



# **Caring for our future: reforming care and support**

*Equality Analysis*

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# Caring for our future: reforming care and support

## *Equality Analysis*

Prepared by the Department of Health

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### Introduction

1. The White Paper '*Caring for our future: reforming care and support*' sets out the Government's plans to transform the care and support system so that service users and their carers are able to plan and prepare for the future, access high quality care, and exercise genuine choice and control. People need care and support for many different reasons and the system needs to be responsive to different views on how care needs should be met.
2. People want to have confidence that the care and support they need now, or will in the future, can support diverse needs and aspirations. This involves considering the needs of working age adults, children at the point of transition, older people, the specific needs of equality groups, and people who are at risk of social exclusion.
3. Reform of care and support also needs to be supported by changes to the current legal framework. Over 60 years, a patchwork of Acts, Regulations, Directions and Guidance has grown up. The result is complexity and confusion for those who have to navigate their way through the law. It is difficult for social workers to know how to interpret and apply the law whilst service users and carers do not understand what they are entitled to.
4. Reform to the law that underpins care and support and well-crafted legislation will provide clarity for professionals and the public. Consolidating and modernising the legal framework for care and support in England will create a clear, coherent, modern and accessible system, where the rights of individuals will be clearly outlined.

### Responsibility of the Department of Health to tackle inequality

5. The Department of Health is committed to equality, diversity and human rights. In its role, it seeks to be an effective champion for all, by:
  - Setting national direction and supporting delivery, in ways that promote equality and tackles inequalities in health that arise from disadvantage and discrimination;
  - Taking action to support people to maximise their health, wellbeing, independence, choice and control; and,
  - Supporting all the people who work in the system and for the Department to deliver these goals, recognising the value of their differences in the contribution they make.
6. The Department has a statutory duty to have due regard to the need to:
  - eliminate discrimination and other conduct prohibited under the Equality Act 2010
  - to advance equality of opportunity between people who share a protected characteristic and people who do not
  - foster good relations between people who share a relevant characteristic and those that do not.
7. Under the Equality Act, direct discrimination based on association or perception is unlawful in respect of various protected characteristics. Discrimination by association refers to the situation where an individual is discriminated against because of a characteristic, such as disability, of another person with whom they are associated, for example as a carer. This is why in addition to the three aims of the equality duty, set out above, our analysis has an additional focus on the potential impact on carers.

8. This document sets out how the Department of Health has met the Public Sector Equality Duty during policy development, in line with the five chapters of the White Paper:

- A. 'I am supported to maintain my independence for as long as possible'**
- B. 'I understand how care and support works, and what my entitlements and responsibilities are'**
- C. 'I am happy with the quality of my care and support'**
- D. 'I know that the person giving me care and support will treat me with dignity and respect'**
- E. 'I am in control of my care and support'**

9. The Equality Analysis draws on evidence that is currently available from a number of sources, as well as the findings from the 'Caring for our future' engagement with the care and support community on the priorities for the reform of adult social care. The key findings from this engagement can be found at [www.caringforourfuture.dh.gov.uk](http://www.caringforourfuture.dh.gov.uk).
10. The Department of Health has considered the impact of each of the key areas of the White Paper and the draft Care and Support Bill on people sharing protected characteristics as part of the policy development process. We have considered the totality of the impact in each area on equality groups and outlined how we have sought to mitigate against disadvantage where appropriate according to: age, race, religion, gender, disability, sexual orientation, trans-gender, and pregnancy and maternity.
11. Local authorities and other public authorities performing public functions are also subject to the Public Sector Equality Duty and must pay due regard to its three aims in everything they do. Regulations require listed public authorities including Local Authorities, NHS bodies and government departments to publish relevant information which demonstrates compliance with the equality duty annually and to set objectives to improve their performance every four years. As much of the practical implementation will occur at a local level, further assessments will need to be taken by local authorities.

### **Who is the White Paper for?**

12. Care and support is something that affects everyone whether they are people using services, a carer, or a family member or friend. It is important that we build an inclusive system that is responsive to individual need and fit for purpose. Care and support needs to keep apace with changing demography and growing expectation and it must change radically if it is to enable current and future generations to live the lives they want. The current system, underpinned by outdated legislation, does not support people to stay as independent as possible, or empower them to take control of their lives.
13. The reforms must be responsive to the specific needs of people who come into contact with care and support, of all ages and with a range of disabilities. From sources currently available, we know that:
- The number of users of adult social care rises with age. Around 0.5 million of younger adults aged 18-64 years receive adult social care, while 1.1 million of

older people aged over 65 years receive social care.<sup>1</sup> The proportion of younger adults receiving social care is 2%, while 12% of older people receive social care.<sup>2</sup>

- Over 50% of older supported care home residents and over 30% of older supported home care users are aged 85 or over. Social care in old age is heavily concentrated on the oldest, who generally have the greatest needs.
- More women than men receive adult social care. Approximately 1 million women are in receipt of adult social care in comparison to 0.6 million men receiving social care.<sup>3</sup> This is due to the longer average life expectancies and higher rates of disability in old age for women compared to men.
- The majority of adult social care users are from white ethnic groups. 91% are from white ethnic groups, whilst Asian or Black ethnic groups make up 3% each of social care users<sup>4</sup>.
- Amongst older people aged over 65 years, 83% have physical disabilities, 14% have mental health problems, and 3% have either learning disabilities or are vulnerable people. Amongst younger adults aged between 18 and 64 years, 37% have physical disabilities, 34% have mental health problems, 25% have learning disabilities, and 4% have been either involved in substance misuse or are considered as vulnerable adults<sup>5</sup>.
- The NHS Information Centre Survey of Carers in Households 2009/10 found that around 5 million adults (aged 16 or over) in England, or 12% of the population, look after or give special help to a sick, disabled or older person. 15% of all households in England contain a carer, representing around three million households<sup>6</sup>.
- Two-thirds of carers are in their mid-forties or older. They are most likely to be within the 45-64 years age bracket (42%), with a quarter aged 65 or over<sup>7</sup>.
- Women are more likely to be carers than men. The NHS Information Centre survey found that 60% of all carers were women<sup>8</sup>.
- Less than half of all carers are in part/full-time employment. The NHS Information Centre Survey<sup>9</sup> found that 46% of all carers were in full-time (26%) or part-time (20%) employment.

