

Equalities Impact Assessment Template

<b>Aim of Policy / Scope of Service</b>				
<p><b>Joint Development and Commissioning Strategy for Carers:</b> This Strategy sets out how we will be implementing the key principles of the national strategy in Brighton and Hove and addressing local challenges as well as those faced by carers throughout the UK. There will be a 3 year action plan to underpin the strategy and take forward the implementation of the key priorities.</p>				
<b>Different Groups included in scope</b>	<b>Potential Impact on this group</b>	<b>Existing data/information inc. relevant legislation</b>	<b>Data/Information required</b>	<b>Potential actions to minimise negative impact and maximise positive impacts</b>
<b>AGE Older People</b>	<p>Older people often see caring for a partner as integral to their relationship and do not recognise themselves as carers or seek help with this role until they reach a crisis.</p> <p>Older carers of an adult child with a learning disability may need increased support to continue in their caring role and/or to plan for a time when they may no longer be able to provide care. These situations may lead to co-caring.</p>	<p>17% of the population aged 50 and over provide care compared with 9% of the overall population in the city.</p> <p>52% of carers in the city are aged 50+</p> <p>There are approx. 48,000 people in the city aged 60+</p> <p>1 in 5 people over 65 say they do not have good health, compared to one in ten of the total population</p>		<p>When older people with health and/or social care needs come into contact with services ensure their carers are identified.</p> <p>Co-caring to be recognised and recorded and needs of individual as both user and carer to be identified and addressed appropriately.</p>

<p><b>AGE Young carers</b></p>	<p>There are almost 500 young carers in the city aged 8-17 years.</p>	<p>Young carers are at risk of under-achieving academically and of their physical and emotional health being affected.</p>	<p>Improve recognition and identification of young carers within both universal services such as schools and primary care.</p>	<p>Specialist services e.g. substance misuse and mental health and other universal services such as schools and primary care to recognise and identify young carers and take appropriate action. Age specific young carers survey to be developed alongside city-wide survey.</p>
<p><b>Disability</b></p>	<p>Many carers also have their own disability and this needs to be taken into account when addressing their needs as well as those of the cared for. Through the Coleman Case and locally we know that carers often experience discrimination and stigma by association with a disabled person. We know that some disabled people are in a co-caring situation and that some young carers will be caring for 2 disabled parents.</p>	<p>2,738 carers not in good health 18% of general population have a limiting long-term illness.</p>		<p>Develop disability monitoring in all commissioned carers' services and Carers Needs Assessments. Ensure disability monitoring included in carers survey currently in development to ensure specific needs of disabled carers are identified. Continue to provide back care service for carers. Monitor uptake and outcomes of IAPTs by carers.</p>
<p><b>Ethnicity</b></p>	<p>Caring varies between ethnic groups. Bangladeshi</p>	<p>The 2001 Census estimated that there were just over</p>	<p>How well does the city's varied BME population find</p>	<p>Ensure ethnic monitoring included in carers survey</p>

