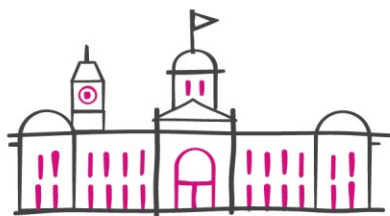


# EIA000886 – Further Review of Care Packages

Reference Number:	EIA000886
Subject Of EIA:	FURTHER REVIEW OF CARE PACKAGES
EIA Approval Status:	Approved



# About your EIA



Description:

This EIA is a review of the initial EIA submitted 18/01/2024. This is subsequently a more detailed review than what was initially submitted.

Review of High-Cost Packages following a strengths-based approach. As part of this programme of efficiencies and savings the review of complex care cases enables social workers and occupational therapists to work closely with citizens and the care staff to identify how the support needs of the individual can be met with a reduced level of support whilst continuing to meet the statutory obligations and building on the strengths of the citizen.

Objectives:

1. Assessment and review of citizens packages of care ensuring a strength-based approach and reducing service levels where appropriate.
2. Increase the usage of CHC funding where a citizen meets the NHS CHC criteria.
3. Increase the diversion rate when citizens contact the Council requesting assessment and support.

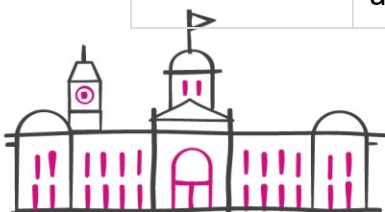
Deliverables:

1. Increase in savings achieved by social work and occupational therapist teams.
2. Increase in the number of citizens receiving CHC funding.
3. Increase in the number of citizens receiving reviews by the CWAIT team to ensure strengths-based approach to care management.

Project Scope:

Review of High-Cost Packages following a strengths-based approach. As part of this programme of efficiencies and savings the review of complex care cases enables social workers and occupational therapists to work closely with citizens and the care staff to identify how the support needs of the individual can be met with a reduced level of support whilst continuing to meet the statutory obligations and building on the strengths of the citizen.

Review and maximising the offer of new initiatives and the third sector. The contracted Neighbourhood Network Scheme ensures that clear pathways are in place to appropriately divert citizens to the voluntary sector. Using this strength based approach will ultimately lead to the independence and empowerment of



	<p>individuals, who can also rely on expert support from community assets should they need to.</p> <p>Review of Care Packages for eligibility against Continuing Health Care (CHC) criteria. The service have reviewed the NHS CHC process during 2023 and there is now a programme board in place to provider greater harmony as a system. The next part of the programme is ensuring all citizens eligible for CHC funding receive this from the NHS and this will require focused assessment and implementation of the national CHC framework.</p> <p>Expansion of Equipment to reduce reliance on Home Care. Adaptations and Equipment is paid for via the Disabled Facility Grant and Birmingham Community Equipment Loan Funding which is ringfenced. Adult Social Care have demonstrated that a targeted approach to double handed care calls and the replacement with equipment to help with lifting, turning and mobility will support the saving programme, improve outcomes for citizens, and reduce the risk of care staff injuries.</p> <p>Younger Adults Residential and Supported Living Review (31-64). The cost of residential and nursing bed-based care is significantly more expensive in the younger adults cohort. Following Best Value principles, Commissioning Managers and Social Workers will identify appropriate alternative community-based services for citizens. This will enable the citizen to receive care and support within their own home or shared home vs a residential placement.</p>
In Support Of:	["Amended function","Amended/refreshed strategy "]
Reviewing Frequency:	Six monthly
First Review Date:	5/20/2025 1:00:00 AM

## Directorate, Division & Service Area

Directorates:	["Adults Social Care"]
Division:	Community and Operational Services
Service Area:	Community and Operational Services



## Budget Savings

Related to Budget Savings?:	360
Budget Proposal Ref. No:	360

## Officers

Responsible Officer Email:	atrin.conway@birmingham.gov.uk
Accountable Officer Email:	Julie.Davidson@birmingham.gov.uk

## Data Sources

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



## Initial Assessment

Initial Assessment Impacted  
Characteristics

Age: Yes,  
Disability: Yes,  
Sex: Yes,  
Gender Reassignment: Yes,  
Marriage and Civil Partnership: Yes,  
Pregnancy and Maternity: Yes,  
Race: Yes,  
Religion or Beliefs: Yes,  
Sexual Orientation: Yes,  
Care Experience/Care Leaver: Yes



# Initial Assessment Summary



Initial  
Assessment  
Summary:

The proposal to review adult social care packages through a strength-based approach will likely have both positive and negative impacts on individuals with protected characteristics, depending on the implementation.