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<sup>1</sup> Community Care Statistics: Social Services Activity, England - 2010-11 - Final Release, **Table P1.1** (NB: The figures relate to adult social care users receiving care during 2010-11 and not to numbers on a given day)

[http://www.ic.nhs.uk/webfiles/publications/009\\_Social\\_Care/Community\\_Care\\_Statistics\\_201011/Annex\\_A\\_National\\_Tables.xls](http://www.ic.nhs.uk/webfiles/publications/009_Social_Care/Community_Care_Statistics_201011/Annex_A_National_Tables.xls)

<sup>2</sup> ONS Population Estimates for England - Mid 2010<sup>3</sup> Community Care Statistics: Social Services Activity, England - 2010-11 - Final Release, **Table P7.1** (NB: The figures relate to adult social care users receiving care during 2010-11 and not to numbers on a given day)

<sup>3</sup> Community Care Statistics: Social Services Activity, England - 2010-11 - Final Release, **Table P7.1** (NB: The figures relate to adult social care users receiving care during 2010-11 and not to numbers on a given day)

[http://www.ic.nhs.uk/webfiles/publications/009\\_Social\\_Care/Community\\_Care\\_Statistics\\_201011/Annex\\_A\\_National\\_Tables.xls](http://www.ic.nhs.uk/webfiles/publications/009_Social_Care/Community_Care_Statistics_201011/Annex_A_National_Tables.xls)

<sup>4</sup> Community Care Statistics: Social Services Activity, England - 2010-11 - Final Release, **Table P4.2** (NB: The figures relate to adult social care users receiving care during 2010-11 and not to numbers on a given day)

[http://www.ic.nhs.uk/webfiles/publications/009\\_Social\\_Care/Community\\_Care\\_Statistics\\_201011/Annex\\_A\\_National\\_Tables.xls](http://www.ic.nhs.uk/webfiles/publications/009_Social_Care/Community_Care_Statistics_201011/Annex_A_National_Tables.xls)

<sup>5</sup> Community Care Statistics: Social Services Activity, England - 2010-11 - Final Release, **Tables P4.3 and P4.4** (NB: The figures relate to adult social care users receiving care during 2010-11 and not to numbers on a given day)

[http://www.ic.nhs.uk/webfiles/publications/009\\_Social\\_Care/Community\\_Care\\_Statistics\\_201011/Annex\\_A\\_National\\_Tables.xls](http://www.ic.nhs.uk/webfiles/publications/009_Social_Care/Community_Care_Statistics_201011/Annex_A_National_Tables.xls)

<sup>6</sup> NHS Information Centre (IC) Survey of Carers 2009

<sup>7</sup> *ibid*

<sup>8</sup> *ibid*

<sup>9</sup> *ibid*

- The proportion of all people aged 16 and over providing care in the UK by ethnicity was according to the Census (after age standardisation): 13% of both White and Asian ethnic groups, 11% in Mixed ethnic groups, 9% in Black ethnic groups and 7% of Chinese and other ethnic groups<sup>10</sup>.

### Evidence and engagement

14. Government has received two independent reports that make recommendations on how to reform the care and support system:
  - In May 2011, the Law Commission's review into the legal framework for adult social care reported making a series of recommendations for the wholesale reform of the law<sup>11</sup>.
  - The Commission on Funding of Care and Support, which the Coalition Government set up, reported in July 2011 with recommendations for changes to how the cost of care is shared between the individual and the state as a partnership<sup>12</sup>.
15. Building on these recommendations, Government launched '*Caring for our future*' last year to identify the key priorities for reforming care and support. Between 15<sup>th</sup> September and 2<sup>nd</sup> December 2011, the Government together with discussion leaders from the care and support community heard views from people who use care and support services, carers, local councils, care providers and the voluntary sector.
16. Six areas were identified as having the biggest potential to make improvements to the care and support system, these were: quality and workforce; personalisation and choice; shaping local care services; prevention and early intervention; integration; and, the role of the financial services.
17. To hear a breadth of views on these key areas, we asked seven discussion leaders from the care and support community, each supported by an expert reference group, to help the Department explore these themes and attend events across the country. Collectively over 300 events were attended; more than 640 separate pieces of correspondence in the form of letters, reports, feedback forms and website comments were received; and over 14,400 people visited the '*Caring for our future*' website.
18. Together we engaged with specific equality groups covering the eight protected characteristics set out in the Equality Act 2010 as well as rural communities, difficult to reach groups, and carers. We have used this feedback to inform the equality analysis as part of policy development. Alongside the White Paper, we have published a full summary of the '*Caring for our future*' responses, along with the independent analysis of the feedback carried out by Ipsos-Mori, which can be found at [www.caringforourfuture.dh.gov.uk](http://www.caringforourfuture.dh.gov.uk).

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<sup>10</sup> The UK Census 2001

<sup>11</sup> [www.justice.gov.uk/lawcommission/docs/lc326\\_adult\\_social\\_care.pdf](http://www.justice.gov.uk/lawcommission/docs/lc326_adult_social_care.pdf)

<sup>12</sup> [www.dilnotcommission.dh.gov.uk/our-report](http://www.dilnotcommission.dh.gov.uk/our-report)

## A: 'I am supported to maintain my independence for as long as possible'

19. Government and other partners across the care and support system will work together to ensure that people can plan ahead for the care and support they might need in future. We want people to be in control of their care and support and live independent and confident lives. Active communities will have a key role to play and we want to make it more attractive for everyone to support each other.

We will:

- create shared measures of wellbeing across the 2013/14 editions of both the Public Health and Adult Social Care Outcomes Frameworks, with a particular focus on developing suitable measures of social isolation
- legislate to introduce a clear duty on local authorities to incorporate preventive practice and early intervention into social care commissioning and planning
- involve communities in decisions around health and care services, through local Healthwatch and health and wellbeing boards
- support social workers to connect people at risk of isolation to community groups and networks, using evidence from the Social Work Practice Pilots
- support *My Home Life* and national care provider organisations to work with their members to develop 'open care homes' that build links with their local community
- stimulate the development of time banks, time credits and other approaches that help people share their time, talents and skills with others in their community
- develop, in a number of trailblazer areas, new ways of investing in supporting people to stay active and independent, such as Social Impact Bonds
- establish a care and support evidence library to act as a bank of best practice in prevention and early intervention
- establish a new care and support housing fund, worth £200 million over five years, to support the development of specialised housing for older and disabled people
- work with Home Improvement Agencies to extend their services to more people who fund their own adaptations and ensure that people obtain timely support and advice.

## Strengthening support within communities

### Key outcomes

20. We want individuals to think about their future needs and take steps that could help to prevent a crisis, triggering acute and possibly long-term care. The White Paper outlines our ambitions for people to feel empowered to plan and prepare early for their future.

This includes supporting active and inclusive communities to tackle social isolation and build new connections and networks.

### Equality impacts

21. During the 'Caring for our future' engagement we heard that prevention and early intervention are vital if people are to experience effective care and support services that meet a diversity of needs. Being able to plan and prepare for the future is important for service users, their families and carers. Planning early can give people the time to make considered purchases that are sensitive to cultural and religious views or individual preferences due to gender or sexual orientation.
22. Evidence suggests that some people are more likely to keep their care needs hidden and only access services when they are experiencing significant need. Certain groups are more likely than others to access care and support at the point of crisis, reducing independence and requiring more intensive intervention from formal services. People from black and ethnic minority backgrounds (BME)<sup>13</sup>, Lesbian Gay Bisexual Transgender (LGBT) groups<sup>14</sup>, and men<sup>15</sup> are more likely to make themselves known to social services at a greater level of need. This may be because of the stigma of needing support or because it is perceived that the care system is not culturally sensitive.
23. LGBT people told us during 'Caring for our future' that being able to plan and prepare was vital, especially for those who may worry about accessing additional informal support networks in later life. A report by Age Concern<sup>16</sup> highlighted that LGBT people may have greater need for professional care services as they are 4.5 times as likely to have no children to call upon for extra help and are 2.5 times more likely to live alone compared to their heterosexual counterparts.
24. It is important that information is made available to ensure people can make informed choices to maintain their wellbeing, and so that commissioners can make better decisions about the services available in their area. To support this, evidence of investment leading to returns in terms of both cost efficiency and better health and wellbeing outcomes will be made available to commissioners.
25. Additionally, developing Trailblazer areas, through Social Impact Bonds for example, will provide funding for preventative interventions by raising funds for new services. This may provide better opportunities for smaller providers, as unlike in typical payment by results arrangements, there are fewer financial risks<sup>17</sup>. Improved diversity of provision should allow for services to be better suited to the needs of individuals and minority groups.

