

Coventry City Council Equality and Consultation Analysis Form

In line with the principles of decision making outlined in the City Council Constitution, the Council will ensure that its decision making is open and transparent, and that due regard is given to the Council's obligations and desire to promote equality of opportunity and equal treatment.

Part 1 *This part must be completed and before formal consultation is undertaken and must be available during the consultation stage.*

Author of this document: Jon Reading

Name of Service Area: Strategic Commissioning

Head of Service: Jon Reading

Date of completion: 16/08/2016

Tell us what the planned changes are

1. What is the background to the planned changes? Why is this change being considered?

Carers look after family, partners or friends in need of help because they are disabled, ill or frail. The care they provide is unpaid. The 2011 census identified 32,101 residents in Coventry providing some form of unpaid care, and 3,100 are young carers and young adult carers under the age of 25.

Coventry's last multi-agency Carers' Strategy expired in 2015. A steering group made up of representatives from local authority, health and the voluntary sector have led the development of the third Carers' Strategy for the city.

This all-age, multi-agency strategy builds on past achievements and has been developed in response to carers' views and contributions both locally and nationally. It is aligned to the four priority areas identified in the current National Carers' Strategy and reflects some very important national legislative and policy changes including the Care Act 2014 and the Children and Families Act 2014. In delivering this strategy it is expected that we will make practical and targeted improvements and changes that make a positive difference to carers in the City and promote a joined up approach between council, health and voluntary services.

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2. What are the potential scenarios/options being considered? *Please indicate if any are preferred and if any scenarios/options are being ruled out and why*

Carers make a huge contribution to the health and social care system in Coventry (currently estimated at £680m) and we could not cope without the support that they give to their friends and family members. It is, therefore, very important that we plan how we are going to support carers over the coming years to help them in this role and that the partnership approach continues between statutory and voluntary sectors to maximise the resources available. Therefore continuing with a multi-agency strategy is considered the most appropriate way to achieve this.

3. Who do you need to consider as part of this ECA? **stakeholder analysis*

Carers, voluntary sector organisations that support carers, health services, children and adult social care, employers

4. What do you already know about the potential impact on stakeholders? **provide only a brief overview based on current knowledge, data and information*

It is envisaged that the implementation of the strategy will have a positive impact for carers as it aims to address those issues local carers value and support the national agenda for carers. For providers it aims to support workforce development by increasing awareness, skills and knowledge and enabling workers to support carers more effectively. A joint approach across organisations helps to maximise and target resources more efficiently.

Pre-Consultation Engagement

This section refers to any activities that took place (such as briefings, meetings, workshops, scoping exercises etc) with stakeholders before the formal consultation period.

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5. What engagement activities took place prior to formal consultation and what feedback was received in relation to equality issues?

Coventry Carers' Strategy has been developed based on a programme of engagement at local level and reflects the national carers' strategy and key legislation, policy and national research and reports. The government is currently working on a new carers' strategy to be launched at the end of this year or early 2017 and is working in strong partnership with Carers UK and Carers Trust, two key national carers' organisations. Feedback from the DOH [Call for Evidence](#) consultation is being collated and analysed to inform the final version. We are not anticipating any significant change in the general themes but will review the priorities in our local strategy and refresh it as necessary once this is published.

The local strategy has been developed taking account of carers' views and feedback from a range of sources including workshops, surveys and existing involvement forums. In 2014/15 reviews began of carers services in the city to ensure that resources were targeted where they are needed most. Themes and views coming out of these engagement opportunities which included a number of workshops and meetings also fed into the development of the strategy and the strategy steering group also used [Making it Real for Carers](#) to evaluate the current position. This is a TLAP resource that has been coproduced with carers nationally to support personalisation.

Some themes that occur regularly are:

- Raising awareness across the City so that carers are able to have early access to the right support
- The need for high quality information, advice and support
- More integrated working especially between health and social care, and between adult and children's services
- Flexible support to help carers take breaks and help in emergencies
- Training and learning – a chance to develop skills and knowledge
- Opportunities to network and get peer support from each other

Young carers have also told us:

- They want to be listened to by professionals and be involved in discussions and decisions alongside the person they care for
- They want to be supported at school and for teachers to understand how caring can affect them

Since the first draft of our local strategy was released in June 2016 we have engaged widely with carers and other stakeholders through opportunity to feedback online, two workshops, speaking to various existing carers groups and at other stakeholder meetings such as GP Clinical Leads group. Carers Trust Heart of England, the main carer organisation in the city sent notification of the workshops and the opportunity to view it and feedback online to over 4,000 carers signed up to their mailing list.