Positive Impacts:

1. Person-Centred Assessments:

- o The proposal emphasises individualistic care assessments, which may ensure that citizens' unique needs, including those arising from protected characteristics (e.g., disability, age), are recognised and addressed.

2. Improved Resource Allocation:

- o By increasing the use of NHS Continuing Health Care (CHC) funding for eligible citizens, resources can be freed up to provide better support for others, potentially benefiting individuals requiring specialized care.

3. Community-Based Alternatives:

- o Encouraging care within one's own or shared home rather than residential placements aligns with the preferences of many individuals and promotes independence, particularly for younger adults.

4. Focus on Strength-Based Approaches:

- o This approach can empower individuals by building on their strengths rather than solely focusing on deficits, which is supportive of dignity and equality for all groups.

Negative Impacts

1. Risk of Reduced Support:

- o The emphasis on cost reduction could lead to reductions in care packages, which may disproportionately affect vulnerable groups, particularly those with disabilities or older adults who depend heavily on consistent care.

2. Potential for Inequity:

- o If assessments are not sufficiently robust, there is a risk that individuals with more complex or less visible needs (e.g., mental health disabilities, older adults from minority backgrounds) may not receive the appropriate level of care.





	In conclusion the EIA identified some negative impact that would need to be addressed. A full assessment is required.
Is a full EIA Required?:	YesThere are potential identified barriers and negative impacts for some people that will be addressed. The evidence supports the method in the proposal and sets out legitimate, relevant and proportional actions. The proposal will proceed.



## Protected Characteristic – Age

Impact Age:	Yes
Age Group Impacted:	["20-29 years","30-39 years","40-49 years","50-59 years","60-69 years","70-79 years","80-89 years","90 years or over","10-19 years"]



Age Impact Details:

1. Targeted Support for Younger Adults (26-64):
    - o The review of younger adults' residential and supported living arrangements aims to enable them to live more independently in community settings. This could improve quality of life for younger individuals who prefer community-based care over institutionalised settings.
    - o Equipment and adaptations funded by grants may help younger adults maintain independence and reduce reliance on caregivers.
  2. Efficiency for Older Adults (65+):
    - o The strengths-based approach may provide older adults with care plans tailored to their abilities, focusing on promoting independence and dignity.
    - o Partnerships with the voluntary sector could offer older adults social connections and resources that help reduce loneliness.
  3. Reduction in Double-Handed Care Calls (care that requires two carers to safely move or reposition a person who needs assistance).
    - o Expanded equipment use can ease physical care burdens, benefiting older adults who may prefer less intrusive care methods.
- 
1. Vulnerability of Older Adults (65+):
    - o Any delays could disproportionately impact older adults, who often have higher and more immediate care needs.
    - o Cost-saving measures could result in reductions in personalised care for older adults, potentially compromising their safety and well-being.
  2. Challenges for Younger Adults (26-64):
    - o Younger adults with complex needs might face difficulties if cost-focused reviews prioritise budget over the holistic quality of care.
    - o Relocation from residential to community-based settings might not suit all individuals, particularly those with severe disabilities or limited family support.



	<p>3. Transitioning Between Age Groups:</p> <ul style="list-style-type: none"> <li>o Individuals at the upper or lower boundaries of the age ranges (e.g., those turning 65) might experience gaps in care if services are not well-coordinated across age categories.</li> </ul> <p>4. Potential Age Bias:</p> <ul style="list-style-type: none"> <li>o The focus on cost-efficiency and equipment use might unintentionally overlook the unique, age-specific needs of certain groups, such as the social and emotional needs of older adults or the independence goals of younger individuals.</li> </ul>
Age Impact Mitigation:	<p>1. Age-Sensitive Assessments: Ensure that care the distinct needs of different age groups and avoid one-size-fits-all solutions.</p> <p>2. Monitoring Impacts by Age: Include age as a factor in Equality Impact Assessments (EIAs) to track disparities and ensure fairness in service provision.</p> <p>3. Support for Transitions: Develop clear protocols for individuals transitioning between age-based care systems to prevent disruptions in support.</p> <p>4. Enhanced Support for Older Adults: Allocate additional resources to address the risks of loneliness and delayed care for older adults.</p> <p>5. Inclusive Consultation: Engage representatives from both younger and older age groups during the proposal's implementation to ensure all perspectives are considered.</p>

## Protected Characteristic – Disability

Impact Disability:	Yes
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Disability Impact  
Details:

1. Person-Centered and Strength-Based Approach:

- o The emphasis on individual assessments may allow people with disabilities to receive care tailored to their specific needs and strengths, fostering independence and empowerment.
- o Encouraging the use of adaptive equipment can help individuals with physical disabilities reduce reliance on caregivers, promoting self-reliance and reducing risks of caregiver injuries.

