



# Equality Impact Assessment

## EIA-628217174 - Recommissioning of Carers Support Services

### Details

<b>Title</b>	Recommissioning of Carers Support Services
<b>Author</b>	Gabrielle Borro (Joint Carers and Engagement Lead)
<b>Head of service</b>	Jon Reading (Head of Service)
<b>Cabinet member</b>	Councillor Linda Bingham (Adult Social Care)

### Context and background

<b>EIA carried out on</b>	Review of service, Commissioning
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In Coventry we commission carers support services to deliver support for unpaid carers within the city. Primarily we commission one service the Carers Trust Heart of England. Services that are in scope for the recommissioning activity are:

Carers Wellbeing Service - Grant based arrangement. This includes specialist support, training, awareness raising, peer support, peer training, carer engagement, provision of direct payments, working carers support (including employer support), grief and loss support.

Carers Assessment - Contract

The undertaking of delegated carers assessments on behalf of the local authority.

### **Background**

The contract / grant arrangements in place for carers support services are due to come to an end in March 2024. The services and support have been in place since April 2018 and have been extended on a number of occasions. A number of variations to the grants have taken place to extend the scope of projects particularly during the pandemic.

We intend to recommission Carers Support Services and use contracts as opposed to grants for future commissioning activity, this is to ensure there is more ability to contract manage. There is no anticipated major change to the services proposed, however we wish to use extensive engagement activity and feedback to remodel the support and ensure it is reflective of the needs of carers moving forwards.

### **Stakeholders**

Internal  
Adult Social Care Senior Management Team  
Practitioners / Community Case Workers  
Commissioning Head of Service / Director of Adult Social Care /  
Cabinet Member for Adult Services  
Stakeholder Reference Group  
Unpaid carers working network

External  
Carers Trust Heart of England  
Unpaid Carers  
Voluntary and third sector organisations in the city  
Organisations supporting carers

**Responsibility** Gabrielle Borro - Joint Carers and Engagement Lead

## **Consideration of impact**

Coventry is a growing city, between 2011 and 2021 the area saw an 8.9% population growth. The population in the last census in 2021 was 345,300. Despite population growth, the amount of people identifying as having caring responsibilities within the city decreased in the 2021 census. This was a national trend and perhaps influenced by the timing of the census which was undertaken during the coronavirus (COVID-19) pandemic. This may have influenced how people perceived and managed their provision of unpaid care and identified as carers and therefore may have affected how people chose to respond. 27,391 people identified themselves as providing unpaid care in the 2021 census, with 30% of those caring for over 50 hours a day.

#### Diversity, Inclusion and Equality

Coventry is an increasingly diverse community. ONS figures from the 2021 census indicate, that 65.5% of the population are "White", with 18.5% of the population identifying as Asian, Asian British / Welsh and 8.9% of people identifying as Black, Black British, Black Welsh, Caribbean or African (this was one of the largest growing communities in Coventry).

82.5% of Coventry residents speak English as their main language, with Polish, Panjabi, and Romanian being the three most spoken languages aside from English. Migration accounts for the larger portion of the city's expansion, with two large universities contributing significantly to population growth within the city.

There can be cultural expectations around caring which we do know impact upon identification and awareness of support. This is something that our services do strive to understand and work within communities, particularly where there are expectations of care.

#### Age Profile

The city is young with the average age of a Coventry resident being 35 however the city does have an aging population which accounts for the biggest area of population growth. Between 2011 and 2021, Coventry's 55-59 age group experienced the greatest growth of any age group, increasing by 27.5%. This is significant as this is the peak age where caring responsibilities appear. There are significant health inequalities within the city which has made this a strategic priority across all systems. Life expectancy changes significantly from one side of the city to the other.

#### Caring and Gender

More women provide care than males, The 2021 census determined that 10.3% of women provided unpaid care as opposed to 7.6% of the male population.

## Caring and health and wider determinants

Caring in itself is viewed by Office for Health Improvement and Disparities and UKHSA as a social determinant of health, with carers experiencing poorer physical and emotional health than the non-caring population. This has been particularly exacerbated by the COVID-19 pandemic. Equally caring can significantly impact someone's financial situation, it can restrict access to education or employment, prohibit earning potential and can be costly in itself. Evidence suggests that most carers have had to use their savings to some degree to help their caring situation.

Engaging with Carers takes a whole system approach any awarded providers will be expected to work across the whole health care system.

