

EQUALITY IMPACT ASSESSMENT (EIA)



Title of EIA		Coventry Carers Action Plan (Appendix Two)
EIA Author	Name	Chloe Elliott
	Position	Commissioning Officer / Carers and Engagement Lead (covering)
	Date of completion	19/09/2023
Head of Service	Name	Jon Reading
	Position	Head of Commissioning and Quality
Cabinet Member	Name	Clr Linda Bigham
	Portfolio	Adult Social Care

EIA	<ul style="list-style-type: none"> • Having identified an EIA is required, ensure that the EIA form is completed as early as possible. • Any advice or guidance can be obtained by contacting Jaspal Mann (Equalities), Mamta Kumar (Equalities), Alicia Philips (Health Inequalities), Lisa Young (Health Inequalities), Emily Stewart (Health Inequalities), Laura Waller (Digital Inclusion).
Sign Off	<ul style="list-style-type: none"> • Brief the relevant Head of Service/Director/Elected Member for sign off • Have the EIA Form ready for consultation if it is required • Amend according to consultation feedback and brief decision makers of any changes
Action	<ul style="list-style-type: none"> • Implement project / changes or finalise policy/strategy/contract • Monitor equalities impact and mitigations as evidence of duty of care

PLEASE REFER TO [EIA GUIDANCE](#) FOR ADVICE ON COMPLETING THIS FORM

SECTION 1 – Context & Background

1.1 Please tick one of the following options:

This EIA is being carried out on:

- New policy / strategy
- New service
- Review of policy / strategy
- Review of service
- Commissioning
- Other project (please give details)



1.2 In summary, what is the background to this EIA?

The Care Act (2014) is a pivotal piece of legislation which created parity of esteem for carers, meaning that carers have the same legislative rights to an assessment and are considered to have needs in their own right. This means that anyone who identifies as a carer can request a carer's assessment. The general duty of a local authority in exercising its functions under the Care Act 2014 in respect of an individual is *'to promote that individual's well-being'* and in the case of carers, this includes the *'importance of achieving a balance between the individual's well-being and that of any friends or relatives who are involved in caring for the individual'* and when completing a carer's assessment the Authority must specifically consider whether a carer is "willing" and "able" to provide care and to continue to do so. This is a crucial conversation with any carer receiving an assessment of their needs.

More broadly the Care Act 2014 places a responsibility on local authorities; to "prevent, reduce & delay" the needs of people from arising. Carers form a significant part of this responsibility and are key to prevention. This has meant that locally services have been developed to respond to carers needs at a much earlier point in their journey, even at the point of contemplating taking on caring responsibilities.

The Care Act 2014 has had an impact on the way services are delivered to carers. The Care Act 2014 is explicit that services such as replacement care and respite are considered services for the cared for person. This then has an impact on the way in which services are charged for and means tested. However direct support for carers such as Carers Direct Payments are not charged for.

The Council has a legal obligation under section 149 of the Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic and those who do not share it. These matters have formed an integral part of the decision-making processes in relation to the continuation of the Dementia strategy. The Council continues to engage with service users and representative groups, and use the information and views gathered in its consultation and equality impact in order to achieve accessible and inclusive service provision.

Coventry City Council remain committed to supporting unpaid carers and work with local providers and third sector organisations to ensure a quality support offer is available. The Coventry Carers Action Plan 2024/26 takes over from the previous Coventry Carers Strategy 2016-2019 and outlines our priorities and actions over the next two years to support carers in the city. The action plan meets both the statutory needs of carers and the support requirements as advised by carers themselves.

There has been delay in producing this document due to the COVID-19 pandemic; the Coventry Carers Strategy 2020 was halted due to the monumental changes in carers needs, demands and responsibilities, some of which have remained long term. The Council continued to work on the priorities beyond the strategy end date, evolving the carer offer and working with partners to meet emerging needs of carers including the COVID-19 pandemic and cost of living pressures. An action plan (as opposed to a strategy) has therefore been developed to address the short, medium and long term priorities of carers post pandemic and demonstrate how we will progress our support offer to carers at pace.

1.3 List organisations and people who are involved in this area of work?

Internal

Adult Social Care Senior Management Team
Practitioners / Community Case Workers



Cabinet Member for Adult Services / Director of Adult Social Care / Adults Commissioning Head of Service
Stakeholder Reference Group
Dementia Hub Steering Group

External

Carers Trust Heart of England
Unpaid Carers
Third sector organisations in the city

SECTION 2 – Consideration of Impact

Refer to guidance note for more detailed advice on completing this section.

