

EIA000887 Review of Transitions Services

About your EIA

Reference Number:	EIA000887
Subject of EIA:	Review of Transitions Services
Description:	<p>Transitions Review (18-30). Adult Social Care have worked closely with the Children and Families Directorate and Birmingham Children's Trust to analyse the young people transferring from Children's to Adults Services. When a young person transfers to Adult Social Care their care package is significantly higher (circa £49k per annum). By working in a preventative way ASC Social Workers can work with the young person prior to their 18th birthday to achieve reductions in unit cost as soon as the young person transfers to ASC. And ongoing to maximise their independence. Objectives: 1. Assessment and review of young people who are due to transition into Adult Social Care Services. Ensuring their packages of care are assessed using a strength-based approach. 2. Maximise the usage of CHC funding where a young person meets the NHS CHC criteria. 3. Ongoing reviews of young people to maximise independence throughout their journey into Adulthood. There is a legal requirement under the Care Act 2014 that all packages of care must be reviewed on a regular basis, regardless of the protected characteristics of citizens or any contributing socioeconomic factors. As part of the Adult Social Care review process care and support offered must meet the assessed eligible needs of individuals. When a person's needs have materially changed, the package of care and support can be reduced or increased, and a revised support plan is developed. Adult Social Care does not take a generalised approach to any reductions or increases in care. Each package of care is assessed to identify the eligible needs of the individual. The social worker or occupational therapist will determine the level of support required. This is a continuous process. Should any new information arise, this EIA will be reviewed accordingly. A policy of reviewing care packages of itself does not lead to packages going up or down. Whether a care package changes on review depends on each person's individual circumstances. What the initiative does though is to make it more likely that a person's care package more accurately reflects their needs Deliverables: 1. Increase in savings achieved by the Transitions Service including social work and occupational therapy as required. 2. Increase in the number of young people receiving CHC funding if appropriate. 3. Expand the use of the voluntary sector to support young adults transitioning into Adult Social Care Services.</p>
In support of:	["Amended service","Amended function","Amended/refreshed strategy "]
Reviewing Frequency:	Six monthly
First review date:	20/05/2025

Directorate, Division & Service Area

Directorates:	["Adults Social Care"]
Division:	Community Operations and EDI
Service Area:	Community Operations and EDI

Budget Savings

Related to budget savings?:	357
Budget proposal reference number:	357

Officers

Responsible Officer Email:	atrin.conway@birmingham.gov.uk
Accountable Officer Email:	Shazia.A.Hanif@birmingham.gov.uk

Data Sources

Data sources:	["Birmingham City Observatory data and insight", "Quantitative data (please specify in the box below)"]
Data sources Details:	Eclipse

Initial Assessment

Impact Age:	Yes
Impact Disability:	Yes
Impact Sex:	Yes
Impact Gender Reassignment:	Yes
Impact Marriage and Civil Partnerships:	No
Impact Pregnancy and Maternity:	Yes
Impact Race:	Yes
Impact Religion or Beliefs:	Yes
Impact Sexual Orientation:	Yes
Impact Care Experience:	

Initial Assessment Summary

Initial Assessment Summary:	The EIA identified some negative impact that would need to be addressed. A full assessment is required. Immediate mitigations can be put in place to eradicate or reduce the impact, which have been outlined in this assessment.
Is a full EIA Required?:	Yes

Protected Characteristic – Age

Impact Age:	Yes
Age Group Impacted:	["10-19 years", "20-29 years", "30-39 years"]
Age Impact Details:	<p>Positive Impacts Improved Focus on Young Adults: The proposal targets young people aged 18-30 transitioning from Children's Services to Adult Social Care (ASC), ensuring their care packages are assessed and tailored to promote independence. This strength-based approach has proven to improve outcomes for young adults. Applying a Strength Based review/assessment process fairly and proportionately with the person and family/carers fully involved, can more accurately reflect and meet need, without a detriment to the above parties, personal circumstances and the protected characteristics of the person. Using Strengths-Based practice, Social Workers are required to maximise opportunities to utilise community assets, assistive technology and alternative funding streams such as continuing health care. Younger care recipients may therefore see a change in the way their care is delivered, and as a result may be impacted. Reviewing care packages should result in more appropriate care, which meets the needs of individual. BCC will create efficiencies in the care arranged for younger people, through a range of strategies, including increased digitalisation, leaner processes to maximise productivity and reduce duplication. Younger care recipients may be positively impacted by these changes, yet older family members and carers as some may however struggle to adapt to a change in the way their care is delivered by BCC. Changes to care packages may disrupt routines, meaning that carers and/or family members have to make changes to their work/family life to accommodate this. Preventative Strategies: By starting interventions before individuals turn 18, the approach aims to reduce care costs while fostering self-reliance. This early engagement supports a smoother transition and better long-term outcomes Individualised Support: The emphasis on personalised assessments ensures that young people's specific age-related needs are identified and addressed appropriately. Collaboration Between Services: Close cooperation with Children's Services, Birmingham Children's Trust, and health partners ensures continuity of care and timely support. Negative Impacts Risk of Disparities Across Age Groups: Focus on younger individuals (18-19) might unintentionally deprioritise older young adults (25-30), creating perceptions of unequal treatment. Potential for Reduced Care Packages: The drive for cost savings could lead to significant reductions in care packages, particularly if the strength-based assessments underestimate the needs of individuals transitioning at 18 Impact on Older Transitioning Groups: Older age groups transitioning later into ASC (e.g., at 25 or older) might experience delays in accessing the same level of preventative support due to resources being prioritised. Older young adults transitioning into care might have more complex or entrenched needs, which may not be fully addressed if resources are heavily skewed towards early interventions</p>
Age Impact Mitigation:	<p>Equity Across Age Range: Ensure all individuals within the 18-30 age range receive consistent and fair assessments by setting clear guidelines for equitable resource allocation. Tailored Interventions: Design intervention strategies that are adaptable to different age groups within the cohort, ensuring no group is disadvantaged. Regular Monitoring and Review: Establish robust oversight mechanisms to evaluate the outcomes and satisfaction of individuals across the age spectrum. This can help identify and address disparities early. Transparent Communication: Clearly communicate the criteria and objectives of the care package reviews to all stakeholders, including young adults and their families, to manage expectations and reduce concerns of bias. Support for Older Transitioning Adults: Provide additional resources or targeted support for individuals transitioning later in the 18-30 range to account for potentially greater or more complex needs. Engagement with Stakeholders: Continue collaboration with key stakeholders like the Birmingham Children's Trust and voluntary sector organisations to ensure that the needs of older transitioning groups are also addressed. To mitigate impact, we will also communicate clearly and expeditiously to the individual in a way</p>

