

By: Oliver Mills, Managing Director, Kent Adult Social Services  
To: Adult Social Services Policy Overview Committee – 1 April 2008  
Subject: **EQUALITY IMPACT ASSESSMENTS**  
Classification: Unrestricted

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Summary: This report provides Members with key messages and a progress report from the process of undertaking Equality Impact Assessments on all Directorate policies, practices and procedures. This is a legal requirement under Equalities legislation and is central to the Equality Standard for Local Government assessment and KCC's Equality Strategy.

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## Introduction

1. (1) Equality Impact Assessments (EIAs) are a statutory responsibility to assess all policies, practices and procedures to check if:
  - a) there are any unwitting adverse impacts on Kent residents on the grounds of age, disability, gender, race, religion and belief, sexuality or factors of social inclusion.
  - b) we are missing any opportunities to make our services more inclusive and accessible.
- (2) There are two types of Equality Impact Assessments:
  - Stage 1: INITIAL SCREENING ASSESSMENTS  
on all existing and new policies, practices and procedures
  - Stage 2: FULL EQUALITY IMPACT ASSESSMENTS  
on any policies where there might be evidence or a possibility of 'adverse impact';  
or where we are planning a significant new public service and are testing out how best to be inclusive and accessible, eg Telehealth and Telecare.
- (3) All Directorates have been conducting EIAs and these formed key evidence for KCC's external assessment under the Equality Standard for Local Government (which took place on 18-19 March 2008).

## Initial Screening

2. (1) Screenings have been carried out on all 243 Directorate policies, practices and procedures. These are conducted by the 'Policy Owner' – the

manager who has day to day responsibility for implementation, together with a 'Critical Friend', who asks challenging questions about how the policy could be more inclusive and accessible. The Directorate's Equalities Manager or an Equality Champion (a member of staff who advises on a particular strand of equality – age, disability, gender, race, religion or belief, sexuality or social inclusion) has fulfilled this role.

(2) A common format was used across KCC which questions:

- is this a new or existing policy, practice or procedure?
- what are its aims, what partner agencies are involved, and who will benefit?
- what are the monitoring arrangements?
- what consultation has there been in the past two years, who was involved and what were the findings?
- does the policy affect particular groups differently and if so can this be legally justified?
- have we missed any opportunities to promote disability, gender or racial equality?
- is there a need to gather more information to assess its impact?
- is it easy to modify the policy, procedure or practice?

(3) This screening determines whether the policy, procedure or practice is of 'Low Adverse Impact' or needs to be referred for a Full Equality Impact Assessment. The vast majority (235) were assessed as being of Low Adverse Impact, and in those cases the manager concerned undertook to make small but significant changes to increase inclusivity and accessibility. Improvement Plans have been drawn up and progress on these will be checked in October 2008.

## **EXAMPLES OF CHANGES AS A RESULT OF EIA SCREENING**

### **Accessibility/ Usability of KASS Web Sites**

3. (1) Increasingly, information and access to services can be achieved online. KASS Web Team are at the forefront of such development nationally with 60 service based web sites. User friendly access and giving full consideration to the needs of those whose first language is not English is key in the design and updating of these sites. Many are interactive and all use 'Plain English'.

- in September 2007, KASS commissioned an external 'Usability Study' on all KCC websites.
- In November 2007, an 'Accessibility Study' was commissioned to consider any access improvements for those who are visually impaired, have cognitive impairment, hearing impairment and those who may have keyboard manual dexterity difficulties. These have been reported and an Action Plan to make necessary improvements is being drawn up. This demonstrates KCC's continuing commitment towards usability and accessibility, and KASS has lead responsibility for KCC.

- The KCC website has been amended to provide a simple explanation of how to access service information in British Sign Language (BSL), in alternative formats and in 10 community languages. Recently video clips have been added of interpreters explaining this in Bengali, Cantonese, Czech, Lithuanian, Mandarin, Polish, Punjabi, Russian, Slovakian and Turkish. There are plans to add a further 10 languages shortly.

## **District Plans**

4. (1) The Screening Assessment of the Directorate's District Plans identified that they could be stronger at identifying the diversity of need within the District and projecting this forward. District Managers have made a commitment to develop information and contacts with BME groups in their districts and where contacts don't exist to start to engage with them. This will also focus on the 'new communities' who have settled in Kent more recently.