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

- Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
- Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
- Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

- Please include an analysis of the equalities data your service holds. This could include surveys, complaints, compliments, management information and customer profiles. *(Please refer to Diversity Guide)*
- Where possible compare your data to local data using
 - Facts about Coventry
 - Census 2011
 - Census 2021
 - JSNA

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Caring for someone can take up a few hours each week, or a carer may be caring for 24 hours a day, seven days a week. An individual may look after more than one person.

The role of unpaid carers in adult social care is invaluable, with unpaid carers contributing the equivalent of 4 million paid care workers to the social care system nationally. Without them, the system would collapse.

A recent report, 'Caring in a complex world' May 2023 notes carers themselves are not always able to access the support they need, there is limited research and evidence on interventions to support unpaid carers, and

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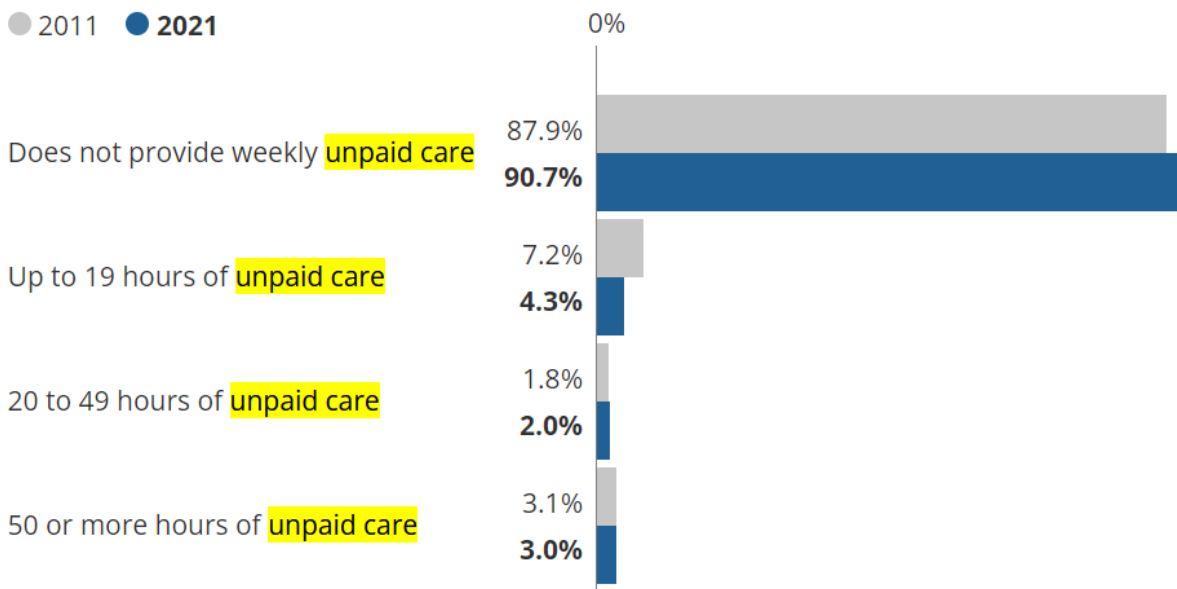


general issues within the adult social care market (for example, workforce shortages or funding issues) have a direct impact to the overall health and wellbeing of carers as they bridge any such shortfalls.

Census 2021 data reported around 27,391 (8%) of Coventry residents provided some unpaid care, however estimates put this figure closer to 55,000 (around 10-15%). Whilst this is a reduction on previous Census data (31,900 carers reported in Census 2011) Census 2021 was undertaken during the coronavirus (COVID-19) pandemic. This may have influenced how people perceived and managed their provision of unpaid care, and therefore may have affected how people chose to respond.

The hours of care delivered by Coventry residents is as follows as reported in Census 2021 data:

Age-standardised proportion of usual residents (aged five years and over) by hours per week of unpaid care provision, Coventry



National data:

Data from the Census data 2021 indicates:

- The percentage of people providing unpaid care was higher in females than males (10.3% of females provided unpaid care compared to 7.6% of males)
- There were approximately 120,000 young unpaid carers (1.4% of 5-17 year olds)
- There was a higher percentage of people providing unpaid care in the most deprived areas of England and Wales

Coventry data:

