

Equality Analysis Form

Subject of equality analysis	The engagement activities supporting development of a transformational Carers Strategy	
Type		Tick
	Policy	
	Strategy	
	Business case	
	Commissioning service redesign	
	Contract / Procurement	
	Event / consultation	X
Owner	Name:	Laura Sherburn / Curtis Henry
	Job Title:	Chief of Partnerships Commissioning Equalities & Engagement Officer
Date	July 2015	
Assessment Summary	<p>Over August-September 2015, a set of activities and communications are taking place to understand the issues facing carers in Doncaster regarding their access to services, experience and outcomes. This intelligence will be used to develop a transformational Carers Strategy, designed to improve the lives of the carers in the borough, recognising the critical role they play in the health and social care system.</p> <p>Work will be undertaken in the following areas:</p> <ul style="list-style-type: none"> • Developing and publishing a transformational Carers Strategy • Identifying adult and young carers at the earliest stage to support and maintain their health and well being • Recognising and raising the profile of carers • Providing easily accessible timely information and advice • Providing flexible, reliable, quality services for carers • Involving carers in admission, discharge, assessment, decisions and choices at all levels improving carers experience of Education, Health and Social care services 	
Stakeholders		Tick
	Staff	
	General public	X
	Service users	X
	Partners	X
	Providers	X
	Other	

Data collection and consultation

National data

- Facts about Carers 2014
<http://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2014>
- Carers at breaking point
<http://www.carersuk.org/for-professionals/policy/policy-library/carers-at-breaking-point-report>
- A survey of the experiences and needs of male carers
http://www.carers.org/sites/default/files/male_carers_research.pdf
- A Road Less Rocky – Supporting Carers of People with Dementia
http://www.carers.org/sites/default/files/dementia_executive_summary_english_only_final_use_this_one.pdf
- National Census 2011
http://www.ons.gov.uk/ons/dcp171766_300039.pdf
<http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/unpaid-care-expectancies-by-nhs-clinical-commissioning-groups--england-2010-12/index.html>
- Carers Survey 2012/13
<http://www.doncaster.gov.uk/Images/Carers%20Survey%20Report37-108186.pdf>

Doncaster has 33,000+ people providing unpaid care to their loved ones according to the 2011 Census.

	2001	2011
Provides no Unpaid Care %	88.9	89
Provides 1 to 19 hours Unpaid Care %	6.9	6.3
Provides 20 - 49 hours Unpaid Care %	1.4	1.7
Provides 50+ hours Unpaid Care %	2.9	3.1

Source: 2011 Census

The amount of people providing 20 or more hours unpaid care a week has risen between 2001 and 2011.

Doncaster has the 38th highest concentration of Carers providing 50 or more hours unpaid care a week from 336 Census Local Authority areas.

Only 0.35% of the Carer population are other than White.

The age profile of Carers is:

0-24	7.25%
25-49	34.11%
50-64	36.62%
65+	22.02%

10.29% of all Carers in Doncaster are over 65 and provide over 50 hours unpaid care a week.

7.74% of all Carers say they are in bad or very bad health. Over half of these Carers are providing 50 or more hours unpaid care a week.

27.91% of all Carers in Doncaster are retired. 54.77% are economically active. 15.98% work part time, 27.82% work full time.

There are more female carers than male in Doncaster:

Female 58.01%

Male 41.99%

Doncaster's Carers profile is very similar to the national averages identified in Carers UK's most recent survey - most Carers are of working age, female, white British. Like the rest of the UK, a smaller proportion of the BAME community provide care than of the white British community.

Local data:

We have identified that much more work needs to be done to understand all the equality dimensions of the Carer population. This will be progressed as part of the development of the transformational strategy.

Has there been any consultation to inform your analysis?

