

# Equality Impact Assessment

<b>Name of the strategy or policy</b>
<b>East Sussex Joint Commissioning Strategy for Carers' Services 2010-2015 – APPENDIX B</b>

<b>File ref:</b>		<b>Issue No:</b>	
<b>Date of Issue:</b>		<b>Review date:</b>	

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## Part 1 Aims and implementation of the strategy or policy

### 1.1 What is being assessed?

**a) Name of the strategy or policy.**

East Sussex Joint Commissioning Strategy for Carers' Services

**b) Is this new or existing?**

New  - Review

**c) What is the main purpose or aims of the strategy or policy?**

To ensure that carers' services are delivered locally in line with Government policy in an equitable, accessible and effective manner

**d) Manager(s) and section or service responsible for completing the assessment.**

Strategic Commissioning Manager – Carers, Adults Social Care

### 1.2 Who is affected by the strategy or policy? Who is it intended to benefit and how?

The strategy is intended to affect all carers in East Sussex, both those who have been identified by services and those who have not. It benefits carers by raising awareness with health and social care professionals and carers themselves, and by delivering what carers have asked for:

- to be respected and listened to
- to be able to stay mentally and physically well
- to have easy access to information and training
- to be able to have more breaks
- to be able to work if they choose

according to individual needs and choices.

### 1.3 Does the subject of this assessment impact positively or negatively on any of the following areas of people's lives (human rights)? For more information - [see Paper 1](#)

	Positive	Neutral	Negative
<b>Life</b> (capability to be alive)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Physical Security</b> (e.g. free from violence/fear)	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health</b>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education</b> (learning and skills etc.)	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Standard of Living</b> (independence, dignity and respect)	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Productive and valued activities</b> (work, care and leisure)	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Individual, family and social life</b>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Participation, influence and voice</b> (decision making)	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Identity, expression and self-respect</b>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Legal security</b>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1.4 How does the strategy or policy contribute to better community cohesion?**

By supporting carers, the quality of their lives and the lives of those they care for are enhanced, and enables them to better engage with the communities in which they live. By identifying carers and their needs, wider social networks can be formed, including peer networks, leading to a better understanding and relationships within communities.

**1.5 What is the relevance of the aims of the strategy or policy, to the equality target groups and the Council's duty to eliminate unlawful racial, disability and gender discrimination; and promote equality of opportunity?**

Carers are not a homogenous group but can be discriminated against as carers in terms of their lack of access to work, leisure and training opportunities, and being treated inequitably by health and social care staff. The new Equality Bill will outlaw discrimination by association and will give carers rights equal to those of disabled people. This strategy aims to embed these rights within professional practice in East Sussex. In addition, carers can face additional discrimination because of physical, language and cultural differences as well as stigma associated with those they care for (especially mental health and substance misuse issues). This strategy intends to confront and address these issues positively.

**1.6 How is, or will the strategy or policy, be put into practice and who is, or will be responsible for it?**

The final strategy will be agreed by Lead Members of East Sussex County Council, the Boards of the local Primary Care Trusts and the East Sussex Strategic Partnership. Action plans for each objective will then be drawn up and implemented and will report back to the overarching Carers Strategy Group chaired by the Head of Strategic Commissioning, Adults Social Care, who will have overall responsibility for each strand.

**1.7 Are there any partners involved? E.g. Primary Care Trusts, NHS Trust, voluntary/community organisations, the private sector?**

The local Primary Care Trusts have joint responsibility for implementing the local strategy. Partners from voluntary and community organisations (and possibly the private sector) will be involved in its implementation.

**1.8 If yes, how are partners involved?**

Leading voluntary sector carers' organisations have contributed to the development of the strategy and sit on the main Carers

Strategy Group. In addition, they will have a key role in implementation in terms of awareness-raising and providing advice, information and support to carers. Respite will be provided by a variety of voluntary, community and private sector organisations.

**1.9 Is this project or procedure affected by joint commissioning or strategic planning activity e.g. Children's Act, Corporate Area Assessment etc?**

This strategy is affected by carers' legislation (e.g. Carers (Equal Opportunities) Act 2004) as well as by wider reaching legislation such as the Work and Families Act, the Equality Bill and human rights legislation. Carers are recognised as integral to the effective implementation of the Local Strategic Plan (Pride of Place) and support to carers is a key target of the Local Area Agreement 2008-11.