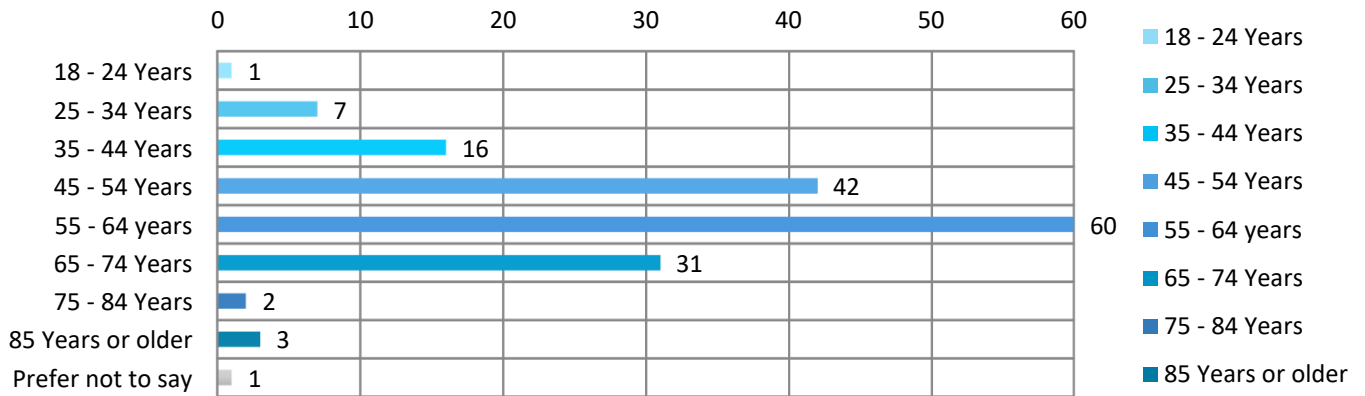
To shape our Carers Action Plan 2024/26 a 'Lets Talk' Coventry Carers Survey was undertaken by the Council from March-May 2023 to understand current demographics, presenting needs and trends. A total of 163 people responded to the survey, of which demographic related data is as follows:

Age range:

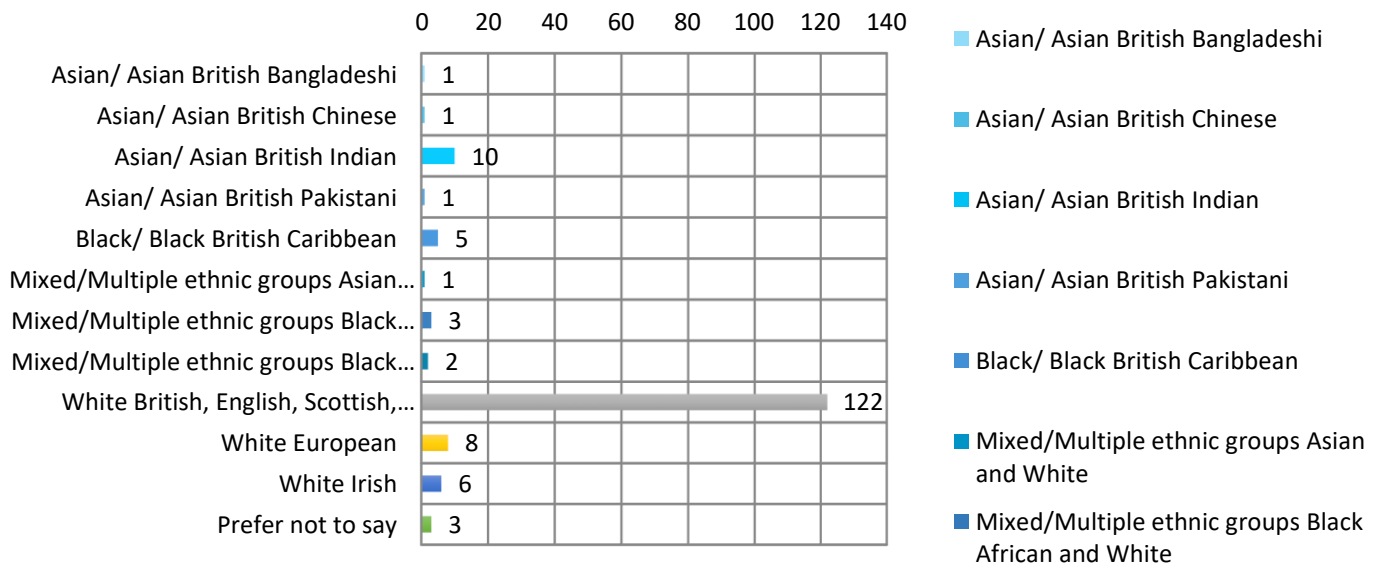
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Please tell us yo...