- Consultation at Carers Rights Day celebration events 2013 and 2014, in 2014 specific focus was given to considering extensions to replacement care availability under the Carers Emergency Card Scheme.
- Consultation at Carers Week events 2013 and 2014.
- Consultation at the Carers Forum every month throughout 2013, 2014, 2015 in considering Carer insights collected from local service usage data.
- Consultation undertaken by Healthwatch Doncaster at two planned events about Carers needs as a follow on from consultation regarding the Adult Social Care Modernisation Strategy.
- Consultation at the Carers Plan Development Group to inform the development of the Carers Plan.
- Consultation with Carers who have not used Short Break Vouchers to determine why and what else they would have liked to have done.
- Dementia Carers have been actively involved in the development of DementiaCarers.net, an online information and advice resource co-developed across South Yorkshire.

Protected characteristics:

Age

- Younger people

Potentially positive impact: 7.25% of carers in Doncaster are under 24 years old, and we have engagement from The Children's Trust on the Steering Group and Aiming High on the engagement task and finish group. We need to ensure our approach is sufficiently diverse to effectively engage with young people.

- Older people (e.g. 65+, 80+)

There is a potential risk due to generational cultures/attitudes that older people (and over half the carer population are 50+) do not access carer support and incorporate the carer role as part of their daily expectation of life. This could be a barrier to effectiveness of the work. However it is also an opportunity to address and improve people's lives if the engagement is designed accordingly.

- People of working age

The biggest percentage of carers are working age citizens. Therefore there is significant potential for this group to benefit from improved carers services. The strategy needs to think about engaging with employers in Doncaster about recognising carers' needs. There may be potential for "Carer-friendly" organisations. There are potential financial implications for working age carers that need to be understood and more likely to be a risk to our work being effective.

There is a risk of a neutral effect of our work due to number of carers that don't formally identify themselves as such. We will need to include awareness raising and information dissemination as part of the work.

Disability

By improving carers services in Doncaster, we anticipate a positive knock-on effect for people with disabilities, as a proportion of people with this protected characteristic will have carers, and it is hoped that by improving carers' lives, the cared for person also has an improved quality of life.

Nearly 8% of carers say they are in bad or very bad health. Carers needs assessments need to be holistic and person-centred, with adequate input from both social and health care. The improvement work needs to take account of this.

Doncaster has a large Deaf community, and potentially this group of carers are particularly isolated; this is a risk to the effectiveness of work and we need to design our communication and engagement methods accordingly.

Gender

There are more female carers than male in Doncaster. On face value therefore, the improvement work needs to take account of this gender bias, and the engagement routes tailored accordingly. However, perhaps we would want to treat this data with caution, as it may be that males are less likely to formally declare themselves as carers. In which case, this is a gender barrier, and needs to be considered.

Race

Cultural diversity needs to be acknowledged in the work to improve carers services. We recognise that attitudes and views of the carer's role will differ across ethnic groups, and the engagement work that we do to inform the strategy needs to take account of this and gather as diverse intelligence as possible.

0.35% of the carer population are other than White. This is not reflective of the Doncaster demographic, in which 4.8% of the population is other than white. Therefore there is a real risk that if the strategy work is not focused appropriately on the "invisible" carer population, there will be no positive impact of the work on BAME. And the improved carers services need to be structured so that they can take account of cultural appropriateness.

The 6 largest ethnic groups in Doncaster in order of size are a) White British, b) White Polish, c) Pakistani or British Pakistani, d) Indian or British Indian, e) White and Black Caribbean, f) African. We will look to do some bespoke engagement with these groups as a minimum, and design engagement and awareness-raising methods accordingly. Any learning gleaned from engaging with these groups will be extrapolated where relevant across other ethnic minority communities.

Religion & Belief

Doncaster's breakdown (2011 Census):

No religion / Atheism	24.4%
Christianity	65.9%
Buddhism	0.2%
Hinduism	0.3%
Judaism	0.03%
Islam	1.7%
Sikhism	0.4%
Any other religion	0.3%
Not stated	6.9%

We anticipate the impact of the work to be neutral from a religion and belief basis, given the statistics above we don't see any material risk to the work. We will look to maximise any opportunity arising from engaging with faith leaders to understand any unanticipated dimensions.

