1. Who is completing the EqIA[1] and why it is being done

Title of service / proposal / project / strategy / procurement you are assessing[2]	Hertfordshire Carers Strategy 2018-21
Names of those involved in completing the EqIA	Ted Maddex
Head of Service or Business Manager	Tim Parlow
Team/Department	Integrated Community Support Team
Lead officer contact details	ted.maddex@hertfordshire.gov.uk 01438 853574
Focus of EqIA – what are you assessing?[3] What are the aims of the service, proposal, project? What outcomes do you want to achieve? What are the reasons for the proposal or change? Do you need to reference/consider any related projects?	Adult Care Services is refreshing its Carers Strategy, renewing its commitment for services for carers and building on the previous version of the strategy put in place for 2015-2018. It aims to provide, in line with the Care Act 2014, key commitments for support services that will better meet the needs of carers living in Hertfordshire. The council recognises the huge value of the work that unpaid or family carers do. The Care Act requires local authorities to support carers to care and to provide early intervention and support to promote carers' own health and wellbeing. The County Council alongside its strategic partners in this area has long accepted the case for supporting carers, including the need to address the health and economic impacts of caring and responding to demographic changes, which are leading to increasing pressures on carers. The strategy is for adult carers, but complements the young carers Strategy developed by Children's Services. The key outcomes for this strategy have been identified through carer forums and are that carers can; • Carry on caring if they want to. • Get good quality information and advice when they need it. • Be recognised, feel respected and heard as carers and partners in care and experts in the needs of the person they care for. • Have a life outside of and after caring, including working or volunteering if they want to & being able to fully access their local community and local services. • Stay mentally & physically fit and healthy • Be safe. • Access full benefits entitlements and financial advice • Receive consistent joined up services

	• Current service providers; • New providers; • Carers and Service Users (current and future); • Partner organisations (e.g. both Clinical Commissioning Groups, NHS Trusts, district councils; • Members of local communities; • Local elected Members; • HCC staff.
Stakeholders	

2.   List of data sources used for this EqIA *(include relevant national/local data, research, monitoring information, service user feedback, complaints, audits, consultations, EqIAs from other projects or other local authorities, etc.)*

A range of useful local data on our communities can be found on Herts Insight and on the Equalities Hub

Title and brief description	Date	Gaps in data
Census	**2011**	
Contract Monitoring data	**2016-2018**	
Consultation Feedback- carers strategy forums and Carers partnership & planning group	**2017 & 2018**	
JSNA report- Supporting Carers to Care	**2015/16**	

3.   Analysis and assessment: review of information, impact analysis and mitigating actions

Protected characteristic group	What do you know[4]? What do people tell you[5]	What does this mean – what are the potential impacts of the proposal(s)[6]?	What can you do[7]?
Age[8]	In mid-2013, the estimated total population of Hertfordshire had increased by approximately 24,600 (2.2%) since 2011. The number of people aged 50+ increased by 17,341. The population of Hertfordshire is growing faster than the England average, with the greatest rate of projected population growth in the Welwyn Hatfield area. Increasing growth in the numbers of older people will place greater demands on health and care services in all areas of Hertfordshire. The 2011 Census shows in England and Wales that: • Unpaid care is highest for both men and women in the 50-64 age range, with 37% of carers in this age bracket. • Although only 7% of carers are from the 0-24 age range (details are not available for 18-24 only), they can often face a number of challenging issues and benefit from a wide range of support • The possibility of becoming an unpaid carer increases up to age 64. People in the 50-64 age range are the most likely to have an elderly parent to care for. • Becoming an unpaid carer in your 50s increases your chances of leaving the labour market for good, is associated with health problems and restricts your social and leisure activities. In Hertfordshire the age breakdown of those that provide unpaid care mirrors the England and Wales breakdown exactly to the whole percentage figure; Age 0-15 - 2% Age 16-24 - 5%	It is anticipated that the strategy will have a positive impact on the range of ages that are supported, as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community.	No negative impacts identified

