

Equality Impact Assessment Tool: Policy, Strategy and Plans

(Please follow the EQIA guidance in completing this form)

1. Name of Strategy, Policy or Plan

East Renfrewshire Carers' Strategy 2012-17

Please tick box to indicate if this is: Current Policy, Strategy or Plan New Policy, Strategy or Plan

2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

East Renfrewshire Carers' Strategy 2012-17 is the local response to the national strategies 'Caring Together' and 'Getting it Right for Young Carers' (2010). The strategy aims to ensure that East Renfrewshire delivers on the policy intentions for carers contained in these strategies and conforms to legislative requirements. The strategy is wide-ranging and sets out the shared high-level objectives of partners, namely, East Renfrewshire Carers' Centre, East Renfrewshire CHCP, East Renfrewshire Council Education Department, East Renfrewshire Public Partnership Forum, Voluntary Action East Renfrewshire, the Carers' Forum and individual carers and carers groups. The Carers' Strategy is aimed at all carers. The vision set out in the Strategy is as follows:

"Carers in East Renfrewshire will be valued, identified, recognised as partners in care and supported. Support will be personalised and enable carers to continue in their caring role while having a life of their own. Young carers will children and young people first and foremost and will be recognised and protected from inappropriate caring".

This vision is supported by a set of outcomes:

- Carers are identified and staff are 'carer aware'.
- Carers are recognised as partners and experts in care in their caring role.
- Carers have access to quality information and are signposted to sources of information and support across East Renfrewshire.
- Carers have access to support which is personalised and assists carers to maintain their caring role.
- Young carers are recognised, protected from inappropriate caring and have the support they need to be successful learners, confident individuals, effective contributors and responsible citizens.

3 Lead Reviewer

Erik Sutherland, Planning & Performance Manager, East Renfrewshire CHCP

4. Please list all participants in carrying out this EQIA:

Candy Millard, Acting Head of Planning & Performance, East Renfrewshire CHCP
Anne Kidd, Chief Executive Officer, Voluntary Action East Renfrewshire
Mark Mulhern, Manager, East Renfrewshire Carers' Centre
Ann Marie Kennedy, East Renfrewshire Public Partnership Forum
Alison McGillivray, Quality Improvement Officer, East Renfrewshire Council, Education Department
Erik Sutherland, Planning & Performance Manager, East Renfrewshire CHCP

5. Impact Assessment

A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality

The strategy explicitly seeks to promote equality of opportunity and anti-discrimination. In aiming to identify, recognise and support carers, the quality of carers' lives and those they care for is enhanced. This can enable carers to participate more fully in communities – fostering wider social and peer networks and promoting better understanding within communities. Identifying, recognising and supporting carers also helps to sustain caring relationships and maintain the valuable role which carers play in our communities.

In addition the prevention of inappropriate caring among children and young people can contribute to tackling the negative impact the caring can have on future life chances.

The Strategy states that carers are not a homogenous group. There is also recognition in the Strategy that carers can experience discrimination and inequality. The Strategy identifies potential sources of discrimination related to access to work, leisure, training and educational opportunities, access to services and support, differential health and wellbeing outcomes.

The Strategy also recognises that there may be additional equality issues associated with stigma in relation to the cared for person, e.g., mental health or substance misuse. The Strategy also highlights a need to address potential barriers of a socio-economic, linguistic and cultural nature in identifying 'hidden' or 'seldom heard' carers.

The Carers' Strategy identifies these equality issues and aims to address them positively. The strategy explicitly seeks to do so in several ways:

- Specific actions to improve the identification and recognition to 'hidden' or 'seldom heard' carers.
- Action to develop a better understanding of the needs of young adult carers is also a key action within the strategy.
- Addressing health inequalities by targeting areas where there are higher levels of ill-health related unpaid care provision.
- Bringing together partner agencies including the voluntary and independent sectors in working together to identify carers and to promote quality information, signposting and rights.
- Prioritising carer awareness within the workforce and providing targeted training to deliver this.