2. Improved Focus on High-Cost Cases:

- o Reviewing high-cost care packages could lead to more equitable distribution of resources, ensuring that those with the greatest needs receive appropriate support.

3. Third-Sector Support:

- o Collaborations with the voluntary sector might provide additional resources for people with disabilities, potentially enhancing community-based and preventative support services.

4. Continuing Healthcare (CHC) Criteria:

- o Ensuring those eligible for NHS CHC funding receive it could relieve financial and administrative burdens on individuals with severe disabilities.

Negative Impacts

1. Risk of Reduced Services:

- o Cost-saving measures could result in fewer or less comprehensive services for people with disabilities, particularly if their needs are not fully understood during assessments.
- o Individuals who rely on intensive support may experience significant challenges if their care packages are reduced, leading to unmet needs and safety risks.

2. Challenges with Adaptive Equipment:

- o While adaptive equipment can reduce reliance on personal care, it may not be suitable for everyone,



especially those with complex disabilities who require personalised and hands-on support.

- o Overreliance on equipment without adequate training or support for users and caregivers may create safety risks.

### 3.. Potential Gaps in CHC Funding:

- o Navigating the CHC eligibility process could be challenging for individuals with disabilities, particularly if systemic barriers or inconsistencies in assessments arise.

### 4. Impact on Mental Health:

- o Delays in support could negatively affect the mental health and well-being of individuals with disabilities, who may feel isolated or unsupported.

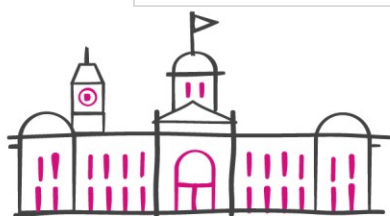


#### Disability Impact Mitigation:

1. **Disability-Inclusive Training:**
  - o Train care assessors and staff to understand and address the diverse needs of people with disabilities fair and comprehensive.
2. **Robust Monitoring:**
  - o Include disability as a key factor in Equality Impact Assessments (EIAs) to track the proposal's effects on this group and make adjustments where necessary.
3. **Engagement with Disability Advocates:**
  - o Collaborate with organisations that represent people with disabilities to inform care planning and ensure services are accessible and inclusive.
4. **Transparent CHC Processes:**
  - o Simplify and standardize CHC funding assessments to ensure that eligible individuals with disabilities can access necessary support without unnecessary delays.
5. **Personalised Equipment Support:**
  - o Ensure that any use of adaptive equipment is accompanied by training and resources for users and caregivers to prevent misuse or accidents.
6. **Prioritise Timely Support:**
  - o Address delays in voluntary sector pathways to ensure individuals with disabilities receive timely and appropriate care.

## Protected Characteristic – Sex

Impact Sex:	Yes
Sex Groups Impacted:	["Male","Female","Non-binary"]



Sex Impact Details:

Positive Impacts

1. **Tailored Assessments:** The strength-based approach emphasises personalized care assessments. This could positively impact women, who often take on caregiving roles and may have unique needs related to their caregiving burdens.
2. **Increased Use of Equipment:** Expanding the use of equipment to reduce reliance on physical assistance could benefit both men and women caregivers, potentially easing the physical burden of care that disproportionately affects women.
3. **Home-Based Care Options:** The promotion of home-based care solutions may align with the preferences of individuals, particularly women, who often prefer family-centered care arrangements.

Negative Impacts

1. **Gendered Economic Disparities:** Women are more likely to experience poverty and economic disadvantage, making them more reliant on public care services. A reduction in service levels or delays in care could disproportionately affect women.
2. **Impact on Female Caregivers:** Women, who make up a significant portion of unpaid responsibilities if care packages are reduced or if there are delays in accessing voluntary sector support.
3. **Bias in Care Assessments:** Without gender-sensitive training, there is a risk that the specific needs of men or women (e.g., mental health support, domestic violence considerations) may be overlooked during assessments.
4. **Eligibility for CHC Funding:** If the criteria or process for CHC funding are not gender-sensitive, women may face systemic barriers in accessing healthcare support, especially if their needs are undervalued or misunderstood

There is no data recorded as non-binary and therefore the impact on this demographic cannot be evaluated.