Please tell us yo...



- 60% of carers advised their day to day activities were limited in some way because of a health problem or disability which has or is expected to last at least 12 months
- 28% of responders advised their emotional wellbeing was either bad or very bad

The results of the 'Lets Talk' survey further informed us of the following:

- The majority of responders were aged between 45-64 and of White-British ethnicity
- The majority of responders have been caring for over two years, with many supporting individuals for over 10 years
- The majority of responders (60%) were either limited a little or limited a lot due to their own health problem or disability
- 69% of responders are in full or part time work or study
- 53% of responders have or would like to reduce their working hours due to their caring responsibilities

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- Long term physical health conditions, older adult / frailty and physical disability were the most common reasons for responders supporting individuals
- Affordability, lack of suitable provision or choice, feeling unable to leave the person they care for and the cared for not wanting alternative care were the most common barriers to taking a break from the caring role.
- The majority of responders did not know where to go for support, how to access this or what support options were available.
- A large number of responders had concerns in respect of the cost of living crisis and in affording care / future care

The survey results act as a clear baseline to work towards improvements and provide clear direction to set the priorities in the Carers Action Plan 2024/26.

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

- Positive impact (P),
- Negative impact (N)
- Both positive and negative impacts (PN)
- No impact (NI)

Any impact on the Council workforce should be included under question 5.0 – **not below*

Protected Characteristic	Impact type P, N, PN, NI	Nature of impact and any mitigations required
Age 0-18	P	<p>As many as 1 in 5 children and young people may be a young carer. Census data 2021 indicates there are around 120,000 young unpaid carers in England, however estimates place this number significantly higher. Alongside worries, stress, and isolation (one in three young carers advising they are stressed in their caring role) being a young carer can negatively impact their experience in education and have can prevent them from making friends or having a social life.</p> <p>Whilst the Carers Action Plan is targeted at adult carers, it contains general actions in improving carer awareness, support and uptake (and outcomes of) carers assessments and some specific actions in respect of young carers. This group should therefore benefit positively from the plan due to increased awareness and support.</p>
Age 19-64	P	<p>This age group will benefit positively. 77% of carers who responded to the Let's Talk Carers Survey were within this age range. This echos national themes from the Census 2021 data where females aged between 55-59 provided the most unpaid care (19.9%). Despite these statistics, recent data from our commissioned carers support provider indicates low uptake of support from this age group.</p>

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		<div data-bbox="751 376 1270 734" style="border: 1px solid black; border-radius: 15px; padding: 10px;"> <p>New carers registering by age range.</p> <table border="1"> <thead> <tr> <th>Age Range</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Unknown</td> <td></td> <td></td> <td>14</td> <td>10</td> <td>24</td> </tr> <tr> <td>65+</td> <td>105</td> <td>103</td> <td>79</td> <td>59</td> <td>346</td> </tr> <tr> <td>55-64</td> <td>61</td> <td>57</td> <td>53</td> <td>34</td> <td>205</td> </tr> <tr> <td>45-54</td> <td>50</td> <td>52</td> <td>31</td> <td>44</td> <td>177</td> </tr> <tr> <td>35-44</td> <td>23</td> <td>21</td> <td>24</td> <td>16</td> <td>84</td> </tr> <tr> <td>25-34</td> <td>11</td> <td>8</td> <td>6</td> <td>13</td> <td>38</td> </tr> <tr> <td>19-24</td> <td>6</td> <td>5</td> <td>1</td> <td>2</td> <td>14</td> </tr> <tr> <td>0-18</td> <td>47</td> <td>34</td> <td>58</td> <td>32</td> <td>171</td> </tr> </tbody> </table> </div> <p>Work is therefore required to ensure support delivered matches the demographics of those in unpaid caring roles. The Carers Action Plan 2024/26 therefore specifically looks to improve support in the following areas linked to this age group:</p> <ul style="list-style-type: none"> - Increase awareness of carers identification and rights - Increase reach and uptake of carers assessments (a process which assesses the needs of carers in their caring role and ensure that they have access to information, support and respite or short breaks) - Ensuring access to support at the right time and right place - Increased knowledge of and access to flexible respite and break provision, allowing carers to have a break from their caring responsibilities. 	Age Range	1	2	3	4	Total	Unknown			14	10	24	65+	105	103	79	59	346	55-64	61	57	53	34	205	45-54	50	52	31	44	177	35-44	23	21	24	16	84	25-34	11	8	6	13	38	19-24	6	5	1	2	14	0-18	47	34	58	32	171
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Age 65+	P	<p>This group will benefit positively, both in respect of individuals receiving care and the carer themselves. A total of 20% of carers who responded to the 'Lets Talk' Coventry Carers Survey advised they supported an individual due to 'older adult / frailty' and 22% of carers themselves advised they were aged 65 and over.</p> <p>This age group will therefore benefit positively from increased information and advice (information on carers support will be available in both digital and paper formats to ensure accessibility) training, mental health and general support for the carer. In turn, the individual being cared for should experience increased quality of care and a reduced risk of carer breakdown due to carer burnout.</p>																																																						
Disability		<p>This group will benefit positively, both in respect of individuals receiving care and the carer themselves.</p> <p>60% of carers who responded to the 'Lets Talk' Coventry Carers Survey advised they had a form of disability themselves; 36% of individuals who required support had a physical disability, and 16% had a learning disability.</p> <p>The Carers Action Plan includes work to improve the accessibility and quality of training for carers to better equip them to deliver support, whilst promoting the uptake of carers assessments to ensure carers are considering and prioritising their own needs.</p>																																																						
Gender reassignment	NI																																																							

