

## EQIA Submission – ID Number

### Section A

EQIA Title	Our strategy for Making a difference every day - Adult Social Care in Kent 2022 to 2027
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Responsible Officer	Michael Thomas-Sam - ST SPRCA
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### Type of Activity

Service Change	No
Service Redesign	No
Project/Programme	No
Commissioning/Procurement	No
Strategy/Policy	Strategy/Policy
Details of other Service Activity	No

### Accountability and Responsibility

Directorate	Adult Social Care and Health
Responsible Service	ASCH Business Delivery Unit
Responsible Head of Service	Helen Gillivan - AH BDU
Responsible Director	Richard Smith - AH CDO

### Aims and Objectives

The strategy has been informed and shaped by engagement with key stakeholders including ASCH staff, people we support including carers, partner organisations, community and voluntary groups. Key engagement activities include a behavioural study into carers in Kent conducted by a third party and, at a later stage, a formal public consultation.

This equality analysis was revisited during the strategy development work. It has been updated following the public consultation which took place from 13 September 2021 to 24 October 2021. In addition to the main themes of the consultation responses, the need for consistency of practice across social care in Kent was highlighted, as well as quality of support and consideration for family members and carers. Direct payments and the use of new technology were suggested ways of being flexible and responsive to people's needs. The final impact assessment has been produced to support the decision-making on the strategy.

The strategy sets out the vision for adult social care in Kent over the next 5 years and identify priorities for the people we support, our workforce, and other key stakeholders, making commitments to work that the ASCH directorate will undertake to deliver them. It will also set out the detail of how we deliver, design and commission services. This was one of the main consultation feedback points, because people wanted to see information about how the strategy will be delivered included in the revised draft strategy.

### Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?	Yes
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It is possible to get the data in a timely and cost effective way?	Yes
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Is there national evidence/data that you can use?	Yes
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Have you consulted with stakeholders?	Yes
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Who have you involved, consulted and engaged with?
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- Roger Gough, Leader of Kent County Council
- Clair Bell, Cabinet Member for Adult Social Care and Public Health

- Richard Smith, Corporate Director, Adult Social Care and Health
- KCC Engagement and Consultation Team Co-production events
- KCC ASCH MADE Workstream 4: ASCH Wide
- KCC ASCH Equality Board
- KCC Staff Groups
- Adult Social Care Cabinet Committee
- Public

Has there been a previous Equality Analysis (EQIA) in the last 3 years?

No

Do you have evidence that can help you understand the potential impact of your activity?

Yes

## Section C – Impact

### Who may be impacted by the activity?

Service Users/clients

Service users/clients

Staff

No

Residents/Communities/Citizens

Residents/communities/citizens

Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Yes

### Details of Positive Impacts

Kent County Council's Adult Social Care Strategy describes what we want to achieve for all adults receiving social care in Kent, their carers (both formal and informal), and the ASCH workforce. It also defines how we want to work with our partners and community and voluntary organisations.

The strategy is a high-level document that is intended to be ambitious and positive about making a difference every day to the lives of the people we support and or works for adult social care services in Kent. Therefore, it has county-wide application and will have county-wide impacts.

There is also potential for the strategy to have a positive impact on people from all protected groups by aiming to improve their outcomes in relation to adult social care. We are not expecting any adverse impacts from the strategy itself. However, during the engagement and consultation process, respondents have commented that there is potential for some adverse impacts on the following protected groups:

- People with a visual or auditory disability,
- People who live in a household where English is not the main spoken language (e.g. refugees).

The strategy project team Directorate Management Team (DMT) and Programme Board leadership will set the expectation that any specific proposals or changes arising from the delivery of the strategy will be subject to equality analysis and consideration of equality impacts.

Analysis suggests that there is a low risk of negative impact to the protected characteristic groups: disability and race/ethnicity. Negative impacts will be mitigated as outlined in the action plan in this document. There is an anticipated medium positive impact as the strategy aims to create services that are responsive to the needs of each protected characteristic group and has the potential to set out objectives that promote equality for people with all protected characteristics.