	<p>tailored to them. We will ensure any transition is managed. We will work with multi-disciplinary teams to plan appropriately. We will involve the person and if appropriate family carers in decision making and will co-ordinate around the needs and interests of the person as part of their individual reviews/assessments. We will ensure their care and support needs are met within the legal framework. Under existing arrangements, review of care packages will continue. Evidence from this work has shown that if the initiative is applied fairly and proportionately with the person and family/carers fully involved, the person's care and support package more accurately reflect and meet their needs, without detriment to the above parties, personal circumstances and protected characteristics. At the assessment and support planning stages, information is available and direct support will be offered to ensure people with protected characteristics and their carers are not disadvantaged in respect of accessing and using digital technology and will be reflected in the person's Support Plan.</p>
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Protected Characteristic – Disability

Impact Disability:	Yes
Disability Impact Details:	<p>Reduction in Care Packages: The proposal emphasises a strength-based assessment approach aimed at reducing the cost of care packages for young people transitioning from children's to adult services. While this could encourage independence, it risks underestimating care needs, potentially leading to unmet needs or increased dependency on families and voluntary organisations. Citizens requiring support from Adults Social Care may have disabilities as defined by the Equality Act 2010. In the Census 2021, the population demographics of Birmingham show:</p> <ul style="list-style-type: none"> • 17.3% of the population (198,064) is disabled as defined under the Equality Act. • 26.5% of households (112,069) have at least 1 disabled person under the Equality Act. • 8% of households (33,890) have 2 or more disabled people under the Equality Act. <p>The number of Birmingham citizens with a disability who accessed care and support packages in the last year through BCC is 15,728, 1.8% of the adult population. This is a lower proportion of people within the population of Birmingham who consider themselves to be disabled as defined by the Equality Act, which is 17.3%. Family members and carers may also be impacted by these changes. Data is not readily available to show the number of carers with a disability. Under existing arrangements, review of care packages will continue. A policy of reviewing care packages of itself does not lead to packages increasing or decreasing. Whether the care package changes, and how, will depend on each person's individual circumstances and identified needs. Changes to care packages may disrupt routines, resulting in carers and/or family members being making changes to their work/family life to accommodate this. Using strengths-based practice, social workers seek to maximise opportunities to utilise community assets, tech enabled care, and alternative funding streams such as continuing health care. As a result, citizens may see a change in the way their care is delivered, which may cause some uncertainty because of the change. BCC will create efficiencies through a range of strategies including increased digitalisation, leaner processes to maximise productivity and avoid duplication. Therefore, citizens may be impacted by these changes. Some may struggle to adapt to a change in approach by BCC. Some people may be concerned that the review of their care package necessarily will lead to a reduction of the services they receive, or that the Council's reviews are designed as a means of reducing services. That is not correct, though of course a person's care package may be increased or decreased following a review. The Council will seek to mitigate the stress caused by such misapprehensions, by effective communications to explain the nature of such reviews. . The Council's approach to assessments is not new. It has been in place for some time. The Council is not aware, and has not been shown, any evidence of any change in the quality of assessments, or indeed of any mistakes in assessing leaving eligible needs unmet. The Council also considers that its approach to assessments increases the chances of more accurate needs assessments and support planning; not the other way around.</p> <p>Economic Strain: The focus on cost reduction may disproportionately affect individuals with severe disabilities who require extensive and costly care packages.</p> <p>Continuity of Support: Any abrupt or poorly managed changes in care packages could disrupt the consistency of support that individuals with disabilities rely on.</p> <p>Intersectionality Considerations Cultural and Socioeconomic Factors: Young people with disabilities from minority ethnic or lower socioeconomic backgrounds may face compounded disadvantages. Ensuring cultural competence in assessments and accessible resources is crucial.</p> <p>Gender: Women and girls with disabilities may experience unique vulnerabilities,</p>

