

Equality Impact Assessment (EqIA)

STEP 1: Responsibility and involvement

Title of proposal/ project/strategy/ procurement/policy	Carers Strategy 2015 Refresh	Head of Service or Business Manager	Ruth Harrington
Names of those involved in completing the EqIA:	Louis Sanford Tim Napper	Lead officer contact details:	Louis.sanford@ hertfordshire.gov.uk 01992 555885
Date completed:	May 2015	Review date:	12 months

STEP 2: Objectives of proposal and scope of assessment

<p>Proposal objectives:</p> <ul style="list-style-type: none"> – what you want to achieve – intended outcomes – purpose and need 	<p>Hertfordshire County Council (HCC) is committed to achieving diversity and equality of opportunity both as a large employer of people and as a provider and commissioner of services. We are also doing what we can to promote equality and diversity across the delivery of services.</p> <p>HCC is refreshing its Carers strategy, renewing its commitment for services for carers and building on the previous version of the strategy put in place in 2011. It aims to provide, in line with the Care Act 2014, key multi-agency commitments for care and support services that will better meet the needs of carers living in Hertfordshire. It also aims to ensure that the Council's duties with regards to market shaping are met as outlined in the Care Act.</p> <p>HCC recognises the huge value of the work that unpaid or family carers do. The Care Act 2014 now 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 change, which are leading to increasing pressures on carers.</p> <p>The key outcomes for this strategy are</p> <ul style="list-style-type: none"> • Carry on caring if they want to. • Work if they want to. • Have a life outside and after caring. • Be able to fully access their local community and local services. • Stay fit and healthy and be safe. • Access full benefit entitlements. • Get good quality information and advice when they need it. • Be recognised, feel respected and heard as carers, as partners in care.
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	<p>and that</p> <ul style="list-style-type: none"> • Young carers should be able to achieve their full potential in education and have a positive childhood* • Young carers should enjoy the same opportunities as other young people and not be disadvantaged as a result of their caring role. <p>* This strategy sits alongside and complements the Young Carers Strategy being developed jointly by the County Council and both CCGs</p>
<p>Stakeholders: Who will be affected: the public, partners, staff, service users, local Member etc</p>	<p>Current service providers; new providers; Carers and Service Users (current and future); partner organisations (e.g. both Clinical Commissioning Groups, other NHS partners such as Hertfordshire Partnership University Foundation Trust (HPFT) and Hertfordshire Community Trust (HCT)); members of local communities; Local elected Members; HCC staff.</p>

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STEP 3: Available data and monitoring information

Relevant equality information	What the data tell us about equalities
<p>Sources of data:</p> <ul style="list-style-type: none"> - Census 2011 - Community Profiles - Contract Monitoring data 	<p>Age</p> <p>In mid-2013, the estimated total population of Hertfordshire had increased by approximately 24,600 (2.2%) since 2011¹. The number of people aged 50+ increased by 17,341. Research² also suggests that 2017 will be a 'tipping point': the demand from older people needing care will outstrip family members able to meet that need. This 'care gap' will increase rapidly over the next two decades.</p> <p>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.</p> <p>The 2011 Census³ shows in England and Wales that:</p> <ul style="list-style-type: none"> • Unpaid care is highest for both men and women in the 50-64 age range, with 37% of carers in this age bracket. Women provide a higher share across ages 0-64 but men aged 50-64 do provide a higher percentage of unpaid care than women aged 25-49. • 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 <p>Disability</p> <p>Carers living in Hertfordshire are most likely to be looking after someone with a physical disability (27%), problems connected with ageing (22%) or sight or hearing loss (14%)⁴. There is no robust local data available on prevalence of disability among carers.</p> <p>Gender</p> <p>49% of the Hertfordshire population is male, compared to 51% female. This differs from the national position. This variance continues into older age. More women than men are unpaid carers: 58% of carers are women⁵. A gender inequality in unpaid care is present across all English regions and Wales, with females taking on a greater share of the unpaid care responsibility.⁶</p>

¹ <http://atlas.hertslis.org/IAS/profiles/profile?profileId=79&geoTypeId=16&geolds=26>