## Part 2 Consideration of data and research

### 2.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Census data: Yes x  - No  [Link](#) Staff survey, Yes x  No   
Other info

Appendix A of strategy document lists all consultations undertaken and results (attached)

Bibliography and references listed in strategy document (attached)

### 2.2 Equalities profile of users or those intended to benefit from the strategy or policy.

Census data: Yes x  - No  [Link](#) Staff survey, Yes x  No   
Other info

Other data: as above

### 2.3 Evidence of complaints against the strategy or policy on grounds of discrimination.

Concern has been expressed by Councillors about gaps in service provision for older carers in rural areas, which was borne out by research undertaken by University of Brighton (Carers and Services for Carers in East Sussex, Fyvie-Gauld et al, 2006), but steps have been taken to address this.

### 2.4 Have you carried out any consultation or research on the strategy or policy?

Yes: x  Fill out questions 2.5 and 2.6

No:  [Got to Part 3](#)

### 2.5 What does the consultation, research and/or data indicate about the negative impact of the strategy or policy?

Questionnaire sent out to local carers known to the voluntary sector (Spring 2009) revealed a disproportionate number of older, white British carers are known to the system compared to the local demographics (50% aged over 65 compared to 23% across the county; 1.3% BME compared to 5.4% across the county). Public consultation in summer 2009 attempted to reach out to younger, BME carers, and this was moderately successful, particularly in terms of hearing the views of carers aged 30-64.

**2.6 What does the consultation, research and/or data indicate about the positive impact of the strategy or policy?**

The questionnaire demonstrated that current services were very highly valued by those who receive them.

## Part 3 Assessment of impact

### 3.1 Ethnicity: Testing of disproportional, negative, neutral or positive impact

- a) From the evidence available, does the strategy or policy affect or have the potential to affect ethnic groups differently?

Yes: x  No:  If No [go to 3.2](#)

- b) Identify the effect of this strategy or policy on different ethnic groups from information available.

Carers from different ethnic groups have some cultural resistance to State intervention in what is assumed to be a family duty. This has been demonstrated by responses from focus groups as well as national research (e.g. Afiya Trust "We Care Too" 2008) and efforts must be made to surmount these potential hurdles by reaching out to people through community leaders. Language barriers can also be a problem in even understanding the term "carer"

- c) How is the target group reflected in the take up of the strategy or policy?

Census data: Yes  - No x  [Link](#) Staff survey, Yes  No   
Other info

- d) If yes, do any of the differences amount to?

	Reason, evidence, comment
<b>Barriers, negative impact or unlawful discrimination</b>	Lack of trust in services from BME groups? Communication/language/cultural barriers. Information not in appropriate format – lack of communication with particular communities, e.g. Roma, gypsy, travellers
<b>Neutral Impact</b>	
<b>Positive impact</b>	Targeted work being undertaken in specific BME communities in Eastbourne/Hastings to clarify needs (autumn 09/spring 10)  Engagement with travellers through voluntary sector and travellers' forums

- e) **If there is a negative impact, can it be justified on the grounds of promoting equality of opportunity for one ethnic group or for another legitimate reason?**

No

**3.2 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact**

**a) From the evidence available, does the strategy or policy affect or have the potential to affect men, women or transgender people differently?**

Yes: x  No:  If No [go to 3.3](#)

**b) Identify the effect of this strategy or policy on different gender groups from information available.**

Women are disproportionately represented as carers both nationally and locally. 4 out of 5 women will at some point in their lives be carers, compared with 3 out of 5 men. Women traditionally are more keen to take up the offer of emotional support from voluntary organisations and peer groups than men, and efforts need to be made to vary the types of support offered (e.g. activities and outings).

**c) How are men, women and transgender people reflected in the take up of strategy or policy?**

Census data: Yes  - No  [Link](#) Staff survey, Yes  No   
Other info

**d) If yes, do any of the differences amount to?**

	Reason, evidence, comment
<b>Barriers, negative impact or unlawful discrimination</b>	Groups/activities not appropriately targeted. Transgender individuals not specifically catered for
<b>Neutral Impact</b>	
<b>Positive impact</b>	Work with local LGBT organisations to identify support needs of transgender carers.  Support mechanisms set up for male carers through voluntary sector

**e) If there is a negative impact, can it be justified on the grounds of promoting equality of opportunity for one gender or for another legitimate reason?**

No

**3.3 Disability: Testing of disproportionate, negative, neutral or positive impact.**

**a) From the evidence available, does the strategy or policy affect or have the potential to affect disabled people differently?**

Yes:  No:  If No [go to 3.4](#)

**b) Identify the effect of this strategy or policy on disabled people from information available.**

Many carers consider themselves to be disabled (21% from questionnaire 2009) and as such face additional barriers to accessing services. For example, where partners are both sensory impaired, this can lead to the need for specific individual strategies to enable carers to access services.