Protected characteristic group	What do you know[4]? What do people tell you[5]	What does this mean – what are the potential impacts of the proposal(s)[6]?	What can you do[7]?
	Age 25-34 - 8% Age 35-49 - 27% Age 50-64 - 37% Age 65+ - 22% Notable variances in Districts and Boroughs are detailed below; Broxbourne – 29% aged 35-49 East Herts – 41% aged 50 – 64 Watford – 12% aged 25-34 Welwyn – 25% aged 35-49 and 35% aged 50 – 64 with increases just above 1% for 16-24, 25-34 & 65+ Stevenage – An additional 5% of carers are present between the 0-49 age groups Dacorum, Hertsmere, North Herts, St Albans and Three Rivers are within 1% of the Herts average for all age groups.		
Disability[9]	Census data indicates 22% of carers have a disability or long term illness that impacts them to some degree. This is broadly even across with County with Stevenage presenting slightly higher than other districts at 25%. (detailed below) Carers living in Hertfordshire were most likely to be looking after someone with a physical disability (27%), problems connected with ageing (22%) or sight or hearing loss (14%). Notable variances in Districts and Boroughs are detailed below St Albans – 26%	It is anticipated that the strategy will have a positive impact on people with disabilities, as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified

Protected characteristic group	What do you know[4]? What do people tell you[5]	What does this mean – what are the potential impacts of the proposal(s)[6]?	What can you do[7]?
	Stevenage – 25% Welwyn Hatfield – 24% Broxbourne, Dacorum, East Herts, Hertsmere, North Herts, St Albans, Three Rivers and Watford were within 1% difference of County average. National sources have highlighted the fact that an increasing number of people with complex needs are surviving to adulthood so parents are carers for longer or service users can become carers themselves for older parents		
Gender reassignment [10]	No data specific to carers with this characteristic has been identified. Support groups for carers with this characteristic report that there are challenges in identifying as carers and being recognised as carers	It is anticipated that the strategy will have a positive impact on people with this characteristic, as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified
Pregnancy and maternity [11]	No data specific to carers with this characteristic has been identified	It is anticipated that the strategy will have a positive impact on people with this characteristic as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified
Race [12]	81% of Hertfordshire's population is White British which is similar to the England figure, but the proportions of other ethnic groups vary considerably between districts and the percentage of Ethnic Minority individuals decreases with age. Watford, Welwyn Hatfield and Hertsmere have some of the	It is anticipated that the strategy will have a positive impact on people of all races as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified

Protected characteristic group	What do you know[4]? What do people tell you[5]	What does this mean – what are the potential impacts of the proposal(s)[6]?	What can you do[7]?
	highest proportions of people from other ethnic groups and there are also relatively high proportions of "White Other" in Three Rivers, Stevenage and Broxbourne (i.e. non UK European Union). In Broxbourne, Stevenage, Welwyn Hatfield, Hertsmere and Watford, over 2% of the population is African; St. Albans district has the highest proportion of Bangladeshi people in Hertfordshire (1.9%). Census data shows that of those providing any amount of unpaid care in Hertfordshire; • 85.9% are white British • 3.2% are white other • 2.5% are Indian (all categories) • 0.9% are African (all categories) In relation to Hertfordshire Districts, the most notable variations by Ethnicity for those providing any amount of unpaid care; Broxbourne – 6.1% are White Other Dacorum – 3.7% Asian (all categories) – Dacorum is broadly in line with County Average East Herts – 93% are White British Hertsmere – 4.6% are Indian North Herts – 4.6% are Asian (all categories) St Albans – 1.9% are Bangladeshi Three Rivers – 7.2% are Indian Welwyn Hatfield – 2.4% are Black (all categories) Watford – 17.9% are Asian (all categories) Monitoring data for preventative services suggests services are reaching approximately 3% or less of carers who do not identify as White British.		

