will ask an independent group of experts, as part of the National Care Service Leadership Group, to advise Ministers on the design of the eligibility criteria for social care and also look at the case for moving towards more aligned eligibility across a wider range of services and disability support, including considering how this might be done. The White Paper outlines the Government will consult on the criteria before they are implemented.

³² Office for Disability Issues and University of Bristol (2007)

Equality Impact Assessment

Impact on equality strands

Earlier sections (section 2 in particular) have already highlighted some of the issues faced by people as a result of the current assessment process.

Portable assessment and nationally consistent eligibility criteria for social care enshrined in law should have particular benefits for working-age disabled people who may currently feel that they are unable to move to take up employment opportunities as they do not know if they will have the same level of assessed need in another area. It should also benefit older people who may currently feel that they are unable to move to be nearer family and friends who could support them. Their level of assessed care and support need will be clearly described and will not be inconsistent across different local authorities.

Once convened, the National Care Service Leadership Group who will advise Ministers on the design of nationally consistent eligibility criteria for social care will need to design the criteria and process for assessment and eligibility with consideration for the impact on equalities. This will need to take into account the current evidence that suggests a number of communities do not feel the current system takes proper account of their needs and wishes³³.

The importance of this was outlined in the supplementary research work. Some faith leaders, LGB and transgender participants stressed the importance of assessments that were sufficiently sensitive to the needs of different communities, without making assumptions.³⁴

The National Care Service Leadership Group will also need to take into account any findings from the work the Standing Commission for Carers is carrying out to explore the challenges facing inter generational and distance carers in relation to the assessment process.

Information and advice about care and support

The White Paper outlines that the Government wants to make sure that the National Care Service provides information and advice people can trust. It should help people with care needs, carers, and those who want to understand how the system works and what they may be able to expect.

There is a need for information to be provided at a national level to help people understand how the system works and at a local level, so that people know about what services are available.

The White Paper therefore announces that the Government will establish a national information portal to provide a first point of contact for advice about care and support, as well as clear links to information on wider services and benefits for people accessing care and support. Information will be available in a range of languages and formats. Information sources provided by third sector and other government organisations, such as Carers Direct will also be promoted.

³³ CSCI (2008c)

³⁴ HM Government (2010)

Equality Impact Assessment

Local authorities will continue to have a lead role to play in providing high quality advice about local services. The national portal will also direct people to local authority contacts who can provide information and advice by phone and in person about services in their local area, as well as further advice on the assessment process.

In the White Paper, the Government outlines the importance of local authorities actively providing information so that, however people interact with their local services, they will be signposted towards information about the National Care Service. This may mean working together across a broad range of local services, such as pharmacies, libraries, GP surgeries, so that relevant information can be widely accessed.

The White Paper also encourages organisations to make use of the Information Standard, a scheme established by the Department of Health which certifies that the information and advice provided by organisations is trustworthy.³⁵

The aim of these proposals is to ensure that people have a better understanding and awareness of how the care and support system works, what is available to them and how they can access care and support. This should give them appropriate information so that they are well placed to make informed decisions when engaging with the care and support system and, for carers, to carry out their caring role effectively.

Impact on equality strands

The formal publication consultation strongly highlighted that many people are not clear how the care and support system works and to what they may be entitled. These proposals should add clarity to the situation by providing information and advice for people who may be looking to access care and support, families, friends and carers or individuals who want to better understand the system even if they are not directly engaged with it.

It is important to take into account the fact that not everyone will have access to or will want to use the internet for a variety of reasons. Having information available in a range of formats and via different channels should have a positive impact in ensuring that people are able to access information that meets their own needs in order to understand the system and be able to navigate through it effectively.

For some BME communities, there will be a positive impact through having information available in a range of languages so people who do not have English as a first language can have direct access to relevant information.

Many people with dementia, brain injury or learning disabilities can and do make decisions about their lives and their care. The Mental Capacity Act requires services to

³⁵ The Information Standard. See

http://www.dh.gov.uk/en/Healthcare/PatientChoice/BetterInformationChoicesHealth/Informationstandard/DH_098427

Equality Impact Assessment

assume that all people are able to make decisions, and not to treat anyone as unable to do so until 'all practicable steps to help them have been taken without success'.³⁶

This means there are a large number of people who need support to help them stay in control of their lives. There are also some people for whom decisions must be taken. These are called best interest decisions, and are taken after consultation as to people's wishes and feelings, and careful weighing up of the best options for their quality of lives. The Mental Capacity Act explains how these decisions should be made in a way that combines empowerment and protection.³⁷

As highlighted in the supplementary research work, for people from some BME communities there may be a stigma attached to asking for or making use of more formalised services outside the family or community.³⁸ This may result in them not accessing care and support to which they are entitled. The importance of a local aspect to providing information and advice means that local authorities need to ensure they understand and appreciate the needs of their local population and enable them to have access to information that is right for them so that they can make informed choices.