Sexual Orientation

Through existing engagement routes with the LGBT community we are aware of the risk that this group faces in terms of social

exclusion/isolation. This could permeate all aspects of life, including their access to, experience of and outcomes from carers' services. Our engagement plan needs to take maximise opportunities to gain intelligence around the sensitivities faced by this client group.

Gender reassignment

Through existing engagement routes with the LGBT community we are aware of the risk that this group faces in terms of social exclusion/isolation. This could permeate all aspects of life, including their access to, experience of and outcomes from carers' services. Our engagement plan needs to take maximise opportunities to gain intelligence around the sensitivities faced by this client group.

Pregnancy & Maternity

The biggest group of carers in Doncaster are female, White British, and of working age. Therefore there will be a significant cohort within this group that are pregnant or have a young baby. This means that carers services in Doncaster need to be sufficiently flexible to recognise changes to carers personal circumstances, ie getting pregnant, and requiring a different level/type of support temporarily. Again, as previously mentioned, carer needs assessments need to be person-centred and the offer of support tailored to personal circumstances. Engagement with maternity services, health visitors, etc need to be factored into the redesign of the carers offer.

Marriage & Civil Partnership

It is conceivable that being married to the person one is caring for creates a more straightforward process in terms of access to information, legal rights, and acting on behalf of the cared for person. This means that carers service improvement could impact very positively for some carers, and negatively on others, if this dynamic is not taken into account.

Social Inclusion / Community Cohesion

The carers strategy for Doncaster is intended to promote inclusion and community cohesion. By raising universal awareness of carers rights and identity, and tapping into community resources available for carers, we anticipate a positive impact on this domain. Working with voluntary sector providers, increasing social prescribing, and exploring potential for peer networks, are some of the ways we hope to do this and mitigate negative impact.

Protected characteristic	Positive	Neutral	Negative	Negative: What are the risks? Positive: What are the benefits / opportunities?
Age	X			A focus on young carers. Understanding the different needs of working age carers and older carers.
Disability	X			More disabled people than non-disabled people have a carer.
Gender	X			There are more female carers than male carers in Doncaster – although male carers may be under-identified.
Race	X			Cultural diversity needs to be acknowledged in the work to improve carers' services. We recognise that attitudes and views of the carer's role will differ across ethnic groups, and the engagement work that we do to inform the strategy needs to take account of this and gather as diverse intelligence as possible.
Religion & Belief		X		We will look to maximise any opportunity arising from engaging with faith leaders to understand any unanticipated dimensions.
Sexual Orientation		X		Through existing engagement routes with the LGBT community we are aware of the risk that this group faces in terms of social exclusion/isolation. Our engagement plan needs to take maximise opportunities to gain intelligence around the sensitivities faced by this client group.
Gender reassignment		X		
Pregnancy & Maternity	X			The biggest group of carers in Doncaster are female, White British, and of working age. Therefore there will be a significant cohort within this group that are pregnant or have a young baby.
Marriage & Civil Partnership		X		

Protected characteristic	Positive	Neutral	Negative	Negative: What are the risks? Positive: What are the benefits / opportunities?
Social Inclusion / Community Cohesion	X			The carers strategy for Doncaster is intended to promote inclusion and community cohesion. By raising universal awareness of carers rights and identity, and tapping into community resources available for carers, we anticipate a positive impact on this domain.

Conclusion & Recommendations including any resulting action plan	<p>Themes:</p> <ul style="list-style-type: none"> • The need to increase identification of carers - both by professional agencies, and also by the carers themselves. • The need to ensure collection of data across protected characteristics in relation to carers. • Tailored support services, personalised and flexible offers. • Targeted communication and engagement methodologies. <p>The above themes will be used to shape the communication and engagement activities taking place to inform the strategy, and also used to underpin the strategy itself.</p>
Review date	To align to review date for strategy, when determined.