	<p>such as heightened risks of abuse or under-recognition of their needs, necessitating tailored support strategies. Mental Health Needs: Addressing the intersection of physical disabilities with mental health issues, which may require integrated care approaches. By combining a strength-based model with robust oversight, continuous monitoring, and sensitivity to intersectional needs, the proposal aims to balance cost-efficiency with the ethical responsibility to meet the diverse needs of individuals transitioning to adult social care services.</p>
Disability Impact Mitigation:	<p>Mitigations Strength-Based Assessments: Ensuring these assessments are genuinely holistic and account for both strengths and needs, to avoid reductions that may compromise care. Under existing arrangements, review of care packages will continue. Evidence from this work has shown that if the initiative is applied fairly and proportionately with the person and family/carers fully involved, and the person's care and support package can more accurately reflect and meet their needs, without a detriment to the above parties, personal circumstances and protected characteristics. At the assessment and support planning stages, information is available and direct support will be offered to ensure people with protected characteristics are not disadvantaged in respect of accessing and using digital technology and will be reflected in the person's Support Plan. When carer assessments are undertaken with family members or informal carers involved in the person's care review, all aspects of a carer's disability, either self-defined or within the definition of the Equalities Act will be considered and where appropriate, proportionate advice, support and guidance will be offered and recorded on the Carer's Assessment and Support Plan. Challenge Sessions: A robust review mechanism involving senior oversight to ensure care package adjustments meet the legal obligations under the Care Act 2014. Expanded Voluntary Sector Role: Leveraging voluntary organisations for transitional support, while maintaining oversight to ensure the quality and sufficiency of services. Monitoring Mechanisms: Regular evaluations of individual care plans and monitoring of cost-saving measures to ensure they do not adversely impact the quality of care. Training for Staff: Providing training on disability and intersectional impacts to social workers and other stakeholders to enhance their understanding and sensitivity. The council will also train officers in relation to undertaking assessments, to ensure high quality standards continue. Nonetheless, should there be any concerns, the Council has established formal processes and mechanism for citizens to raise concerns or challenge any decisions via our complaints process.</p>

Protected Characteristic – Sex

Impact Sex:	Yes
Sex Groups Impacted:	["Male", "Female", "Non-binary"]
Sex Impact Details:	<p>Gendered Differences in Care Needs: Women and girls transitioning to adult social care may have specific needs that are overlooked in generic, strength-based assessments. For example, they may require support for gender-specific health conditions or additional protections due to vulnerabilities like higher risks of abuse. Men and boys may also face unique challenges, such as stigmatisation in seeking care or under-diagnosis of certain conditions (e.g., autism in boys and men). Economic Implications: Women, who are often caregivers in families, may experience increased burden if care packages for young men and women are reduced, as they may need to fill the gaps left by the formal care system. Participation in Transition Services: Stereotypes about gender roles may impact how resources are allocated. For instance, assumptions about men being more "independent" or women being "care-seekers" could skew service provision, leading to inequities. Disability and Sex: Women and girls with disabilities face compounded vulnerabilities, such as higher risks of abuse or barriers to accessing gender-sensitive care (e.g., reproductive health services). Men with disabilities may experience stigma related to masculinity norms, limiting their willingness to seek or accept care. Race and Socioeconomic Background: Women and men from minority ethnic groups or lower-income households may face additional barriers to equitable care due to systemic inequities, cultural differences in care expectations, or resource limitations. LGBTQ+ Considerations: Non-binary individuals or those whose gender identity differs from societal norms may require additional support to ensure their needs are fully understood and met without discrimination.</p>

Sex Impact Mitigation:	<p>Gender-Sensitive Assessments: Incorporating gender-specific considerations into strength-based assessments to ensure that differences in needs are acknowledged and addressed. Involving individuals in person-centered planning to capture unique preferences and avoid assumptions based on gender. Oversight and Monitoring: Regular reviews of care packages should ensure no implicit bias based on sex affects service delivery. Use of disaggregated data (by sex) in monitoring outcomes to identify and correct any disparities in care provision. Gender-Specific Training: Providing training for social care staff to address unconscious gender biases and improve their understanding of the distinct experiences of men and women in the context of disability and care needs. Support for Caregivers: Implementing support mechanisms for family members, who are disproportionately women, to prevent additional caregiving burdens from arising due to changes in care packages. By incorporating gender-sensitive approaches, addressing biases, and considering the intersectionality of sex with other characteristics, the proposal can ensure equitable outcomes across all genders while maintaining person-centered care.</p>
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Protected Characteristic – Gender Reassignment