**c) How are disabled people reflected in the take up of the strategy or policy?**

Census data: Yes  - No  [Link](#) Staff survey, Yes  No   
Other info

**d) If yes, do any of the differences amount to?**

	<b>Reason, evidence, comment</b>
<b>Barriers, negative impact or unlawful discrimination</b>	Many carers are disabled themselves and face additional difficulties
<b>Neutral Impact</b>	
<b>Positive impact</b>	Specific services set up for disabled carers, e.g. deaf carer support

**e) If there is a negative impact, can it be justified on the grounds of promoting equality of opportunity for disabled people or for another legitimate reason?**

No

**3.4 Age: Testing of disproportionate, negative, neutral or positive impact**

**a) From the evidence available, does the strategy or policy affect or have the potential to affect age groups differently?**

Yes: x  No:  If No [go to 3.5](#)

**b) Identify the effect of this strategy or policy on different age groups from information available.**

Young carers and parent carers of children are outside the remit of this strategy, as they fall within the responsibilities of Childrens Services. However we are working closely with them to develop our strategies, particularly in terms of young carers caring for adults, and those in transition. Working age carers face particular difficulties in accessing flexible work opportunities, and older carers face particular difficulties in overcoming isolation, lack of transport etc.

**c) How are the different age groups reflected in the take up of the strategy or policy?**

Census data: Yes  - No  [Link](#) Staff survey, Yes  No   
Other info

**d) If yes, do any of the differences amount to?**

	<b>Reason, evidence, comment</b>
<b>Barriers, negative impact or unlawful discrimination</b>	Working age carers lack access to flexible work opportunities  Older carers face isolation and lack of access to transport  Difficulty of reaching out to younger carers through traditional routes
<b>Neutral Impact</b>	
<b>Positive impact</b>	Work group to target employers (including NHS and ESCC) to ensure carer-friendly flexible working policies are in place  Transport to be considered in all commissioned services  Consideration to be given to different

	methods of information provision in order to reach out to younger carers, e.g. internet, texting etc.
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- e) **If there is a negative impact, can it be justified on the grounds of promoting equality of opportunity for one age group or for another legitimate reason?**

No

**3.5 Gay, Lesbian, Bisexual and Heterosexual : Testing of disproportionate, negative, neutral or positive impact**

**a) From the evidence available, does the strategy or policy affect or have the potential to affect gay, lesbian, bisexual and heterosexual people differently?**

Yes: x  No:  If No [go to 3.6](#)

**b) Identify the effect of this strategy or policy on gay, lesbian, bisexual and heterosexual groups from information available.**

LGBT carers often face the additional discrimination of not being considered a carer by health and social care professionals because of stereotypical prejudices (e.g. husband and wife stereotypes). This strategy aims to ensure that staff training is appropriate to ensure that LGBT carers are treated with dignity and respect, and listened to by staff as expert partners in care.

**c) How is sexual orientation reflected in the take up of the strategy or policy?**

Census data: Yes  - No  [Link](#) Staff survey, Yes  No   
Other info

**d) If yes, do any of the differences amount to?**

	Reason, evidence, comment
<b>Barriers, negative impact or unlawful discrimination</b>	Lack of awareness of LGBT needs – prejudice and stereotyping, and lack of recognition of same sex partner as carer
<b>Neutral Impact</b>	
<b>Positive impact</b>	Care Passports to be promoted widely to identify same sex partners as carers  Advocacy project to work with LGBT carers

**e) If there is a negative impact, can it be justified on the grounds of promoting equality of opportunity for gay, lesbian, bisexual and heterosexual people or for another legitimate reason?**

No

**3.6 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact**

a) **From the evidence available, does the strategy or policy affect or have the potential to affect religious, belief groups differently?**

Yes: x  No:  If No [go to 3.7](#)

b) **Identify the effect of this strategy or policy on different religious, belief groups from information available**

See answer to 3.1 re: cultural differences and efforts to overcome these.

c) **How are religious and belief groups reflected in the take up of the strategy or policy?**