<b>Negative impacts and Mitigating Actions</b>	
<b>19. Negative Impacts and Mitigating actions for Age</b>	
Are there negative impacts for age?	Yes
Details of negative impacts for Age	
<p>1 in 4 people aged 85 and over are supported by adult social care services in Kent, meaning the strategy is likely to impact this group.</p> <p>Over a third of the people using adult social care services are working age.</p> <p>Over half of the ASCH workforce are aged between 45-64, meaning the strategy has a higher potential of impacting people in this age range</p>	
Mitigating Actions for Age	
<p>When conducting engagement for the strategy, we meet people aged 85 or over in the spaces that suit their lives and needs.</p> <p>When conducted engagement for the strategy, we tailored engagement methods and timings to fit working life to ensure we capture the working age cohort of people who use adult social care services.</p> <p>When conducted engagement for the strategy placing emphasis on reaching the 45-64 age group in the staff cohort.</p> <p>As part of the strategy development work, we will make a recommendation to the ASCH OD Group that as a directorate we should consider working towards building a more age-representative workforce.</p>	
Responsible Officer for Mitigating Actions – Age	Paula Parker
<b>20. Negative impacts and Mitigating actions for Disability</b>	
Are there negative impacts for Disability?	Yes
Details of Negative Impacts for Disability	
<p>People with visual or auditory impairments may have reduced access to the online strategy document.</p> <p>Proportionally, less people in the ASCH workforce have a disability (4.4%) than working age people in Kent with a disability (5.5%).</p>	
Mitigating actions for Disability	
<p>The strategy was published online in accessible formats such as an easy-read version and a plain text version. Animation videos was used will had subtitles and a transcript, as well as a screen reader for those with visual impairments.</p> <p>As part of the strategy development work, we will make a recommendation to the ASCH OD Group that as a directorate we should consider promoting the employment of people with disabilities in our workforce. Potential to collaborate with The Education People to bring the ASCH directorate up to Disability Confident Level 3 as an employer [8] [9].</p>	
Responsible Officer for Disability	Paula Parker
<b>21. Negative Impacts and Mitigating actions for Sex</b>	
Are there negative impacts for Sex	Yes

<b>Details of negative impacts for Sex</b>	
<p>There are more females in older age groups (particularly over the age of 70) than males, meaning any changes to services which impact older people will also be more likely to impact females.</p> <p>Men are underrepresented in the forums we typically engage.</p> <p>The ratio of male to female staff is roughly 1:6, a much smaller proportion of males than in the population of Kent.</p>	
<b>Mitigating actions for Sex</b>	
<p>When conducted engagement with the people we support we placed emphasis on reaching women over the age of 70.</p> <p>We used a more innovative approach to engage men for the strategy, such as approaching men's sheds and sports groups.</p> <p>As part of the strategy development work, we will make a recommendation to the ASCH OD Group that as a directorate we should consider working towards building a more gender-representative workforce.</p>	
<b>Responsible Officer for Sex</b>	Paula Parker
<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>	
<b>Are there negative impacts for Gender identity/transgender</b>	Yes
<b>Negative impacts for Gender identity/transgender</b>	
<p>There is currently no data collected by KCC for the people we support on gender identity or pregnancy and maternity.</p> <p>There is currently no data collected by KCC for the people we support on gender identity or pregnancy and maternity.</p> <p>There is also no data collected by KCC for our staff on carer's responsibilities, and no breakdown of specific disabilities or different ethnicities within Black, Asian or Minority Ethnic groups.</p>	
<b>Mitigating actions for Gender identity/transgender</b>	
The implementation of the strategy will set a target to collect equalities data by default on all people we support and our staff for all 10 protected characteristics at point of entry into the adult social care system or employment	
<b>Responsible Officer for mitigating actions for Gender identity/transgender</b>	Paula Parker
<b>23. Negative impacts and Mitigating actions for Race</b>	
<b>Are there negative impacts for Race</b>	Yes
<b>Negative impacts for Race</b>	
<p>2.3% of people in Kent do not live in a household where English is the main spoken language and may therefore have more difficulty engaging with the strategy.</p> <p>Gravesham has the highest proportion of people in Black, Asian and Minority Ethnic groups, meaning the strategy is likely to have a larger impact on Black, Asian and Minority Ethnic people in Gravesham than any other district in Kent.</p>	
<b>Mitigating actions for Race</b>	