## Caring and Identification

National research and evidence suggests that over a third (36%) of carers take over 3 years to identify themselves as a carer. (State of Caring, 2022) Caring can happen suddenly (perhaps after the result of an accident or an acute illness) but for the vast majority of people, caring duties gradually increase over time making it often difficult to identify the need for support when needed. Some people commit their life to caring, others care whilst a loved ones

The word carer, itself can be prohibitive to seeking out support. In more recent years the word has been used to describe paid carers, people working in the NHS and social care. It's therefore important that any provider seeks to employ inclusive language around their services such as;

- Having caring responsibilities
- Looking after or out for a loved one

Taking a whole system approach to identifying carers

Engaging with Carers takes a whole system approach. Any awarded providers will be expected to work across the system within Coventry, we also work closely with our neighbouring local authority Warwickshire.

In Coventry there are:

- 91 pharmacies in Coventry
- 9 Primary Care Networks
- 60 GP Practices
- 2 Hospitals (UHCW / Caludon)
- 1 Hospice
- 1 Urgent Treatment Centre
- 244 Churches, 11 Gurdwaras, 28 Mosques, 6 Hindu Temples
- 96 Primary Schools, 36 Secondary Schools
- 17 Libraries
- 8 Family Hubs
- 2 Large Universities

## **Baseline data and information**

In Coventry, COVID-19 led to 682 deaths by September 2021 with

the disruption to health services and long-term health problems affecting the day to-day activities for thousands of residents. COVID-19 lockdowns and restrictions have disrupted the daily lives of all residents in the city but we know that carers were disproportionately impacted by COVID-19.

### Engagement & Carers Voice

In 2023 to inform our commissioning intentions we undertook extensive engagement with carers, undertaking surveys, attending groups and speaking to our caring workforce. In total 166 carers took part in the engagement activity. People told us:

- Most people did not realise they were a carer
- The pandemic exacerbated caring roles
- There remained some apprehension in accessing respite or alternative care provision due to infection risk, quality and misunderstanding regarding its costs
- The cost of living is of significant worry for many carers
- Working from home helped caring role
- There is a general lack of understanding regarding carers assessments, support options available and associated costs (by carers)
- Most carer seek support from their GP
- Increased provision and access to respite and short breaks is needed
- Carers did not feel their voices were heard or valued
- The pandemic exacerbated caring roles
- The label 'carer' acted as a barrier to accessing support
- Use of direct payments was low
- Carers did not always find carers assessments helpful

Our Carers Assessments tell us that carers are increasingly experiencing poorer physical and mental health and complexity around their caring role and situations, for example caring for young children whilst caring for a parent.

### Cost of Living Crisis

More recently we are seeing the ever increasing pressure of the cost of living crisis on carers.

A national report Heading for Crisis: caught between caring and rising costs, based on a survey of over 13,000 unpaid carers explored the impact of the cost of living crisis on carers. The report found that:

- 1 in 6 (16%) unpaid carers are in debt as a result of their caring role and their financial situation, increasing to 2 in 5 (40%) for unpaid carers in receipt of Carer's Allowance.
- The proportion of carers unable to afford their utility bills has more than doubled since last year – from 6% in 2021 to 14% in 2022.
- Those in receipt of Carer's Allowance are also more likely to be

cutting back on food and heating (35%) compared to all carers (25%). Nearly 8% of unpaid carers in receipt of Carer's Allowance are using food banks to cope with the cost of living crisis, compared to 5% of all unpaid carers.

- Carers who care for longer and provide more hours of care per week are more likely to be struggling financially. The proportion of people caring for over 5 years are almost twice as likely to be struggling to afford the cost of food (20%) and be in debt (19%) compared to people caring for less than 5 years (11% and 9% respectively). Any awarded provider will play a key role in supporting carers navigating the cost of living crisis for carers, ensuring that their income is maximised, that they are aware of local schemes and initiatives to help alleviate budgetary costs.

#### Self-funders in Coventry

ONS data from 2022 suggests that an estimated 18% of the population in Coventry are self-funding their own care. This is less than the national average however we know that people providing care to self-funders often experience their own set of challenges and barriers and can often feel alone in their caring journey. We also know that there is evidence that people often care to offset the cost of additional care and may be led to do so to prevent costs from arising rather than an ability or desire to do so. It can be very difficult for carers to plan for the future, not knowing how long a caring responsibility may last and this can have a huge impact on the pressure to care and alleviate financial stresses. This is why receiving support at the right time in a caring journey is essential.

Robust information and advice to carers looking after self-funders is essential.

## Protected groups

Positive impact - As many as 1 in 5 children and young people may be a young carer. Census data 2021 indicates there are around 166,000 young carers in England and Wales; it is estimated there are an additional 600,000 hidden young carers who are not receiving support. 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.

**Age 0-18** Whilst services will be targeted at all age carers, this will include general services and support to improve 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 due to increased awareness and support, however specific support for young carers is commissioned separately through the Young Carers Assessment and Support contract already in place. Recommissioned services will have a focus on ensuring there is a robust transition pathway between services.