Census data: Yes  - No  [Link](#) Staff survey, Yes  No

Other info

d) **If yes, do any of the differences amount to?**

	<b>Reason, evidence, comment</b>
<b>Barriers, negative impact or unlawful discrimination</b>	Lack of awareness of religious needs Lack of trust in service provision Services not reaching out to specific religious groups, who tend to look to their own community for support as a result
<b>Neutral Impact</b>	
<b>Positive impact</b>	Outreach work in Hastings and Eastbourne to identify cultural and religious needs of specific communities

e) **If there is a negative impact, can it be justified on the grounds of promoting equality of opportunity for one religious, belief or for another legitimate reason?**

No

**3.7 Other: Additional groups that may experience impacts - testing of disproportionate, negative, neutral or positive impact.**

**a) From the evidence available, does the strategy or policy affect or have the potential to affect other groups differently?**

Yes:  No:  If No [go to Part 4](#)

**b) Identify the effect of this strategy or policy on different other groups from information available**

**c) How are other groups reflected in the take up of the strategy or policy?**

Census data: Yes  - No  [Link](#) Staff survey, Yes  No   
Other info

**d) If yes, do any of the differences amount to?**

	Reason, evidence, comment
<b>Barriers, negative impact or unlawful discrimination</b>	People on low incomes and/or living in isolated areas may experience difficulties accessing services and getting transport or respite
<b>Neutral Impact</b>	
<b>Positive impact</b>	Ensuring equal access to respite services across the county via care management framework  Providing expenses (including costs of respite) and Reward & Recognition to carers for participation in and attending events  Carers Respite Training Budget set up specifically to enable carers on low incomes to pay for alternative care when they attend training courses

**e) If there is a negative impact, can it be justified on the grounds of promoting equality of opportunity for other group or for another legitimate reason?**

No

## Part 4 Children and Young People’s Services only

Link to the Children and Young People’s Equality Strategy

Desired outcome	How can your project or service address this?	Resource (Staff, Budget)	Timescale
<b>Effective data collection and monitoring</b> (including ethnic origin, language, religion, disability, age and gender, sexual orientation)			
<b>Fair access to services</b> that ensure <b>better outcomes</b> for different groups, and <b>developing inclusive services</b>			
<b>Effective engagement with different and minority groups and individuals</b> (Publication of EqIA report)			

Desired outcome	How can your project or service address this?	Resource (Staff, Budget)	Timescale
<p><b>Effective and inclusive commissioning and procurement</b></p> <p>Commissioned services meet all the needs and aspirations of all sectors of the community.</p> <p>Independent and commissioned providers and partners follow good equality and diversity practice</p>			
<p><b>Ensuring personal safety and challenging harassment</b></p>			
<p><b>Workforce development</b></p> <p>Developing confidence and competence in equality and diversity</p> <p>Ensuring a diverse and representative workforce</p>			
<p><b>Improving community cohesion and promoting good relations between different groups of people</b></p>			

## **Part 5 Measures to mitigate disproportionate or negative impact or improve on neutral or positive impacts.**

**5.1 If there is any negative impact on any target equality group identified in Section 3, is the impact intended or legal?**

**5.2 Specify measures that can be taken to remove or minimise the disproportionate or negative effect identified in Section 3. If none were identified in Section 3; identify how disproportionate impact or adverse effect could be avoided in future.**

- Monitoring systems for Carers Grant funded project includes equalities monitoring, and this is reviewed on a quarterly basis, looking at age, gender, ethnicity, location and sexual orientation. Monitoring forms have been specifically designed to record these. Regular meetings are held with commissioned organisations to address any issues identified, and suggestions made to address any perceived inequalities, as well as opportunities taken to share best practice. Regular reports are given to the Carers Partnership Board
- Specific outreach work in immigrant communities is being commissioned (October 2009- February 2010). Diversity Resources International will be working with 3 well-established immigrant communities in Eastbourne and Hastings, using bilingual researchers from the same communities to ask carers what they need in terms of support and access to services. Feedback from this project will inform commissioning of services from April 2010.
- An advocacy project has been set up within Care for the Carers. This is open to any carers, but will be closely monitored to establish whether it is accessed by disadvantaged groups more particularly, e.g. LGBT carers who may not be seen as nearest relatives in a hospital or care setting.
- Close working continues with the Adults Social Care Equalities team following on from focus groups and event attendance in partnership (e.g. St Leonards Festival, August 2009) and working closely with local voluntary organisations (e.g. Friends Families and Travellers) to ensure promotion of carers' issues at Traveller Forums etc.
- A programme of staff training in working with carers is ongoing, and from April 2010 will include looking at issues of

the additional barriers that carers from disadvantaged communities face, as evidenced in Section 3.