Earlier sections highlighted that many older people also do not understand what they are entitled to, particularly if they are just about to enter the care and support system. A proactive approach to information and advice, working in partnership with other organisations to ensure a broad reach, may also be of benefit to older people in developing an understanding of how the system works and what they may be entitled to in a timely way.

Personalised care and support services through a personal budget

The new National Care Service will build on the principle of personalisation outlined in *Putting People First* to support people to be independent and well and have choice and control over the care they receive. Personalisation goes beyond being offered a tailored package of care. It means shifting control to the individual and enabling them to identify how their needs will be met.

Central to achieving the vision of personalisation is giving individuals a clear understanding of how much is to be spent on their care or support – their personal budget. This means that people will have greater control over how their money should be spent on services tailored to meet their needs. Individuals can continue to receive some or all of their services from the local authority, or take all or part of the personal budget as a direct payment in cash.

The White Paper confirms that, by the time the National Care Service is introduced, every eligible person will be offered a personal budget.

³⁶ The Mental Capacity Act, 2005. See http://www.opsi.gov.uk/acts/acts2005/ukpga_20050009_en_1

³⁷ The Mental Capacity Act, 2005. See http://www.opsi.gov.uk/acts/acts2005/ukpga_20050009_en_1

³⁸ HM Government (2010)

Equality Impact Assessment

Impact on equality strands

Embedding the *Putting People First*³⁹ approach the personal budget approach will also mean that national and local government will need to ensure that service providers are effectively recognising cultural sensitivities in order to meet people's individual needs while ensuring they are providing compliant and accessible mainstream services.

It is widely recognised that this can also be the case for LGB, transgender, and faith communities in terms of being able to access services that recognise and take their needs into account. While every individual has their own specific needs, there are some common preferences that are currently considered to be less well delivered in the care and support services on offer, for example being able to choose a care and support worker of a particular gender.

In terms of the likely financial impact of extending personal budgets, this would be beneficial to all equality strands given that they seek to promote greater choice and more control for individuals. The up-front allocation of resources based on need and reflecting local market conditions may, over the longer term, ensure that resources are distributed more equitably than currently.

While some evidence suggests that personal budgets have less of a positive impact on older people in terms of them needing greater support to realise the benefits⁴⁰, wider action can help to mitigate the impact of this. This includes the fact that people will not necessarily have to take a direct payment in cash, but can choose for the local authority to provide services on their behalf while still having choice over how their personal budget is spent. In addition, the provision of clear and easy to access information and advice on how the system works and what people are entitled to should support older people to get the care and support they need, even if they tend to personally under-assess their own needs. The White Paper also makes clear that risks need to be properly assessed and managed with proportionate scrutiny to enable appropriate use of personal budgets and safeguarding.

Embedding quality in the National Care Service

Throughout the Consultation, people told us that high quality services were the most important aspect in achieving our vision for the National Care Service. Greater national consistency in the quality of care, greater alignment of services, and better support for carers and the workforce was seen as key to this. With this in mind, the White Paper proposals focus on how to drive up quality, support the workforce and better integrate services. However, encouraging innovation and a wider range of services are still important elements in improving quality.

It is important that everyone receiving care and support is treated with dignity and their human rights are respected. Everyone must be safe and protected, whilst having independent choice and control over the support they receive. Quality care should also

³⁹ *Putting people first: a shared vision and commitment to the transformation of adult social care*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_0811

18

40

Equality Impact Assessment

lead to carers having greater peace of mind, confident that those they care for are well looked after, and feeling they have the right support to carry out their caring role.

The White Paper outlines how we are going to ensure quality is embedded by designing a quality framework for the National Care Service.

The White Paper also proposes an independent body for the National Care Service to take on the role of developing national quality guidance on best practice, through robust evaluation of the most cost-effective interventions in care and support. This body will also act as a knowledge bank for the sector. The White Paper does not state which body will undertake this role. The principle of a quality framework will provide a structure for the development of the care and support workforce, supporting them to respond to the challenges ahead.

The White Paper also outlines how Government will support the integration of services through introducing a statutory duty for local authorities and PCTs to commission jointly on priorities identified in the JSNA, and looking to introduce shared mandatory outcome indicators. It also talks about the importance of effective leadership, working with people who use and provide services to better understand and then deliver what local people want. It also emphasises the need for more effective relationships with wider services, such as housing, ensuring they all link into effective services for people, families and carers.

Impact on equality strands

The current care and support system does not have a quality framework as outlined in the Care and Support White Paper. Consequently, it is difficult to fully assess the impact of introducing any proposals based on current evidence. However, it is generally accepted that discrimination and inequality may be as a result of poor quality care. An approach that seeks to embed quality in the National Care Service may also seek to act to remove discrimination and reduce inequality, particularly in outcomes for people.