Positive impact - This age group will be positively impacted. We know the peak age for caring is 50-64 and the majority of unpaid carers are working age.

Work is therefore required to ensure support delivered matches the demographics of those in unpaid caring roles. Services will include specific targets to improve support in the following areas linked to this age group:

**Age 19-64** Increase awareness of carers identification and rights  
Increase uptake of carers assessments (a process which assesses the needs of carers in their caring role and ensure that they have access to necessary information and support for both them in their caring role and their own health and wellbeing, and respite or short breaks)

Improved access to information, advice, training and support groups  
Increased knowledge of and access to respite and short break provision, allowing carers to have a break from their caring responsibilities.

Positive impact - This group will benefit positively, both in respect of individuals receiving care and the carer themselves. 20% of carers who responded to the survey advised they supported an individual due to 'older adult / frailty' and 22% of carers themselves advised they were aged 65 and over.

Age 65+

**Age 65+**

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 physical support for the carer. In turn, the individual being cared for may experience increased quality of care and a reduced risk of carer breakdown due to carer burnout.

Positive impact - Positive impact - This group will benefit positively, both in respect of individuals receiving care and the carer themselves.

60% of carers who responded to the survey advised they had a form of disability themselves; 36% of individuals who required Disability support had a physical disability, and 16% had a learning disability.

**Disability**

A specific element of the planned commissioned service includes work to improve the accessibility and quality of training for carers to better equip them to deliver care, for example support from an Occupational Therapist to both obtain and understand how to use specialist equipment to support the individual they care for.

**Gender reassignment**

No impact -

**Marriage and civil partnership**

No impact -

**Pregnancy and maternity**

No impact -

Positive impact - Positive impact - This group will be impacted positively.

As noted by Carers UK, many carers from Black, Asian and ethnically diverse backgrounds do not often recognise themselves as carers, with many languages lacking a specific word for the term 'carer'. Likewise, cultural expectations of the roles of family members may 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:



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

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.

To ensure our commissioned services best supports individuals from underserved communities, we will be setting specific targets and standards for the Provider to:

work with a range of voluntary and third sector organisations supporting such communities to better tailor our offer and Race breakdown barriers in accessing support provide culturally sensitive services, information and advice, and targeted promotion within underserved communities.

We will also ensure:

Information is in simple, jargon free language and is translated into a range of languages

## **Race**

Translators are available for in person promotional events or assessments wherever possible or needed

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

Our current services show a under presentation of carers from Black, Black British, Black Welsh, Caribbean and African demographics (engagement is around 3% as opposed to 8.9% of

current population) which would correlate with existing national data that carers from these ethnic backgrounds find it more difficult to access services and identify as a carer. There is also a under representation of people from a Asian background with our engagement being 13.9% and national data around 18.5%. There is also an issue with reporting of ethnicity with a large cohort of people being recorded as "preferred not to say" which perhaps distorts the data validity. We know there is a need for work in this area to raise awareness, understand more about communities and barriers to accessing support. As part of the service specification a "Diversity and Inclusion - Wellbeing Advisor" will be in situ to work with diverse communities and seldom heard voices. Carers Assessment Demography is broadly similar in nature, we have built in a dashboard to monitor representation and to ensure we are working with a reflective community.

We plan to work with organisations who have expertise in working with diverse groups to develop our specification and service design, as well as working to understand directly from individuals what they need.

Positive impact - This group will benefit positively.

**Religion and belief**

As above with addressing disparities of access associated with race, we will be linking with local faith groups to better understand the needs and barriers of individuals and communities and faiths to better tailor our support and advice offer to develop our specification and requirements of services.

**Sex**

Positive impact - 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 significantly more likely to provide unpaid care.

Positive impact - 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.

### **Sexual orientation**

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, representatives and groups from the LGBTQ+ community to shape services to better reflect requirements.

## **Health inequalities (HI)**

Caring is recognised to be a social determinant of health outcomes and it is starting to become more widely understood that caring can exacerbate health inequalities.

Carers are twice as likely to suffer from poor health compared to the general population, primarily due to a lack of information and support, finance concerns, stress and social isolation. (NHS Long Term Plan 2019).

Caring in itself can create financial burdens which can significantly alter someone's economic wealth. Caring can prevent access to employment, education and voluntary opportunities. Carers are more likely to be living with more than one long term health condition than the non-caring population. Where people are caring intensely there is a clear correlation with isolation and loneliness. We also know that many people who take on caring responsibilities do not see themselves as being a "carer", which can in-turn be prohibitive to accessing the right support.