Sex Impact Mitigation:	<ul style="list-style-type: none"><li>• <b>Gender-Sensitive Training:</b> Ensure social workers and assessors are trained to recognise and address gender-specific needs.</li><li>• <b>Monitoring Gender Impact:</b> Include gender-focused metrics in the Equality Impact Assessment (EIA) to identify any disproportionate effects on women or men.</li><li>• <b>Support for Female Caregivers:</b> Enhance support mechanisms for unpaid caregivers, who are predominantly women, to offset additional burdens that may arise from service reductions.</li><li>• <b>Access and Inclusion in CHC Funding:</b> Advocate for transparent and inclusive CHC funding processes to ensure fair access regardless of gender.</li></ul>
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## Protected Characteristic – Gender Reassignment

Impact Gender Reassignment:	Yes
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Gender Reassignment  
Impact Details:

Positive Impacts

1. **Person-Centered Approach:** The emphasis on individual assessments using a strength-based framework could allow transgender individuals to have their unique needs and preferences recognised and addressed, fostering inclusivity.
2. **Voluntary Sector Involvement:** Partnerships with community organisations may provide opportunities to engage with LGBTQ+ or transgender-focused groups that understand and cater to their specific needs.
3. **Home-Based Care Options:** By promoting home-based care solutions, the proposal might support transgender individuals who feel safer or more comfortable receiving care in their own environment rather than in potentially less inclusive institutional settings.

Negative Impacts

1. **Risk of Discrimination:** Without adequate training for staff on LGBTQ+ inclusion, there is a risk that transgender individuals may face bias, stigma, or a lack of understanding during assessments or care provision.
2. **Potential for Misgendering or Invalidation:** If care providers lack an understanding of gender identities, transgender individuals might experience distress or a lack of trust in the system.
3. **Impact of Reduced Services:** If service reductions lead to longer waiting times or fewer care options, transgender individuals, who may already face barriers to accessing equitable care, could be disproportionately impacted.
4. **Voluntary Sector Gaps:** Not all voluntary sector organisations may have the capacity or training to provide transgender-inclusive services, potentially leaving gaps in support for this community.



Gender Reassignment Impact Mitigation:	<ol style="list-style-type: none"> <li><b>1. LGBTQ+ Competency Training:</b> Ensure that all care staff and voluntary sector partners receive training on transgender inclusion, covering pronoun use, cultural competency, and sensitivity.</li> <li><b>2. Monitoring and Accountability:</b> Include transgender-specific considerations in Equality Impact Assessments (EIAs) to identify and address disparities in care provision.</li> <li><b>3. Collaborate with LGBTQ+ Organisations:</b> Partner with LGBTQ+ advocacy groups to inform care strategies and ensure services are inclusive and supportive.</li> <li><b>4. Ensure Confidentiality and Privacy:</b> Develop protocols to protect the confidentiality and dignity of transgender individuals during assessments and care delivery.</li> <li><b>5. Feedback Mechanisms:</b> Establish channels for transgender individuals to safely provide feedback on their experiences and report discrimination or issues in care.</li> </ol>
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## Protected Characteristic – Marriage and Civil Partnership

Impact Marriage and Civil Partnership:	Yes
Marriage and Civil Partnership Groups Impacted:	["Single","Never married and never registered a civil partnership","Married: Same sex","Married: Opposite sex","In a registered civil partnership: Opposite sex","In a registered civil partnership: Same sex","Separated, but still married","Separated, but still in a registered civil partnership","Divorced","Formerly in a civil partnership now legally dissolved","Widowed","Surviving partner from civil partnership"]



Marriage and Civil  
Partnership Impact  
Details:

Positive Impacts

1. **Support for Couples:** Married or cohabiting individuals may benefit from home-based care and equipment solutions, as these options can allow one partner to take on a caregiving role with the necessary support, fostering family unity.
2. **Strength-Based Approach:** The emphasis on individual assessments could provide flexibility to address the unique circumstances of individuals based on their marital status, such as the availability of spousal support.
3. **Voluntary Sector Initiatives:** Single or widowed individuals, who may lack immediate familial support, could benefit from targeted community and voluntary sector programs that reduce isolation and meet their care needs.

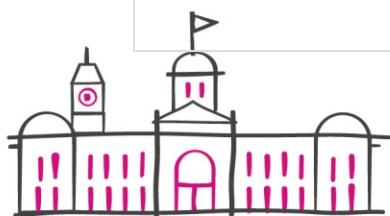
Negative Impacts

1. **Increased Burden on Spouses:** Married or cohabiting individuals might face additional caregiving responsibilities if care packages are reduced. This could disproportionately impact spouses, who may already be primary caregivers.
2. **Challenges Widowed/Single Individuals:** Single or widowed individuals may rely more heavily on external care, and reductions in services or delays in support could leave them particularly vulnerable.
3. **Impact on Care Eligibility Assessments:** If marital status is not adequately considered in the assessments, there could be inequities. For example, married individuals might be assumed to have more support than is actually available, leading to reduced service provision.