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Marriage and Civil Partnership	NI	
Pregnancy and maternity	NI	
Race (Including: colour, nationality, citizenship ethnic or national origins)	P	<p>This group will be impacted positively.</p> <p>As noted by Carers UK, many carers from Black, Asian and minority ethnic backgrounds do not often recognise themselves as carers. Likewise, cultural expectations of the roles of family members mean they do not identify as being a carer and are simply fulfilling expected roles. Cultural differences such as this may be a barrier to individuals accepting support for either themselves or the person they care for. Research from Carers UK noted that Black, Asian and minority ethnic carers were:</p> <ul style="list-style-type: none"> - More anxious about their current financial situation - More likely to be impacted by the closure of local services - More likely to state that the services in their area did not meet their needs <p>We are also aware that rates of mental health problems can be higher within some Black, Asian and ethnic minority groups as a result of racism, discrimination and social and economic inequalities. There may also be some practical language barriers in accessing and understand information and support.</p> <p>To ensure our Carers Action Plan best supports individuals from underserved communities, we will be working with a range of third sector organisations and community leaders to better tailor our offer and breakdown barriers in accessing support.</p> <p>We will also ensure:</p> <ul style="list-style-type: none"> - Information is in simple, jargon free language and is translated into a range of languages - Translators are available for in person promotional events wherever possible or where required - Staff delivering services or assessments have awareness of and are sensitive to different cultures - Are using diverse imagery, language and terminology on our websites and publications to promote inclusion - Utilising community contacts and organisations, for example faith and third sector organisations (specifically those delivering targeted support to those from an ethnic minority background) to communicate and promote messaging and services. This will also include holding events and services at trusted or accessible locations to boost attendance and engagement e.g. mosques, temples - Avoiding labels e.g. BAME, carer, hard to reach <p>We will be working with organisations who have expertise in working with diverse or underserved groups to further develop our Carers Action Plan and our year 2 actions, as well as working to understand directly from individuals what they need.</p>
Religion and belief	P	This group will benefit positively.

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		As above with addressing disparities of access associated with race, we will be linking with local faith groups and community leaders to better understand needs and barriers to accessing support from individuals and communities of different faiths to tailor our support offer. In circulating information and holding events, consideration will too be given to language and pictures used, and the timings and locations of events (for example, considering prayer time and religious events or holidays).
Sex	P	Census 2021 data indicates females were statistically significantly more likely to provide unpaid care than males in every age group up to 70 to 74 years. There were no significant differences for those aged 75 to 79 years. However, from the age of 80 years onwards, males were statistically more likely to provide unpaid care. Both sexes will therefore be impacted positively through the three priorities of the Carers Action Plan.
Sexual orientation	P	This group will benefit positively. Although information in respect of this demographic is not routinely collected, data from Carers UK analysis of NHS England GP survey found that 7 in 10 lesbian, gay and bisexual carers reported a long-term health condition or disability compared to 60% of heterosexual carers. Research also found that lesbian, gay and bisexual carers were more anxious regarding their financial situation, more likely to say they were struggling financially, more likely to feel lonely or isolated, with poorer mental health than heterosexual individuals. This may be due to carers feeling an overall loss of aspects of their LGBTQ+ identity (due to a lack of time to explore their identity, meet new people or attend events or explore opportunities for self-expression), experience prejudice, discrimination or harassment, feeling responsible for taking on the caring role over other members of the family due to being unmarried or not having children amongst others. To support individuals of this demographic we will work to better understand the needs and preferences of this population, aim to ensure language and services are as inclusive as possible, and involve individuals and groups from the LGBTQ+ community to shape services to better reflect requirements.