## Housing

### Key outcomes

26. People should live in accommodation that is suitable for their needs, and reflects their personal choices and preferences. Housing is a key contributory factor to an individual's

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<sup>13</sup> SCIE Research Briefing 35: *Black & Minority Ethnic People with Dementia & their Access to Support and Services* 2011

<sup>14</sup> Joseph Rowntree Foundation *Equality and diversity and older people with high support needs*, 2010

<sup>15</sup> PSSRU *The National Evaluation of Partnerships for Older People Projects: Final Report* 2009

<sup>16</sup> Age Concern *The Whole of Me... Meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing* 2006

<sup>17</sup> Ministry of Justice *Lessons learned from the planning and early implementation of the Social Impact bond at HMP Peterborough* 2011

need to seek help through either the health or care and support system, and is also vital to people's wellbeing.

27. These policies seek to address a number of issues around planning, commissioning and development. The expected consequences will be a system where individuals are able to adapt their homes appropriately with adequate supply of information to help them do so.

### Equality Impacts

28. During the 'Caring for our future' engagement we heard that choice and control is important in all areas for people accessing care and support, including housing. The policies in the White Paper will seek to support individual choices about where to live by encouraging the use of aids and adaptations and offering suitable housing options. We know that many people do not wish to move to specialist accommodation and we want to support these people in their choice to remain independent in their own homes.
29. Currently it is estimated that there are a minimum of almost one million people whose homes require suitable adaptation to support independent living, 60% of whom are over 60 years old.<sup>18</sup> Where homes are not equipped to meet people's individual care needs, it is more difficult to live active and fulfilling lives. A report by the Equality and Human Rights Commission (EHRC) highlights that both people living with a disability and women are more likely to experience substandard housing.<sup>19</sup> Amongst older people, there are clear indications that ethnic groups such as Bangladeshi and Pakistani groups are more likely to live in poverty and therefore poorer housing.
30. The specialist housing market is not responding well enough to demand. We have heard that there is a lot of variation across the country meaning that some individuals can face poorer choices than they would if they lived elsewhere. Our work with the sector to stimulate and facilitate the market for specialist accommodation, means that supply will respond to demand more freely. In geographical areas where this is currently not the case, we hope that this will restore a balance whereby homeowners and non-homeowners face equal opportunity of choice when considering their future housing.
31. The clarification of local government roles and responsibilities in assessing the need of an area will encourage the housing market to be more responsive. Specifically, health and wellbeing boards will need to consider housing needs and resources when developing their Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. The Strategy will set priorities for collective action between all members of the health and wellbeing board.<sup>20</sup>
32. Our work with home improvement agencies (HIAs) will also help to reduce inequality for those who live in an area where the HIA only offers work to local authority referrals. HIAs offer home adaptation services at a not-for profit rate, and expanding awareness of their services will facilitate access to more affordable adaptations for a greater number of people.

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<sup>18</sup> English household conditions survey, 2007

<sup>19</sup> Equality and Human Rights Commission, *How Fair is Britain - Triennial Review*, 2010 pp.459-520

<sup>20</sup> Race for Health, Shared Intelligence, *Culturally responsive JSNAs, a review of race equality*, 2010

33. Aids and adaptations, including telecare, can help people to live more independently and be confident in doing so.<sup>21</sup> This will be of particular benefit to those who live alone but are struggling to remain independent. We know that aids and adaptations may not be a popular option for everyone and there is need to be sensitive to individual concerns and preferences. For example, working age adults may not want adaptations usually associated with old age such as grab rails and pull cords. Additionally, in some cultures where there are a higher percentage of multigenerational households, for example in Asian families, it may be difficult to adapt the home to meet the needs of all its inhabitants and some families may object to certain adaptations or even to adaptations of any kind.<sup>22</sup>

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<sup>21</sup> Alaszewski A, Cappello R *Piloting Telecare in Kent County Council: the key lessons*, 2006. Final report. Canterbury: University of Kent, Centre for Health Services Studies.

<sup>22</sup> ONS & DWP *Focus on Older People* 2005

## B: 'I understand how care and support works, and what my entitlements and responsibilities are'

34. We want to improve people's understanding of how care and support works and how to navigate the system. Better national and local information will help people to understand the care and support options available to them and, by setting a national minimum eligibility, there will be greater consistency in access to services across the country.

**We will:**

- establish a new national information website to provide a clear and reliable source of information on care and support
- support local authorities to develop new online services that provide people with more consistent and more easily accessible information about their local care and support options, with start-up funding of £32.5 million
- introduce greater national consistency in access to care and support, through a national minimum eligibility threshold
- remove the barriers that keep people from moving to a new home in a different local authority area, by ensuring no-one's care and support is interrupted
- require NHS organisations to work with their local authority partners and local carers organisations to agree plans and budgets for identifying and supporting carer
- work with the Employers for Carers Forum to produce and publish a road map setting out action to support carers to remain in the workforce
- transform support for carers by extending the right to an assessment, and introduce a new entitlement to support for them to maintain their health and wellbeing.

## Better Information and Advice

### Key outcomes

35. Information and advice will have a key role to play in the reformed adult social care system. Improving the availability and accessibility of information, through a national online portal and the provision of locally specific information, will empower people to plan and prepare at key transition points in their lives, navigate to the right care options that best meets their needs, and be confident in the consistency of the information received.
36. To support people in the design and delivery of their own care and support there needs to be easier access to a greater level and depth of information and advice. This will need to be comprehensive and meet the different requirements and accessibility demanded by different groups in society including people with complex needs, those who may lack capacity, self funders, and carers and families.