### Marriage and Civil Partnership Impact Mitigation:

Ensure that all care assessments are person-centered and take into account not just the individual's health and support needs, but also their marital status and the role their spouse or partner plays in providing support. This will ensure that married or cohabiting individuals who rely on their spouse as a primary caregiver are not unfairly assumed to have sufficient support when, in fact, they may require more formal assistance. Similarly, single individuals should not be assessed as having a built-in support network when they might be socially isolated. A married individual may need care services to support their spouse's caregiving role, while a single person may need additional home-care services or community support due to the lack of a primary caregiver. Implement care plans that are flexible and take into account the dynamics of couples. For example, a married couple where one partner is a caregiver should have a care package that includes respite care or caregiver support to prevent burnout and maintain both partners' well-being. This mitigates the risk of caregivers (often spouses) being overburdened in a way that doesn't negatively affect their health or financial stability. For individuals who are single, divorced, or separated, ensure that there are clear and accessible pathways for support, particularly in terms of mental health services, community programs, and home care. Since these individuals may lack a primary support network, it is crucial to provide appropriate services to fill these gaps. This will ensure that single or divorced individuals who may have no family members to rely on are not left without adequate support, and that they can access necessary care in a timely manner. Recognise the gendered nature of caregiving roles. Women, particularly those in marital relationships, are more likely to be primary caregivers, which can create additional burdens, especially if the proposal leads to reductions in care packages or services. By recognising this, the system can provide additional support for women in caregiving roles, helping them balance caregiving with other responsibilities, such as work and family obligations. Ensure that service providers understand the diversity of marital relationships, including those that may not fit traditional norms (e.g., unmarried couples, polyamorous relationships, or those in non-cohabiting relationships). The system should accommodate a broad range of family and caregiving arrangements without bias. This ensures that individuals who are in non-traditional relationships, or those whose spouses or partners do not live with them for any reason, are not



	<p>excluded from receiving appropriate support services. Consider the financial realities of couples and singles when assessing care needs. Couples may share financial resources, but a single individual may bear the full financial burden of their care. Ensure that financial assessments account for the financial context of marital status and provide equitable financial support.</p>
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## Protected Characteristic – Pregnancy and Maternity

Impact Pregnancy and Maternity:	Yes
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Pregnancy and  
Maternity Impact  
Details:

### Positive Impacts

#### 1. Person-Centered Approach:

- o The strength-based, person-centered care model could help pregnant individuals and new parents access care tailored to their specific needs, taking into account their health, recovery, and personal circumstances.

- o Home-based care options could provide greater comfort and flexibility for pregnant individuals and new mothers, allowing them to receive care in a familiar and supportive environment.

#### 2. Voluntary Sector Support:

- o The proposal's collaboration with the voluntary sector might provide additional services, such as support groups or parenting assistance, which could help individuals during pregnancy and maternity.

- o Voluntary sector initiatives could include parenting resources or mental health support, helping new parents navigate the challenges of pregnancy and early motherhood.

#### 3. Targeted Support:

- o Individuals and new mothers may benefit from the targeted support in care packages, especially if these packages consider the physical and emotional needs associated with pregnancy, birth, and post-natal recovery.

#### 4. Postpartum Care and Support:

- o If the proposal encourages access to adaptive equipment (e.g., for physical mobility or child-rearing support), it could enhance recovery and independence during maternity leave, particularly for new mothers with mobility challenges.

### Negative Impacts

#### 1. Potential for Reduced Services:

- o Cost-saving measures might inadvertently reduce the care or services available for pregnant individuals and those on maternity leave, especially if their needs are not fully considered during assessments.



- o Individuals may face difficulty accessing adequate prenatal care, postnatal support, or maternity leave services if the proposal leads to reductions or delays in support packages.
- 2. Delays in Access to Voluntary Sector Support:
  - o Gaps or delays in voluntary sector support could leave pregnant individuals or new mothers without timely access to essential care, mental health services, or support resources, especially when facing challenges such as postnatal depression or recovery issues.
- 3. Lack of Specialisation in Care:
  - o The review of care packages could overlook the specific needs of pregnant individuals or new parents, particularly if the caregivers or social workers are not sufficiently trained in maternal health or maternity care needs.
  - o Insufficient consideration of maternity-specific needs, such as breastfeeding support, postpartum recovery, or mental health care, could lead to inadequate services.
- 4. Pressure on Family Caregivers:
  - o If care packages are reduced or diverted, it may place an additional burden on family caregivers, especially those who are supporting a pregnant individual or a new mother, potentially leading to caregiver burnout or stress.
- 5. Impact on Mental Health:
  - o The emotional and mental health challenges associated with pregnancy and maternity (e.g., postpartum depression, anxiety) may not be fully addressed in a system focused primarily on cost-saving. Without appropriate mental health support, these conditions could be exacerbated.