Impact Gender Reassignment:	Yes
Gender Reassignment Impact Details:	<p>The Care Act assessment process and subsequent support offered to a person experiencing gender reassignment may sometimes fail to fully consider the person's self-defined strengths, preferences, aspirations. The review of care packages should reduce the impact of these factors. Positive Impacts Individualised, Person-Centered Care: The proposal emphasises a strength-based, person-centered approach, which, if effectively implemented, has the potential to accommodate the specific needs of transgender individuals during assessments and care planning. This approach can help ensure that care packages are inclusive and affirming of an individual's gender identity, fostering dignity and independence. Holistic Support for Transitioning Individuals: Transgender individuals may benefit from increased collaboration between services, such as healthcare providers (for gender-affirming care) and social care teams, potentially leading to more seamless support for their overall well-being. Engagement with Voluntary Sector: Leveraging voluntary organisations could open pathways to accessing specialised LGBTQ+ support networks, offering social and emotional support tailored to transgender individuals. Negative Impacts Risk of Misgendering or Bias: Without proper training, social care staff may misgender individuals or make assumptions based on outdated or discriminatory beliefs, leading to feelings of invalidation or inadequate care assessments. Overlooking Specific Needs: Gender reassignment may come with medical or psychological care needs (e.g., hormone therapy, mental health support) that might not be fully acknowledged during assessments focused on reducing costs and maximising independence. Barriers to Access: Transgender individuals, especially those facing stigma or societal rejection, may encounter additional difficulties in accessing care services, such as fear of discrimination or lack of trans-friendly resources within the voluntary sector. Intersectional Vulnerabilities: Trans individuals who also belong to other marginalised groups (e.g., racially-minoritised groups, those with disabilities) may experience compounded disadvantages, potentially exacerbated by cost-reduction measures. Disability and Gender Identity: Trans individuals with disabilities may face compounded barriers, such as inaccessible healthcare systems or biases regarding their autonomy and gender identity. Cultural and Racial Factors: Trans individuals from minority ethnic groups may face unique challenges in navigating both systemic racism and transphobia, necessitating culturally sensitive approaches.</p>
Gender Reassignment Impact Mitigation:	<p>We will ensure that care and support needs are met within the legal framework and this protected characteristic is considered at the assessment and support planning stages. Potential initiatives: Comprehensive Staff Training: Ensure all staff involved in care assessments receive training on gender identity, inclusivity, and cultural competence to avoid discrimination or bias. Emphasise the importance of using correct pronouns and understanding the healthcare needs specific to transgender individuals. Collaboration with LGBTQ+ Organisations: Partner with organisations that specialise in supporting transgender individuals to provide tailored resources and guidance. Personalised Assessment Frameworks: Develop assessment criteria that explicitly consider the</p>

	unique needs of transgender individuals, such as access to gender-affirming care, mental health support, and protection from gender-based discrimination. Oversight and Accountability: Include mechanisms for regular review of care packages to ensure that transgender individuals' needs are fully addressed, avoiding disparities or oversights.
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Protected Characteristic – Marriage and Civil Partnership

Impact Marriage and Civil Partnership:	Yes
Marriage and Civil Partnership Groups Impacted:	["Single"]
Marriage and Civil Partnership Impact Details:	Due to the age range of individuals in the transition service, there will not be a disproportionate impact on marriage and civil partnership. There is however the possibility of a greater impact on individuals who are single. Single individuals do not benefit from the the supportive roles played by spouses or civil partners in the lives of individuals transitioning to adult care services. They do not always benefit from their partners acting as advocates, ensuring their needs are fully represented during assessments or care plan reviews. Furthermore, the older age bracket of single citizens in the transition service, potentially rely on one income, which could make the economically vulnerable. Positive consideration of these protected characteristics, reflected in the individual's strength-based assessment and support plan is likely to enhance a person's well-being. People in care setting who have chosen not to disclose their sexuality or same sex partnership due to long standing and historic stigma around this.
Marriage and Civil Partnership Impact Mitigation:	Regularly monitor care decisions to ensure that adequate services and options are given to individuals. Focusing on individualised care assessments, and addressing intersectional vulnerabilities, the proposal can ensure equitable outcomes for individuals. For the Care Act assessment and subsequent provider(s) of support to recognise the key principles of the Equality Act in supporting a relationship to be maintained and thrive, while maintaining/maximising the couple's independence and well-being in line with the Care Act. Insufficiency of appropriate accommodation or support skills would not be acceptable and within the framework of the Care Act and Equalities Act, appropriate accommodation, care and support would need to be provided.