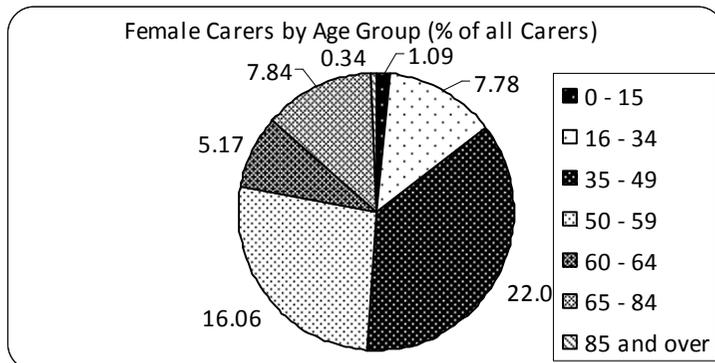
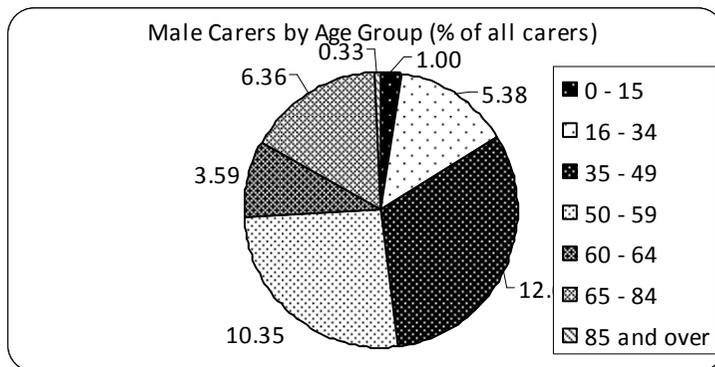
- Working with church and faith-based groups which will benefit carers.
- Implementation will be led by the Carers' Strategy Steering Group or its successor body. This will ensure senior responsibility for delivering the strategy. This group will oversee the development and implementation of a delivery plan. Throughout the duration of the strategy there will be continuous engagement with communities of carers.
- Annual reporting and review of progress and linking directly to the outcome delivery structures which support the Single Outcome Agreement.
- The strategy has been based on an analysis of **quantitative and qualitative data to inform direction and action**. Sources of information include: Scottish Household Survey (SHS); Census of Population; service and administrative data; national research; policy and environmental scan, e.g., Scottish Government strategy 'Caring Together' and 'Getting it Right for Young Carers'; a broad-based programme of involvement during the production of the strategy.

B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?

		Source
All	<p>During 2011 a programme of engagement with stakeholders was developed and led by East Renfrewshire Carers' Centre. This encompassed a series of meetings with parent carers, carers of people with dementia, carers of people with mental health problems, young carers, male carers and a range of individual carers.</p> <p>The development of the strategy was supported by needs assessment work and gap analysis. Specific outcome-focused stakeholder workshop was also held. East Renfrewshire Carers' Forum also provided input to the development of the strategy.</p> <p>The strategy recognises that high numbers of people have caring responsibilities. For example, it states that during the life course three in every five residents will be in a caring role.</p> <p>While noting that unpaid carer contributes socially, the strategy points out that caring responsibilities place demands on a significant number of people and that the monetary value of</p>	<p>NRS population estimates; national research; local population data; local administrative data; local surveys.</p>

	<p>caring can be estimated as £161.9 million for East Renfrewshire (Carers UK, 'Valuing Carers', 2011).</p> <p>The strategy recognises that caring can impact negatively on people's health and wellbeing and links this to a higher proportion of carers reporting poor health relative to non-caring residents. The strategy also links caring to potential exclusion from the labour market. Similarly, the strategy documents the potential impact of caring on children and young people – underlining how caring can bring validation through responsibility and maturity but also negative impacts on mental health and wellbeing related to stress, anxiety, low self-esteem and depression. Furthermore, the strategy links to evidence of young carers experiencing difficulties at school and which may be detrimental to future life chances.</p> <p>In the production of the Carers Strategy 2012-17 a Carers' Strategy Steering Group was established. This was supported by two Working Groups covering adult and young carers. These groups included representatives from key stakeholders.</p>							
<p>Sex</p>	<p>There is a potential differential impact by gender. Women are disproportionately represented as carers at local and national level.</p> <div data-bbox="582 949 1299 1316" data-label="Figure"> <p>A pie chart titled "Gender of Carers" is displayed within a rounded rectangular frame. The chart is divided into two segments: a larger pink segment representing "Females, 60.32" and a smaller blue segment representing "Males, 39.68". The labels are placed adjacent to their respective slices.</p> <table border="1"> <thead> <tr> <th>Gender</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Females</td> <td>60.32</td> </tr> <tr> <td>Males</td> <td>39.68</td> </tr> </tbody> </table> </div> <p>The gendered nature of caring is recognised in the strategy and this is supported by local data and</p>	Gender	Percentage	Females	60.32	Males	39.68	<p>NRS population estimates; national research; local population data; local administrative data; local surveys.</p>
Gender	Percentage							
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intelligence from the population census, administrative data and household surveys. The gender of carers identified is 68 per cent female and 32 per cent male compared with a general population figure of 60 to 40 per cent indicating an overrepresentation of female carers.