(2) This process will be informed by 2005 Ethnic Population Estimates (Office of National Statistics, November 2007) which identifies 73,200 people (5.3%) classified as Black Minority Ethnic (BME) in the KCC area in 2005. In 2001, the proportion was 3.1%.

(3) Between 2001 and 2005, the BME population in the KCC area has increased by 76.3% (an additional 31,700 people). Whilst still being a small proportion of the total population, we need to take into consideration that these changes are reflected across all Kent districts, eg Sevenoaks 143% increase (2,200 to 5,400 people), Tonbridge & Malling 130% increase, Swale +118%, Canterbury +107%, Thanet +106%, Ashford +100% and Dover +97%.

(4) These new communities are contributing greatly to Kent's economy, but we need to take a more informed view of how we can engage with them and ensure their specific needs are being met.

## **Procurement**

5. (1) The Directorate has devised a thorough system of procurement which has equalities as a key component – from Good Care Guides, service specifications, tendering and contracting and contract monitoring. KASS contracts 85% of its services with the private and voluntary sector. This has a value which equates to 42% of all KCC procurement business.

(2) Thirty four Contracts Unit policies were examined and were assessed as being good practice examples. However, the screening has prompted a re-emphasis of promoting anti-discriminatory practice by featuring equalities much more prominently in their contract Quality Assurance Monitoring Document.

(3) Residential Homes for example are assessed on how each resident's individual needs (which could involve their disabilities, gender, religion and belief, sexuality or social interests) are understood and catered for and that any harassment or discrimination is properly addressed.

(4) The Contracts Unit has also subsequently devised an excellent 'easy read' Service User form inviting them to provide a confidential, positive or negative reference on their residential home.

## **Kent Home Care**

6. (1) KASS has been exploring issues of impact assessments for some time now, although this particular process is a new one. A couple of years ago our in-house home care service examined their practices in relation to recruiting Domiciliary Care Workers in Gravesham, where 12.1% of the population are from BME communities. They examined the ethnicity of their workforce, which revealed very small numbers of BME staff and only 3 with the Asian languages and cultural understanding that are most relevant to the communities they serve. This meant that Care Managers had difficulty in offering culturally appropriate care packages.

(2) It was discovered that the existing predominantly white workforce were alerting their friends to vacancies and supporting them in their applications.

### Improvement Plan:

- Kent Home Care linked with the Directorate's Equal Care Project to attract BME candidates who had undertaken 'An introduction to care work' training.
- KHC now send job details to BME groups in the recruitment district. This is being applied countywide and for example, we hope to attract partners of Gurkha soldiers to vacancies in Folkestone.

## **'Reality Checking' Screened Assessments**

7. (1) A proportion of the 235 screened policies assessed as being of 'Low' adverse impact have been 'reality checked' to quality assure these assessments.

- briefings were held for Diversity staff groups
- 3 Reality Checking workshops were held, where 18 staff drawn from equality champions, diversity staff groups, trade unions (UNISON and GMB) and equalities group members commented on 35 assessments selected by participants
- 2 other workshops involving 25 members of Disability and BME groups commented on 4 policies
- A further peer review workshop, involving 50 East Kent Managers commented on 6 policies

(2) Each Directorate was asked to 'Reality Check' 10% of those screened policies rated as being of Low adverse impact. This gave a target of 24 checks. KASS 'reality checked' 45 screened assessments.

(3) KCC's former Inclusive Services Policy Manager sought advice from DIALOG, the Employers Association and they regarded KCC's screening process as being 'very robust'.

### **Full Equality Impact Assessments**

8. (1) Eight policies are subject to a Full EIA. Seven have been completed as at 1.4.08.

a) Staffing Policies

- Personal Action Plans/ Personal Development Plans/ End of Year Appraisals
- Core Supervision Policy for Social Care Staff

b) Service Policies

- Telehealth
- Telecare
- Carers Policy (Adults)
- Domiciliary Charging
- Modernisation proposals for Queen Elizabeth Foundation for the Disabled
- 1995 Gypsy/ Traveller Policy Document is to be revised and updated. This is awaiting legislative changes expected around June 2008 and will be completed after that.

#### Telehealth and Telecare

(2) Full Equality Impact Assessments have been conducted on Telehealth and Telecare initiatives. These have involved ongoing dialogues with large numbers of disabled people and people from BME groups to trial and influence the development of equipment and how these new services are communicated and operated.

