

Development of Joint Commissioning Strategy for People in an Unpaid Caring Role 2015- 2020

Equality Impact Assessment

10th February 2015

Equalities Screening Record Form

Date of Screening: 19 October 2011	Directorate: ADULT SOCIAL CARE, HEALTH & HOUSING	Section: Adults and Joint Commissioning
1. Activity to be assessed	Development of Joint Commissioning Strategy Carers in Bracknell Forest	
2. What is the activity?	<input checked="" type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change	
3. Is it a new or existing activity?	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	
4. Officer responsible for the screening	Alysoun Asante, Joint Commissioning Officer	
5. Who are the members of the EIA team?	Mira Haynes, Chief Officer for Older People and Long Term Conditions Angela Harris, Head of Older People and Long Term Conditions Services Alysoun Asante, Joint Commissioning Officer Barbara Karcamitsas, Bracknell Forest Carers Support Darryl Braham, Project Manager, Bracknell and Ascot CCG Heather Young, Mencap Jenny Plumb, Kids Karen Mustard, Berkshire Carers Services Mary Durman, Mencap Yvette Hockley, Involve Melanie Randall, Involve Zoe Horn, Berkshire Carers Services	
6. What is the purpose of the activity?	<p>The current Joint Commissioning Strategy for Carers expires in April 2015. A new strategy needs to be developed for the next 5 years.</p> <p>The new strategy also needs to take into account legislation including the Health and Social Care Act 2012 and the Care Act 2014.</p> <p>Bracknell Forest Council completed a 12 week consultation with their residents between July and October 2014 which involved adults caring for another adult, young carers approaching adulthood who are caring for an adult, parent carers whose children are approaching adulthood, people who work with carers, people who are interested in</p>	

	<p>developing services for carers.</p> <p>Themes that emerged from the Strategy Consultation:</p> <ul style="list-style-type: none"> • Equal access to support as to the person they care for • Access to timely, up-to-date information and advice. • Information on right to assessment and access to timely assessment and support planning. • Implementation of Personal Budgets and Direct Payments • Better access to social and emotional support • Flexibility in how and when respite can be used, including being able to book respite in advance. • More flexibility in timing, length and type of health consultations and better access to Continuing Health Care funding. • People in a caring role to be more involved in the planning of support for the person they care for where appropriate. • People in a caring role to have better understanding of their rights as a carer • Easier access to transport, especially transport for health appointments • Training to support carers in their caring role • Better continuity and quality of care from paid workers, for the person they care for and better communication between teams.
<p>7. Who is the activity designed to benefit/target?</p>	<ul style="list-style-type: none"> • Adults caring for another adult • Young carers who are caring for an adult, • Parent carers whose children are approaching adulthood

	<ul style="list-style-type: none"> • Voluntary, Community and Social Enterprise organisations • Social care and health care practitioners
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Protected Characteristics	Please tick yes or no		Is there an impact?	What evidence do you have to support this? <small>E.g equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members' decision making, include consultation results/satisfaction information/equality monitoring data.</small>
8. Disability Equality	Y X	N	Positive Impact	<p>The 2011 census showed 9,601 residents of Bracknell Forest were providing unpaid care; most were aged over 18.</p> <p>The 2012/13 RAP statutory return showed 900 carers, almost 10% of the total number of unpaid carers in the area, received assessments and, following this, received information and/or support from Adult Social Care. This may increase under the new requirements to provide assessments for people who appear to be in a caring role rather than only those who providing regular and substantial care and changes to the eligibility criteria for support.</p> <p>Half the carers who were assessed by Adult Social Care were over the age of 65. This is disproportionate to the age group of unpaid carers in the general population. There may be a variety of reasons for this, for example younger people in a caring role may not see themselves as carers, older carers need more support because it impacts more on their health and wellbeing and or there is a gap in provision for carers under the age of 65. Further investigation into the reasons for this is indicated.</p> <p>In the 2011 census 458 (5%) carers in Bracknell Forest reported that they were in bad or very bad health. Research has found that carers who do have health problems find it difficult to take time out to attend appointments and to manage their own health.</p> <p>If more carers are engaged and a whole family approach adopted then there will be a positive impact on the carer and those disabled family members being cared for. The Strategy must identify carers from all backgrounds who need support and should be inclusive to benefit all communities.</p>
9. Racial equality	Y	N	Neutral Impact	<p>The 2011 Census shows that the majority of the population in Bracknell Forest describes themselves as White British/English/Welsh/Scottish/ Northern Irish (84.9%) followed by Asian/Asian British (5%), then other white (4.8%), mixed (2%), Black African/Caribbean/Black British (1.9%), white Irish (0.9%) and finally other ethnic group (0.4%). The census found that people from ethnic groups are slightly less likely to be unpaid carers- this may be due to a number of reasons such as people do not recognise themselves as carers, they have fewer older relatives living the area and financial reasons. Further investigation into the reasons for this is indicated.</p> <p>Monitoring of ethnicity needs to continue and possible development of services targeting specific minority groups e.g. Nepalese community need to be considered to ensure that services for carers continues to benefit all groups.</p>

