

Equality Impact Questionnaire

This questionnaire is a pre Equality Impact Assessment tool which will enable you to decide whether or not the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service needs to go through a full Equality Impact Assessment. For further information on the equality questionnaire see the [guidance](#).

Name of policy/ practice/ procedure/ function/ service being assessed:	Carer's Services – Carer Mental Health Respite Services, GP Health & Wellbeing Service, Carer Support Fund, Carer Support, Emergency Support & Advice & Information
Department and Section:	Adults & Communities Department Strategic Planning & Commissioning Team
Name of lead officer and others completing this assessment:	Jane Robins – Carer Project Officer
Contact telephone numbers:	0116 3057096
Date EIA assessment completed:	20 September 2013

What is its purpose?

1. As part of on-going work with carers and the implementation of the Department's Joint Carers Strategy 2012 - 2015, there is a desire to look at the departmental offer of services for Carers as part of the overall Early Intervention and Prevention offer . Furthermore, due to the impending end dates of a number of Carer service contracts it has been necessary for the Strategic Planning and Commissioning Team to undertake a strategic review of this group of services. The services that are currently being reviewed are:
- The Emergency Carer Respite Service - Provided by Housing 21.
 - The Side by Side Project – Respite for Carers of Adults under 65 who have Mental ill Health – Provided by The Alzheimer's Society.
 - Caring for Carers – Immediate Response Respite for Carers in the Blaby Locality – Provided by East Midlands Crossroads Care.
 - The Carer Mental Health Respite Service for Carers of Adults over 65 – Provided by Voluntary Action South Leicestershire, East Midlands Crossroads Care and Rethink.
 - The Carers Dementia Respite Scheme – Provided by Age UK
 - The Older Carers (40+) of Adults with Learning Disabilities Support Service – Provided by Mencap.
 - The GP Pilot Carer Health & Wellbeing Service – Provided by The Carers Centre and Leicestershire Community Projects Trust.
 - The Carer Support Fund – An annual one off payment of up to £250 for carers who are eligible – Administered by both LCC and some Voluntary Sector Organisations.
- The pupose of the review is to further analyse need, building on the recently refreshed JSNA

	<p>(2012), using new evidence derived from an on-going analysis (or 'deep dive') of carers services in Leicestershire, map the current supply of carer services available from an early intervention and prevention perspective and consider service models which offer the greatest flexibility, equity and support to help carers maintain their caring role and to prevent crisis. This is being identified through co-production with providers, key stakeholders, carers, commissioning staff and customers. The review will highlight commissioning options aimed at preventing carers and their cared for from requiring intensive support from Health and Social Care Services, promote/retain carers independence and prevent deterioration. The review will also consider opportunities for better alignment with other local service provided, potential for joint investment and highlight potential risks associated with recommendations made.</p>
2.	<p>What are its main objectives?</p> <p>The main purpose of the strategic review of carer services is to consider the effectiveness of individual services through the implementation of the 'Service Review Process' (which includes a Service Value Tool) and to consider how they fit with preferred delivery models. This will consider current service provision, including stakeholder and customer consultation and develop a new service model and service specification which can be subject to public consultation and a programme of procurement with new contracts in place by September 2014.</p>
3.	<p>What will it achieve? Who are its beneficiaries?</p> <p>It is anticipated that the review will achieve the following objectives:</p> <ul style="list-style-type: none"> • The Carer contracts will be aligned to the needs of carers, the carer pathway and the objectives in the Joint Carers Strategy 2012 -2015; these objectives are: <p style="margin-left: 40px;">The Identification and Recognition of Carers</p> <p style="margin-left: 40px;">The Realising and Releasing of Carers Potential</p> <p style="margin-left: 40px;">A Life Outside of Caring</p> <p style="margin-left: 40px;">Staying Healthy</p> <p style="margin-left: 40px;">Early Intervention & Prevention</p> <p style="margin-left: 40px;">Information & Advice for Carers</p> <p style="margin-left: 40px;">Ensuring Fair Access for all groups of Carers</p> <ul style="list-style-type: none"> • Ensure more equitable service provision • Services focussed on future demand

	<ul style="list-style-type: none"> The main beneficiaries will be Leicestershire carers and the people they care for, <p>The review will benefit those carers already accessing existing carer services as well as those carers who have yet to be identified and supported.</p>		
4.	<p>Who is responsible for implementing it?</p> <p>Overall project management of the strategic review of carers' services sits with Jane Robins, Carer Project Officer. However, responsibility for service modelling and procurement of the carer services will sit with Carol Stanyard, Market Development Officer.</p>		
		Yes	No
5.	Has prior consultation on the proposal been undertaken?		✓
6.	Has this consultation indicated any dissatisfaction with it from a particular section of the community?		✓
7.	If yes to Question 6, please state what this dissatisfaction is:		
		Yes	No
8.	Is there evidence or any other reason to suggest that it could have a different effect or adverse impact on any section of the community? Or more specifically, one or more of the protected characteristics?		✓
9.	Is a system in place to monitor its impact?		