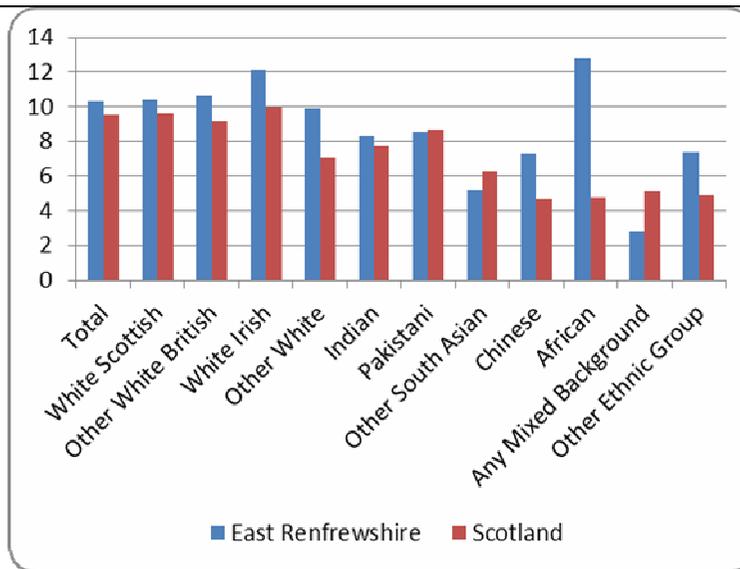


As noted above, women are overrepresented among identified carers relative to the population.

The corollary of this is that support groups and peer networks tend to be less accessible to male carers. Locally a male carers group is in operation and the Carers' Strategy recognises this and the need to build on the range of stakeholders during the implementation of the strategy.

<p>Gender Reassignment</p>	<p>Research published by the Equality and Human Rights Commission shows a very limited body of research on care and support services for transgender people. Wider research on transgender people indicates that media portrayals are rarely positive in terms of family relationships and tend to focus on individualised portrayals often in clinical settings (Whittle <i>et. al.</i>, 2007). Other general research suggests that transgender people may develop affirming ‘families of choice’ as complements or alternatives to their families of origin, similar to those found in the LGB community (Weeks <i>et. al.</i>, 2001).</p> <p>Small scale but in-depth research with transgender people highlights the importance of voluntary transgender support groups in providing emotional and practical support (Hines, 2007a, 2007b). This voluntary support was also found to be reciprocal but with experience of access to support varying considerably.</p> <p>As noted above the strategy recognises a need to specifically address ‘hidden’ or ‘seldom heard’ groups – any supporting action plan should ensure that LGBT people are specifically included in this area of development.</p>	<p>NRS population estimates; national research; local population data; local administrative data; local surveys.</p>
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Race