#### Domiciliary Charging

(3) Over 8,000 domiciliary service users, carers groups and Kent residents were consulted through use of a questionnaire on proposed charging increases. Three public meetings were also held county-wide to consider views. The assessment judged that these increases were implemented in a manner that did not treat those from equality groups worse than others. It also acknowledged that Heads of Service can and do use discretion to ameliorate any negative impact on particular service users, for example, extra arrangements are made to meet additional complex needs/ cultural provision.

#### Carers Policy (Adults)

(4) The screenings identified the need to better reflect diversity in carers' individual service plans and assessments. The Directorate has subsequently

worked with 70 carers support organisations to increase the awareness of carers' right to assessment and services. A Carers Advisory Network is being established to inform and shape policies and service development.

(5) KCC Cabinet has prioritised "strengthening the support provided to people caring for relatives and friends" as part of its strategic objectives in 'Towards 2010'. A key aspect is to consult with carers on the quality of services and outcomes that are important to them. This will also contribute to a national DOH Carers Survey in 2010. As part of this, we intend to undertake 1:1 interviews with BME carers which will be completed by May 2008.

(6) A representative group of 50 carers are meeting in a focus group (Feb – April 2008). They will identify key issues and recommend future action.

(7) A Select Committee of KCC Members carried out a review of carers services and an Implementation Plan is being developed to progress actions identified. The report was debated by KCC on 13 December 2007 and sent to the Minister for Social Care as KCC's contribution to the Prime Minister's Review of the 1999 Carers Strategy. Item No. B2 on today's agenda sets out the work programme put in place to take forward the recommendations of the Carers in Kent Select Committee Report.

#### Modernisation proposals for Queen Elizabeth Foundation Resource Centre

(8) Members are aware that these proposals represent the implementation of KCC's Active Lives Policy to support the people of Kent to live independently in their local communities. This is in line with the Social Model of Disability and the development of person-centred individual services. It is intended to also extend opportunities to people from BME communities and to younger disabled people who do not currently access the existing service.

(9) The Directorate feels that new service proposals will be more extensive and inclusive, but this has not been welcomed by some existing service users.

(10) A consultation process has taken place over recent months. Service users indicated that they would prefer to retain the current service provision. They fear that funding is to be withdrawn and that future arrangements might not suit them. They are used to accessing the day service in one place and as a large group and are suspicious of the concept of individual services that make more use of mainstream facilities. These concerns have been shared with the Council verbally, through letters and emails and also by Service Users contacting press and other media to raise these issues.

(11) Service users have been actively involved in the work of the North West Kent Service Review Project Board, as members and in individual and group meetings, and the proposals have evolved as a result of their feedback. A series of meetings have been held with service users and carers and a working group with service users to look at how individual budgets will work for them. In addition, each existing service user has received an individual assessment to determine their needs and aspirations.

(12) The Equality Impact Assessment included breaking down service user responses and complaint issues and encouraging the managers concerned to respond to each of these. The needs of disabled people in the area who currently don't access QEFD were also considered.

(13) KASS is to ask an independent equalities consultant to review this Equality Impact Assessment, to comment on the fairness of procedures and make any recommendations for further action.

### **New Policies and Next Steps**

9. (1) Reports being considered by the KASS Strategic Management Team now always ask if an Equality Impact Assessment has been conducted.

(2) We have plans to carry out EIAs on each of the Active Lives for Adults (ALFA) work streams.

(3) This whole Equality Impact Assessment Process has been valuable in fine-tuning what we do to ensure that our policies, practices and procedures are as inclusive and as accessible as is possible.

(4) KCC is currently gathering good practice examples from other authorities on how practically to share this information with the public of Kent.

(5) In conclusion, Equalities are a key mainstream issue for Kent Adult Social Services. The Equality Impact Assessment process has demonstrated that we have many good practice examples to showcase. As the Commission for Social Care Inspectorate said: "Kent Adult Social Services serves most people well but also understands what it needs to do better and has plans to improve."

### **Recommendations**

10 (1) Members are asked to note and comment on the Directorate's achievement in conducting Equality Impact Assessments on all of its policies, practices and procedures.

Keith Wyncoll  
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KW/AM  
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