SECTION 3 – HEALTH INEQUALITIES - See the health inequalities pre EIA guidance sheet for this section.

3	Further information on health inequalities is available on the Intranet
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3.1 Please tell us how the proposal you are submitting this EIA form will reduce health inequalities:

Please include which Marmot Principles this work covers.

The Carers Action Plan will focus on three specific priorities:

- Empower carers with flexible respite options, ensuring they can take breaks
- Deliver the right support, at the right time, and in the right place

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- Maximise the reach of carers assessments to benefit more carers.

The actions set out in the Coventry Carers Action Plan 2024/26 will therefore support the following Marmot Principles:

- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable communities
- Tackle racism, discrimination and their outcomes

We are aware from the 'Lets Talk' Coventry Carers Survey that carers in Coventry are most likely to seek support from their GP in respect of their caring role. We will therefore be utilising GP's as a key identifier of carers to signpost to carer support services and refer for carers assessments. We will also be working with primary care and health colleagues to raise awareness of the physical and mental toll of the caring role to enable them to better understand and support carers.

We will also ensure carers are actively involved and have a voice in the development of carers support services. Development and monitoring of the Carers Action Plan will be undertaken in part by the Adult Social Care Stakeholder Reference Group and Dementia Hub Steering Group, made up of a range of faith groups, community leaders, third sector organisations and local groups, as well as carers from a variety of backgrounds themselves. These groups will help provide guidance on emerging needs of carers, gaps in support, and support us to ensure services are inclusive, representative and tailored to need.

Through increased information and awareness of carers support and assessments, we aim to ensure a higher number of carers access a range of support (for example, training, counselling, respite) to support in maintaining their own physical health and mental wellbeing. From our local 'Lets Talk' Coventry Carers Survey, we are aware that uptake for carers assessments is low in comparison to the number of carers in the city, despite carers assessments being a key way to better understand a carers own needs, support requirements and make referrals to supporting services. Likewise, the 'Lets Talk' local survey highlighted the need for respite and breaks from the caring role to enable carers to have time to themselves, undertake errands and have social contact. Some carers reported a number of barriers to accessing respite / breaks including uncertainty over charges or financial concerns, lack of suitable provision, guilt over taking a break and uncertainty in respect of the quality of support. Some carers also reported that they continued to be contacted by their loved one or the respite provider which prevented them having a break. By ensuring tailored, appropriate support is available and that people are aware of what this would entail we can look to:

- Prevent carer breakdown or burnout
- Improve the mental and physical wellbeing of carers
- Ensure carers can attend their own medical or wellbeing appointments
- Reduce loneliness and isolation (improving mental and physical health)

To strengthen the Coventry Carers Action Plan 2024/26 and ensure we are actively addressing inequalities through its implementation, we will undertake an engagement exercise with the following individuals / groups to gain feedback on the proposals suggested:

- Stakeholder Reference Group
- Dementia Hub Steering Group



- Adult Joint Commissioning Group
- Carers' Trust support groups (face to face, enabling input from a range of individuals of different backgrounds)
- Community and third sector leaders and individuals, e.g. Multi-Faith Forum, Age UK, Carers Trust, Alzheimer's Society etc

The Carers Action Plan will be a working document, with any suggestions or amendments from carers and the above groups implemented as appropriate.

3.2 What information do you have to show you are going to reduce health inequalities:

Data collected from the '[Carers health and experiences of primary care](#)' GP Patient Survey 2021 and referenced by Carers UK notes:

- 60% of carers report a long-term health condition or disability compared to 50% of non-carers
- Carers from some backgrounds were less likely to say the healthcare professional they saw recognised and understood any mental health needs they had. Whilst 86% of white carers said they felt they did, this dropped to 78% of black carers and 76% of Asian carers.
- 36% of lesbian, gay, or bisexual carers have a mental health condition compared with 13% of heterosexual carers – nearly treble the rate

Carers' health is known to be worse than that of non-carers due to the pressures of the role and is compounded by many factors, including providing more than 50 hours of care each week. Caring has been announced as being a social determinant of health recently by Public Health England.