When the independent body that will be responsible for producing national quality guidance is announced, it will need to ensure that the guidance it produces takes account of the equality impact of interventions, particularly in terms of being clear about the communities for whom outcomes are improved.

There is currently a lack of data and evidence on either positive or negative impacts of integrated models on specific individuals or communities with regard to gender, age, disability, race, sexual orientation and religion and belief.

We recognise that the current evidence base around care and support is not as well developed as we would like it to be. This is why the White Paper highlights the importance of the ongoing development of the evidence base and the need to build on research and innovation to develop strong national quality guidance on best practice.

The joint regulator for health and social care, the Care Quality Commission (CQC), will continue to assess and regulate providers of care and support to ensure that they are meeting the requirement to ensure that the care and support people receive is appropriate and safe. A Memorandum of Understanding has been developed between the CQC and the Equality and Human Rights Commission to make sure that the

Equality Impact Assessment

collective remits around equality and human rights are effectively discharged. In addition, the CQC has recently consulted on its proposed Equality and Human Rights Scheme, aiming to embed equality and human rights across all of its key functions.

There may be impacts on the workforce and on equality strands as a result of the regional demonstrator site to look into a licensing scheme for social care workers and healthcare support workers, and a kitemark scheme to recognise those organisations who invest in training. There will be evaluation of the programme, and as part of this we will consider how to balance the burden on small firms and providers with appropriate safeguarding of those people who use care services.

The White Paper also discusses the importance of involving service users in design and delivery, both at a local level and through a group of representative stakeholders and people using services to support the work of the National Care Service Leadership Group. Such involvement should enable people using services to influence service delivery, which should help support improving the quality of services.

Fair funding

Commitment to a comprehensive National Care Service for all adults in England with an eligible care need, free when they need it

The Green Paper presented five funding options of which two were ruled out in the Green Paper – Pay for Yourself and Tax-Funded. The Government consulted on the views of the public and stakeholders on the remaining three options, Partnership, Insurance and Comprehensive through the 2009 Big Care Debate and at the Care and Support Conference that took place in February 2010.

Having carefully considered the responses to the consultation and on the basis of further analysis, the White Paper sets out the Government's commitment to a comprehensive National Care Service for all adults in England with an eligible care need, free when they need it.

For this to be affordable requires a care system in which everyone makes a fair care contribution. At the start of the next Parliament a Commission will be established to help to reach consensus on the fairest and most sustainable way for people to contribute to the system.

The White Paper highlights that the National Care Service will be built in three stages, which are already outlined on pages 14 and 15 of this document.

Impact on equality strands

The White Paper proposals seek to provide care and support to more people and should positively impact on all equality strands. In particular, the reforms will be most beneficial to the following groups.

People penalised by the current system i.e. those with assets or savings such as older adults

Currently many people with assets and savings and wealth above the current threshold for state support, have to fund all their care themselves. A majority of older people come

Equality Impact Assessment

under this group, as they are more likely to be 'savers'. Therefore, they are likely to see a significant benefit under the measures proposed. In the first instance, both stage one and one will benefit those with the highest needs and most vulnerable in society from facing potentially catastrophic costs of care, which they otherwise would have had to fund. Under the comprehensive National Care Service, everyone in England with an eligible care need will benefit from free care when they need it. Those with low incomes will continue to have all their care paid for by the state. In the future more disabled people will be working but those who are on low incomes will have their care and support funded by the state.

Under a comprehensive system, needs and not means will form the basis for eligibility for the National Care Service. This will mean all adults in England (younger and older) with an eligible care need will receive care free when they need it. This would have a positive impact on all equality strands.

Women

Women, in particular are also likely to benefit from these measures on two grounds.

- **Reduced costs of care** – care costs for women tend to be higher, due to the increased likelihood of needing care and for a longer period of time in comparison to men. Evidence suggests women are likely to be adversely affected by the costs of residential care in particular due to a greater need for this form of social care with nearly five times many more women in institutional care than men⁴¹. Therefore under all the changes proposed particularly under stage two and three, women would benefit as they would be entitled to a degree of state care which could help to reduce the cost of care significantly, particularly in residential care and protect them from catastrophic costs
- **Reduced caring responsibility** – women, particularly older women and those from some BME communities (such as Pakistani and Bangladeshi communities) tend to be carers. As more formal care will be available to people, and ultimately all formal services will be free when people need it, this is likely to reduce the level of informal care many women may need to provide. This will have a positive impact both financially (as more women will be able to take up more paid employment) and on general health and well-being.