## Equality Impacts

37. The 'Caring for our future' engagement identified a high level of interest in information from equality groups and better information was seen as important in enabling people to have a greater understanding of the system and realise personal choice. Feedback flagged that there was need for information to be provided in a way that kept up with advances in technology. We also heard specifically that a lack of information and advice can cause self-funders to access and pay for inappropriate care.
38. In the current system, people do not know how or where to access information to make appropriate choices if they are in receipt of care or expect to need care in the near future. The information available currently is inconsistent and of variable quality, which means that many people do not understand how the system works.
39. We know that many people often don't access services, not necessarily because there are no services to help them, but rather because they do not know what help is available or how to take advantage of it. The issue is not always a lack of information, but rather that it isn't easily accessible. It is important that the information and advice available is culturally sensitive and enables people to make informed choices about care and support. This requires ensuring appropriate information and advice is made available to support the diverse range of people who come into contact with the care and support system. This includes people who fund their own care, carers and family members, and people with different disabilities.
40. The shift towards online services has the power to transform the relationship between Government and individuals as services become more convenient, cheaper to update and more personalised.<sup>23</sup> Better information will support the personalisation agenda and enable individuals to navigate through the system more easily. Bringing information together into a single online portal, will offer greater access to information, awareness of the available support and understanding of care and support for all individuals.
41. Younger people with physical disabilities are likely to benefit greatly due to a higher proportion of people in this group who have computer access and can use it to interact with care services. Development work with the Common Assessment Framework Demonstrator sites indicates that there is a growing use and expertise in IT and internet services with many younger disabled people and a range of voluntary organisations and User Led Organisations. For some people with sight and/or hearing difficulties, information services offered through website and internet use can also offer significant advantages.
42. However, some people are less likely to access the internet. In 2011, 19 million households in Great Britain had an internet connection, which represents 77 per cent of households. Despite the growth in household internet connections over recent years, there are still 5.7 million households without an internet connection and those aged 65+ are much more likely to be offline than younger cohorts.<sup>24</sup> To support everyone to access information online, the government is supporting Go On UK to bring the benefits of the internet to every individual and community.

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<sup>23</sup> Government ICT Strategy, Cabinet Office, March 2011

<sup>24</sup> ONS Statistical Bulletin: *Internet Access – Households and individuals*, 2011

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43. The provision of information and advice in different formats will ensure that the needs of all people, including those who can't use the internet, can be met.

## Assessment, Eligibility and Portability for people who use care services

### Key outcomes

44. Variation in eligibility thresholds across the country means that the system is opaque and there is inconsistency in the level of support that people are eligible for. Creating a new national minimum eligibility threshold will mean that people's entitlements to care and support will be much clearer and fairer.
45. Individuals receiving care and support currently face barriers to move between local authority areas as there can be discontinuity in their care provision when they move. Government is addressing this by putting a duty on the local authority to provide an equivalent package of care and support for a person moving in to their area until they can undertake an assessment of their needs.

### Equality impacts

46. At present, local authorities determine the eligibility of individuals for social care using a national framework (Fair Access to Care Services (FACS)) which is set out in statutory guidance.<sup>25</sup> Local authorities set different criteria for eligibility which results in significant variation in the access to care and support depending on where people live in the country. This variation in access is often perceived as unfair and we have been told that the lack of clarity and consistency hinders people from planning and preparing for their care needs. Government proposes to set a national minimum eligibility threshold to address this. During 'Caring for our future' there was strong support for national eligibility and the development of a new assessment framework to iron out regional inconsistencies.
47. These policies will have a positive impact for equalities by enabling people to take greater control over their lives without being limited by the care and support they receive. We heard during 'Caring for our future' that people felt it was unfair that eligibility was not more consistent across the country and that this created a postcode lottery. We have also heard that for many in our society, it is culturally important that relatives are able to look after and support their family members when they develop a care need. It is of great importance that people are able to move locations to be closer to family and friends, if they wish to.
48. The proposals on portability will benefit younger disabled people in particular as we know from migration data that younger people move on average far more than older people, e.g. to take up employment.<sup>26</sup> The barriers to portability were identified by the Equality and Human Rights Commission as potentially contravening the human rights of disabled people. They commented that "this [lack of portability] is an unfair and inequitable restriction on freedom of movement and – at the least is - very much against the spirit of the right to private and family life as set out in Article 8 of the European Convention of Human Rights".<sup>27</sup>

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<sup>25</sup> FACS was officially replaced by Prioritising need in the Context of Putting People First in 2012 but it is still commonly referred to as FACS.

<sup>26</sup> Office of National Statistics Migration Data: [www.statistics.gov.uk/hub/cross-cutting-topics/migration/index.html](http://www.statistics.gov.uk/hub/cross-cutting-topics/migration/index.html).

<sup>27</sup> Health and Social Care Parliamentary Briefing, House of Lords, 2008

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49. In addition, reform to the assessment process for people in prisons will mean that more prisoners will receive a social care assessment. This will ensure that prisons and local authorities will be clear about responsibilities for providing for eligible needs. The policy will have a positive impact on those prisoners who are most likely to be in need of care and support, in particular older prisoners and prisoners with a disability.

## Carers' support

### Key outcomes

50. The proposed improvements to the legal framework will simplify the carer's assessment process. These proposals will transform support for carers by legislating to extend rights to a carer's assessment, and provide an entitlement to public support for the first time.
51. Through the implementation of these proposals carers will find it easier to access personalised advice and support to help them care for as long as they wish and are able to do so. We want to enable carers to have a life of their own alongside caring including opportunities to pursue education, employment and leisure activities and to look after their own health and wellbeing.

### Equality Impacts

52. The new proposals for carer's assessment will have a positive equality impact as assessment will be personalised to individual needs and circumstances. A recent report found that 65% of older carers surveyed had long-term health problems or a disability themselves and almost 70% felt that being a carer had an adverse impact on their mental health.<sup>28</sup> Assessment will include consideration of the carer's wishes to pursue work, education and leisure opportunities as well as the carer's ability and willingness to care. Adoption of a whole family approach in assessment and provision of support will help adult social care services to identify where they should support the needs of young carers, those caring at a distance and those who are caring for more than one person. It will also help parent carers access appropriate support at time of transition, notably when the young person they care for moves from children to adult social care.
53. Legislative reform would remove the requirement that a carer must first request the local authority to undertake an assessment before one can be offered and enable local authorities to tailor an assessment to particular needs, which includes the use of interpreters where appropriate. Individual assessments, alongside personal budgets and direct payments, will deliver support that is more personalised and culturally acceptable to both carers and the people they care for.
54. Women have a higher chance of being in a caring role by the time they are 50 compared to men and women of working age are more likely to give up work or to reduce the amount of time they work in order to care.<sup>29</sup> However, more male carers in work have requests for flexible working arrangements turned down. The proposed legislative reforms will bring a clearer focus on supporting both male and female carers to remain in work alongside caring or return to work after a period of caring.
55. People from BME communities also report significant challenges in providing care for friends or family members. A report by Carers UK has revealed that the majority of

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<sup>28</sup> PRTC report *Always on Call, Always Concerned: a Survey of the Experiences of Older Carers 2012*

<sup>29</sup> UK Census 2001

carers from BME communities are of working age, spend more hours caring, are in poorer health and are more socially isolated than white British carers.<sup>30</sup> Poor literacy and language skills can exacerbate problems in accessing information and advice about assessment and support. Misconceptions about extended family support can result in carers not being offered assessments in their own right even when it is apparent that they have significant caring responsibilities.

56. Additionally, some carers and families will not take advantage of support if they deem it culturally inappropriate. The evaluation of the carers strategy demonstrator sites *New Approaches to Supporting Carers' Health and Well-being*<sup>31</sup> identified a number of ways in which sites worked specifically with faith communities to ensure that the way assessments were undertaken and support provided was considered appropriate.
57. We know that many people are caring for people with different types of need including physical and mental disability. Removal of the current requirement that a carer, in order to be assessed, must be someone who is providing a substantial amount of care on a regular basis will help to ensure that those caring for people with fluctuating conditions, such as mental health problems or substance misuse, are not excluded from being offered a carer's assessment. Joint assessments of both the carer and the person cared for, and the development of a joint care and support plan will particularly benefit those who are mutual carers.