Yes





<p>Pregnancy and Maternity Impact Mitigation:</p>	<ol style="list-style-type: none"> <li>1. <b>Maternity and Pregnancy-Specific Training:</b> <ul style="list-style-type: none"> <li>o Ensure that care assessors and social workers are trained to understand the unique needs of pregnant individuals and new parents, especially regarding physical, maternity.</li> </ul> </li> <li>2. <b>Timely Support and Care:</b> <ul style="list-style-type: none"> <li>o Prioritise the timely provision of services for pregnant individuals and new parents, including mental health support, postpartum care, and maternal health services, to ensure no delays in receiving essential care.</li> </ul> </li> <li>3. <b>Enhanced Focus on Mental Health:</b> <ul style="list-style-type: none"> <li>o Include mental health support as part of care packages, especially for individuals who may face mental health challenges during pregnancy and the postpartum period, such as anxiety or depression.</li> </ul> </li> <li>4. <b>Collaborate with Maternity-Focused Voluntary Sector:</b> <ul style="list-style-type: none"> <li>o Engage with voluntary sector organisations that specialise in maternity, parenting, and reproductive health to ensure that pregnant individuals and new parents have access to culturally sensitive and appropriate support services.</li> </ul> </li> <li>5. <b>Monitor and Evaluate Impact:</b> <ul style="list-style-type: none"> <li>o Include pregnancy and maternity as a focus in the Equality Impact Assessment (EIA) to track any disproportionate effects and ensure that this group's needs are adequately met.</li> </ul> </li> </ol>
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## Protected Characteristic – Race

Race:	Yes
Race Groups Impacted:	



Race Impact Details:

Positive Impacts

1. **Person-Centered Approach:** The focus on a strength-based, person-centered approach could allow care plans to respect and accommodate individuals' religious or cultural practices, such as dietary needs, prayer times, or spiritual support.
2. **Use of Community Resources:** Leveraging voluntary and community organisations may provide access to culturally and religiously specific services, fostering inclusion and respect for diverse beliefs.
3. **Home-Based Care Solutions:** Home-based care, as opposed to institutional settings, may allow individuals to maintain their religious practices more freely within their personal environments.

Negative Impacts

1. **Potential Reduction in Personalised Care:** Reductions in care packages or diversion to voluntary sector services could limit the ability of some aligned with their religious or spiritual needs, especially if those services lack cultural or religious awareness.
2. **Cultural Insensitivity in Assessments:** Without robust training for social workers and assessors, there is a risk that religious or cultural practices might not be fully considered or respected during care assessments.
3. **Impact on Faith-Based Care Providers:** If savings measures indirectly reduce support for faith-based organisations or community groups, individuals relying on those for religiously appropriate care could be adversely affected.
4. **Individuals may fear stigma, misjudgement, or a lack of understanding from care providers, discouraging them from seeking or fully utilising available services.**



<p>Race Impact Mitigation:</p>	<p>Ensure robust cultural competency training for staff. Monitor the impacts of service reductions on minority groups through Equality Impact</p> <p>Assessments (EIAs). Engage directly with Black and ethnic minority communities to gather feedback and tailor interventions. Ensure that service providers understand the diversity of communities. The system should accommodate a broad range of ethnicities and cultures. Tailored Assessments: The strength-based approach emphasises personalised care assessments should take into account different needs and approaches depending on culture and ethnicity. Partnerships with community organisations that have an expertise in working with specific minoritised ethnic groups is also important in preventing any groups from becoming socially excluded.</p>
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## Protected Characteristic – Religion or Belief

<p>Impact Religion or Belief:</p>	<p>Yes</p>
<p>Religion or Belief Groups Impacted:</p>	<p>["No religion", "Christian", "Buddhist", "Hindu", "Jewish", "Muslim", "Sikh"]</p>



Religion or  
Belief Impact  
Details:

Positive Impacts

1. **Person-Centered Approach:** The focus on a strength-based, person-centered approach could allow care plans to respect and accommodate individuals' religious or cultural practices, such as dietary needs, prayer times, or spiritual support.
2. **Use of Community Resources:** Leveraging voluntary and community organisations may provide access to culturally and religiously specific services, fostering inclusion and respect for diverse beliefs.
3. **Home-Based Care Solutions:** Home-based care, as opposed to institutional settings, may allow individuals to maintain their religious practices more freely within their personal environments.