	<p>and Pakistani men and women are three times more likely to provide care compared with their white British counterparts (Source: <i>Who cares wins, statistical analysis of the Census Carers UK, 2001</i>).</p> <p>We know that many carers/family members visit hospital/residential care daily to provide culturally appropriate food, act as interpreters or just to enable the service user to communicate in their own language.</p> <p>There is an existing inequity that some carers' services are free at the point of delivery whilst other services, accessed through Adult Social Care require that the user is financially assessed and may be charged for the service. We know that the uptake of some of these free services by BME carers is not representative of the local community. Therefore, we need to consider how best</p>	<p>14,200 people from non-white ethnic groups across Brighton and Hove - 5.7% of the city's population, just above the regional figure (4.9%) but well below the average for England (9.1%). No one group dominates the BME population. However, the population profile of the city is changing:</p> <ul style="list-style-type: none"> <li>• 15% of the city's residents were born outside the UK</li> <li>• BME groups were estimated to have increased in size by 35% over the period 2001 to 2004</li> <li>• 20% of all new births in 2005 were to mothers born outside the UK</li> </ul> <p>Whilst a significant number of BME carers, reflecting the local BME population, access the Carers Centre, very few BME carers use other carers' services in the city such as Crossroads or the Alzheimer's Society.</p>	<p>out about and access health and social care services?</p> <p>How and where should we be providing information and delivering services to meet the needs of BME carers?</p> <p>What changes may be required to existing services or new services developed/commissioned?</p>	<p>currently in development to ensure specific needs of BME carers are identified. Work with BMECP to address identified needs of BME carers.</p> <p>Address inequity of cost of services.</p>
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	to address this inequity.			
<b>LGBT population</b>	<p>The LGBT population may experience additional discrimination which can include:</p> <ul style="list-style-type: none"> <li>• Not identifying with the term carer</li> <li>• Living in “hidden” relationships</li> <li>• Feeling highly stigmatised</li> <li>• Leading secretive double lives causing isolation and fear</li> <li>• Being frightened to be open about their sexuality to service providers</li> <li>• Service providers being embarrassed and ill informed</li> </ul>	<p>Anecdotal evidence indicates that as many as 40,000 people identify as LGBT, or 21% of the total population, in Brighton and Hove</p>	<p>Identify needs of LGBT carers</p>	<p>Ensure sexual orientation monitoring included in carers survey currently in development to ensure specific needs of LGBTcarers are identified.</p>
<b>Gender</b>	<p>There may be a greater expectation that women take on a caring role in a family. In turn, this could lead to male carers not being recognised.</p>	<p>Nationally, 42% of carers are men and 58% women. This is reflected in the figures for carers aged 50+ in the city, 43% of whom are men and 57% women. Less male carers than women access services in the city.</p>	<p>Ensure gender monitoring in all commissioned carers’ services.</p>	<p>Ensure gender monitoring included in carers survey currently in development to ensure specific needs of men and women carers are identified. Monitor uptake and evaluate outcomes for the male cancer carers’ service.</p>
<b>Religion or</b>	<p>The 2001 census showed that</p>	<p>The Carers Grant may be</p>		<p>Ensure carers are informed</p>

<b>belief</b>	over a quarter of the population of the city stated that they had no religion, the second highest percentage of any authority in England and Wales. 59% of the population stated that they were Christian and 1.36% of the population was Jewish. The Muslim population is around 1.4% and the Buddhist population 0.7%.	accessed to support carers practise their religion/belief e.g. transport to day service on Sunday morning to enable carer to attend church, increase in home care service during Ramadan. Spiritual support at End of Life is addressed in the End of Life Care Strategy currently in development.		of services available that may support them to take part in faith activities.
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<b>Agreed Action</b>	<b>Timescale</b>	<b>Lead Officer</b>	<b>Review Date</b>
<p><b>Carers Survey</b> – has been commissioned from the Carers Centre to be carried out through a variety of methods in June 2009. A separate survey will be designed for young carers. Funding for translations/interpreting/accessible formats is available. The survey will include equalities monitoring and will seek to identify key outcomes that would best meet carers' needs.</p>	From June 2009	Tamsin Peart	October 2009
<p><b>Community Engagement – Gateway Organisations</b> – several third sector organisations have been commissioned to develop user and carer involvement in the development, monitoring and delivery of services. These organisations include the Carers Centre, Spectrum, Mind, the Black and Minority Ethnic Partnership, Age Concern and the Federation of Disabled People. It is expected that these organisations will work together to engage a wide range of communities and address issues such as cares' needs, mental health etc.</p>	January 2009 to March 2010	Martin Campbell	quarterly
	June 2009	Carers Developme	September

<p><b>Carers Needs Assessment Guidance</b> – ensure this is updated to include reference to support available to address religion/belief activities and that co-caring is recognised and recorded and needs of individual as both user and carer are be identified and addressed appropriately</p>		nt Manager	2009
<p><b>Male Cancer Carers' Support Service</b> – monitor uptake and report back on outcomes</p>	2009/10	Chris Lau, Director Carers Centre	October 2009
<p><b>Schools</b> – work with schools to raise awareness of the issues facing young carers with pupils, teachers and other staff</p>	2009/2011	Chris Lau, Director Carers Centre	November 2009
<p><b>Primary Care</b> – through GP Link Worker scheme encourage identification of carers and ensure signposting/referral to appropriate carers' services</p>	2009-2012	Chris Lau, Director Carers Centre	November 2009
<p><b>Charging for services</b> – DMT to consider charging issues</p>	June 2009	Tamsin Peart	October 2009