BME groups

As the costs of care are shared under the comprehensive system, this will offer greater protection of people's assets, which will have a positive impact on all groups, particularly many BME groups who are particularly concerned about this issue. However, depending on the recommendations of the Commission, around how people will contribute under a comprehensive system, there may be specific impacts on different equality groups which will need to be considered.

A locally-determined funding system with national consistency

The White Paper highlights that the National Care Service will continue to be locally assessed and delivered but with greater national consistency. Under this system, there would be nationally consistent eligibility criteria for social care which will be enshrined in law, setting the point at which someone becomes eligible for state support in England.

⁴¹ Mayhew (2009)

Equality Impact Assessment

This means people will know, once they have been assessed, the results of the assessment will apply wherever they live in England.

However, local authorities are best able to deliver appropriate care and support, based on local knowledge and expertise. They will therefore be responsible for helping people decide what they want to get out of the new care and support system, and will decide how much they should be given in a personal budget so they can achieve this.

To ensure that the support provided by local authorities is suitable, and that it meets people's needs properly, the Care Quality Commission will regularly assess local authorities to ensure that standards of support are being maintained. This regulation mechanism will ensure that providers meet the requirement to deliver appropriate and safe care and support.

Impact on equality strands

The proposals should have a positive impact on all equality groups as people will know what their assessed level of need would be anywhere across England, with a significant positive impact on disabled people. In particular, this may benefit young disabled people as this will allow them to move around more freely to seek employment.

Local authorities will determine the value of the personal budget. This will allow care packages to be tailored to the individual, taking into account of local circumstances including the wider range of services available locally to support an individual to meet their needs. The type of care available may vary depending on location to reflect local factors.

As outlined in the White Paper, embedding the *Putting People First* approach will also enable all people who are eligible to have choice over how their personal budget is spent.

Accommodation costs for residential care

The White Paper highlights that, although under a comprehensive National Care Service care costs in residential care will be paid for by the state, individuals who can afford to do so will still be expected to pay accommodation costs themselves. We believe this is fair because accommodation costs are a normal part of everyone's life, whether or not they have a care and support need.

Whilst we believe the majority of people should pay for their own accommodation costs in residential care, we think it is unfair people may have to sell their own homes, when they did not plan to do so, to meet these costs.

Many local authorities already offer deferred payments, but it is not universal across England. We are therefore going to require local authorities to provide accessible deferred payment agreements to everyone who cannot afford to pay their accommodation costs without using up the last of their savings and selling their home. People who have a high income or savings will still be expected to use these means to pay for their accommodation costs. They would become eligible for a deferred payment agreement once they have less than £23,000 in savings (excluding the value of their home). This means that no-one will be forced to sell their home in their lifetime to pay for the accommodation costs in residential care.

Equality Impact Assessment

In addition, we want to help people to manage their finances effectively so they can protect more of their assets should they become liable for accommodation charges. We will do this by providing better information and advice, and by engaging with the private sector, voluntary organisations and local government to explore opportunities for new products and services to help people to meet their accommodation charges.

Impact on equality strands

There is limited evidence to suggest that this reform will have any significant impact on equality strands. Under the current system, individuals may have had to sell their homes to pay for the cost of residential care. However, this reform – by giving more people the choice to defer payment until after death – will give individuals and their families peace of mind that they need never sell their home in their lifetime to fund accommodation costs in residential care.

Disability benefits

The White Paper recognises the role that disability benefits play in supporting people's independence and importance. The White Paper rules out any changes to Attendance Allowance (AA) and Disability Living Allowance (DLA) in the next Parliament to fund the second stage of reform and will build the National Care Service around AA and DLA, maintaining these benefits as a flexible form of support.

To improve the gateway for accessing social care and disability benefits to make it simpler and easier for people to apply for the support they need, the White Paper highlights the Government's aim to create a joined-up process that will give access to care and support services and provide a better service. This will be begin by aligning the referral processes for social care and Attendance Allowance.

Moving forwards to the third stage of reform, the Government will ask the Commission as part of its work to examine how we can improve care and support to make it easier for people to access all the support they need and to look at the relationship between AA, DLA and social care. For example, it will look at the way in which AA and DLA (care component) are taken into account by local authorities and at ways of giving people more choice about both the care they get and the way they contribute to the National Care Service.

We know that currently, many local authorities consider income from AA and other benefits when determining how much state support they provide to an individual. In doing so, they expect individuals to use a proportion of their AA or DLA (care component) to help fund their care. However, there are significant differences between local authorities around how disability benefits are taken into account when assessing someone's care package, with no consistency between local authorities in whether and how this is done.

The White Paper highlights that under a comprehensive National Care Service the Government expects that local authorities will continue to take account of the support provided by disability benefits. If local authorities did not take these benefits into account when determining people's care packages, many people would benefit

Equality Impact Assessment

disproportionately from the introduction of a comprehensive National Care Service, and this would be unaffordable for the state.