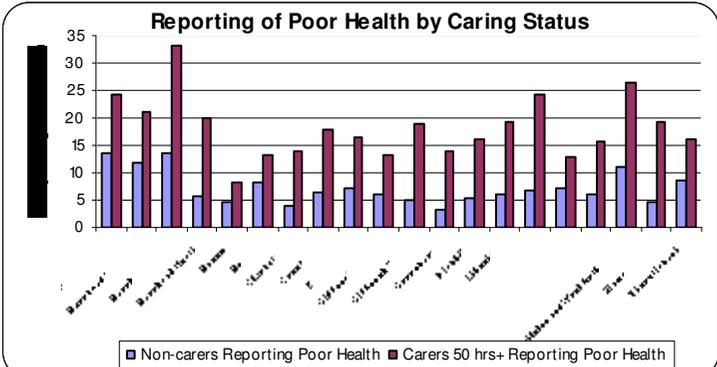


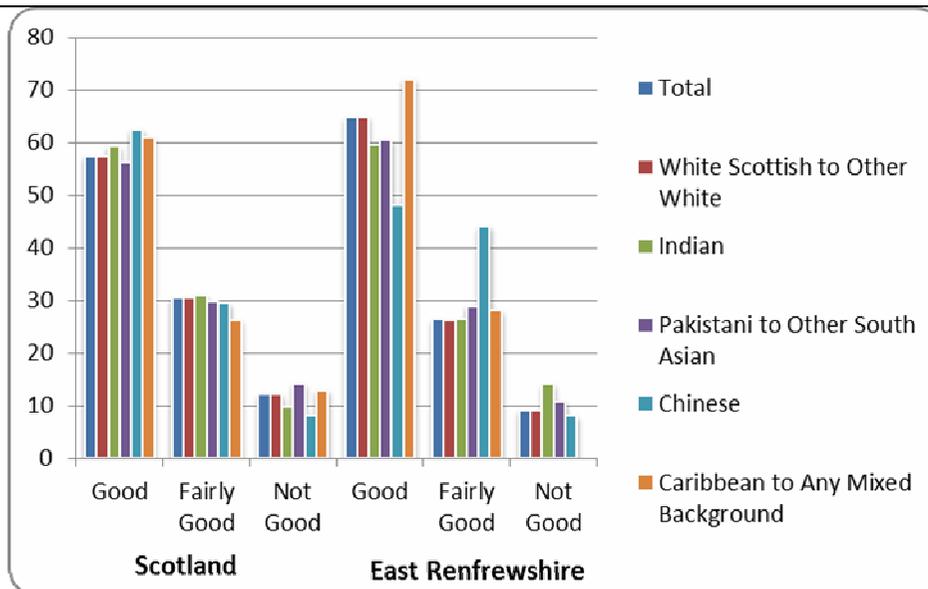
East Renfrewshire has a higher proportion of the population providing unpaid care than is generally the case across Scotland. Provision of care varies by ethnic group as reported by East Renfrewshire residents at the 2001 Census. In relation to ethnicity, 95 per cent of carers identified are recorded as White Scottish and this is in line with the general population.

Published research underlines a number of significant findings. Firstly, barriers have been identified with regard to stereotyping and assumptions, inaccessible information and service provision lacking cultural sensitivity all of which impacts negatively on the up-take of service or support among black and minority ethnic communities (Joseph Rowntree Foundation, 2004). Secondly, an over reliance on community leaders rather than direct users of service or support has been found to impact adversely on service design and development and consequently on take-up (SCIE, 2006; Chahal and Ullah, 2004).

Local research and monitoring information indicates that the identification of carers and service