Protected Characteristic – Pregnancy and Maternity

Impact Pregnancy and Maternity:	Yes
Pregnancy and Maternity Impact Details:	Failure of the Care Act assessment and provider(s) of care and support to consider and offer appropriate support to the mother, particularly if any element of her disability (learning, physical disability and or mental health) impacts on her ability at the pre- and post-natal stages to support the child(ren) adequately. A Service that has good partnership arrangements with other services such as Council Children's Services and Maternity Services including other specialist services will work with the mother and ASC to achieve the right outcomes. It should be noted that in the interests of the child, the appropriate outcome may be that the baby does not remain with the mother. A good assessment and support plan would consider after birth support for the mother to adjust to all circumstances. Positive Impacts Holistic Care Approach: The emphasis on person-centered, strength-based care could lead to tailored support for individuals who are pregnant or new parents. This could include adjustments to care packages that account

	<p>for the additional responsibilities and needs arising from pregnancy or parenthood. Support for Parental Independence: The inclusion of voluntary sector organisations in the care model could offer specific parenting support services, enabling individuals with care needs to balance their roles as parents and citizens requiring assistance. Interagency Collaboration: Increased collaboration with health partners could ensure that the healthcare needs related to pregnancy and maternity are better integrated with social care provisions. Negative Impacts Inadequate Recognition of Additional Needs: Pregnant individuals or new parents may have specific needs (e.g., prenatal care, childcare support, or postnatal recovery assistance) that might not be fully addressed in cost-reduction-focused care reviews. Risk of Increased Vulnerability: Reductions in care packages might disproportionately affect pregnant individuals or parents of young children, leaving them without adequate resources to manage their own care and their parenting responsibilities. Overlooked Intersectional Needs: Assumptions about traditional caregiving roles might lead to disparities in support for parents with disabilities or those from minority groups, exacerbating inequalities. Disability and Pregnancy: Pregnant individuals with disabilities may face compounded challenges, such as navigating both physical care needs and the demands of pregnancy or parenting. Economic Inequalities: Young new parents will often have lower-income households. Cultural expectations about pregnancy, age and parenting roles could influence how individuals are perceived and supported during care assessments. Gender Dynamics: Gender norms might lead to differential treatment, where women are assumed to manage parenting responsibilities even when they have significant care needs. Yes</p>
Pregnancy and Maternity Impact Mitigation:	<p>To ensure good local partnership arrangements are in place to design a multi-agency support plan that considers all aspects of the mother's eligible social care needs, including her rights as a mother and that of her child(ren) through the process. Pregnancy-Sensitive Assessments: Ensure that assessments explicitly account for the additional needs and challenges associated with pregnancy or maternity. This includes prenatal medical appointments, physical limitations during pregnancy, and the need for parenting support. Supportive Services for Parenting: Leverage partnerships with voluntary organisations to provide targeted support services for parents, such as parenting classes, mental health support, or childcare assistance. Enhanced Training for Social Workers: Train social care staff to recognise the unique challenges faced by individuals who are pregnant or new parents, ensuring assessments and care plans are inclusive and equitable. Monitoring and Review: Implement regular reviews of care packages for pregnant individuals and new parents to ensure that their evolving needs are met as they transition through different stages of parenthood.</p>

Protected Characteristic – Ethnicity and Race

Impact Ethnicity and Race:	Yes
Ethnicity and Race Groups Impacted:	
Ethnicity and Race Impact Details:	<p>Failure of the Care Act assessment, support plan and provider of care and support to consider the ethnicity and race characteristics of the person eligible for care and support, leaving key elements of their overall wellbeing unmet. There should be full consideration of these characteristics, reflected in a strength-based assessment and support plan designed to enhance a person's well-being, and equally their cultural attributes, dietary and religious needs support networks. Strength-Based, Person-Centered Approach: If implemented equitably, the strength-based approach can tailor care to the unique needs and cultural contexts of individuals from diverse racial and ethnic backgrounds. This approach could foster better engagement with individuals and families by valuing their cultural perspectives and integrating these into care planning. Potential for Increased Access: Partnerships with voluntary organisations could increase access to culturally relevant resources and community-based support networks, enhancing the inclusivity of care. Focus on Independence: Encouraging independence through tailored care packages can empower individuals from ethnically minoritised groups, reducing reliance on generic systems that</p>

	<p>may not align with their cultural expectations. Negative Impacts Risk of Cultural Insensitivity: Without proper cultural competence training, social care staff may inadvertently design care packages that do not align with the cultural values, practices, or expectations of individuals from diverse racial or ethnic groups. Disproportionate Impact of Cost Reductions: Ethnic minority communities, which may already face systemic inequities, could be disproportionately affected if cost-saving measures result in reduced care or services that fail to address their unique needs. Barriers to Access: Language barriers or lack of culturally appropriate communication could prevent some individuals from fully engaging with the care system, leading to underutilisation of available services. Stereotyping or Bias: Implicit bias or stereotyping by staff could influence assessments, leading to assumptions about family support structures or independence levels based on ethnicity, rather than individual circumstances. Race and Disability: Individuals from minority ethnic backgrounds with disabilities may experience compounded barriers, including systemic discrimination and limited access to culturally competent care. Socioeconomic Factors: Ethnic minority communities may disproportionately belong to lower socioeconomic groups, making them more vulnerable to service reductions or financial constraints in accessing supplementary care. Gender and Cultural Norms: In some cultures, caregiving responsibilities may disproportionately fall on women, leading to additional burdens if care packages are reduced. Immigration Status: Individuals from ethnic minority groups with uncertain immigration status might face further barriers, such as fear of engaging with services due to concerns over residency or citizenship rights.</p>
Ethnicity and Race Impact Mitigation:	<p>For ASC professionals to understand the demographics of area(s) they work in. The workforce needs to be representative of the community it work in and sensitive to the needs of the individual, family and carers, services it is working with. This would be reflected in a Care Act assessment and support plan that reflects the person's needs and equally their ethnic, cultural and religious needs/requirements. Interpretation services will be a fundamental element of the above approach to ensure all aspects of the person's life are fully listened to and considered at the assessment stage and when the appropriate service is identified to provide the support. Cultural Competence Training: Train social care staff to recognise and address cultural differences in care needs, communication styles, and family dynamics. Include anti-bias training to mitigate the impact of stereotypes in care assessments. Tailored Community Engagement: Partner with culturally specific community organisations to build trust, improve outreach, and offer support that aligns with diverse cultural values and practices. Language Accessibility: Provide translation services and multilingual materials to ensure individuals and families fully understand their rights, assessments, and care options. Inclusive Assessment Framework: Develop assessment tools that explicitly consider cultural and racial factors, ensuring that care planning is equitable and person-centered. Monitoring and Data Collection: Collect and analyse data disaggregated by race and ethnicity to monitor the impact of care decisions and identify disparities, using this data to inform adjustments in policy and practice.</p>