The draft strategy has also been presented at the Better Care programme board, Adult Commissioning Board, and the Children's and Young People Partnership Board to ensure appropriate organisational oversight of the work as it has developed.

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Feedback has been very positive overall and the priorities and improvements were widely supported. The process of engagement has raised the profile of carers and generated a lot of discussion and interest in how the strategy will be implemented and how different organisations can support it.

There were some comments made about the layout and some of the content in the draft Strategy and this has now been updated in line with the feedback received. Changes include:

- Re-writing some of the text to make it clearer that the strategy relates to carers of all ages and to pick out some of the key challenges/issues for particular groups of carers (e.g. young carers, older carers, carers of people with mental ill-health)
- Changing or explaining particular words that might be confusing (this will also be supported by an online glossary on the Carers Strategy web pages)
- Separating out some of the text and making some of the headings clearer to make it easier to read.
- Some carers asked if some of the pictures could be made smaller and the text enlarged. Best efforts have been made to improve this by changing the colour of the text and enlarging it slightly but it would have meant a whole redesign of the document to achieve any full scale changes so this has not been done. We will however take account of these comments in future design.

Analysis of Impact

In this section please ensure that you consider the three aims of the general duty as they affect **protected groups**. These groups are:

Age, Disability, Gender, Gender reassignment, Marriage/Civil Partnership, Pregnancy/Maternity, Race, Religion/Belief, Sexual Orientation

The **three aims of the general duty** require that a public authority, in the exercise of its functions, must have due regard to the need to:

1. Eliminate discrimination, harassment and victimisation
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Note – when identifying potential impacts below, please only include impacts that may exist over and above general impacts that may affect the wider community/population. *For example, a reduction in grant to Coventry Citizens Advice would affect all service users*

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through a reduced level of first line advice being available to all – but it would affect the following groups more; age, disability, gender and race as they represent a larger proportion of the clients who use the advice service.

Carers experience significant inequalities. For example:

- a. Carers can be worse off financially as a result of taking on caring responsibilities.
- b. Carers face difficulties accessing education and employment that fits around their caring role.
- c. Carers are often unable to hold down a job or attend or undertake education courses as a direct result of their caring responsibilities.
- d. Carers are at risk of health inequalities:
- e. Most experience stress, anxiety and depression
- f. Those providing high levels of care are twice as likely to be permanently sick or disabled
- g. The health impact is worse amongst BAME carers
- h. Carers are more prone to social exclusion, which leads to poor mental health and well-being.
- i. Carers living in socio-economically deprived areas are more likely to be high level carers.
- j. Carers are a hard to reach group as they do not recognise themselves as carers.

Age

The strategy acknowledges the different challenges faced by carers of different ages and implementation plans will be targeted to address these issues along the four themes of:

- improved identification and recognition
- opportunities to realise educational and vocational potential
- support to have a life outside of caring, and
- support to stay healthy

For example many young carers remain hidden and not in touch with services that can support them. A BBC survey in 2010 estimated there are 700,000 young carers in the UK so the number of young people caring in Coventry thought to be much higher than the 2011 census figure of 3,100 and likely to be nearer 5000. Young carers have significantly lower educational attainment and a greater likelihood of a carer being not in education, employment or training (NEET). Young adult carers not in paid employment can face significant financial hardship both in the short and longer

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term and the average family annual income was £5,000 lower than families who do not have a young carer. ([Hidden from view: the experiences of young carers in England](#)). The implementation plans feature projects and initiatives to improve awareness about how to identify young carers and the impact of caring across schools, colleges, social care and health services.