The Government will ask the Commission to look at how, under the comprehensive National Care Service, all local authorities could take a more consistent approach to the amount of people's AA or DLA (care component) that is taken into account. It will ensure that there are no cash losers amongst people in the social care system at the time of any reform. Additionally the Commission will look at ways of giving people more choice about both the care they get and the way they contribute to the National Care Service

Impact on equality strands

The impact on equality strands may depend on the recommendations made by the Commission. We will need to consider the impact on equality strands once further policy design work has been undertaken and depending on the recommendations of the Commission.

Carers

Under the current system, carers often have to provide extra support when people do not use services they have been assessed as needing due to the cost. Under the proposals outlined in the White Paper for the National Care Service, more formal care will be available to people with an eligible care need, and ultimately all formal services will be free when people need it, so carers will no longer be forced to fill this gap.

Care and support workforce

The reforms outlined in the White Paper will have an impact on the care and support workforce as well as people using services, their families and carers. The workforce, as for all other communities considered in the EIA, should have their human rights respected when undertaking their roles.

The White Paper makes clear that the National Care Service needs a well-motivated, diverse and compassionate workforce that feels valued and rewarded for the important roles they undertake for our society.

Over the past few years we have seen a great deal of improvement within the workforce. Many of those working within care and support have high job satisfaction. Independent research amongst the social care workforce, carried out in January 2010, was very positive in terms of attitudes towards working in the sector.⁴²

The Department of Health published its strategy for the future social care workforce, *Working to Put People First*.⁴³ At the heart of this strategy was a drive to encourage more people to consider a job, and build their career, around care.

⁴² "Social Care Workforce Monitor" commissioned by the Department of Health and conducted by IPSOS MORI in January 2010. Ipsos MORI interviewed 112 social workers, 101 Occupational Therapists and 202 social care workers by telephone

⁴³ Department of Health (2009)

Equality Impact Assessment

The reforms proposed in the White Paper will provide both challenges and opportunities for the care and support workforce. With more people needing some kind of care and support in the future, there will be a continuing impetus to re-think the way services are delivered and to develop innovative services for the market that also bring new employment and skills opportunities.

For example, people are increasingly making choices for themselves about who provides their care and support through extending personalisation. People's expectations are likely to rise and they may demand carers who have a greater understanding of their particular condition. This presents a challenge as the National Care Service will need to balance more personalised services, with driving up the quality of care.

In addition, new types of roles are already emerging which we need to support with more structured training and support. For example, closer working between health and care and support services will increase demand for people with skills that bridge the divide.

In order to respond to these challenges, the Government is going to map out the functions national workforce delivery bodies need to deliver, in order to drive up quality. These include: better data and analysis of workforce trends; to set higher standards; promote appropriate training and development; develop leadership skills; and share intelligence of what works well. Once these functions are fully understood, the Government will set out plans on how best to deliver this support within a more closely integrated health and social care system. In developing these plans we pay close attention to the impact on the workforce.

As the reforms are implemented it will be important to consider how they impact on the workforce and ensure that, throughout, those working in care and support are able to fulfil their roles in a manner that respects their human rights, and that the workforce itself promotes equality and diversity. This will require engagement from the care and support sector, providers and staff, as well as central government and community-based organisations to respond to the challenges ahead.

5. Summary of the main messages on the impact of reforms on specific equality strands

Overall, the reforms contained in the White Paper seek to promote a care and support system that is underpinned by the principle of greater equality within the system and where diversity of users and what they require from the system is recognised, to ensure that people have choice and control over the support they receive.

This section summarises the key messages arising from the likely impact of the reforms outlined in the White Paper on the different equality strands and some of the challenges that may arise.

The impact on carers and the care and support workforce more generally was considered in the previous section and is not repeated here.

Age

- Extension of personal budgets may positively impact older people, providing that appropriate advice and support is available to them and that risk management is effective in terms of them enabling them to have choice and control over how their care and support needs are met, and giving them the freedom to use their budgets for interventions that they feel are most appropriate.
- Nationally consistent eligibility criteria for social care and portable assessment may positively impact younger people who may want to move for reasons of employment. Older people may benefit by being able to move closer to family or friends who could support them.
- Investment in prevention services may have a particular benefit to older people in terms of them achieving the outcomes they want. This is a group that often places particular importance on 'low-level' interventions, for example help with gardening, as a means of supporting them to stay independent and well.
- A majority of older people are more likely to be 'savers' and are likely to see a significant benefit under the measures proposed for a comprehensive National Care Service as they will be protected from potentially catastrophic costs of care.