² <http://www.pssru.ac.uk/pdf/dp2515.pdf>

³ <http://www.ons.gov.uk/ons/guide-method/census/2011/carers-week/index.html> and [http://www.nomisweb.co.uk/census/2011/data_finder?keyword=Unpaid care \(provision of\)](http://www.nomisweb.co.uk/census/2011/data_finder?keyword=Unpaid+care+(provision+of))

⁴ HCC's Carers Survey, 2012-13

⁵ http://www.ons.gov.uk/ons/dcp171776_310295.pdf

⁶ <http://www.ons.gov.uk/ons/guide-method/census/2011/carers-week/index.html>

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National research by Carers Trust and the Men's Health Forum showed that more than four in ten (42%) carers in the UK are male.⁷ Monitoring data for preventative services suggests that services are largely reaching women, suggesting there may be a gap in reaching male carers.

Ethnicity

81% of Hertfordshire's population is White British which is similar to England, but the proportions of other ethnic groups vary considerably between districts. Watford, Welwyn Hatfield and Hertsmere have some of the 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%).

Monitoring data for preventative services suggests services are reaching approximately 3% or less of carers who do not identify as White British. This suggests an opportunity for the service to develop to improve access to people from different ethnic groups.

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 English⁸.

Religion

After Christians, Hindu, Muslim and Jewish are the largest religious groups in Hertfordshire. The position in relation to the Preventative Carers Breaks service reaching carers and cared for from religions other than Christianity is similar to that of ethnicity. There is a clear opportunity for the service to develop to improve access to people from different faith and cultural backgrounds. Data on the reach of other services to different religious groups is more limited.

Sexual orientation, pregnancy/maternity, gender reassignment, marriage and civil partnership

No meaningful data is held on the particular care needs of these groups and the extent to which they are accessing preventative services.

Carers

All available data indicates that there is a very significant number of carers not currently receiving support or known to services. For example, the Census 2011⁹ reported that there were 108,615 carers living in Hertfordshire, equivalent to 9.8% of the population;

⁷ <http://www.carers.org/news/new-research-dispels-myth-caring-solely-female-issue>

⁸ HCC's INTRAN Translating and Interpreting Service, 2014

⁹ [http://www.nomisweb.co.uk/census/2011/data_finder?keyword=Unpaid care \(provision of\)](http://www.nomisweb.co.uk/census/2011/data_finder?keyword=Unpaid+care+(provision+of))

Template updated February 2014

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<p>Informal feedback</p>	<p>the number of carers reached by <i>Carers in Hertfordshire</i> was 12,914 and the number of carers accessing carers breaks through Crossroads Care in 2013/14 was 1,311. 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.</p> <p>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 preventive interventions (information, advice, emotional support) and research indicates 60% of the value of informal carers' support can be attributed to the first year.</p> <p>Research¹⁰ has shown that carers are more likely to have health problems than those who do not have a caring responsibility.</p> <p>Post consultation engagement on plans will be via carer representatives on the Carers Planning and Performance Group and direct responses to providers/partners who have fed back substantial contributions responding to their points. Information gathered through consultation responses will also be incorporated in strategy and inform proposals where appropriate</p> <p>End of life The principal causes of death in Hertfordshire are: heart disease and stroke, dementia and Alzheimer's disease, cancers, and respiratory diseases. These conditions are also principal causes of disability and ill-health. Feedback from service users, carers and professionals, that given the choice, a large majority of people would choose their end of life care and support differently and where possible would choose to die at home.</p> <p>Given the principle causes of death in Hertfordshire, there is a need for carers to be provided with support so they can deal appropriately and effectively with long term health conditions. Services also need to be aware of carers' needs and wishes in relation to helping them to enable the person they care for to die in their preferred place of death and coping when the person they are caring for dies.</p>
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¹⁰ See e.g. Supporting Carers: An action guide for general practitioners and their teams, Royal College of General Practitioners