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	<p>users mirrors the local black and minority ethnic community.</p> <p>Some research suggests that different black and minority ethnic communities have different perspectives on formal support. This has been linked in some research to cultural assumptions about 'family duty' and can extend to issues around the definition of 'carer' itself (Afiya Trust, 2008).</p> <p>The Carers' Strategy identifies this as an issue and recognises the requirement for additional effort to engage with 'hidden' or 'seldom heard' carers and to do further general and targeted awareness raising.</p>																																																																
<p>Disability</p>	 <p>Reporting of Poor Health by Caring Status</p> <table border="1"> <thead> <tr> <th>Ethnic Group</th> <th>Non-carers Reporting Poor Health (%)</th> <th>Carers 50 hrs+ Reporting Poor Health (%)</th> </tr> </thead> <tbody> <tr><td>White British</td><td>14</td><td>24</td></tr> <tr><td>White Irish</td><td>11</td><td>21</td></tr> <tr><td>White African</td><td>14</td><td>33</td></tr> <tr><td>White European</td><td>5</td><td>20</td></tr> <tr><td>Black African</td><td>4</td><td>8</td></tr> <tr><td>Black Caribbean</td><td>8</td><td>13</td></tr> <tr><td>Black African/Caribbean</td><td>4</td><td>14</td></tr> <tr><td>Asian Indian</td><td>6</td><td>18</td></tr> <tr><td>Asian Pakistani</td><td>7</td><td>16</td></tr> <tr><td>Asian Bangladeshi</td><td>5</td><td>13</td></tr> <tr><td>Asian Other</td><td>4</td><td>14</td></tr> <tr><td>Other</td><td>5</td><td>19</td></tr> <tr><td>Other Asian</td><td>5</td><td>16</td></tr> <tr><td>Other Black</td><td>5</td><td>19</td></tr> <tr><td>Other European</td><td>6</td><td>24</td></tr> <tr><td>Other African</td><td>7</td><td>13</td></tr> <tr><td>Other Caribbean</td><td>6</td><td>15</td></tr> <tr><td>Other Asian</td><td>11</td><td>26</td></tr> <tr><td>Other Black</td><td>4</td><td>19</td></tr> <tr><td>Other European</td><td>8</td><td>16</td></tr> </tbody> </table>	Ethnic Group	Non-carers Reporting Poor Health (%)	Carers 50 hrs+ Reporting Poor Health (%)	White British	14	24	White Irish	11	21	White African	14	33	White European	5	20	Black African	4	8	Black Caribbean	8	13	Black African/Caribbean	4	14	Asian Indian	6	18	Asian Pakistani	7	16	Asian Bangladeshi	5	13	Asian Other	4	14	Other	5	19	Other Asian	5	16	Other Black	5	19	Other European	6	24	Other African	7	13	Other Caribbean	6	15	Other Asian	11	26	Other Black	4	19	Other European	8	16	<p>NRS population estimates; national research; local population data; local administrative data; local surveys.</p>
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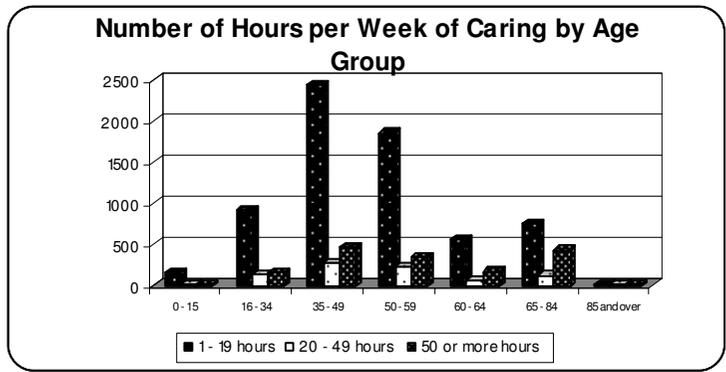
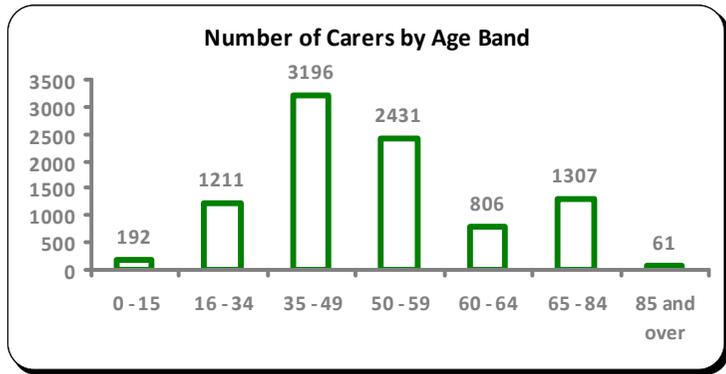
Specific local research has shown that 69 per cent of carers report negative effects on their physical health due to their caring role and that 74 per cent of carers report negative effects on their emotional health due to their caring role. Local research also suggests that five per cent of carers are caring for more than one person.