Negative Impacts

1. **Potential Reduction in Personalised Care:** Reductions in care packages or diversion to voluntary sector services could limit the ability of some aligned with their religious or spiritual needs, especially if those services lack cultural or religious awareness.
2. **Cultural Insensitivity in Assessments:** Without robust training for social workers and assessors, there is a risk that religious or cultural practices might not be fully considered or respected during care assessments.
3. **Impact on Faith-Based Care Providers:** If savings measures indirectly reduce support for faith-based organisations or community groups, individuals relying on those for religiously appropriate care could be adversely affected.
4. **Individuals may fear stigma, misjudgement, or a lack of understanding from care providers, discouraging them from seeking or fully utilising available services.**



Religion or Belief Impact Mitigation:	<ol style="list-style-type: none"> <li>1. Cultural Competency Training: Equip care staff and assessors with training to understand and respect diverse religious and cultural values during assessments and care planning.</li> <li>2. Collaboration with Faith-Based Organisations: Actively involve faith-based and culturally specific organisations in the planning and delivery of services to address diverse spiritual needs.</li> <li>3. Regular Monitoring: Include religious and cultural considerations in Equality Impact Assessments (EIAs) to identify potential gaps or issues in care delivery.</li> <li>4. Tailored Communication: Ensure communication with citizens about acknowledgment of their religious and cultural values.</li> </ol>
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## Protected Characteristic – Sexual Orientation

Impact Sexual Orientation:	Yes
Sexual Orientation Groups Impacted:	["Male","Female","Non-binary"]



Sexual Orientation  
Impact Details:

Positive Impacts

1. **Tailored Assessments:** The strength-based approach emphasises personalized care assessments. This could positively impact women, who often take on caregiving roles and may have unique needs related to their caregiving burdens.
2. **Increased Use of Equipment:** Expanding the use of equipment to reduce reliance on physical assistance could benefit both men and women caregivers, potentially easing the physical burden of care that disproportionately affects women.
3. **Home-Based Care Options:** The promotion of home-based care solutions may align with the preferences of individuals, particularly women, who often prefer family-centered care arrangements.

Negative Impacts

1. **Gendered Economic Disparities:** Women are more likely to experience poverty and economic disadvantage, making them more reliant on public care services. A reduction in service levels or delays in care could disproportionately affect women.
2. **Impact on Female Caregivers:** Women, who make up a significant portion of unpaid responsibilities if care packages are reduced or if there are delays in accessing voluntary sector support.
3. **Bias in Care Assessments:** Without gender-sensitive training, there is a risk that the specific needs of men or women (e.g., mental health support, domestic violence considerations) may be overlooked during assessments.
4. **Eligibility for CHC Funding:** If the criteria or process for CHC funding are not gender-sensitive, women may face systemic barriers in accessing healthcare support, especially if their needs are undervalued or misunderstood

There is no data recorded as non-binary and therefore the impact on this demographic cannot be evaluated.



Sexual Orientation Impact Mitigation:	<ul style="list-style-type: none"> <li>Gender-Sensitive Training: Ensure social workers and assessors are trained to recognise and address gender-specific needs.</li> <li>Monitoring Gender Impact: Include gender-focused metrics in the Equality Impact Assessment (EIA) to identify any disproportionate effects on women or men.</li> <li>Support for Female Caregivers: Enhance support mechanisms for unpaid caregivers, who are predominantly women, to offset additional burdens that may arise from service reductions.</li> <li>Access and Inclusion in CHC Funding: Advocate for transparent and inclusive CHC funding processes to ensure fair access regardless of gender.</li> </ul>
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## Protected Characteristic – Care Experience / Care Leavers

Impact Care Experience:	Yes
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Care Experience  
Impact Details:

The plan emphasises individual strengths and promotes independence, which can empower individuals with care experience and foster self-reliance.

Equipment expansion (e.g., for mobility) reduces reliance on direct care, which can enhance autonomy for those able to benefit from such adaptations.

Increased diversion to third-sector initiatives (voluntary and community services) can provide tailored, localised support that might better meet individual needs than traditional care packages.

The use of the Neighbourhood Network Scheme facilitates early intervention, potentially reducing long-term dependency. The review process intends to ensure that those eligible for Continuing Health Care (CHC) funding receive the appropriate NHS support. This could ease financial burdens for care leavers and provide access to more comprehensive services. Efforts to transition younger adults (26–64 years) from residential care to supported or independent living could offer them more normalised and empowering environment. Strength-based reviews might result in reduced care for individuals deemed capable of managing with less support, potentially causing distress or unmet needs, especially if assessments underestimate the complexity of their situations. Moving younger adults from residential care to community-based services may disrupt stability, particularly for care leavers who rely on structured environments. Care leavers diverted to voluntary services might encounter overburdened systems, limiting the quality or availability of support.