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10. Gender equality	Y x	N	Neutral Impact	The 2011 Census shows that women are more likely to be unpaid carers (58%) than men (42%) The actions identified in the strategy are designed to benefit everyone.
11. Sexual orientation equality	Y X	N	Neutral Impact	There is no evidence at this time to suggest an adverse or positive impact on carers on the basis of sexual orientation. The strategy will be inclusive and with a person centred approach to support, there will be benefits to all communities.
12. Gender re-assignment	Y x	N	Neutral Impact	There is no evidence at this time to suggest an adverse or positive impact on carers on the basis of gender re-assignment. The strategy will be inclusive and with a person centred approach to support, there will be benefits to all communities.
13. Age equality	Y	N	Positive Impact	<p>According to the Relate report, "Who will love me when I'm 64?" (2013) which quotes the NHS (2010) 'Survey of Carers in Households - England, 2009-10, the highest levels of care came from older people and the baby boomer generation: 42% of carers were aged 45-64 and 25% were aged over 65.</p> <p>As is the case nationally, the number of older people is likely to increase over the next 10 years. There will be proportionately more older people in the population. This will have an impact on the number of carers needed and the age of the carers. The Census 2011 shows majority of unpaid carers are aged between 25 and 64 years. The highest proportion of unpaid carers is the 50 to 64 year old age group with 18% of the people in this age group being unpaid carers.</p> <p>28% of carers in the 25 to 64 year old age group are spending 20+ hours a week in caring responsibilities. 17% are providing more than 50+ hours care a week. This may have an impact on their employment. The census data shows that carers are less likely to be in employment and, when they are employed, are more likely to have part-time rather than full time employment. However, they are more likely to be retired or looking after home or family.</p> <p>Half the carers who were assessed by Adult Social Care were over the age of 65. This is disproportionate to the age group of unpaid carers in the general population and may suggest a gap in provision for carers under the age of 65. However older carers may have illness or disabilities increasing the difficulties with caring. People who are caring for each other as a result of illness or disability e.g. one person with physical disability and the other with dementia, is more frequent in the older population.</p> <p>Over two fifths (45%) of 45-54 year olds are unhappy with their lives, according to a new health and wellbeing report from the insurer Aviva. Based on a survey of 2,000 UK adults, <i>The Aviva Health Check UK Report</i> also shows that the pressures on the generation who are increasingly caring for elderly parents as well as their children¹, are causing the highest rates of stress and lowest rates of good health across all ages.</p>