Of the 60% of carers who had a long-term condition, disability, or illness, almost two-thirds (64%) reported that their condition reduces their ability to carry out day-to-day activities. This shows that carers' health and wellbeing is poorer than others and potentially affects their ability to care.

Lesbian, gay, and bisexual carers were most likely to report a long-term health condition or disability; and of this group, three-quarters (75%) stated that it affected their day-to-day life, in contrast to 62% of straight carers.

Half (51%) of carers said they had avoided making a GP appointment in 2021 compared to 40% of non-carers. This rose to 61% of Asian carers and those from mixed ethnic backgrounds.'

'Lets Talk' Coventry Carers Survey

To further understand and respond to local carers' needs, the Council developed and published a local Carers' Survey. This survey was launched via the Let's Talk platform on 7 March 2023, running until 12 May 2023. A total of 163 people responded. The survey has highlighted clear themes where improvement actions are required to better support carers in Coventry. Face to face engagement with local carers at carer support groups and in libraries was also undertaken to support individuals to respond who were unable to access or complete the survey online.

The most common barriers to carers taking breaks included the person they support not wanting other types of care, carers feeling unable to leave the person they care for and a lack of confidence in other people providing the care. There was also a lack of awareness of options, a lack of trust that provision could support people properly and a general lack of suitable provision. There was also a lack of

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understanding of what a carers assessment is and the benefit of having one, evident in the low number of responders who had received a carer's assessment.

Carers reported barriers to accessing support as being unsure where to go, not having enough time, being unclear on eligibility or concern about what might happen if they request support. There is also lack of awareness of training available to carers.

The cost-of-living was of significant concern to carers. Some carers noted they have had to use their own savings and some had concerns over keeping warm (necessary for health reasons) and affording food and essentials.

Responses to the 'Lets Talk' Coventry Carers Survey also highlighted the following in respect of health inequalities specifically:

- Carers reported both their own health (physical and mental), and that of their cared for, deteriorated through the pandemic. Some further reported this has not improved.
- Caring roles exacerbated through the pandemic due to lack of outside support and closures of services; some services did not reopen meaning carers have maintained increased caring roles for prolonged periods of time.
- 50% of carers who had responded advised they had been caring for more than 2 years but less than 10 years.
- 36% of carers advised they had been caring for over 10 years.

The themes of the survey are similar to that of the previous biennial Survey of Adult Carers in England 2021/22 which have also further informed the Carers Action Plan 2024/26.

Using the information gathered from our recent 'Lets Talk' Coventry Carers Survey, data from the Adult Social Care Outcomes Framework (ASCOF) and the results of the national biennial Survey of Adult Carers in England 2021/22, we have drafted a two-year Coventry Carers' Action Plan 2024 / 2026. The plan details three overarching key objectives, based on direct feedback from carers.

Key objectives of the Carers Action Plan:

1. Empower carers with flexible respite options, ensuring they can take breaks
2. Deliver the right support, at the right time, and in the right place
3. Maximise the reach of carers assessments to benefit more carers.

Whilst many of the priorities stated in the Carers Action Plan are not new, there is a renewed focus on strengthening and diversifying our current offer and services, and understand different methods of supporting carers to improve delivery and reduce all inequalities experienced by carers. The plan aims to improve awareness and access to support for all carers, ensure provision is available for all carers to have a break from their caring role and to understand and exercise their right to a carers assessment, so as this can lead to a meaningful outcome for them.

Measuring impact

Adult Social Care's commitment to making a difference for carers requires continuous monitoring and evaluation. To ensure the effectiveness of the Carers' Action Plan 2024-26, the Carers Team will:



- Review demand for support from both Coventry City Council and commissioned providers, addressing disparities in access among various communities.
- Engage in regular dialogue with carers, including via the Adult Social Care Stakeholder Reference Group and Dementia Hub Steering Group, seeking feedback on the plan's implementation and potential areas for improvement.
- We will monitor national surveys and data collections, providing valuable insights into the overall impact of our efforts.

3.3 Who/which groups of people might face the biggest health inequalities for your work and why: What can be done to improve health equity for the groups of people you have identified?

Carers of people with life long medical condition may face the biggest health inequalities in respect of this work. We know from the above referenced data that the overall health and wellbeing of a carer can be negatively impacted through the caring role, with this further exacerbated during intense or prolonged periods of caring responsibility. Individuals caring for someone with a life long medical condition may be especially prone to this.