In terms of the Marmot Principles:

1. giving every child the best start in life

The proposed model does not specifically target children, but the provision of support to people with caring responsibilities will support some people with parental responsibilities alongside a caring role. There is also a focus on improving pathways between adults and children, when young carers turn 18 to have a specific pathway of support that focuses on some of the nuances of turning 18 and providing care, such as going to university / college, apprenticeships etc.

2. enabling all children, young people and adults to maximize their capabilities and have control over their lives

The aim of this contract to ensure that there is wraparound wellbeing support for adult carers so that they can live a life alongside caring. Carers can often feel an absence of control over their day to day lives. This is an outcome we monitor and seek engagement around on a bi-annual basis. We aim to support carers to have more access to break opportunities

**How HI will be reduced**

Supporting carers with their caring responsibilities also enables the person they care for to live the life they want. We know that most people prefer to live a less intrusive lifestyle, be supported in their own home by the people they love, providing support to carers enables this to happen and helps sustain the caring role for longer.

3. creating fair employment and good work for all

Employment support for carers is a focus of the grant. The peak age for caring is between 40-60 when we know a lot of people in employment take on a caring role for a parent or potentially a spouse. This also coincides with peak of many people's own careers but managing work and care can be hugely stressful, can lead to people reducing their hours of work and often leaving work altogether. It can then be hard for someone to return to work after a period of caring. This is also a gendered issue as we know that caring responsibilities disproportionality fall on the shoulders of women which can impact career progression or feasibility of work. 1 in 7 people in the workforce are likely to have some form of caring responsibility so the recommissioning has a focus on ensuring that carers have access to support in the workplace and that employers have access to training around carer related issues in the workplace.

4. ensuring a healthy standard of living for all

Carers are the invisible army when it comes to ill health prevention

carers are the invisible army when it comes to ill health prevention, ensuring that the person they care for is receiving the support that they require, supporting access to health interventions and accessing the right support. The recommissioning activity focuses on supporting carers with their own health and wellbeing.

6. strengthening the role and impact of ill-health prevention.

As above outlined above carers are key to ill health prevention, or allowing needs to escalate further. A recent study conducted by the Centre for Care (University of Sheffield) estimated the value of care provided by unpaid carers is approximately £162billion pounds annum which exceeds funding to the NHS. This figure alone in Coventry is £917m. In austerity and service cutbacks it is often carers who pick up the pieces. Supporting people with caring responsibilities is vital to ill health prevention.

**Evidence showing how HI will be reduced**

The proposed recommissioning of carers services will be in place to support carers overall wellbeing and health. We have ensured that the model of support is connected to addressing health inequalities and aligned with public health principles and those of Integrated Care System.

**Groups of people who face HI**

Most people are likely to take on a caring role in their lifetime regardless of class, economic status or education. However we do see health inequalities mirror the same health inequalities that exist within wider society, that is we see those living in more deprived areas experiencing poorer outcomes, likely to have their own health concerns themselves and often less likely to proactively seek out support and make use of their legislative rights. The recommissioning activity will have universal elements, but will focus on targeting health inequalities, we will use data and local intelligence to help explore these areas and take a proactive approach to working with those facing multiple disadvantages.

Work that specifically targets a wider range of carers, includes working in GP surgeries (having some form of presence / information in all 60 Coventry surgeries) and work completed with the Diversity and Inclusion project.

**How to improve HI for groups identified**

We believe that working in a targeted way that is more based on evidence and research will aid addressing health inequities across identified the city.

**Impact to DI**

Any recommissioned service would be expected to address digital inequalities as part of their core activity. Any recommissioned provider will be expected to have a range of ways in which to interface with the carers support services, including face to face, drop in, telephone advice, digital options and home visits. Alongside this we expect the provider to work in conjunction with partners including the council to address any area where carers are digitally excluded, including signposting to promote carers in using technology and access to equipment and data if these are the barriers. This work has been successful in present commissioning arrangements and we would wish for this to be continued.

**Opportunities to reduce DI**

The service will work with partners to support carers to improve digital skills and to ensure that barriers that may exist such as access to equipment and data are resolved. The current commissioned service has worked in partnership with Cov Connects which has enabled access to remodelled laptops and data allocation, this has been very effective in breaking down barriers and we have numerous examples where this access has really opened up people's lives particularly those who are experiencing isolation.

**Next steps**

Inequality	Action	Owner	Timescale

**Monitor and evaluation**

We currently have a Carers Action Plan in place, with a steering group which will monitor and evaluate any activity.

We have recently updated our internal dashboard view to demographic information and to understand this in comparison with local statistics.

We have started to capture more demographic information of protected characteristics to help us understand the barriers to accessing support.

**Impact on Council staff**

**Will there be an  
impact?** No

## Completion statement

**Potential equality  
impact** Positive impact has been identified for one or more protected  
groups