Protected Characteristic – Religion

Impact Religion:	Yes
Religion Groups Impacted:	["No religion", "Christian", "Buddhist", "Hindu", "Jewish", "Muslim", "Sikh"]
Religion Impact Details:	<p>Failure of the Care Act assessment, Support Plan and subsequent provider of care and support to consider a person's religion or belief, leaving key elements of their overall wellbeing unmet. A positive impact being full consideration of these characteristics, reflected in the assessment and support plan that is likely to enhance a person's well-being, and similarly their right to express spiritual or religious beliefs. Person-Centered Care: The strength-based, individualised approach outlined in the proposal offers an opportunity to incorporate religious or belief-based needs into care plans, such as dietary restrictions, prayer schedules, or preferences for same-gender caregivers. Respecting and integrating these elements can enhance the quality of care and promote dignity. Engagement with Faith-Based Organisations: Partnerships with voluntary organisations might include faith-based groups, which can provide culturally relevant support and foster trust among individuals with specific religious or belief-based needs. Cultural</p>

	<p>Sensitivity: A holistic care approach could allow the integration of spiritual or religious practices as part of well-being strategies, contributing to more meaningful care experiences. Negative Impacts Overlooking Religious Needs: Care assessments driven by cost-reduction goals may fail to adequately consider the specific practices and rituals essential to some religious or belief systems (e.g., halal or kosher diets, Sabbath observance). Cultural Insensitivity: Without proper training, staff might unintentionally disregard or misinterpret the significance of religious practices, leading to care packages that conflict with an individual's beliefs. Potential for Stereotyping: Assessments might include assumptions based on an individual's religious identity, rather than considering their unique circumstances, potentially leading to inequitable or inappropriate care solutions. Barriers to Access: Language or communication issues, particularly for individuals practicing minority religions, could hinder their ability to articulate or advocate for their needs. Race and Religion: Religious minorities who are also racial minorities might experience heightened risks of discrimination or cultural insensitivity during care assessments and service provision. Gender and Religion: Gender norms within certain religious traditions may necessitate accommodations, such as same-gender caregivers, which should be considered during care planning. Socioeconomic Factors: Economic disparities might limit access to religiously appropriate resources (e.g., special diets, transportation to places of worship), necessitating additional support within care packages.</p>
Religion Impact Mitigation:	<p>To ensure a person's beliefs or religions are fully considered throughout the assessment, support planning process and when commissioning a provider of care and support, to ensure these characteristics are met, together with the person's care and support needs. Religious Sensitivity Training: Train care staff to understand and respect diverse religious and belief-based needs, focusing on cultural humility and avoiding stereotypes. Consultation with Faith-Based Groups: Engage with local faith leaders or organisations to understand the needs of different communities and design care packages that align with religious values. Tailored Assessment Processes: Develop assessment tools that explicitly consider religious and spiritual needs, ensuring these are factored into care plans without bias. Language and Communication Support: Provide translation services and culturally appropriate materials to ensure individuals understand the care options available and can communicate their needs effectively. Monitoring and Feedback: Implement mechanisms to review care plans for inclusivity of religious and belief-based needs, using feedback from individuals and faith-based organisations to address gaps.</p>