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<sup>30</sup> Carers UK *Half a million voices: improving support for BAME carers 2011*

<sup>31</sup> CIRCLE - *New Approaches to Supporting Carers' Health and Wellbeing 2011*

## C: 'I am happy with the quality of my care and support'

58. The Government will work in collaboration with people involved in the care and support sector to promote improved quality, strengthen arrangements to keep people safe from harm, and foster a sustainable and responsive market of care providers that is sensitive to individual preferences.

**We will:**

- set out clearly what good quality care looks like and what people should expect when using care and support
- ban age discrimination in health, care and support from October 2012
- give people access, from today, to clear information about the quality of individual care providers
- work with a range of organisations to develop comparison websites that make it easy for people who use services, their families and carers to give feedback and compare the quality of care providers
- refer home care to the National Institute for Clinical Excellence as the topic for a quality standard, as part of a library of care and support quality standards to be developed from April 2013
- pilot a new care audit in 2013 to highlight how well residential care providers are delivering dementia care, encouraging them all to improve their care
- put action to protect people from abuse and neglect on a statutory footing with clear duties on local authorities, the police and the NHS to work together to keep people safe
- rule out crude 'contracting by the minute' that can undermine dignity and choice for those who use care and support
- consult on further steps to ensure service continuity for people using care and support should a provider goes out of business.

## Improving Quality

### Key outcomes

59. There is evidence that the quality and user experience of social care and associated outcomes in England varies widely between local authority areas and between providers and satisfaction compares unfavourably with some peer countries.<sup>32</sup> Government will bring together the sector to ensure all the elements of the quality architecture for the system work together and that all players, at every level, fully understand their respective roles and responsibilities for achieving high quality care for all.

<sup>32</sup> European Commission report, *Health and long-term care in the European Union*; Special Eurobarometer 283/ Wave 67.3 – TNS Opinion & Social 2007

60. The proposals outlined in the White Paper aim to deliver high quality care within a clear framework where providers aim for excellence and users and carers are satisfied. In the future, we want people to have the ability to have real choice over the care that best meets their personal needs. This will ensure that services are more responsive to personal preferences.

### Equality Impacts

61. Participants in the 'Caring for our future' engagement told us that people who use care and support and their carers should be able to access effective mechanisms to provide feedback to providers and raise concerns about the quality of care. The current lack of information about quality in the care sector means people are unable to identify high quality providers in their area that align with their beliefs, cultural values or needs. We heard that a high quality service was one that was considerate to individual preferences and responsive to wants and aspirations. A Joseph Rowntree report highlights that a barrier to high quality services is created in failing to recognise that people are 'likely to have different social, cultural, religious/ spiritual, emotional or sexual needs'.<sup>33</sup>
62. We know that in the current system, some people are happier with the services they receive than others. A report by the Equality and Human Rights Commission on older people in home care found that around half of people using services and their friends and family members expressed real satisfaction with their home care.<sup>34</sup> However, at the same time, the report revealed some examples of care that raised concerns such as:
- older people not being given adequate support to eat and drink (in particular those with dementia) and an unfounded belief that health and safety restrictions prevent care workers preparing hot meals; and,
  - neglect due to tasks in the care package not being carried out, often caused by lack of time.
63. Setting out clearly what good quality care looks like will mean that providers will have to assure themselves, as well as service users and their families, that quality care is being provided. We are also committed to promoting equality in care and support and we will implement the ban on age discrimination in NHS and social care services from October 2012. Whilst recognising that in certain cases it may be beneficial for people of different ages to be treated differently, we think that this will help to eradicate harmful discrimination in care and support to the benefit of all who use it.
64. Enabling people to choose the care that best meets their needs will also have a positive impact by ensuring that care is more personalised and responsive to the individual. For example some people may have a preference about the gender of their carer, choose a care home with a designated area for prayer, or use a provider whose staff can speak different languages. Developing provider quality profiles, which will include feedback from people who have used services, will provide better quality information and enable service users to make more informed and confident decisions. These policies will empower people with greater clarity and enable the selection of services to be more personalised.
65. Encouraging local people to shape and design their own services will also enable greater user involvement in care services and provide more transparent information to

<sup>33</sup> Joseph Rowntree Foundation, *Equality and diversity and older people with high support needs*, 2010

<sup>34</sup> EHRC, *Close to Home: An enquiry into older people and Human Rights in homecare*, 2011

service users. The role of local Healthwatch in shaping local care services and offering training to local authority representatives to collate views will be an important way of ensuring individuals have a say in service design. Local people know their communities best and will be better able to collect the views of particularly hard to reach groups.

### Keeping people safe

#### Key outcomes

66. The White Paper recognises that a high quality service must keep people safe from harm and we will legislate to ensure that all agencies work together at a local level to prevent abuse.
67. Our aim is to have a legislative system that is proportionate and gives people local flexibility in the design of their local safeguarding arrangements. This leaves front line health and care professionals with the appropriate experience to deal with the causes of the issue, free to operate within a much clearer statutory framework.

#### Equality Impacts

68. People with a disability are more frequently subject to abuse compared to the rest of the population, and more safeguarding alerts are received about females (61%) compared to males and older people compared to people in younger cohorts.<sup>35</sup> Additionally, a study carried out by the National Centre for Social Research and King's College London reported that 342,400 older people (aged 66+) in the community had been subject to abuse<sup>36</sup>.
69. A recent EHRC report told us that disabled people in all age groups are more likely than non-disabled people to have experienced a crime in the past 12 months.<sup>37</sup> It is likely that some victims of crime may also have been subjected to significant harm because of the vulnerable situation they are in. Among disabled young people aged 16-18 42% have been victims of crime in the previous 12 months, compared to 33% of non-disabled people of the same age.<sup>38</sup> Data collected by the Information Centre covering the year 2010/11<sup>39</sup> revealed that:
  - almost half of adult safeguarding referrals reported (49%) related to adults classified as having a physical disability;
  - 21% were for adults classified as having a learning disability; and,
  - 7% were reported for substances misusers or other client types.
70. A legislative system that is proportionate and gives people local flexibility to design their safeguarding arrangements will enable front line health and care professionals with the appropriate experience to deal with the causes of the issue, free to operate within a much clearer statutory framework. Expert opinion from the Munro review stated that prescribing too much detail for the functioning of a safeguarding policy is not suitable.<sup>40</sup>

<sup>35</sup> The NHS Information Centre, *Abuse of Vulnerable Adults in England 2010-11: Experimental Statistics Provisional Report*, 2011, [www.ic.nhs.uk/pubs/provabusevulnerableadults1011](http://www.ic.nhs.uk/pubs/provabusevulnerableadults1011)

<sup>36</sup> National Centre for Social Research and King's College London, *UK study of abuse and neglect of older people: qualitative findings*, 2007

<sup>37</sup> Equality and Humans Rights Commission, *Hidden in Plain Sight Inquiry into disability-related harassment*, 2011

<sup>38</sup> *ibid*

<sup>39</sup> Abuse of Vulnerable Adults in England 2010-11: Experimental Statistics Provisional Report, The NHS Information Centre, 2011, [www.ic.nhs.uk/pubs/provabusevulnerableadults1011](http://www.ic.nhs.uk/pubs/provabusevulnerableadults1011). This data represents all but 1 council in England, and as such should be quite representative. However, it should be noted that this data collection is still very new and might be subject to issues around definitions of safeguarding alerts and referrals which vary across councils and impact on data quality.