		✓	
10.	<p>If yes to Q9, what does this monitoring show?</p> <p>The review process has been designed to be as open, objective and transparent as possible. The Service Review Process (SRP) captures all the evidence used in the review process. This includes consultation with current providers, carers who use the services, locality commissioning staff and current stakeholders. This consultation is ongoing throughout the review process. The evidence detailed in the existing contract monitoring data, is also captured in the SRP toolkit. Furthermore, there is a clear governance structure for the commencement of reviews and the authorisation of key decisions about existing and future service delivery (including authorisation from service managers, DMT and if required Cabinet). Existing carers have been consulted as part of the review process and further public consultation will be undertaken in respect of any service modelling and changes to future service delivery in line with the Department's Engagement Framework.</p> <p>There is also monitoring data supplied by current providers for the existing services which has been submitted on a quarterly basis to the Adults & Communities Compliance Team. This monitoring data, though sometimes not of the highest quality (which is not necessarily the providers fault) allows some crude statements to be made about existing users of these services in terms of Equality & Diversity. The data shows that the carers accessing our existing services (including the Carer Support Fund) are aged between 18 and 85+, represent both genders (although a higher proportion of female carers is recorded) and a range of ethnicities (including British, White Other Background, Indian, Pakistani, Black Caribbean and Other Ethnic Group); and a limited range of religions (Christian, Hindu, Sikh, No Religion). It is noted that a number of carers have chosen not to declare their age, ethnicity or religion. Furthermore, the monitoring data for the carer services also shows carers have generally refused to provide information about their sexuality and there is no information about other protected characteristics such as pregnancy and maternity, gender reassignment and marriage and civil partnership (although we do collect data about who they care for and this is grouped into spouse, partner, child, parent, family member, friend and other). We are assisted in the collection of this information by our Engagement partner CIP (Communities in Partnership), who collect and store monitoring information for Carers on their database.</p> <p>This monitoring data provides a snapshot of the carers currently accessing these current carer services. It provides an indication of different characteristics which could be impacted by changes to service delivery and a benchmark against which to consider service development. Any new services for carers which are established as a result of the review and service development process will also have to submit monitoring data so that equality and diversity issues can continue to be monitored.</p>		
<p>Note: If no to Question 9, you will need to ensure that monitoring systems are established to check for impact on all nine protected characteristics.</p>			

11.	<p>Who is likely to be affected by the proposal? Which of the protected characteristics? (Please tick)</p> <p>Explain how each protected characteristic is likely to be affected below:</p> <p>[NB. Alternatively, if no protected characteristic is deemed to be affected, please explain why]</p>		
	Yes	No	Comments
Age	✓		<p>All the existing carer services are open to all age groups classed as 'adult' (that is, aged 18 years and above); although some of the carer dementia respite services are only available to people caring for those with dementia over 65 years and one carer service for those caring for people with dementia who are under 65. The only stipulation for the carer accessing services is that they are aged 18 or over. The monitoring data for all carer services show a range of ages of carers accessing services (from 18 to 85 and over). There is no intention, as part of the strategic review process or future service modelling to change this in any way; that is these services will remain accessible for all aged over 18 years. However, of interest to the review and service development process is the current data for the age of the cared for person which shows significant increases in the age of the person being cared for over 75+. The review will determine whether there are any issues with accessing carer services in respect of certain age groups (i.e. older people). If issues are identified then service modelling will aim to resolve this and ensure continued and (if required) more equitable access to carer services.</p>
Disability	✓		<p>The monitoring data for existing carer services only records the physical or mental health condition of the person they care for and no disability relating to the carer is recorded although this may reflect what carers have chosen to declare. All national and local research shows that carers are more prone to ill health such as physical ailments i.e. bad backs due to lifting, stress related illnesses, poor sleep and depression. It is therefore possible that some carers accessing carer services may have a disability themselves. This will be considered throughout the review and service development process to ensure continued equal access to carer services and seek to improve these services and outcomes for carers.</p>
Gender Reassignment	✓		<p>The monitoring data for existing carer services does not provide any evidence for gender reassignment amongst current carers accessing these services. As such this will be considered throughout the review and service development process to ensure continued</p>

			access to services. It should be noted that whilst the review and service development process of the carers services will consider this group there is no intention to remove access to services for this group, rather it seeks to improve these services and outcomes for carers.
Marriage and Civil Partnership	✓		The monitoring data for existing carer services does not provide and evidence for marriage and civil partnership amongst carers accessing services, although there is some data regarding the status of the cared for person; i.e. do you care for spouse/partner. It is possible that some of the carers accessing carer services may be affected by issues arising from marriage, civil partnership or being single and this will be considered throughout the review and service development process to ensure equal access to services for all carers. It should be noted that whilst the review and service development process will consider this group there is no intention to remove access to services from carers, rather it seeks to improve these services and outcomes for carers.
Pregnancy and Maternity	✓		Access to carer services may be affected by reasons associated with pregnancy and maternity i.e. carer respite delivered in the carers' home. It is therefore possible that some of the individuals accessing some carer services may have been affected by issues arising from pregnancy and maternity and this will be considered throughout the review and service development process to ensure continued equal access to services. Monitoring data for existing carer services does not provide any evidence for pregnancy and maternity amongst carers but data is collected around whether they are caring for a child. It should be noted that whilst the review and service development process will consider this group there is no intention to remove access to services from carers, rather it seeks to improve these services and outcomes for carers.
Race	✓		It is widely acknowledged that access to carer services may be affected due to cultural reasons. This is of interest to the review and service development process and attempts continue to be made to determine what the issues are with accessing carer services in respect of race i.e. some carers may be or feel less able to access services than others because of their race. These issues have been identified in previous consultation with carers. If they continue to be identified then service modelling will aim to resolve these issues and ensure continued and (if required) more equitable access to carer services. It should be noted that whilst the review and service development process will consider this group of carers, there is no intention to remove access to services from them,