Protected Characteristic – Sexual Orientation

Impact Sexual Orientation:	Yes
Sexual Orientation Groups Impacted:	["Straight or heterosexual", "Gay or lesbian", "Bisexual", "Asexual", "Pansexual", "Queer", "All other sexual orientations"]
Sexual Orientation Impact Details:	<p>Positive Impacts Person-Centered Care: The strength-based, individualised approach has the potential to tailor services to LGBTQ+ individuals, ensuring their unique needs, preferences, and relationships are fully respected and integrated into care planning. Inclusion of LGBTQ+ Organisations: Partnerships with voluntary organisations could include LGBTQ+ support groups, providing specialised resources and safe spaces for individuals during their transition into adult care services. Affirmation of Identity: If implemented equitably, the approach can validate the relationships and chosen families of LGBTQ+ individuals, recognising these as part of their informal support networks. Negative Impacts Risk of Discrimination or Bias: LGBTQ+ individuals may face implicit or explicit bias during care assessments or service delivery, potentially leading to unmet needs or feelings of exclusion. Lack of LGBTQ+ Competence: Without proper training, staff may fail to understand or consider the specific challenges faced by LGBTQ+ individuals, such as social isolation, stigma, or reliance on chosen families. Exclusion of Chosen Families: Assessments that prioritise traditional family structures may overlook the critical role of chosen families in the support systems of many LGBTQ+ individuals. Underrepresentation in Voluntary Sector Support: If voluntary organisations lack LGBTQ+ inclusivity, individuals may feel unwelcome or unable to access needed resources. Sexual Orientation and Disability: LGBTQ+ individuals with disabilities may face compounded stigma and isolation,</p>

	<p>requiring care approaches that address both physical and emotional well-being. Race and Sexual Orientation: LGBTQ+ individuals from racial minority backgrounds may experience intersecting forms of discrimination or cultural barriers that further complicate access to affirming care. Age and Sexual Orientation: Younger LGBTQ+ individuals transitioning from children's to adult services may face unique challenges, such as navigating their identity in conjunction with care needs, while older LGBTQ+ individuals may experience additional layers of social isolation. Socioeconomic Factors: LGBTQ+ individuals in lower socioeconomic groups may lack access to private or community-based resources, increasing their reliance on public care services that must be inclusive.</p>
Sexual Orientation Impact Mitigation:	<p>Positive Impacts Person-Centered Care: The strength-based, individualised approach has the potential to tailor services to LGBTQ+ individuals, ensuring their unique needs, preferences, and relationships are fully respected and integrated into care planning. Inclusion of LGBTQ+ Organisations: Partnerships with voluntary organisations could include LGBTQ+ support groups, providing specialised resources and safe spaces for individuals during their transition into adult care services. Affirmation of Identity: If implemented equitably, the approach can validate the relationships and chosen families of LGBTQ+ individuals, recognising these as part of their informal support networks. Negative Impacts Risk of Discrimination or Bias: LGBTQ+ individuals may face implicit or explicit bias during care assessments or service delivery, potentially leading to unmet needs or feelings of exclusion. Lack of LGBTQ+ Competence: Without proper training, staff may fail to understand or consider the specific challenges faced by LGBTQ+ individuals, such as social isolation, stigma, or reliance on chosen families. Exclusion of Chosen Families: Assessments that prioritise traditional family structures may overlook the critical role of chosen families in the support systems of many LGBTQ+ individuals. Underrepresentation in Voluntary Sector Support: If voluntary organisations lack LGBTQ+ inclusivity, individuals may feel unwelcome or unable to access needed resources. Sexual Orientation and Disability: LGBTQ+ individuals with disabilities may face compounded stigma and isolation, requiring care approaches that address both physical and emotional well-being. Race and Sexual Orientation: LGBTQ+ individuals from racial minority backgrounds may experience intersecting forms of discrimination or cultural barriers that further complicate access to affirming care. Age and Sexual Orientation: Younger LGBTQ+ individuals transitioning from children's to adult services may face unique challenges, such as navigating their identity in conjunction with care needs, while older LGBTQ+ individuals may experience additional layers of social isolation. Socioeconomic Factors: LGBTQ+ individuals in lower socioeconomic groups may lack access to private or community-based resources, increasing their reliance on public care services that must be inclusive.</p>

Protected Characteristic – Care Experience

Impact Care Experience:	Yes
Care Experience Impact Details:	
Care Experience Impact Mitigation:	<p>With the Care Leaver's consent, ensure that key aspects of the person's early life and care journey are fully considered at the assessment, support planning and commissioning of care and support stages. Placing the Care Leaver at the centre of the process, ensuring the assessor and provider of care and support are aware and sufficiently skilled (Trauma Informed Training) in supporting the person to understand their current circumstances and support future aspirations in a safe and respectful setting. Dedicated Support Workers: Assign transition workers who specialise in supporting care leavers, ensuring their unique needs are understood and addressed during the transition process. Holistic Assessments: Incorporate trauma-informed care practices into assessments, recognising the impact of past experiences on care leavers' current needs and capacities. Enhanced Voluntary Sector Collaboration: Partner with organisations that specifically focus on supporting care leavers to ensure that services are accessible, tailored, and sustainable. Monitoring and Review: Implement robust review mechanisms to ensure that care packages remain responsive to the evolving needs of care leavers, particularly during critical transition periods. Mentorship and Peer Support: Facilitate programs that connect care leavers with</p>

	mentors or peers who can provide guidance, emotional support, and practical advice during their transition to independence.
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Other

