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| Equalities Impact Assessments Screening Tool Guidance | | | | |
| 1 | Summary: Residential and nursing care annual charge review 2016/17 | | | |
| 2 | Lead Officer contact details: Raj Darbhanga | | | |
| 3 | Date: 27/01/2016 | | | |
|  | Response to Screening Questions | Yes | No | Please explain your answer. If answering Yes but after consideration a full EqIA is not necessary please provide a detailed explanation for NOT undertaking a full EqIA |
| 4 | Could the proposed policy/project/function/staff restructuring/major development/ planning application or the way it is carried out have an adverse impact on any of the key equalities protected characteristics age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation? Or relationships between any equalities groups? | ✓ |  | It is proposed that a 1% fee increase is applied to residential and nursing care in 2016-17, in line with Council policy to increase all fees and charges by 1% in 2016-17.  The proposed 1% increase in charges for residential and nursing care will only impact on service users who have capital above the upper charging limit, currently £23 250, as they are required to meet the full cost of their care. Residents who are required to make a contribution to their care costs will not be affected as the amount that they can afford to contribute is assessed independently of the charges for care.  **Linden Road Residential Home**  There are currently 4 residents living at this home, of which 0 are paying the full cost of their care. Therefore, there will be no impact of this proposal for service users at Linden Road.  **Osborne Grove Nursing Home**  There are currently 20 residents living at this home, of which 2 people (10%) are paying the full cost of their care. The proposed fee increase would raise the cost for each individual by £9.72 per week, or £505.44 per year.  The 2 impacted residents are female, which is line with the background of service users at the home, 80% of whom are female.  The 2 impacted residents are aged 65-79 and 80+, reflecting the home’s user group, 95% of whom are in these age categories.  The primary support groups of the 2 impacted residents are physical support and support with memory and cognition, in line with 95% of the home’s residents.  The 2 impacted residents are from Asian and Black/Black British backgrounds, in line with 45% of the home’s residents. This is slightly higher than would be expected, although the numbers of people involved are relatively small.  Analysis of the impact on service users has highlighted that older women with disabilities from Asian and Black/Black British backgrounds will be affected by the proposal. Given the background of service users at this location, it is not surprising that older women with disabilities are affected by this proposal. It is notable that the two affected residents are from BME backgrounds, however, the two residents impacted by this proposal have been financially assessed on the same basis as all service users. As fees will only be increased for those service users who have been assessed as being able to afford the full cost of their care, the increase in fees is being applied equitably based on individuals’ financial situations. |
| 5 | Is there any indication or evidence (including from consultation with relevant groups) that different groups have or will have different needs, experiences, issues and priorities in relation to the particular policy/project/function/major development/planning application? Or do you need more information? |  | ✓ | See above. |
| 6 | If there is or will be an adverse impact, could it be reduced by taking particular measures? |  | ✓ | Since the financial assessment is applied equitably to all ASS service users based on their financial situation, it is not possible to introduce measures to mitigate the impact on those individuals affected by the fee increase. |
| 7 | By taking particular measures could a positive impact results? |  | ✓ | See above. |
| 8 | As a result of this screening is a full EqIA necessary? |  | ✓ | No. |