			rather it seeks to improve these services and outcomes for carers.
Religion or Belief	✓		It is widely acknowledged that access to carer services may be affected by religion or beliefs. This is of interest to the review and service development process and attempts will be made to determine what the issues are with accessing carer services in respect of religion or belief i.e. some carers are reluctant to access services due to their religion or beliefs. If such issues continue to be identified then service modelling will aim to resolve these issues and ensure continued and (if required) more equitable access to these services. It should be noted that whilst the review and service development process will consider this group of carers there is no intention to remove access to services from this group, rather it seeks to improve these services and outcomes for carers.
Sex	✓		It is recognised that access to carer services may be affected by sex – for instance, evidence suggest women are more likely to identify themselves as a carer and consequently access carer services than men . This is of interest to the review and service development process and attempts will be made to determine whether there are any issues with carers accessing carer services in respect of their gender. If such issues are identified then service modelling will aim to resolve this issue and ensure continued and (if required) more equitable access to carer services. It should be noted that whilst the review and service development process will consider this group there is no intention to remove access to carer services from this group, rather it seeks to improve these services and outcomes for carers.
Sexual Orientation	✓		Access to carer services may be affected by reasons associated with sexual orientation (such as social exclusion). This is of interest to the review and service development process and attempts will be made to determine whether there are any issues with carers accessing services in respect of their sexual orientation. If such issues are identified then service modelling will aim to resolve this issues and ensure continued and (if required) more equitable access to these services. Monitoring data for existing carer services provides only limited information about sexual orientation amongst current customers as many individuals have chosen not to give a response to this question. It should be noted that whilst the review and service development process will consider this group there is no intention to remove access to carer services from this group, rather it seeks to improve these services and outcomes for carers.
Other groups e.g. rural isolation, deprivation, health inequality, carers,	✓		Of particular interest is the investigation of unequal access to carer support services due to deprivation or rural communities. This may

<p>asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</p>			<p>be of interest to the review and service development process and attempts will be made to determine whether there are any issues with accessing carer services in respect of these other issues. If such issues are identified then service modelling will aim to resolve these issues and ensure continued and (if required) more equitable access to carer services. Monitoring data for existing carer services does not provide any evidence for any of these other groups, however, carers often anecdotally comment that they cannot access carer services due to lack of transport e.g. the dementia café at Huncote Leisure Centre being inaccessible by public transport. It should be noted that whilst the review and service development process will consider these groups there is no intention to remove access to carer services from these groups, rather it seeks to improve these services and outcomes for carers.</p>
<p>Community Cohesion</p>	<p>✓</p>		<p>The review process and service development may have some impact upon community cohesion i.e. the review of the Blaby Dementia Café Service. Although the monitoring data for this service does not collect information around community cohesion, during engagement with carers they have expressed that by accessing services within locality community and leisure services this gives them a sense of contributing to/involvement with their community. There is the potential that (following completion of the strategic review of carer services) service modelling might encourage even greater involvement of carer services in local communities. This would be seen as a positive step/impact.</p>
<p>12.</p>	<p>Other comments:</p>		
<p>13.</p>	<p>Decision:</p>		
<p>No Impact <input type="checkbox"/></p>	<p>Positive Impact</p>	<p>Neutral Impact <input type="checkbox"/></p>	<p>Negative Impact or Impact Not Known¹ <input checked="" type="checkbox"/></p>
<p>Note: If ticked 'Negative Impact or Impact Not Known' box at Question 15, will need to progress to full EIA.</p>			

¹ 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.

14.	Proceed to full EIA?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
15.	<p>What are your reasons for your decision?</p> <p>The strategic review process and service development process has been designed so that it can take into account all the protected characteristics (see section 11) without discriminating against any of them. It aims to understand more about potential issues relating to accessing carer support services in respect of these characteristics and to use these to understand existing provision of carer services and to enable the development of more effective carer services for future commissioning. This should consequently, result in more equitable access by carers to all carer services in Leicestershire and more positive outcomes for carers to enable them to continue caring.</p> <p>As this will represent a significant change to current service provision, the measures put in place to ensure that Equality groups are protected will need to be reviewed to assess their effectiveness. A full EIA will be produced following consultation in order to record the outcomes from the consultation, demonstrate how the redesigned services for carers have taken account of them and complete the Equalities Improvement Plan.</p>		

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