A high proportion of carers report limiting long term illnesses or disabilities arising from their caring role. As noted above local research shows almost 70 per cent of carers experiencing negative physical and 75 per cent negative emotional impacts as a result of caring. The potential adverse impact of disability can be compounded where caring leads to withdrawal from the labour market, paid employment and financial disadvantage. From the point of view of access to support, this is significant as there may be dual barriers where a disabled person and disabled carer require additional strategies to enable access.

Regarding this the Carers' Strategy includes targeted support in areas with higher levels of unpaid care and self-reported ill-health or limiting long-term illness.

<p>Sexual Orientation</p>	<p>There is limited local information or data on lesbian, gay, bisexual (LGB) carers. Sexual orientation is not recorded locally. Stonewall estimates that lesbian, gay and bisexual people make up 5-7 per cent of the population.</p> <p>Evidence from national research points to a number of potential barriers. Findings here suggest that LGB carers can face potential discrimination within services in not being considered as carers due to stereotyping of carer relationships.</p> <p>A report on LGB people's experience of disability indicates that there is: limited specific provision aimed for LGB people; limited access to mainstream services for LGB people with disabilities; a presumption that LGB people have the same needs as all disabled people; Some evidence of homophobia within services and poor evidence of LGB awareness within services; Little evidence of monitoring of sexual orientation within services (Source: Rainbow Ripples).</p> <p>Published findings on the mental health of LGB people show: elevated psychological distress; more frequent reporting of violence and bullying; negative or mixed reactions from professionals where LGB people are being open about their sexuality (Source: Mind, 2004).</p> <p>There is also some evidence to suggest that older LGB people experience reduced networks of support which can impact negatively in times of crises in later life.</p> <p>The Carers' Strategy recognises the need to ensure that staff are 'carer aware'. It will be important to ensure that the delivery plan includes specific action to ensure that this includes LGB people's needs and that specific actions link to LGBT organisations.</p>	<p>NRS population estimates; national research; local population data; local administrative data; local surveys.</p>
<p>Religion and Belief</p>	<p>As noted above in relation to ethnicity, published research indicates cultural differences in the role and expectations of carers from within different faith groups, a lack of awareness of religion and belief and limited outreach on the part of support and service providers.</p>	<p>NRS population estimates; national research; local population data; local administrative data; local surveys.</p>

Age



NRS population estimates; national research; local population data; local administrative data; local surveys.

Young carers can experience negative outcomes as a result of taking on a disproportionate or inappropriate level of care beyond their years. The impact of inappropriate caring on young carers is emphasised in research which illustrates high levels of stress, elevated absence levels from school and poorer attainment.

This is recognised in the Carers’ Strategy and specific actions are in place to address this.

Working age carers face particular difficulties in accessing flexible work opportunities, and older

	<p>carers face particular difficulties in overcoming isolation, lack of transport etc. Again the Carers' Strategy highlights this and includes positive mitigating action.</p> <p>Local data on carers identified during 2011/12 a higher proportion of carers aged 65 and over compared with the known characteristics of the local carer population. Child and young adult carers tend to be slightly overrepresented in identified carers when compared to the wider population. At the same time carers aged 25 to 64 are underrepresented relative to their prevalence in the community.</p> <p>Research shows that older carers experience differential treatment based on their age alone. Reports from Age Concern, while recognising some progress, in health and social care and in wider society indicate that many older people report receiving poorer services as a result of their age.</p> <p>Investigations into the quality of care for older people in general and for people with dementia in particular have found evidence of ageism in care provision.</p> <p>On the basis of these findings, the Carers Strategy should pay particular attention to carers of people with dementia.</p> <p>The general needs of carers of older people have been recognised in the strategy and developments associated with the implementation of the local Reshaping Care for Older People Change Plan include the development of personalised short-breaks for carers of older people.</p> <p>There is a specific action within the strategy aimed at developing solutions for carers of people with dementia where the cared for person blocks intervention.</p>	
<p>Pregnancy and Maternity</p>	<p>There were 807 births in East Renfrewshire in 2011 (423 male and 384 female). The birth rate has been declining in East Renfrewshire in recent years and in the last two years more rapidly than nationally. There is no expected disproportionate impact of the strategy in relation to pregnancy and maternity. There may be a possible positive impact related to general awareness of carer issues.</p>	<p>NRS population estimates; national research; local population data; local</p>