<sup>39</sup> Equality and Humans Rights Commission, *Hidden in Plain Sight Inquiry into disability-related harassment*, 2011

<sup>40</sup> The Munro Review of Child Protection: Final Report, Munro, 2011

[www.education.gov.uk/munroreview/downloads/8875\\_DfE\\_Munro\\_Report\\_TAGGED.pdf](http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf)

## Caring for our future: reforming care and support

This reinforces the message from the *No secrets* consultation report that safeguarding must be built on empowerment and that the individual concerned should be informed to make their own safeguarding decisions as far as possible.<sup>41</sup>

71. The Safeguarding Adult Board's annual report will be a key mechanism by which the local Safeguarding Adult Board is held to account by the local community for the safeguarding outcomes it delivers. Accountability to the local population will ensure that the diversity and specific needs of the local community are accounted for.
72. The *No Secrets* consultation identified that people from BME groups, particularly those in the older generations, were less aware of what safeguarding issues were or how to get help and some had significant concerns about being able to get help in ways that were respectful and might be in-keeping with different cultures.<sup>42</sup> We believe that local agencies are best placed to craft local adult safeguarding priorities in line with local need to best account for local diversity.
73. The approach taken in these policy proposals means that Safeguarding Adult Boards must operate in a partnership with their local community - they will listen to and work with local people. Local Safeguarding Adults plans will clearly discuss the desired outcomes of the Safeguarding Adult Board and how these organisations are going to work together. These plans will have to address safeguarding issues and concerns for the local community, taking into account the ethnicity and cultural preferences of that community. For BME communities this could include promoting when and how people might want to get help to align with cultural preferences.
74. Putting Safeguarding Adults Boards on a statutory footing will ensure that they are in a more robust position to champion and support safeguarding within communities, particularly for groups that we know are more affected by safeguarding issues. We will remind Safeguarding Adult Boards of this in guidance, which will support the legislation. We will also specify that the business plan produced should be accessible to the local population to enable greater transparency for all.

## A better local care market

### Key outcomes

75. Our proposals for law reform will put clear duties on local authorities to promote diversity and quality of services for the whole of their local population. Greater numbers of people funding their own care and in receipt of direct payments will mean the role of the local authority increasingly becomes one of shaping and promoting the market, rather than commissioning and procuring services directly.
76. To help local authorities carry out this duty, we are offering support to every local authority in creating a market position statement or developing their existing one. A market position statement sets out local authorities' ambitions for working with care providers to encourage the development of a diverse range of care options.

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<sup>41</sup> Safeguarding adults: a consultation on the review of the 'No Secrets' guidance" (HM Government 2008)

<sup>42</sup> *ibid*

## Equality Impacts

77. Evidence from the 'Caring for our future' engagement suggests that commissioning currently often focuses on the delivery of services in the short-term rather than encouraging long-term sustainability and continuous quality improvement. It was felt that care provision should have choice and control at its heart, which requires a diversity of provision within the market.
78. Many groups told us that care and support needed to be more responsive to cultural differences and individual preferences. It was felt that there were not always sufficient culturally appropriate services for those in minority communities. Feedback suggested that local authorities can limit customer choice by commissioning conventional care services and restricting the number and range of those available.
79. The draft Care and Support Bill will clarify the responsibilities of local authorities in this respect, and will require local authorities to promote, as appropriate to their area, an efficient and effective market of providers which ensures that people wishing to access services can make an informed choice from a range of high quality providers.
80. We believe that local authorities, using the available guidance, can develop a market that provides choice and control over a meaningful range of high quality support options. The White Paper recognises that plurality in provision is essential if we are to deliver on our ambitions around personalisation where individuals have real choice and control over their care. Doing so will promote better quality services that are more responsive to a range of needs.

## D: 'I know that the person giving me care and support will treat me with dignity and respect'

81. We want people to be confident that if they need care and support they will be treated with dignity and that their personal views on how their care needs should be met will be respected. We know that people's experience of care and support is largely determined by the compassion and kindness shown by care workers. The White Paper sets out how we will improve the capability of the workforce and support people and providers to deliver high quality care.

### We will:

- place dignity and respect at the heart of a new code of conduct and national minimum training standards for care workers
- offer personal assistants (PAs), and their employers, greater support and training to improve recruitment, retention and the quality of the care and support they deliver
- focus the role of social workers on interpersonal support, to promote choice and control, and to better meet people's needs and goals
- appoint a Chief Social Worker by the end of 2012, to provide a leadership role for the social work profession and to drive forward social work reform
- train more care workers to deliver high quality care, including an ambition to double the number of care apprenticeships to 100,000 by 2017
- expand the Care Ambassadors scheme to promote a positive image of the sector, making links with schools, colleges, and careers and job services
- establish a new Leadership Forum, to develop the leadership skills and abilities of people at every level of care and support
- strengthen the status of registered managers as critical leaders and advocates for quality care.

## Workforce

### Key outcomes

82. As progress towards a more personalised and integrated social care service develops, people who use services, carers, the workforce, employers and commissioners of care and support will interact in more diverse and creative ways. This will require the development of new skills and greater capability around new technologies from a flexible workforce. The workforce policy proposals aim towards delivering quality, personalised services.

## Equality Impacts

83. Delivering the new vision for adult social care will require a more capable, responsive and skilled workforce. The adult social care workforce plays a central role in the lives of people who use services, increasing autonomy and enabling the rights of individuals to make choices about how they live their lives. To react to increased diversity and achieve personalised services, service providers need to be more culturally competent, avoiding and challenging ageist attitudes and assumptions<sup>43</sup>.
84. Feedback from the 'Caring for our future' engagement told us that the workforce needed to keep pace with changing demands and increasing diversity. We heard of instances where providers failed to understand the specific needs of their service users. For example, engagement with a group of Pakistani Muslim women highlighted an incident where a care home had not respected the religion of a Muslim elder through lack of knowledge.
85. We also heard that there is a worry amongst LGBT people that their needs will not be met in formal care settings. Some LGBT people may not access services or feel uneasy about disclosing their sexual orientation for fear of discrimination. Transgender people, who may require 'complex social or bodily needs relating to their gender reassignment', may also be likely to lack confidence that current services would meet their needs.<sup>44</sup> During the 'Caring for our future' engagement LGBT groups advised that training for health and social care staff needs to recognise the reality of lesbian, gay, bi-sexual and transgender people using services.
86. Currently, the care sector is also heavily weighted towards female employment. Recent research has identified that about 80% of all jobs in adult social care are held by women compared with 46% of the workforce as a whole.<sup>45</sup> Proposals to grow the capacity of the social care workforce will need to build on work commissioned by Skills for Care, which gathered evidence about the attitudes of men to employment in the care sector.<sup>46</sup> The report makes recommendations to increase the attractiveness of the care sector to men and recognises the need to promote to employers the value of a balanced workforce. This is vital in social care for both people who use services and their families so that the system feels fully responsive to the needs of both men and women.
87. A sensitive and responsive workforce is needed to improve the quality of care for all and satisfy a range of aspirations and needs. The policies to develop leadership at all levels, improve the capacity of the workforce to meet future demographic challenges and increase the capability of the workforce through training and skills development will have positive equality impacts.

