

## Equality Impact and Needs Assessment Form

### A) General Information

**Name of service, function, policy (or other) being assessed**

Extension to carers support service

**Directorate or organisation responsible (and service, if it is a policy)**

Adults and Wellbeing

**Date of assessment**

9<sup>th</sup> January 2018

**Names and/or job titles of people carrying out the assessment**

Amy Whiles, Refugee and Asylum Seeker Coordinator

**Accountable person**

Martin Samuels, Director Adults and Wellbeing

**B) Describe in summary the aims, objectives and purpose of the proposal, including desired outcomes:**

The recent procurement process to date has demonstrated that the market does not currently have the capacity to deliver the new type of carers service required. Therefore there will not be a new carers service available to mobilise from the 1st April 2018. Immediate work has started to determine the gaps, examine a range of solutions and develop the market so that a future procurement process may attract strong bids and lead to the successful commissioning of an enabling carers service.

To ensure the sustainability of services for carers, whilst work on the future of carers services is carried out, the existing carers support service will be extended for 12 months.

The most common characteristics likely to be impacted on are in relation to age and

disability.

**C) Context - describe, in summary;**

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| <b>The number of people and/or providers that may be affected by the proposal.</b>          | <p>Herefordshire Carers Support is the incumbent carers support service provider.</p> <p>The latest census figures indicate that there are 20,627 adult carers in Herefordshire. However, the Herefordshire Health and Wellbeing survey in 2011 estimated that there were 34,200 and this number will have risen since that date. It is anticipated that there are additional carers who do not identify themselves as such, but are carrying out their caring role supported by informal networks of friends and relatives or are self-sufficient.</p> |
| <b>What are the values of the contract(s) affected by the proposal? (If appropriate).</b>   | £160k   |
| <b>What are the geographical locations of those that might be affected by the proposal?</b> | Countywide  |

**D) Who are the main stakeholders in relation to the proposal?**

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| <ul style="list-style-type: none"><li>a. Herefordshire Council's Adult Wellbeing Directorate</li><li>b. Herefordshire Council's Children Wellbeing Directorate</li><li>c. Health services (e.g. CCG, Wye Valley Healthcare Trust, 2gether Trust)</li><li>d. Informal carers ( older/parent and young carers)</li><li>e. The cared for - ( adults and young people) with a disability/visual impairment/hearing impairment/learning disability/mental health/physical disability</li><li>f. Herefordshire Carers Support</li></ul> |
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## **E) What are the anticipated impacts of the proposal?**

### **Positive impacts**

That carers will be supported to maintain their health and continue in their caring role.

Herefordshire adults, including carers, habitually use their own families and community as the norm for support and do not want to become reliant upon services to assist them. The continued provision of a carers support service will support carers to continue in their caring role and vulnerable adults and children to remain part of their communities.

### **Negative impacts**

The service does not deliver the enabling approach required to deliver the vision and priorities outlined in the Herefordshire Carers Strategy. However, the incumbent provider is willing to work with commissioners to develop the service towards meeting these.

**F) With regard to the stakeholders identified and the diversity groups set out below;**

|     | <i>Is there any potential for (positive or negative) differential impact?</i> | <i>Could this lead to adverse impact and if so what?</i>  | <i>Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason?</i>   | <i>Please detail what measures or changes you will put in place to remedy any identified adverse impact.</i>  |
|-----|---|---|---|---|
| Age | Yes.  | <p>Yes.<br/>Older carers face additional challenges and are particularly vulnerable to isolation and loss of social and support networks.</p> <p>Carers UK report that almost 1.3 million people in England and Wales, aged 65 or older, are carers. The number of carers over the age of 65 is increasing more rapidly than the general carer population. Whilst the total number of carers has risen by 11% since 2001, the number of older carers rose by 35%. Carers and other family members of people with dementia are often older and frail themselves, with high levels of depression,</p> | <p>Yes.<br/>The carers support service will continue to work with all carers, this is likely to include a higher proportion of older people due to a higher percentage of carers being 65+.</p> | <p>Continued provision of support by incumbent provider to support older carers in addressing the challenges they face and keeping connected with their social and support networks. Working to develop services further to enable carers to continue in their caring role.</p> |

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|------------|------|---|---|--|
|            |      | <p>physical illness and a diminished quality of life. Getting the right care, at the right time, could enable someone to remain in control of their care for longer, including optimising the time they can live at home.</p>   |   |  |
| Disability | Yes. | <p>If the carers support service were not to continue this would indirectly impact on those with a disability who are being cared for by an informal carer.</p> <p>In addition to the health and disabilities of the cared for, the carers own health may also be at risk. A carers health has a huge impact on their ability to fulfil their caring role and they often have concerns about who would continue in their absence.</p> <p>Poor mobility caused by their own illness or disability, combined with limited transport options, can make it difficult to access services</p> | <p>Yes.<br/>By nature of the need for a carer there will be a correlation with those with a disability.</p> | <p>Continued provision of support by incumbent provider to support to continue in their caring role by addressing carer health issues.</p> |

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|  |  | <p>The 2015 Carers UK 'State of Caring report' reported: Without the right support in place, carers often find their own health and wellbeing suffering as a result of the care they provide. By putting their loved one first, carers can put their own needs last, struggling to find time to exercise, eat healthy meals, see friends and family, or even see the doctor. This year's survey has again found that this is having a knock-on impact on carers' physical health, mental health, and relationships with others. 82% of carers said that caring has had a negative impact on their health. Three quarters (74%) of carers find it difficult to get a good night's sleep, while nearly half (47%) struggle to maintain a balanced diet. Four in ten (41%) have experienced an injury or their physical health has</p> |  |  |
|--|--|---|--|--|

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|                               |  | suffered as a result of caring.   |   |  |
| Race                          | <i>No data available to allow analysis</i> |   |   |  |
| Religion/ Belief / Non Belief | <i>No data available to allow analysis</i> |   |   |  |
| Gender                        | Yes.                                       | The census demonstrates that women are more likely to be carers than men. However this figure changes, at 85 years old 59% of carers are males compared to 41% women. | Yes.<br>The carers support service will continue to work with all carers, this is likely to include a higher proportion of women due to a higher percentage of carers being female. | Delivery of a carers support service that has a personalised approach to support individuals are identified as carers. |
| Sexual Orientation            | <i>No data available to allow analysis</i> |   |   |  |
| Pregnancy / maternity         | <i>No data available to allow analysis</i> |   |   |  |
| Marital Status                | <i>No data available to allow analysis</i> |   |   |  |
| Gender Reassignment           | <i>No data available to allow analysis</i> |   |   |  |

### **G) Consultation**

**Please summarise the consultation(s) undertaken with stakeholders regarding this proposal**

None

### **H) Additional information and / or research**

Include here any references or other sources of data that you have used to inform this assessment.

Are there any gaps in your evidence or conclusions that make it difficult for you to quantify the potential adverse impact(s) of this proposal? If yes, please list them here

If you have identified gaps in your evidence or conclusions, how will you explore the proposal in greater depth? Or, if no further action is required, please explain why.

#### **Information and research used:**

- Facts and figures Herefordshire
- Carers UK 'State of Caring report' 2015