<p>The strategy consultation utilised translation services and produce documents in multiple languages wherever possible, particularly in areas such as Gravesham which have a higher ethnic diversity.</p> <p>When we conducted engagement for the strategy we placed emphasis on reaching Black, Asian, and Minority Ethnic people in Gravesham to ensure the strategy is representative of their views on services.</p>	
Responsible Officer for mitigating actions for Race	Paula Parker
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>	
Are there negative impacts for Religion and belief	Yes
Negative impacts for Religion and belief	
<p>The proportion of different religions and beliefs in the ASCH workforce is not representative of Kent's population as a whole. The proportion of Muslim people in the ASCH workforce is 0.4% (less than half the proportion of Muslims in Kent).</p>	
Mitigating actions for Religion and belief	
<p>As part of the strategy development work and subsequent implementation phase, we will make a recommendation to the ASCH OD Group that as a directorate we should consider working towards building a workforce that represents the religion and belief of Kent's population.</p> <p>Reassess workforce religion representativeness against the new 2021 Census data when it is published.</p>	
Responsible Officer for mitigating actions for Religion and Belief	Paula Parker
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>	
Are there negative impacts for Sexual Orientation	Yes
Negative impacts for Sexual Orientation	
<p>There are large gaps in the data collected by KCC for Sexual Orientation (50% unknown),</p>	
Mitigating actions for Sexual Orientation	
<p>Ensure staff continue to be trained to understand all 10 protected characteristics and feel comfortable asking the appropriate questions to collect this data.</p> <p>During engagement and implementation phase of the strategy, explore people's comfort with reporting protected characteristic data of the people we support and our staff to understand the barriers to reporting and collecting this data.</p>	
Responsible Officer for mitigating actions for Sexual Orientation	Paula Parker
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>	
Are there negative impacts for Pregnancy and Maternity	Yes
Negative impacts for Pregnancy and Maternity	
<p>2% of staff were on maternity / adoption leave as of 17th September 2020. We need to ensure people who are on maternity / adoption leave are included in engagement for the strategy.</p>	
Mitigating actions for Pregnancy and Maternity	
<p>When we conducted engagement for the strategy we placed emphasis on reaching staff who are on maternity / adoption leave, tailoring methods and timings of engagement to their lives to ensure this group is well represented.</p>	
Responsible Officer for mitigating actions for Pregnancy and Maternity	Paula Parker

## 27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships

Are there negative impacts for Marriage and Civil Partnerships	Yes
Negative impacts for Marriage and Civil Partnerships	
A large proportion of the people who use adult social care services are married or in a civil partnership (over 1 in 4) and it is unknown how many are in relationships. Any changes to services are likely to impact on these groups, particularly couples where both partners have a care need.	
Mitigating actions for Marriage and Civil Partnerships	
When we conducted engagement and consultation on the strategy we sought to understand service requirements for couples, particularly where both partners in a marriage, civil partnership or relationship have a care need.	
Responsible Officer for Marriage and Civil Partnerships	Paula Parker

## 28. Negative impacts and Mitigating actions for Carer's responsibilities

Are there negative impacts for Carer's responsibilities	Yes
Negative impacts for Carer's responsibilities	
We support just 1 in 60 of the people who have carer responsibilities in Kent. This is an opportunity for the strategy to engage with and better understand carers in Kent.	
There is currently no staff group in KCC for carers (informal or formal).	
Mitigating actions for Carer's responsibilities	
A behavioural research study into Carers has been conducted as part of the strategy development, to explore the perceptions, attitudes, and behaviours of carers in Kent about awareness of and access to support. Insight from this study has informed this strategy and it also shaped the Kent Adult Carers Strategy in development.	
As part of the strategy development work, we will make a recommendation to the ASCH OD Group that a staff group should be set up for both formal and informal carers.	
Responsible Officer for Carer's responsibilities	Paula Parker