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<sup>43</sup> Joseph Rowntree Foundatio, *How do older people and carers rate care and support in Bradford?* 2010

<sup>44</sup> Age Concern *Planning for Later Life: Transgender People*, 2007b

<sup>45</sup> Skills for Care, *State of the Adult Social Care Workforce Report* 2010

<sup>46</sup> Skills for care, *Men into care – a research-based contribution to a recruitment and retention issue*, 2010

## E: 'I am in control of my care and support'

88. To enable people to lead active and independent lives, care and support needs to be responsive to individual need and personal preferences. We want people to be in control of services that will join up around their personal needs and goals.

**We will:**

- legislate to give people an entitlement to a personal budget as part of their care and support plan, and will strengthen our ambitions on direct payments
- improve access to independent advice and support to help people who are eligible for support from their local authority to develop their care and support plan and to choose how their needs could be met
- develop, in a small number of areas, the introduction of direct payments for people who have chosen to live in residential care, in order to test the costs and benefits
- change the charging system for residential care from April 2013, so that the income that people earn in employment is exempt from residential care charges
- invest a further £100 million in 2013/14 and £200 million in 2014/15 through joint funding between the NHS and social care to support innovative, integrated health and care services.
- place a duty on local authorities to join up care and support with health and housing where this delivers better care and promotes people's wellbeing
- develop plans to ensure that everyone who has a care plan has a named professional with an overview of their case and responsibility for answering any questions they might have
- work with partners to remove barriers and promote the widespread adoption of integrated care
- develop models of co-ordinated care for older people
- improve the access that people living in care homes have to a full range of primary and community health services.

## Personalised care and support

### Key outcomes

89. Personalised care means that people should be in control of the funding available to them. This can be in the form of a personal budget which is managed by the local authority or a direct payment in cash, or a mixture of both.

90. There is evidence that people can achieve a better quality of life if they are in control of their funding through a personal budget. The evaluation of the individual budget pilots showed that almost half of those with an individual budget reported that their view of what could be achieved in their lives had changed a lot.<sup>47</sup> The Government is committed to enabling everyone who is eligible for a personal budget to have access to one if they wish, preferably as a direct payment, by April 2013.

### Equality Impacts

91. Personal budgets will enable people from different backgrounds and with different preferences to have their care needs met in a way that is more culturally and personally appropriate. During 'Caring for our future' we heard that personalisation is a quality, human rights and equality issue and that personal budgets allow the care and support system to become more responsive to individual needs and aspirations.
92. The increasing diversity of service users makes a 'one size fits all' approach inappropriate. Personal budgets will make services more culturally sensitive as service users will have the control to choose services that best meet their needs. During 'Caring for our future', a number of groups and individuals told us that the care and support system needed to be reactive to different family and cultural norms in the provision of care.
93. The Personal Social Services Research Unit (PSSRU) reported, as part of their evaluation of direct payments, that there are different experiences and levels of satisfaction amongst people that access personal budgets. Younger people with physical disabilities have a higher take up of direct payments compared to other groups.<sup>48</sup>
94. Evaluation of the individual budgets pilot programme (IBSEN) has shown that in some cases older people can be less likely to be offered a personal budget and personalised support planning because they felt the planning and managing of their own support would be burdensome.<sup>49</sup> When in receipt of a personal budget, evidence also suggests that older people are less likely than others to report higher aspirations. Older people receiving individual budgets have reported lower psychological wellbeing compared to those in a comparison group.<sup>50</sup> This highlights the importance of good quality information, advice and guidance tailored to the needs of the individual to realise the true benefits of personalisation.
95. It is important to note that whilst personal budgets will become the default option, individuals have flexibility in how they manage their budget. They can manage it themselves by taking a direct payment and employing a personal assistant, asking the local authority or a third party to manage the budget for them, or a combination of the two. Individuals should not be forced to take on a direct payment against their will. If choosing a direct payment, individuals should be provided with appropriate information and support to be able to manage the payment effectively.
96. As the number of personal budget holders grows, it is expected that innovation in services will grow to cater for the different needs of budget holders. This will help to

<sup>47</sup> Individual Budgets Evaluation Network, *Evaluation report of the Individual Budgets pilot programme*, 2008.

<sup>48</sup> SCIE research briefing 20, *The implementation of individual budget schemes in adult social care* - updated 2009

<sup>49</sup> Glendenning et al, *The national evaluation of the Individual Budgets Pilot Programme* (Social Policy Research Unit/University of York) 2008

<sup>50</sup> *ibid*

mitigate the differences in perception and uptake between different groups. For instance, the development of personal budgets has already led to an increase in the opportunities for micro-providers responding to specialist markets as care becomes more personalised.<sup>51</sup>

97. Exempting earned income from the residential care financial assessment will have a positive equality impact by enabling people to exercise greater choice and control over their lives. People in local authority supported residential care will be able to retain the money that they make from employment and accordingly see an increase in their income. The group who are likely to gain from this change are disabled people of working age who require residential care.

## Integration and joined up care

### Key outcomes

98. It is important that services are better integrated around people's needs to prevent people getting lost in the system or experiencing poor quality services. The Government wants to ensure that the right systems, structures, skills and behaviours are in place to incentivise services to join up around the people that use them, and respond to both individual needs and the needs of their families.
99. Disjointed services also mean that resources are not used as effectively as possible to improve people's quality of life. People admitted to hospital usually want to return home as soon as they are well enough to do so. However, delays can often occur between services, meaning that people spend longer in a hospital bed. We believe that providing the right environment for integrated working at a local level should have positive equality implications for service users and their families.

### Equality Impacts

100. An ageing population and a rise in the prevalence of long term conditions mean that people's health and social care needs are converging. People need and expect health and social care services to work more closely together. Improving the commissioning and delivery of services for all people, families, carers and the wider population will have positive equality implications. By putting the patient and user at the centre, a more personalised and joined up service can be realised.
101. A system that is better coordinated will make it easier for people to access services and maintain their wellbeing. We know that many people find care and support difficult to navigate and this can often result in people seeking help too late. The Standing Commission on Carers states that "the reasons for poor uptake of health and social services by members of the BME communities are multiple, including lack of understanding of service provision". Where services are better joined up people can enter the care system through a co-ordinated care pathway and transition well between different care settings, including from hospital back into the community.
102. People with complex or multiple needs, most frequently older people, are likely to feel the benefits of improved integration.<sup>52</sup> People with long-term conditions, especially those with more than one, may feel that different parts of the system don't join up around

<sup>51</sup> Community Catalysts: [www.communitycatalysts.co.uk/micro-enterprise-help-for-micro-providers/](http://www.communitycatalysts.co.uk/micro-enterprise-help-for-micro-providers/)

<sup>52</sup> Kings Fund /Nuffield Trust: *A report to the Department of Health and the NHS Future Forum: Integrated care for patients and populations: Improving outcomes by working together* 2012

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them. The White Paper makes clear that service change must begin and end with what patients, users and local communities need. Integration must be locally led, have the support of front-line professionals and other local clinicians, be based on sound evidence and be in the best interests of users. Effective local engagement will ensure that services are more responsive to demand and co-designed to reflect the diversity within local communities.