Gender

- Women in particular are likely to benefit from the proposals for the funding system, particularly because care costs for women tend to be higher due to the increased likelihood of needing care and for a longer period in time in comparison to men. Under all the changes proposed, women would benefit as they would be entitled to a degree of state care which could help to reduce the cost of care significantly and protect them from catastrophic costs, particularly in residential care
- Women, particularly older women and those from some BME communities (such as Pakistani and Bangladeshi communities) are more likely to be carers. As more formal care will be available to people, and ultimately all formal services will be free when people need it, many carers will no longer be forced to fill this gap. This is likely to reduce the level of informal care many women may provide, which will have a positive impact financially (as they will be able to take up more paid employment) and on general health and well-being.

Equality Impact Assessment

- The extension of personal budgets and the personalisation agenda may also have a positive impact on transgender people as they will be able to have the flexibility and choice to make decisions about who is directly involved in their care and support

Disability

- Extension of the personal budget approach would have a positive impact on quality of life outcomes as a result of greater choice and flexibility, particularly for people with mental health problems and other disabilities.
- Creating nationally consistent eligibility criteria for social care and a portable assessment would have a particularly positive impact on young disabled people as this will allow them to move around more freely (particularly as many may choose to move to seek employment and are unable to do so under the current system).
- Investment in preventative interventions (for example housing adaptations) should have a positive impact for disabled people in terms of quality of life outcomes in supporting them to stay out of more traditional residential care settings, although the exact nature of the impact would depend on the individual intervention.

Sexual orientation

- Personal budgets are seen to have great potential in delivering personalised care that meets the lifestyle and cultural needs of LGB people. Extension of the personal budget approach will have a positive impact on this group. However, LGB users report experiencing difficulties recruiting suitable care workers (who understand and respect their specific needs) due to lack of available staff. Therefore, one challenge will be to ensure supply of staff within the care market is tailored to those who need it.
- Any further work to develop and extend a joined-up assessment process will need to ensure that it is sensitive to people's particular needs.

Religion or belief

- Reforms to the system designed to ensure that services are personalised and tailored to individual needs, as well as working to co-produce services, should help ensure that people have genuine choice in accessing care and support and try to develop greater culturally-sensitive provision alongside accessible and compliant mainstream services. We know that this is important to a number of faith communities, for example Sikh, Hindu and Muslim faith groups. Continuing to expand the personal budgets approach, for example, should support people to purchase services that are culturally sensitive.
- Continued development of a system that enables people to have choice and control over how they meet their care and support needs may also further support faith groups, for example in ensuring that they are able to access their local places of worship, which provides support for their emotional and spiritual wellbeing.
- Any further work to develop and extend a joined-up assessment process would need to take better account of cultural sensitivities without making assumptions about people's cultural requirements.

Race

- Personal budgets have great potential to provide access to personalised care that meets the lifestyle needs of BME communities, as it allows them flexibility to acquire the care they need according to cultural requirements. Extension of this approach should have a positive impact on these communities.

Equality Impact Assessment

- However, in order for people to access real choice and control, a challenge will be ensuring that the services available are culturally sensitive and can meet these needs. Work to develop a quality framework and ensure that the needs of service users are taken into account should help drive a growing development of this at a national level. Local authorities will also need to ensure that services are available that actually meet the needs of their local populations. Co-producing services and engaging people who use services in their design and delivery at a local level should help support this.
- Improved consistency of social care needs assessment, as well as improving available information and advice, and a simpler and more transparent funding system would have a positive impact on people from BME communities, as the complexity of the present system often hinders people from seeking support due to lack of information and inability to access the system. A simpler system may result in more applications from people from BME communities. However, these communities are often not in touch with the care and support system and greater awareness would need to be created so people felt more comfortable to apply. This needs to be considered through the way that information will be available on the National Care Service in a range of formats and languages, and through different channels.
- In addition, any further work to develop and extend a joined-up assessment process would need to take better account of cultural sensitivities without making assumptions about people's cultural requirements.
- As the costs of care are shared under the proposed comprehensive system, this should offer greater protection of peoples assets and inheritance, which will have a positive impact on all group, particularly many BME groups who are particularly concerned about this issue. However, depending on how people will be required to contribute to the comprehensive system in future, there maybe specific impacts on different equality groups which will need to be considered.

Rurality

- There was some evidence with regard to the possible challenges faced by people living in rural areas. In particular, recruitment of care workers in rural areas is problematic and constraints on workforce supply include limited access to transport, low wages and a lower pool of suitable applicants. With greater emphasis on ensuring the availability of high quality services that meet people's individuals needs regardless of where they live, this should help to improve the supply of care in these areas to ensure that it is tailored to those who need it. An emphasis on co-production for service design and delivery should also assist with ensuring that local services actually meet the needs of people who want to use them.