Any other risks or impacts:	<p>Individuals belonging to multiple protected characteristics (e.g., disabled individuals from minority ethnic backgrounds) may face compounded risks of discrimination or exclusion during assessments, as the interplay of their identities might not be adequately considered. LGBTQ+ individuals with disabilities may encounter stigma or a lack of inclusive services, further limiting their access to equitable care. Implicit biases about gender, race, or socio-economic status might influence care package decisions, leading to inequities in resource allocation. Efforts to reduce costs may overlook the health needs of individuals requiring specialised or long-term medical support, such as those with chronic illnesses or mental health conditions. A strength-based approach, while empowering, might inadequately address the full scope of care needed for individuals with complex health conditions. Transitioning between care services can be stressful, potentially exacerbating anxiety or depression, particularly for vulnerable groups like care leavers or individuals with disabilities. Changes in care packages might disrupt established routines, which could negatively impact individuals' mental and emotional well-being. Reductions in formal care services may shift responsibilities onto unpaid family members or caregivers, disproportionately affecting women and low-income families who already face socio-economic pressures. Families or individuals from lower socio-economic backgrounds may lack the financial resources to supplement reduced care packages with private care, widening inequalities.</p>
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Full Assessment Summary

Full Assessment Summary:	<p>Statutory reviews of care packages have been a requirement of the Care Act since 2014 and prior to this under Community Care legislation. A policy of reviewing and if required reassessing care packages for those with the protected characteristics of itself does not lead to the cost of care/support packages increasing or decreasing but is dependent upon each person's individual circumstances and their assessed care/support needs, in line with the above legislation. Applying a Strength Based Approach fairly and proportionately with the person and family/carers fully involved, can provide support that more accurately reflects and meets needs, without detriment to the above parties, personal circumstances and the protected characteristics of the person. A key element of the Strengths-Based Approach is the focus on a person's personal strengths, attributes and characteristics and as such any protected characteristics they may wish to discuss, to ensure personal outcomes are met in the review/assessment process, potential is maximised, and a person's life is as fulfilled as possible. The approach therefore strives to maximise opportunities to include people in their communities or access communities of interest, such as LGBTQ or Autism Support Groups. Assistive Technology and alternative funding streams such as Continuing Health Care are explored to maximise a person's aspirations through education and or work opportunities, while considering all aspects of a person's circumstances that includes protected characteristics. Reviewing care packages should result in more appropriate care, which meets the needs of person and their personal outcomes. BCC is in the process of ensuring the systems and processes are as efficient and responsive as possible, to ensure eligible care and support needs are met in time, safely and appropriately. Work is therefore underway to promote the uptake of digitalisation, redesign leaner processes to maximise productivity, reduce duplication and increase responsiveness. It is recognised that some citizen's with protected characteristics may struggle to adapt to the change the way their care and support is delivered by BCC and therefore consideration will be given to this at the review and assessment stage. There are some potentially identified barriers and negative impacts for some people that need to be addressed. The evidence supports the method in the proposal and sets out legitimate, relevant and proportional actions to mitigate any risks. The proposal will proceed.</p>
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Monitoring

Monitoring Details:	<p>An equality impact log will be implemented outlining clear actions, deadlines and responsible officers. The log will be reviewed regularly and any risks or changes will be escalated accordingly. Interventions and mitigations can significantly impact the design and execution of activities in the Review of Transition Services project by influencing several key factors:</p> <p>1. Scope and Focus • Interventions: Activities will need to focus on targeted reviews of care packages for young people transitioning to Adult Social Care (ASC). The design must emphasise preventive measures, such as early engagement with youth before they turn 18, to reduce costs and maximise independence. • Mitigations: To avoid risks like judicial reviews, the design must incorporate robust assessments and legal compliance checks, ensuring all interventions are person-centered and aligned with statutory duties.</p> <p>2. Resource Allocation • Interventions: Additional resources such as social work support, administrative assistance, and finance expertise will be needed to execute the project effectively. • Mitigations: The activities must include measures for regular budget challenge sessions and performance monitoring to ensure financial targets are met without compromising care quality.</p> <p>3. Stakeholder Engagement • Interventions: Engaging with internal and external stakeholders, including the Birmingham Children's Trust and NHS partners, is essential for data sharing and funding optimisation. • Mitigations: Activities should be designed to maintain collaboration and communication channels, reducing potential service disruptions.</p> <p>4. Risk Management • Interventions: Activities should focus on implementing a strength-based approach in assessments to support young people's independence. • Mitigations: The design must include ongoing monitoring, budget reviews, and escalation processes for high-cost packages, minimising financial and legal risks.</p> <p>5. Outcome Monitoring and Sustainability • Interventions: Tracking outcomes and cost savings will guide adjustments in care strategies. • Mitigations: The project's design should include post-delivery monitoring to ensure sustainability and prevent regression to less efficient practices.</p> <p>In summary, interventions and mitigations shape the project by emphasising a proactive, strength-based approach, ensuring legal compliance, and promoting collaboration across stakeholders, all while maintaining a focus on financial efficiency and quality of care.</p>
Monitoring Officer Email:	Shazia.A.Hanif@birmingham.gov.uk