We also note from both the local 'Lets Talk' Coventry Carers Survey and from national data referenced above carers from diverse ethnic communities are not accessing health and social care support as regularly as individuals of a White-British ethnicity.

Delays in accessing support may further exacerbate an individuals poor mental and physical wellbeing, cause unnecessary deterioration of condition to both the carer and cared for, and overall lead to poorer outcomes for both individuals. Risk of carer burnout and breakdown is also increased.

3.4 What can be done to improve health equity for the groups of people you have identified?

To improve the health equity of these groups the Council will:

- Work with health and primary care colleagues to raise awareness of the profile, role and needs of carers, and how they can best support individuals identified as carers including how to refer to carer support services.
- Ensure support is tailored to the needs of the diverse demographics of the city, for example, is culturally appropriate and accessible.
- Work with community leaders and groups to embed carers support and identification into communities where uptake is poor, and understand and address potential cultural barriers to accessing support.
- Utilise resources including the Low Income Family Tracker to proactively identify individuals who are carers, or who may require preventative support, and connect them with relevant support services.
- Better understand and incorporate the voice of carers from underrepresented groups through ongoing engagement with the Dementia Hub Steering Group and Adult Social Care Reference Group. These groups will help advise on the Carers Action Plan, monitor its progress and suggest improvements.



SECTION 4 - DIGITAL EXCLUSION INEQUALITIES

Please consider the digital exclusion information in the supporting document prior to completing this section.

4.1 Starting point:

Thinking of the main aims of your work area that this EIA is for; does your work area impact digital inequalities or exacerbate? Y/N

- Does your work assume service users have digital access and skills?
- Do outcomes vary across groups, for example digitally excluded people benefit the least compared to those who have digital skills and access?
- Consider what the unintended consequences of your work might be.

The work will positively impact digital inequalities

4.2 Reducing digital exclusion inequalities

Where are the opportunities for your area to reduce digital exclusion inequalities and embed supports/interventions as part of your work?

- We will be looking to respond to requests from carers in the 'Lets Talk' Coventry Carers Survey for an increase in paper based information and in person support
- Review use of assistive technologies to support the caring role, and ensuring training is available to support any such use
- Ensure support is available in a range of settings, communities and locations across the city and is not reliant on technology to deliver training (e.g. a mix of online and in person training / support)

5.0 Will there be any potential impacts on Council staff from protected groups?

N/a

EQUALITY IMPACT ASSESSMENT (EIA)



You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

Headcount:

Sex:

Female	
Male	

Age:

16-24	
25-34	
35-44	
45-54	
55-64	
65+	

Disability:

Disabled	
Not Disabled	
Prefer not to state	
Unknown	

Ethnicity:

White	
Black, Asian, Minority Ethnic	
Prefer not to state	
Unknown	

Religion:

Any other	
Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
No religion	
Sikh	
Prefer not to state	
Unknown	

Sexual Orientation:

Heterosexual	
LGBT+	
Prefer not to state	
Unknown	

6.0 How will you monitor and evaluate the effect of this work?

Adult Social Care commitment to making a difference for carers requires continuous monitoring and evaluation. To ensure the effectiveness of the Carers' Action Plan 2024-26, the Carers Team will:

1. Review demand for support from both Coventry City Council and commissioned providers, addressing disparities in access among various communities.

EQUALITY IMPACT ASSESSMENT (EIA)



2. Engage in regular dialogue with carers, including via the Adult Social Care Stakeholder Reference Group and Dementia Hub Steering Group, seeking feedback on the plan's implementation and potential areas for improvement.
3. We will monitor national surveys and data collections, providing valuable insights into the overall impact of our efforts.

6.1	Action Planning	
Issue Identified	Planned Action	Timeframe

7.0 Completion Statement

As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:

- No impact has been identified for one or more protected groups
- Positive impact has been identified for one or more protected groups
- Negative impact has been identified for one or more protected groups
- Both positive and negative impact has been identified for one or more protected groups

8.0 Approval

Signed: Head of Service: 	Date: 8/11/2023
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EQUALITY IMPACT ASSESSMENT (EIA)



Name of Director: Peter Fahy, Director of Adult Services and Housing	Date sent to Director: 10/11/2023
Name of Lead Elected Member: Councillor Linda Bigham	Date sent to Councillor: 14/11/2023

Email completed EIA to equality@coventry.gov.uk