Human rights

- By giving people greater control over choosing carers and support, personal budgets can help to ensure support that is tailored to the needs of the individual.
- However, in the case of older people who may be less confident or face communication difficulties, potential problems need to be identified at an early stage of the support process and appropriate safeguards put in place to prevent negligence and abuse. The reforms proposed will provide additional support to older recipients of personal budgets, including better risk management, which should help to mitigate some of these problems. People will also not have to take a direct payment in cash, but can choose for the local authority to provide services on their behalf.

6. Recommended actions

The actions outlined below are for central government, local authorities and other groups that will support Government in implementing the National Care Service. Specific actions highlight by whom they should be taken forward.

- The White Paper presents a long-term vision for care and support. Implementation of the reform proposals outlined in the White Paper may require further research and data analysis to understand the impact of the individual elements on specific equality strands. It may also need to take account developing evidence, including updates of equality impact assessments by central government, as appropriate. This includes being clear about outcomes and responsibilities for key actions in refreshed equality assessments, as the White Paper is implemented.
- The implementation of all proposals needs to take place in the context of the current policy and legislative framework that supports equality and human rights in the provision of public services. It will be for everyone involved in the design and provision of care and support services to ensure that the system takes account of legal requirements that support people's equality and human rights, prevent discrimination and seek to reduce inequality. This will be an ongoing requirement.
- Local authorities will need to ensure a balance of investment in different preventative interventions, based on available guidance, that reflects the needs of their local community and people do not experience a disproportionate positive or negative impact.
- Local authorities will also need to ensure that they continue to commission services that are responsive to the needs of their local population, with regard to equality, and that people have real choice and control over the services that they access to meet their care and support needs.
- When the independent body that will be responsible for producing national quality guidance is announced will need to ensure that the guidance it produces takes account of the equality impact of interventions, particularly in terms of being clear about the communities for whom outcomes are improved.
- When the National Care Service Leadership Group is established to support implementation of the National Care Service and provide advice to Ministers, it will need to ensure that it considers how the system promotes equality and complies with necessary legislation.
- The National Care Service Leadership Group will need to advise Ministers on the design of new eligibility criteria for social care with consideration for the impact on equalities. This will need to take into account the recognition that a number of groups do not feel the current system takes proper account of their needs and wishes during the assessment process. It will also need to take account of outputs from work by the Standing Commission on Carers exploring the

Equality Impact Assessment

challenges facing inter generational and distance carers in relation to the assessment process.

- The implementation of proposals will also require continued engagement with people who represent different equality groups across the sector in order to help ensure that services are developed that meet people's needs and support a system that is built around equality, diversity and respecting people's human rights. Representative stakeholders and service users will be engaged in the work of the National Care Service Leadership Group in developing some of the implementation proposals enabling the Group to consult a diverse stakeholdership.
- As the reforms are implemented it will be important to consider how they impact on the workforce and ensure that, throughout, those working in care and support are able to fulfil their roles in a manner that respects their human rights, and that the workforce itself promotes equality and diversity. This will require engagement from the care and support sector, providers and staff, as well as central government and community-based organisations to response to the challenges ahead.
- Actions from the White Paper will be incorporated into the Department of Health Single Equality Scheme Action Plan as appropriate.

7. Methodology for research

Detailed methodology behind the research collated by the Office of Public Management on behalf of the Department of Health to highlight issues with the current system is included in the EIA for the Care and Support Green Paper.⁴⁴ A summary of these issues is included in section 2 of this document.

The methodology for undertaking the supplementary research to support the formal publication Consultation on the Care and Support Green Paper is included in the report from Opinion Leader Research. Similarly, the methodology for independent analysis of the formal public Consultation is included in the Consultation report.⁴⁵

⁴⁴ HM Government (2009) – available at <http://careandsupport.direct.gov.uk/greenpaper/the-green-paper-and-supporting-documents/>

⁴⁵ HM Government (2010)

8. List of evidence reviewed

This lists all of the evidence that was reviewed, including for the EIA for the Care and Support Green Paper *Shaping the Future of Care Together*.

Adams, I. and West, S. (2006) *Just above the breadline: living on a low income in later life*. Age Concern, London.

Brown, J. and Finkelstein, A. (2007) 'Why is the market for long term care insurance so small?'. *Journal of Public Economics* 91(10).

Burke, S. (2008) 'Who will pay for better care?'. *Political Quarterly*, 79, p. 628–636.

Carers UK (2004) *In Poor Health: the impact of caring on health*, Carers UK

Caring Choices (2008) *The future of care funding: time for a change*. Caring Choices, London.

COI (2008a) *Care, support, independence: stakeholder engagement events*. Department of Health, London.

COI (2008b) *Care, support, independence: user-led organisations – stakeholder top up research report*. Department of Health, London.

Collins, S. (2007) *How can funding of long-term care adapt for an ageing population?* Joseph Rowntree Foundation, York.