		administrative data; local surveys.
Marriage and Civil Partnership	There are around 590 marriages in East Renfrewshire per annum at the time of undertaking this EQIA. Across Scotland marriages in 2011 numbered 58,270. For the same period there are around 3 civil partnerships per annum in East Renfrewshire. The number of civil partnerships in East Renfrewshire has increased. This is similar to the trend across Scotland where the number has increased nationally from 465 to 554 between 2010 and 2011. There is no expected disproportionate impact of the strategy in relation to marriage and civil partnership. There may be a possible positive impact related to general awareness of carer issues.	NRS population estimates; national research; local population data; local administrative data; local surveys.
Social and Economic Status Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	<p>There is a strong association between unpaid caring and financial disadvantage. Taking on a caring role can make maintaining paid employment difficult and, while many carers manage the competing demands of work and caring, carers often leave the labour market. The level of Carers Allowance is relatively low potentially resulting in financial hardship.</p> <p>There is a clear association between being a carer and self-reported ill-health with the proportion of non carers reporting poor health at 5 per cent across East Renfrewshire, while for carers providing 50 hours or more of care the proportion reporting poor health rises to 16 per cent.</p> <p>Across communities the proportion of carers caring for 50 hours or more reporting poor health varies from 8 per cent to 33 per cent. This links to deprivation but also to an older age profile within certain communities.</p> <p>The provision of unpaid care has a disproportionate impact in more deprived communities arising from higher levels of ill-health and long-term conditions in community. The proportion of people caring for 50 hours or more varies between communities from 12 per cent to 30 per cent.</p> <p>The Carers' Strategy recognises this and includes action to target areas where levels of unpaid care provision are higher and ill-health and limiting long term conditions have a higher prevalence.</p>	NRS population estimates; national research; local population data; local administrative data; local surveys.

C Do you expect the policy to have any positive impact on people with protected characteristics?			
	Highly Likely	Probable	Possible
General	Yes		
Sex	Yes		
Gender Reassignment	Yes		
Race	Yes		
Disability	Yes		
Sexual Orientation	Yes		

Religion and Belief	Yes		
Age	Yes		
Marriage and Civil Partnership			Yes
Pregnancy and Maternity			Yes
Social and Economic Status	Yes		
Other marginalised groups (homeless, addictions,	Yes		

asylum seekers/refugees, travellers, ex-offenders			
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D Do you expect the policy to have any negative impact on people with protected characteristics?			
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Race	No	No	No
Disability	No	No	No
Sexual Orientation	No	No	No
Religion and Belief	No	No	No
Age	No	No	No

Marriage and Civil Partnership	No	No	No
Pregnancy and Maternity	No	No	No
Social and Economic Status	No	No	No
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	No	No	No

E Actions to be taken		
		Responsibility and Timescale
E1 Changes to policy	None.	
E2 action to compensate for identified negative impact	<p>The delivery plan supporting the Carers' Strategy should ensure:</p> <ul style="list-style-type: none"> • Outreach work in to identify cultural and religious needs of specific communities. • Specific engagement with umbrella LGBT group locally. • Action to target employers in relation to carers' rights and flexible working policies. • Target work should be undertaken with BME communities. 	East Renfrewshire Carers' Centre, March 2013
E3 Further monitoring – potential positive or negative impact	The Carers' Strategy sets out a series of measures to gauge the delivery of the strategy. It will be important to ensure that performance information is improved in terms of the breakdown by sexual orientation.	Carers' Strategy Steering Group (or successor body), Annually with first review in July 2013.
E4 Further information required	Once available, the 2011 Census data should be analysed at sufficient level of disaggregation as to influence universal and targeted activity within the Carers' Strategy delivery plan.	East Renfrewshire CHCP, December 2013.

6. Review: Review date for policy / strategy / plan and any planned EQIA of services

July 2013

Lead Reviewer: Name: Erik Sutherland
Sign Off: Job Title: Planning & Performance Manager
Signature
Date:

Quality Assured Name: Alastair Low
Job title: Planning and Development Manager

Please email copy of the completed EQIA form to EQIA1@ggc.scot.nhs.uk

Or send hard copy to:

Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055
Great Western Road, Glasgow, G12 0XH