There are 1.2 million carers over the age of 65 in the UK with 6,494 recording in Coventry in the Census 2011. In ten years the number of carers aged 85+ had grown by 128% and over half provide 50 or more hours of care a week. 60% of older carers who provide 50 or more hours of care a week say their health is not good, rising to 72% of carers aged 85 and over. ([Caring into Later Life](#))

Locally we have seen an increase in the number of older carers using support services, for example, of those carers having to call on the Carers Response Emergency Support Service (CRESS) 37% were over the age of 85 and increase of 5% from the previous year.

The strategy recognises that older people in particular benefit from being identified early and having support to stay healthy and have a break from caring.

Disability

[Carers UK State of Caring Survey in 2015](#) showed 82% of carers reporting that caring has had a negative impact on their health. 74% failing to have a good night's sleep .47% struggling to maintain a balanced diet. 41% had experienced an injury or their physical health has suffered as a result of caring.

A similar pattern of poor health was also apparent among young carers under 18 years of age. Those caring for more than 50 or more hours a week were more than five times likely to report they were not in good health compared to their peers without caring responsibilities.

An average of 5% (just over 200) of carers registering with Carers Trust Heart of England over the last 3 years considered themselves to have a disability. Implementation of the strategy is expected to have a positive impact by placing an emphasis on supporting carers to stay healthy and improving access to a Carer's Assessment. The assessment considers what the carer is able and willing to continue to do and explores the health and wellbeing of the carer. For young carers we have a duty to consider what support is required to prevent the young carer from excessive and inappropriate caring responsibilities.

Gender

The 2011 census showed that in Coventry 57% of carers were female and 43% male. Nationally the census showed the greatest impact on general health appeared among young male adult carers up to age 24 caring for over 50 hours a week being more than four and a half times likely to report poor health as their peers with no caring responsibilities. Economically active women in both full-time and part-time employment provided a greater share of the unpaid care burden than men; in England 12.1% of women working full-time provided unpaid care, and in Wales it was 15.3%. In contrast the [Caring into Later Life](#) report in 2015 highlighted that nearly 3 in 5 carers aged 85 and over are male. Implementation of the strategy will need to ensure that maintenance and development of gender specific support and targeted work to ensure we reach specific groups

Gender Re-assignment

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There is no current statistical information available for this characteristic although Carers Trust Heart of England has now added this to their equal opportunities monitoring information in their annual survey. Implementation of the strategy will need to ensure targeted work to ensure we reach specific underrepresented groups. There are no anticipated negative impacts for this particular group.

Marriage/Civil Partnership

Statistical information is not routinely collected for this characteristic and therefore it is not possible to assess potential impact more accurately. It is recognised that caring responsibilities can have a major impact on a person's ability to develop and maintain personal/family relationships and as the strategy aims to improve experiences for carers to get information, advice and support at an earlier stage it is anticipated that this will have an overall positive impact for this characteristic group. It must be recognised that carers of same-sex partners may face additional issues. For example many find they have little choice but to reveal their relationship to professionals, but this can leave them feeling vulnerable and exposed at an already stressful time, particularly if their relationship has previously been hidden. Professionals may have a lack of understanding about the lives of gay and lesbian people and some are judgmental about their sexuality, particularly in accepting their partnerships.

Pregnancy/Maternity

Statistical information is not collected for this characteristic however the strategy aims to improve access to assessment and ensure a whole family approach and would include consideration of the needs of a carer who is expecting a baby and measures would be taken to provide appropriate support as required. A small number of carers received support from the local authority in the last two years following a carer's assessment as part of their antenatal and post natal plans. This included providing support to the person cared for. The carer's assessment is quite specific in assessing whether the caring role is impacting on the carer's ability to care for a child as it forms part of the eligibility criteria. The strategy aims to improve experiences and access to assessment so in these terms, it is anticipated to have a positive impact.

Race

[Half a million voices: Improving support for BAME carers](#) (Carers UK 2011) found there were 503, 224 Black, Asian and Minority Ethnic (BAME) carers in England and 10% of carers are from a BAME background. BAME carers face the same challenges as all carers, but also face additional barriers, for instance cultural barriers, stereotypes and language which can increase the chances of poorer health, poverty and social

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exclusion. BAME elders also expect their immediate family to support them despite the fact that they may have jobs and other responsibilities; support is vital for these working age carers. The many new communities coming to Coventry means that the cultural needs of carers needs on-going development. Carers Trust Heart of England have various projects that target BAME communities in Coventry and workers speak a variety of languages. 32% of new carers identified in 2015/16 were from these BAME backgrounds. They run established carers support groups for BAME carers whom we engage with on a regular basis and these groups played a valuable role in developing the strategy and will continue to be involved in the implementation plans and development of support services. The strategy is anticipated to have a positive impact on this characteristic group.