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				<ul style="list-style-type: none"> • 45-54 year olds have highest levels of stress triggered by money and work worries • Unhappiness peaks in middle years with 45% of 45-54 year olds unhappy with life • 55-64 year olds have lowest rates of good health <p>The strategy needs to address the issue of identifying carers and providing support to all carers who need it regardless of age.</p>
14. Religion and belief equality	Y x	N	Neutral Impact	<p>There are wide ranging beliefs across cultures and within cultures, affecting people's perceptions of people with disabilities and, by association their carers. These are often based on the remnants of tradition and past belief and also how the society sees their responsibility towards their citizens. For example, Scandinavian countries accept social responsibility for all members of society. Views are not set within cultures and can change over time.</p> <p>http://dsq-sds.org/article/view/3197/3068 (22/10/13) Past and Present Perceptions Towards Disability: A Historical Perspective; Chomba Wa Munyi Kenyatta University (2012)</p> <p>Within the complex structure of societies, it is important that positive steps are taken raise awareness of carers to prevent ignorance, neglect, superstition and fear and raise awareness of the rights of carers. It is also important for carers to exercise their right to express their beliefs.</p> <p>The strategies intention is to promote equality through raising awareness and ensure that carers have the same rights as everyone else.</p>
15. Pregnancy and maternity equality	Y x	N	Neutral Impact	<p>Data is not collated on the number of carers who are pregnant. However, carers are often supporting more than one person e.g. elderly parents as well as having children of their own.</p> <p>The strategy will recognise this issue and service will be developed taking into account of the impact of caring role on health and wellbeing.</p>
16. Marriage and civil partnership equality	Y x	N	Neutral Impact	<p>For many older people in need of support, their primary carer is their partner or spouse. ("Who will love me when I'm 64?", Relate, 2013). As people in couple relationships get older, one often becomes the primary carer for their partner. This too can put pressure on the relationship, particularly when health declines seriously, such as in the case of dementia. As well as the pressure of caring activities, there is often a significant change in roles and responsibilities in a relationship, which can be difficult for both partners to adjust to. Carers are known to neglect their own health, and if they also get ill it can be devastating for the wider family network (Relate, quoting "The Princess Royal Trust for Carers (2011) 'Always on call, always concerned: A survey of the experiences of older carers'").</p> <p>Carers tend to be more isolated and find it difficult to find time for significant relationships. The strategy recognises</p>

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			the need for carers to be able to have relationships and live the life they choose, benefitting all communities.
17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders) and on promoting good community relations.			<p>Carers Also need to consider the fact that carers should not be discriminated against because of their association to people from the protected characteristic groups.</p> <p>People on lower incomes Economic well-being and difficulties in finding jobs which are flexible enough to allow carers to perform their caring role is an issue for carers. As a result carers, the people they care for and their families are often on lower incomes. Support with this will be addressed in the strategy action plan.</p> <p>People with basic literacy skills or English as a second language. These can be pre-determinates of health inequality and people with poor reading skills have difficulty accessing services.</p>
18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?			No adverse impacts have been identified.
19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?			<p>The protected characteristic groups are not discrete communities, for example, carers cannot be clustered together on the basis of their role alone.</p> <p>The volume of evidence gathered for the development of this strategy can only suggest priorities for action, but consideration must be made that the lack of evidence in some areas does not imply needs do not exist, but rather that additional and ongoing research is necessary to explore needs and their extent in more detail.</p>
20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		N	No adverse impacts have been identified.
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?			<p>The lack of national evidence, in some areas and the small sample sizes in this local research means the ability to disaggregate findings to give statistically significant findings is not possible.</p> <p>The Council has an ongoing commitment in engagement practice to secure views which are representative of the population as a whole.</p>

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22. On the basis of sections 7 – 17 above is a full impact assessment required?	Y	N X	There is sufficient evidence from the consultation, national and local data and research and national and local policy.	The strategy will have a positive impact on all carers and will help to ensure that people carers have the same rights and the support they need.	
23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.					
Action	Timescale	Person Responsible	Milestone/Success Criteria		
To develop the Carers Strategy	March 2015	Angela Harris/ Alysoun Asante	Joint Commissioning Strategy for Carers is published.		
24. Which service, business or work plan will these actions be included in?	This strategy will be supported by an implementation plan. The findings of this strategy may help inform the following strategies: <ul style="list-style-type: none"> • Joint Strategic Needs Assessment • Joint Health and Wellbeing Strategy The findings may also help in the implementation of the following strategies: <ul style="list-style-type: none"> • Long Term Conditions • Learning Disabilities • Mental Health • Dementia • Sensory Needs • Autism • An Approach to Prevention and Early Intervention • Older People 				

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			<ul style="list-style-type: none"> • Young Carers • Young People Approaching Adulthood • Intermediate Care
25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?			
26. Chief Officer's signature			Signature:  Date: 24/02/15
27. Which PMR will this screening be reported in?			

When complete please send to abby.thomas@bracknell-forest.gov.uk for publication on the Council's website.