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<u>Equality information from national sources</u>	<p>Legislation places a public duty on Hertfordshire County Council with which we must comply but we strive to go beyond our duty to ensure that our practice in diversity and equality is embedded in everything we do. Against a background of tough economic times and a changing demography we need to be even more aware of the diverse needs of communities and how we can support them.</p> <p>Disability National sources^{11 12 13} 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.</p>
<u>Other</u>	<p>The Care Act 2014 and its associated Regulations and Statutory Guidance requires local authorities to meet a number of requirements in relation to carers. All carers, regardless of the scale/degree of their caring role, now have a right to assessment of their needs and support in their own right. The Council must also put in place preventative services to support carers and the people they care for earlier. In particular, the Care Act 2014 introduces a wide ranging definition of wellbeing, including the following areas across which carers (and adults with care and support needs) must be supported:</p> <ul style="list-style-type: none"> • Personal dignity • Physical and mental health and emotional wellbeing • Protection from abuse and neglect • Control by the individual over day-to-day life • Participation in work, education, training or recreation • Social and economic wellbeing • Domestic, family and personal relationships • Suitability of living accommodation • The individual's contribution to society. <p>This strengthens the need for services to support carers and the people they care for across our diverse communities and to be accessible across our diverse communities.</p>

STEP 4: Impact Assessment Part 1 – Service Users, communities and partners

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
Age	There is no differential impact upon the carers population, current service users or partners in relation to age	<p>Carers across all relevant age categories are explicitly recognised within the strategy with specific priorities to focus upon to achieve desired outcomes with them.</p> <p>Given the differential amounts of caring by age group, undertake greater analysis of monitoring data from services supporting carers,</p>

¹¹ http://www.cqc.org.uk/sites/default/files/CQC_Transition%20Report.pdf

¹² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf

¹³ <http://rcnpublishing.com/doi/pdfplus/10.7748/ncyp2014.04.26.3.13.s15>

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Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
		cross-matching ages of carers supported with the age profile of the carer population in the county.
Disability Including Learning Disability	<p>It is anticipated that the strategy will have a positive impact on people with disabilities, as it highlights that our current understanding on this protected group is lacking. This is very important given census data indicates 22% of carers have a disability or long term illness that impacts them to some degree.</p> <p>The mitigations will highlight the types of disabilities prevalent in our carers population to help inform adjustments to services required to ensure equitable access</p>	<p>Ensure this topic is present as a standing item in meetings with providers and partners in relation to the Carers agenda.</p> <p>Build in monitoring of self-reported disabilities amongst carers into monitoring returns for preventative services.</p> <p>This will help to bring intelligence to the fore to assess how this group of carers are accessing a range of provision across the County.</p>
Race	<p>There is the potential for a differential impact upon those with non-white British ethnicities. Not enough is known about why there are differences in uptake of carers support services amongst different ethnic groups</p> <p>The mitigations will highlight any issues such as language or cultural barriers prevalent in our carers population to help inform adjustments to services required to ensure equitable access</p>	<p>Ensure this topic is present as a standing item in meetings with providers and partners in relation to Carers agenda to bring intelligence to the fore to assess how this group of Carers are accessing a range of provision across the County.</p> <p>Build in monitoring of self-reported ethnicity amongst carers into monitoring returns for preventative services. Compare this with Census data on the ethnic make-up of the carer population in Hertfordshire to measure the reach of services.</p>
Gender reassignment	No negative or differential impacts currently identified. Further evidence is needed as to the prevalence of gender reassignment amongst carers and investigation as to whether they face any additional barriers in accessing services.	Build gender reassignment into provider monitoring to begin gathering data on the prevalence of this characteristic amongst users of services supporting carers.
Pregnancy and maternity	Anecdotal evidence from Carer consultation suggests that combining parenthood with a wider caring role (e.g. for an elderly parent or a disabled child) adds additional stresses to Carers. The strategy outlines plans to review support for parent carers, which is anticipated	Carry out review of support for parent carers.