103. During the 'Caring for our future' engagement we also heard that a particular challenge was experienced by children moving from children's to adult social services. We were told that transition is often a concern and complicated for service users and their families, placing undue strain on young people. In the reformed care and support system, young people will have greater control over transition, reducing anxiety and unnecessary concern.

## Summary of Impacts

104. The reforms outlined in the White Paper, and enacted through the draft Care and Support Bill, aim to build a care and support system that is inclusive and meets the needs of all individuals throughout the time they experience a care need. We want people to have confidence in the care and support that they receive, access high quality and personalised services when they need them, and plan and prepare for the future.
105. The White Paper sets the framework for a more transparent system where all individuals are likely to benefit from the improved availability of information and advice, greater choice and control through personal budgets, a holistic approach to carers' assessments, and the development of the social care workforce. The draft Bill will set out the provisions for a new legal framework to support and strengthen the implementation of many of these proposals.
106. This chapter summarises the main likely impacts of the reform of the care and support system on key equality groups, as outlined in the White Paper:

### Age

- An emphasis on early intervention and prevention will enable people approaching later life to plan and prepare for their future care needs, access preventative services sooner and remain independent for as long as possible.
- Housing is key in enabling people to remain confidently in their own homes, especially those in later life. The White Paper sets out how we will promote the roll out of telecare, improve the availability of aids and adaptations, and invest in specialist housing.
- Information will be more readily available to enable people to make informed decisions. We know that older people may be less likely to have access to the internet than younger cohorts and recognise that information will need to be available in a variety of formats.
- The transition from Children's to Adult social care is often a source of worry for young people. The White Paper sets out the plans to expand the window for transition and give young people more control over how to best plan and manage the move from children's to adult services.

### Carers

- The draft Care and Support Bill will provide the first ever legal entitlement of carers to support from the local authority. This new right to support will greatly improve carers' access to services to help them live their lives as they wish to alongside their caring role.
- The new assessment for carers will include consideration of the carer's wishes to pursue work, education and leisure opportunities as well as the carer's ability and willingness to care.
- Adoption of a whole family approach will enable adult social care services to identify the needs of young carers, those caring at a distance and those who are caring for more than one person.

## Disability

- Information and advice will be more readily available to all enabling people to make more informed decisions about their care.
- National minimum eligibility and portability will enable people to move across the country to follow employment or family and friends, with greater confidence that the care and support system will support them in doing so.
- The roll out of personal budgets will enable people to be in greater control of their care and how their individual needs are met. Younger people with physical disabilities are more likely to request a direct payment and enjoy the freedom and flexibility that they bring.
- Exempting earned income from the residential care financial assessment will enable people to exercise greater control and realise the financial benefits of working.

## Gender

- Women are more likely to be carers and provide more informal support to family members or friends. Reform of the carers' statute will have a positive impact for all carers, but women will be at a particular advantage given the high proportion of female carers.
- Men are more likely to access care and support at a higher level of need, perhaps because of the stigma of needing support. The greater availability and accessibility of technology and adaptations to the home should enable people who do not want to access formal services to remain more confidently in their own homes.

## Race

- A 'one size fits all' approach is not fit for purpose and the White Paper highlights that care should be personalised around the needs of the individual. We know that BME communities want to be able to access services that are more culturally desirable and personalised to their needs and aspirations. Providing personal budgets as the default option will enable everyone to have greater control over their care and support arrangements.
- The White Paper recognises that appropriate services need to be available to allow people to access genuine choice and control across a range of providers. The proposals for law reform will put duties on to local authorities to promote a diversity of services that reflect local need.
- Co-design of services between the local authority and the local population, through health and wellbeing boards, will also ensure that the services available more adequately reflect what is needed in local communities.
- People from BME communities often access services at a higher level of need, the reasons for which are often a lack of information or fear of discrimination. Making information more readily available, and accessible to all, will enable people to make informed and confident decisions about their care and support.
- It is important to many communities and groups that their relatives are able to move closer to them when they need extra care and support. National minimum eligibility and portability of care packages will enable people to move more freely to be near their relatives or friends.

## Religion

- The roll out of personal budgets, underpinned by high quality information and a plurality of providers, has the potential to ensure that people can select the care that best meets their individual, cultural and religious needs.
- Co-design of local services is key in ensuring that local, diverse communities are most suitably catered for. The White Paper builds on the Health and Social Care Act 2012, which established Health and Wellbeing Boards and Joint Strategic Needs Assessments to identify local need.
- The development of the social care workforce has an important role to play in ensuring that cultural and religious requirements are considered and respected.

## Rural communities

- Rural communities face some specific challenges, notably relating to accessing appropriate services. The Government recognises that local communities are best placed to determine how to meet the needs of their local populations. Co-designing services with local communities will ensure that the services available more adequately reflect local need.
- The White Paper sets out the vision for services to be more personalised to the needs of the individual. Personal budgets and the availability of locally specific information on services will enable people to have greater control over the services they access.

## Sexual orientation and transgender

- LGBT people are likely to access care and support at a later stage, despite being more likely to live alone in old age. Providing high quality information on the care and support system, including preventative solutions, will enable people to make informed decisions about their care and support and have greater control over the services they receive.
- The provider quality profile will enable clear and transparent comparison between different care providers, giving people the confidence that the care they access services will be compatible with individual wants and aspirations.
- The personalisation agenda, and the roll out of personal budgets, will enable people to have greater choice and control in selecting services that most adequately meet their needs and aspirations.

## Socio-economic status

- Carers will find it easier to access personalised advice and support to help them care for as long as they wish. Recognising that carers are less likely to be in full time work because of their caring responsibilities, we want to enable carers to pursue education and employment should they choose to do so.
- The work with the sector to stimulate the market for specialist housing options will hope to restore a balance whereby homeowners and non-homeowners face equal opportunity when considering their future housing options.

## Next Steps

107. The Government has published the draft Care and Support Bill for wider engagement and Parliamentary pre-legislative scrutiny during 2012/13. Subject to the views of stakeholders and the outcome of the scrutiny process, the Government remains committed to legislating to enact these reforms at the earliest opportunity.
108. The Department of Health will continue to assess the likely impact of these proposals, and use the findings of this analysis to inform the next steps on the draft Care and Support Bill. We will update our analysis in light of any changes and publish this at the point of introduction of the Bill in Parliament.
109. Local authorities and other public authorities performing public functions will also be required to comply with the public sector equality duty during implementation and must pay due regard in everything they do.