Religion/ Belief

Statistical information is not routinely collected for this characteristic however positive impacts are expected to be delivered particularly through improved identification and recognition and more personalised approaches to assessment and support. The work to engage BAME carers cited above involves strong links with faith groups and places and worship and again the strategy is anticipated to have a positive impact on this characteristic group.

Sexual Orientation

LGBT carers have the same needs for support, services and information as any other carers, but prejudice and lack of legal recognition means that they face the extra barriers of social isolation and inappropriate services. Estimates for the numbers of gay and lesbian people vary from 5% to 13% of the population. Even this lowest figure would mean that of the 6 million carers in the UK, approximately 300,000 carers in the UK are gay or lesbian. There is no current local statistical information available for this characteristic specifically in relation to carers although Carers Trust Heart of England has now added this to their equal opportunities monitoring information in their annual survey. They have also established a support group for LGBT carers, which has a small, but growing membership. Implementation of the strategy will need to ensure targeted work to ensure we reach specific underrepresented groups. There are no anticipated negative impacts for this particular group.

Mitigating actions – applicable to all protected groups

The strategy promotes a joined up approach to planning and utilising available resources and therefore will help target those groups more at risk.

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6. Are there any other vulnerable groups that could be affected? i.e. deprivation, looked after children, carers, health impact

The strategy aims to improve information, advice and support for carers to stay healthy and improve their wellbeing and the implementation plans will help target those more at risk. This will include young carers and older carers and working carers.

7. What are the gaps in evidence? How will you address this during the consultation stage?

There was a lack of statistical information in relation to some of the characteristic groups such as Marriage/Civil partnership, Religion/Belief but efforts will be made through the implementation planning and delivery of the strategy to consider how relevant information can be collected in the future.

8. What are the likely impacts of this project/review on staff from protected groups?

The strategy includes aims to improve support for working carers and therefore will be likely to strengthen the Council's approach to supporting carers in our workforce to balance their employment with their caring responsibilities and maintain positive health and wellbeing.

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Outcome of equality impact

9. Indicate which of the following best describes the equality impact of this project/review:

There will be **no** equality impact if the proposed option is implemented

There will be **positive** equality impact if the proposed option is implemented

There will be **negative** equality impact if the proposed option is implemented but this can be objectively justified

There will be both **positive and negative** impacts if the proposed option is implemented

Summary of ECA

It is anticipated that overall the Carers' Strategy will have a positive impact with key themes focussing on improving access to information, advice and support particularly to carers from hard to reach groups who are less likely to seek support. The emphasis is on a more joined up approach between health, social care and the voluntary sector aims to raise awareness of the impact of caring and increase opportunities for carers to get the advice and support they need at an earlier stage. Practical and targeted improvements and changes that make a positive difference to carers in the City will be outlined in the annual implementation plans.

Approvals from Director and Cabinet Member

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Name

Date

Click here to enter date agreed.

Director:

Click here to enter date agreed.

Cabinet Member:

Please detail below any committees, boards or panels that have considered this analysis.

Name	Date	Chair	Decision taken
Name of board.	Click here to enter meeting date.	Name of chair.	Decision made / link to report.
Name of board.	Click here to enter meeting date.	Name of chair.	Decision made / link to report.
Name of board.	Click here to enter meeting date.	Name of chair.	Decision made / link to report.

Next steps

Please send this completed ECA to the Insight Team as follows:

Wendy Ohandjanian (wendy.ohandjanian@coventry.gov.uk tel. 7683 2939)

Jaspal Mann (jaspal.mann@coventry.gov.uk tel. 7683 3112)

Version Control

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Version	Date	Summary of changes (Author)
1.0.0	26.05.16	Initial release (Jaspal Mann)
1.0.1	22.08.16	Update sign off