- An Action Group is being set up to address issues faced by working carers, working particularly with ESCC/NHS local employers through the HR Management Board, and setting up activities around Carers Rights Day in December 2009.

**5.3 If there is no evidence that the strategy or policy promotes equality, equal opportunities or improves relations within equality target groups, what amendments could be made to achieve this?**

**5.4 If a neutral or positive impact has been identified, can that impact be improved upon (continuous improvement)?  
What are the improvements that can be made?  
Can they be applied elsewhere in the ESCC?**

See 5.2

**5.5 How will any amended strategy or policy be implemented, including any necessary training?**

Analysis of monitoring will inform future policy and strategy. Staff training will include recognition of the additional barriers faced by carers from minority communities or who are disabled themselves.

## Part 6 Conclusions and recommendations

### 6.1 Does the strategy or policy comply with equalities legislation, including the duty to promote race, disability and gender equality?

Yes: x  No:

### 6.2 What are the main areas requiring further attention?

See 2.5 above

### 6.3 Summary of recommendations for improvement

Specific outreach work needed with BME and other minority communities who are currently not supported (including traveller communities)

Programmes to reach out to carers of working age

### 6.4 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the strategy or policy?

(Give details)

Regular equality monitoring of all commissioned projects to produce accurate data that is analysed and reports produced for Carers Partnership Board

All Action Groups reporting to the Carers Partnership Board will have specific remit to address issues identified in this document.

Ongoing training for staff to inform practice

### 6.5 When will the amended strategy or policy be reviewed?

Annually

<b>Date completed:</b>		<b>Signed by (person completing)</b>	
		<b>Role of person completing</b>	
<b>Date:</b>		<b>Signed by (Manager)</b>	

## Part 7 Equality impact assessment improvement plan

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. If no actions [go to Part 8](#)

**Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:**

Area of negative/neutral impact	Changes proposed	Lead Manager	Timescale	Resource implications	Comments
BME communities	Outreach work to produce accessible information and recommendations for action	Debbie Charman/Information sub group	March 2010	Not yet known	
LGBT and disabled carers	Training for staff to include issues of additional barriers faced	Debbie Charman/Allyson King/Information sub group	ongoing	None	
Carers of working age	Targeted outreach through employers and flexible respite and support	Debbie Charman/Allyson King/Working carers sub group	ongoing	Not yet known	


## Part 8 Equality impact assessment summary report

The results of equality impact assessments must be published. Please complete this summary, which will be used to publish the results of your impact assessment on the County Council's website.

### Date of assessment:

**Manager(s) name:** Debbie Charman    **Role:** Strategic Commissioning Manager - Carers

### Strategy or policy, project or service, that was impact assessed:

Joint Commissioning Strategy for Carers in East Sussex 2010-2015

### Summary of findings:

**Carers from all disadvantaged groups face additional barriers to accessing services:**

- **Carers from minority ethnic groups have some cultural resistance to State intervention and lack of understanding of services provided**
- **Women are disproportionately represented as carers in the community at large. In addition, female carers and male carers tend to have differing support needs, so services need to be targeted appropriately**
- **Many carers consider themselves disabled, and services need to be targeted to meet their needs appropriately**
- **Carers in all age groups face disadvantage: working age carers face difficulties in accessing and maintaining employment, and young adult carers need support to access tertiary education as well as work opportunities. Older carers often face isolation due to lack of transport and being unable to leave the person they care for.**
- **LGBT carers can face prejudice in terms of not being considered a carer by statutory services, and possibly of having to explain domestic and personal arrangements to them.**

### Summary of recommendations and key points of action plan:

- **Monitoring of projects to ensure equality of access and support – regular reports back to the Carers Partnership Board through Action Groups**

- Specific outreach work in immigrant communities to identify needs, and then to implement recommendations
- Feedback from advocacy project to be assessed to ensure that all carers have access to it. If a particularly disadvantaged group is identified as using the service disproportionately, action to be taken to investigate and clarify.
- Close working to continue with the Adults Social Care Equalities team and local voluntary sector organisations representing community groups.
- A programme of staff training in working with carers is ongoing, which will include looking at issues of the additional barriers that carers from disadvantaged communities face.
- An Action Group is being set up to address issues faced by working carers, working particularly with ESCC/NHS local employers through the HR Management Board, and setting up activities around Carers Rights Day in December 2009.

Groups that this strategy or policy will impact upon															
Race		Gender		Sexual Orientation		Age		Disability		Religion/ Belief		Other		All	
+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>