Commission for Rural Communities (2008) *The personalisation of adult social care in rural areas*. CRC, London.

CSCI (2008a) *Cutting the cake fairly: CSCI review of eligibility criteria for social care*. CSCI, London.

CSCI (2008b) *State of Social Care 2007–2008*. CSCI, London.

CSCI (2008c) *Putting people first: equality and diversity matters – providing appropriate services for lesbian, gay and bisexual and transgender people*. CSCI, London.

Department of Health (2007) *Putting People First: a shared vision and commitment to the transformation of adult social care* Department of Health, London

Department of Health (2008) *The case for change – why England needs a new care and support system* Department of Health, London

Department of Health (2009) *Working to Put People First*, Department of Health, London

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098481

Equality Impact Assessment

DWP (2003) *Delivering benefits and services for black and minority ethnic older people*. DWP, London.

EHRC (2008) *Equality group inequalities in education, employment and earnings: research review and analysis of trends over time*. EHRC, London.

EHRC (2009) *From safety net to springboard: a new approach to care and support for all based on equality and human rights* EHRC, London.

Gainsbury, S. (2007) 'Bitter inheritance (care services funding crisis)', *Public Finance*, Apr 27, p. 18–21

Glendinning, C., Challis, D. and Fernandez, J.L. (2008) *Evaluation of the Individual Budgets pilot programme*. IBSEN, London.

Glendinning, C. and Moran, N. (2009) *Reforming long-term care: recent lessons from other counties*. Joseph Rowntree Foundation, York.

Pensions Commission, 2002 projections, in Government Actuary's Department (2004) *Challenges and Choices*.

Gulland, A. (2009) 'Direct payments letting down gay service users', *Community Care* 12th February.

Henwood, M. and Hudson, B. (2008) *Lost to the system? Fair access to care*. CSCI, London.

HM Government (2009) *Shaping the Future of Care Together* Equality Impact Assessment, HM Government, London

HM Government (2010) *Shaping the Future of Care Together – report of the consultation*, HM Government, London

IBSEN (2008) *Evaluation of the Individual Budgets pilot programme: final report*, Individual Budgets Evaluation Network

Ipsos Mori (2008a) *Care, support and independence – inclusivity work*.

Ipsos Mori (2008b): *Care, support and independence website, email and letter responses*.

Johnstone, S. (2005) *Private funding mechanisms for long-term care*. Joseph Rowntree Foundation, York.

Kasparova, D., Marsh, A. and Wilkinson (2007) *The take-up rate of Disability Living Allowance and Attendance Allowance: Feasibility study*. DWP, London.

Levenson, R. (2003) *Auditing age discrimination: a practical approach to promoting age equality in health and social care*. The King's Fund, London.

Lloyd-Sherlock, P. (2004) *Living Longer: Ageing, Development and Social Protection*.

Equality Impact Assessment

- Mayhew, L. (2009) *The Market Potential for Privately Financed Long Term Care Products in the UK*. Faculty of Actuarial Science and Insurance, CASS Business School.
- McDonald, A. and Heath, B. (2008) 'Developing services for people with dementia: findings from research in a rural area', *Quality in Ageing* 9(4), December,
- Office for Disability Issues and University of Bristol (2007) *Better outcomes, lower costs – Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence*
- Orton and Davies (2009) *Exploring Neglected Dimensions of Social Policy: SWD, Fiscal Welfare and Exemplar of Local Taxation in England*.
- Poole, T. (2006) *Funding options for older people's social care: Wanless social care review – background paper*. The King's Fund, London.
- Raynes, N., Clark, H. and Beecham, J. (2006) *The Older People's Inquiry: 'That little bit of help'*. Joseph Rowntree Foundation, York.
- Ross, A., Lloyd, J. and Weinhardt, M. (2008) *Age of inheritance*, International Longevity Centre, London.
- Salway, S., Platt, L., Harriss, K. and Chowbey, P. (2007) 'Long-term health conditions and Disability Living Allowance: exploring ethnic differences and similarities in access', *Sociology of Health and Illness* 29(6), September, pp. 907–30.
- Wanless, D. and Forder, J. (2006) *Securing good care for people: Taking a long term view*. The King's Fund, London.
- Wittenberg R, Pickard L, Malley J, King D, Comas-Herrera A, Darton R (2008) 'Future Demand for Social Care, 2005 to 2041: Projections of Demand for Social Care for Older People in England' *Personal Social Services Research Unit (PSSRU) Discussion Paper 2514*
- Wittenberg R, Malley J, Comas-Herrera A, Fernandez J-L, King D, Snell T & Pickard L (2008) 'Future Demand for Social Care, 2005 to 2041: Projections of Demand for Social Care and Disability Benefits for Younger Adults in England' *PSSRU Discussion Paper 2512*