Protected characteristic group	What do you know[4]? What do people tell you[5]	What does this mean – what are the potential impacts of the proposal(s)[6]?	What can you do[7]?
	Over 160 languages are being spoken as first languages in Hertfordshire. Polish, Urdu (including dialects – Pahari, Mirpuri, Azad Kashmiri and Punjabi), Bengali (Sylheti), Gujarati, Chinese, Italian, Punjabi Gurmukhi, Portuguese and Tagalog are the most frequently spoken languages in Hertfordshire after English .		
Religion or belief[13]	After Christians, Hindu, Muslim and Jewish are the largest religious groups in Hertfordshire. Contract monitoring of commissioned Carers services shows that the mix of cares does not reflect the mix of the community.	It is anticipated that the strategy will have a positive impact on people across all religions and beliefs, as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified
Sex/Gender[14]	49% of the Hertfordshire population is male, compared to 51% female. This differs from the national position. This variance continues into older age. 58% of carers are women and 42% are men. Monitoring data for preventative services suggests that services are largely reaching women, suggesting there may be a gap in reaching male carers. There is no variance in gender greater than 1% across Districts and Boroughs	It is anticipated that the strategy will have a positive impact to reflect the gender mix of carers, as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified
Sexual orientation[15]	No data specific to carers relevant to this characteristic has been identified . No data specific to carers with this characteristic has been identified. Support groups are available as carers with this characteristic report challenges in identifying as carers and being recognised as carers	It is anticipated that the strategy will have a positive impact on people of all sexual orientations as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified

Protected characteristic group	What do you know[4]? What do people tell you[5]	What does this mean – what are the potential impacts of the proposal(s)[6]?	What can you do[7]?
Marriage and civil partnership[16]	No data specific to carers relevant to this characteristic has been identified	It is anticipated that the strategy will have a positive impact on people of any marital status as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified
Carers[17]	There is a very significant number of carers not currently receiving support or known to services. For example, the Census 2011[1] reported that there were 108,615 carers living in Hertfordshire, equivalent to 9.8% of the population; the number of carers registered by *Carers in Hertfordshire* was 12,914 in 2011 and 25,000 in 2017. Whilst some carers may not want to receive support or be 'known', this data and information on the health and economic impacts of caring highlights the opportunity – and need – to identify and provide support and help to more carers in the county. 70% of carers in Hertfordshire are in the group caring for less than 20 hours per week (Census 2011) – this means that they are still likely to be amenable to benefit from early preventive interventions (information, advice, emotional support) and research indicates 60% of the value of informal carers' support can be attributed to the first year.	The key purpose of the Carer Strategy is to improve the experience of carers	No negative impacts identified

---

[1] http://www.nomisweb.co.uk/census/2011/data_finder?keyword=Unpaid care (provision of)

Protected characteristic group	What do you know[4]? What do people tell you[5]	What does this mean – what are the potential impacts of the proposal(s)[6]?	What can you do[7]?
	Research[1] has shown that carers are more likely to have health problems than those who do not have a caring responsibility. Carers themselves identified the key objectives for the strategy, and carers have reviewed drafts of the strategy to ensure it continued to reflect their needs.		

Opportunity to advance equality of opportunity and/or foster good relations[18]

Adult Care Services (ACS) contracts require providers to give staff appropriate and regular training in order to ensure staff are more aware of carers' individual and changing needs and more aware of the opportunities for working with partners and developing services so that they are more accessible to under-represented groups; similar training is also undertaken by ACS staff. This should help improve understanding of the needs of carers with different characteristics in Hertfordshire.

Carers will continue to be engaged through the period of the strategy– e.g. through ACS's Planning and Performance Group for carers, Carers forums and surveys, specific involvement in the evaluation of tenders and the review of strategies/policies, and in the work of organisations commissioned to support carers. This will inform the ongoing development of services.

Conclusion of your analysis and assessment - select one of the outcomes below[19] and summarise why you have selected i, ii, iii or iv; what you think the **most important** impacts are; and the key actions you will take.

OUTCOME AND NEXT STEPS	SUMMARY
i. **No equality impacts identified** - No major change required to proposal	No potential adverse impacts have been identified and the Carer Strategy action plan is designed to improve equality of access to support, and strengthen monitoring of the use of services by people with protected characteristics. The strategy is designed to recognise the diverse characteristics of carers.

---

[1] See e.g. Supporting Carers: An action guide for general practitioners and their teams, Royal College of General Practitioners

This EqIA has been signed off by:

Head of Service: **Print Name:**   **Tim Parlow**   **Date: 10.04.2018**   **Review date: 1.4.2020**