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Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	to have a positive impact.	
Religion or belief	<p>We do not have detailed data on the impact religion may have on access to care services.</p> <p>There is the potential for a differential impact upon those with different religions or beliefs. Not enough is known about why or if there are differences in uptake of carers support services amongst different ethnic groups</p>	<p>Ensure this topic is present as a standing item in meetings with providers and partners in relation to Carers agenda to bring intelligence to the fore to assess how this group of Carers are accessing a range of provision across the County.</p> <p>Build in monitoring of self-reported religion or belief amongst carers into monitoring returns for preventative services.</p>
Sex	<p>Given that more women than men have identified themselves as unpaid carers, there is the potential for a positive impact if there is a clear expectation that services should support more male carers to identify themselves.</p>	<p>Ensure this topic is present as a standing item in meetings with providers and partners in relation to Carers agenda to bring intelligence to the fore to assess how this group of Carers are accessing a range of provision across the County.</p> <p>Build in monitoring of self-reported gender amongst carers into monitoring returns for preventative services.</p> <p>Work with preventative services to identify ways to reach more male carers.</p>
Sexual orientation	<p>No negative or differential impacts currently identified. Further evidence is needed as to the prevalence of different sexual orientations amongst carers and investigation as to whether people with different sexual orientations face any additional barriers in accessing services.</p>	<p>The position will continue to be monitored and appropriate action taken where necessary.</p> <p>Build in monitoring of self-reported sexual orientation amongst carers into monitoring returns for preventative services.</p>
Marriage & civil partnership	<p>No negative or differential impacts currently identified</p>	<p>The position will continue to be monitored and appropriate action taken where necessary.</p>
Carers (by association with any of the above)	<p>Given that Carers are the focus of this Strategy, it has the potential to have the most significant impact on carers. The Care Act now requires local authorities to support more carers to care and to provide early</p>	<p>The specifications for any new services will set out clear requirements for any new provider to deliver a smooth transition to the new service and to work in a joined up and collaborative way with other</p>

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Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>intervention and support to promote carers' own health and wellbeing.</p> <p>Whilst it is most likely that this Strategy will have a positive impact on carers by highlighting and promoting the need to support carers and encouraging providers and partners to work with the Council, changes to services could also have a potential negative impact: feedback indicates that carers value reliable, trusted and consistent support and a tendering process risks disrupting service continuity and carers' trust in the provision.</p>	<p>services. They will also require providers to involve and engage carers to develop services; and work with partners to improve the overall support available to carers and the people they care for. The extent to which services are user/ carer led and the level of referrals and/or signposting to partners and other organisations will be considered as key performance indicators for carer specific support services.</p>
<p>Opportunity to advance equality of opportunity and/or foster good relations (Please refer to the guidance for more information on the public sector duties)</p>		
<p>HCC wants 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. This should help improve understanding of the care needs of different groups in Hertfordshire.</p> <p>Carers will continue to be engaged – e.g. through HCC's Planning and Performance Group for carers, HCC's Carers Forum, specific involvement in the evaluation of tenders and the review of strategies/policies, and in the work of Carers in Herts and other providers. This will inform the ongoing development of services that support carers. There is also the opportunity to address some of the data gaps identified above.</p>		

Part 2 – External Staff

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
Age	<p>The strategy will not significantly change the practical nature of the role of Carer support workers. However the strategy could potentially impact upon the culture, standards, knowledge and expectations of Carer support workers and Service Providers' staff in the way they identify and support Carers and who they support.</p>	<p>The values and standards that the contract terms and conditions and service standards demand of any provider will ensure that individual staff's requirements are considered within the support planning/supervisions the new provider completes with members of staff. This process must be conducted in a personalised and compassionate way that reflects their needs and preferences. Tender processes and discussions and communications with Providers will focus on the need to train and support staff and meet their individual requirements so they can deliver the services required and improve carer support. This will be considered in tender evaluations and ongoing contract monitoring.</p>

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Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
Disability (inc. Learning Disblty)	As above.	As above.
Race	As above.	As above.
Gender reassignment	As above.	As above.
Pregnancy and maternity	As above.	As above.
Religion/belief	As above.	As above.
Sex	As above.	As above.
Sexual orientation	As above.	As above.
Marriage & civil partnership	As above.	As above.
Carers (by association with any of above)	As above.	As above.