Care Experience  
Impact Mitigation:

Ensure that all assessments honor individual needs and circumstances, avoiding a one-size-fits-all reduction in care.

Robust oversight by Heads of Service to challenge decision-making and safeguard appropriate support levels.

Strengthen partnerships with NHS and voluntary sectors to streamline referrals and ensure readiness to accommodate increased demand.

Engage care leavers in co-designing services to ensure their relevance and effectiveness.

Invest in and monitor the capacity of third-sector services to handle increased referrals, reducing delays and maintaining quality. Monthly performance reviews and monitoring boards can address emerging issues promptly, ensuring no individual is left without support due to unforeseen complications. Implement specialised teams for triage and diversion to reduce wait times and tailor interventions to those in urgent need.



## Other Risks or Impacts



Any Other Risks Or Impacts:

### Race and Ethnicity + Socio-Economic Status

- o **Economic Disadvantage:** People from Black and ethnic minority backgrounds are disproportionately affected by socio-economic inequality, which can make them more reliant on public services. This group is more likely to experience poverty, limited access to resources, and systemic barriers in healthcare. The cost-saving measures, such as reduced care packages or delays in accessing support, could exacerbate these inequalities, leaving marginalised groups with limited access to timely care.

- o **Barriers in Accessing Services:** Cultural and language barriers might also complicate access to care or the effective delivery of services, particularly for non-English-speaking ethnic minority groups.

- o Black and ethnic minority individuals who are also from low-income backgrounds may experience compounded disadvantages, including the risk of inadequate care due to cuts in services, delays, or lack of cultural competency in care delivery. The intersection of race, ethnicity, and socio-economic status can create a higher likelihood of unmet needs, particularly if the voluntary sector services available are not culturally sensitive or accessible.

### Gender + Caregiving Responsibilities

- o **Disproportionate Caregiving Burden on Women:** Women, especially in low-income or single-parent households, are more likely to be primary caregivers. Reductions in care packages, including the reallocation of support services to the voluntary sector, could disproportionately affect women, leading to increased caregiving responsibilities that are not financially compensated. This can negatively impact their employment, income, and mental health.

- o **Gender and Economic Inequality:** The gender pay gap, which affects women's overall earning potential, may make it more difficult for women to afford additional private care if public services are reduced. Women, particularly mothers, may face economic strain as they juggle caregiving and financial responsibilities.

- o **Women and Caregiving responsibilities.** Women with caregiving responsibilities who are also from socio-economically disadvantaged groups or ethnic minorities



may face a compounded economic burden. The reduction of services and delays in support can exacerbate the financial and emotional toll of caregiving, leading to increased economic vulnerability and potential strain on mental health.

#### Disability + Age

- o People with disabilities, particularly those who are older or have multiple complex needs, may require more intensive care, which could be impacted by reductions in care packages. For younger adults with disabilities, the proposal's emphasis on home-based care and adaptations could promote independence, but it may not be suitable for everyone, particularly those who require specialised, intensive care.

- o Access to Equipment and Adaptations: While the proposal's focus on expanding equipment options could benefit some individuals, others—particularly those with severe disabilities—may still require personalised care, which cannot always be replaced by equipment alone.

- o Disabled individuals, particularly older adults, may experience greater challenges if the proposal does not adequately address the intersection of disability and age. Older disabled individuals may face difficulties with transitioning from institutional to community-based care if there is insufficient support or if the necessary equipment or adaptations are not in place. The intersection of disability and age can create significant barriers in accessing appropriate, tailored care.

#### Sexual Orientation + Mental Health

- o LGBTQ+ challenges. Delays in accessing care, particularly mental health support, could exacerbate existing mental health conditions, such as depression or anxiety, and lead to worsened socio-economic conditions.



## Full Assessment Summary

Full Assessment Summary:	There are potential identified barriers and negative impacts for some people that will be addressed. The evidence supports the method in the proposal and sets out legitimate, relevant and proportional actions. The proposal will proceed.
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## Monitoring

Monitoring Details:	The adverse impact and mitigations will be measured and monitored by using an equality impact log which will outline clear actions, time lines and responsible officers. This will be reviewed regularly and escalated accordingly should any risks or delays arise.
Monitoring Officer Email:	shazia.a.hanif@birmingham.gov.uk