STEP 5: Gaps identified

The figures from the Census suggest there are a significant number of carers not accessing or known to services, meaning the picture of carers in Hertfordshire (and the people they care for) is only partial. In addition, whilst the case to support carers as outlined above is clear, we have limited information on what types of support are most effective.

An important part of the development of Carers' services in Hertfordshire will therefore be to make renewed efforts to identify more Carers earlier in their caring role and to build up an evidence base, as far as possible, of what interventions and types of support work best. The new template service specification that has been developed will make it clear to providers how the desired outcomes should be measured to demonstrate impact.

Resource permitting, there is also a need to gather more data on the number of carers in Hertfordshire, particularly for specific protected characteristics – e.g. carers who also have learning disabilities. We will address this by being more robust about the data we expect Providers to submit as part of contract monitoring.

STEP 6: Other impacts

There is a risk that people who live in more remote areas of Hertfordshire will not receive the support they need as they may find it more difficult to access the help that is available – e.g. if they do not drive or have limited internet connectivity. This will be mitigated by engagement events which will be held for both service users and providers to gain their views on what a successful service looks like. This feedback will be used to develop service specifications and go some way to ensuring that providers understand the communities they will need to support and the staff they employ. Future tendering processes will seek to ensure ranges of community need are met by any new providers and that they can demonstrate strong knowledge of the diversity of communities in Hertfordshire. We will also work with Carers in Hertfordshire as our main partner for carer's services to identify different ways to engage with carers across the whole county, in particular via the Carers Reference Group.

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STEP 7: Conclusion of your analysis

Select one conclusion of your analysis	Give details
<input type="checkbox"/> No equality impacts identified – No change required to proposal.	
<input type="checkbox"/> Minimal equality impacts identified – Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate). – Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality. –	
<input checked="" type="checkbox"/> Potential equality impacts identified – Take ‘mitigating action’ to remove barriers or better advance equality. – Complete the action plan in the next section.	<p>The key risk is that, in relation to a number of protected characteristics, we do not have historic or current data about how these groups engage with carers services across the County.</p> <p>There are no changes that have currently been identified as likely to have a negative impact on those with protected characteristics. Some changes have been identified as having the potential to have a positive impact. However, our lack of data means we have gaps in our knowledge on what impact we are having for these groups.</p>
<input type="checkbox"/> Major equality impacts identified – Stop and remove the policy – The adverse effects are not justified, cannot be mitigated or show unlawful discrimination. – Ensure decision makers understand the equality impact.	

STEP 8: Action plan

Issue or opportunity identified relating to:	Action proposed	Officer Responsible and target date
– Mitigation measures – Further research – Consultation proposal – Monitor and review		
Consult with carers as part of the development of this Strategy	<ul style="list-style-type: none"> Via carer representatives on the Carers Planning and Performance Group Via two events with the Carers in Herts-run Carer Reference Group (to take place one on each side of the county and one during the day and one during the evening) 	Tim Napper – Commissioning Manager (Carers) By end of July

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Issue or opportunity identified relating to: – Mitigation measures – Further research – Consultation proposal – Monitor and review	Action proposed	Officer Responsible and target date
	<ul style="list-style-type: none"> • Via consultation with providers working with non-White British Communities 	
Further Research	The JSNA for Carers was produced without explicit reference to the EQIA process and protected groups. Additional data from the census, plus provider data would be a useful 'refresh' to conduct alongside the strategy	Tim Napper – Commissioning Manager (Carers) By End March 2016
Opportunity to promote services to all communities	Ensure regular contract meetings and monitoring of population trends and service user/carer demographics. Via development of better links to different communities across Hertfordshire – such as non-White British communities.	Ongoing – Individual Contract Managers Community Wellbeing Team
Lack of knowledge of the local community need and a workforce that reflects that need	Use feedback from carers, service users and staff to enable the continuous development of services and help ensure providers understand the communities they will be supporting and the staff they employ.	Ongoing as part of contract management

This EqIA has been reviewed and signed off by:

Head of Service or Business Manager: Ruth Harrington

Date:

Completed EqIAs should be sent to: equalities@hertfordshire.gov.uk