

SSA EQUALITY IMPACT AND NEEDS ANALYSIS

Directorate	Directorate of Adult Social Services Commissioning Unit – Prevention and Wellbeing
Service Area	Richmond Carers Strategy
Service/policy/function being assessed	Preventative and Carer Services
Which borough (s) does the service/policy apply to	Richmond
Staff involved	Steve Shaffelburg
Date approved by Directorate Equality Group (if applicable)	
Date approved by Policy and Review Manager	10/10/19
Date submitted to Directors' Board	

SUMMARY

This strategy sets out the priorities for the next three years to support, recognise and value informal carers. This strategy is a collaborative document that endeavours to give partners from across the health and social care sector ownership of their own initiatives to support carers.

Through this Carers Strategy, informal carers will continue to be supported and improvements will be made to the health and wellbeing of all carers living and caring in the London Borough of Richmond-upon-Thames.

The Strategy has been informed by a Carer Needs Assessment and will have three key priorities

1. Improving the identification of carers and their needs
2. Enhancing economic wellbeing
3. Facilitating information sharing

Working groups will be established to develop action plans.

This EINA has not found any significant negative impacts of the strategy on any protected characteristics. However, the decision to limit the number of priorities means that certain cohorts may not have the focused attention that would come from being prioritized. This is particularly the case for young carers.

Assuming that the priorities are successfully addressed by the working groups, the impact on unpaid carers with protected characteristics will be generally positive as more will be recognised as having carer responsibilities and subsequently supported to have their health and wellbeing needs addressed.

1. Background

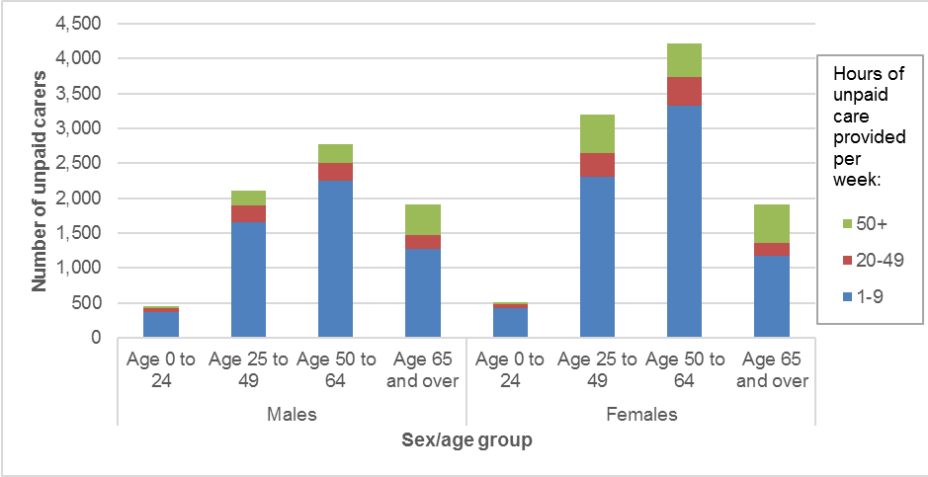
Carers are an integral element of the health and social care system. They provide an invaluable service that ensures the continued health and wellbeing of those they care for, and act as experts-by-experience who deliver vital services that are nationally worth an estimated £132 billion (Carers UK, 2016 State of Caring Report), equivalent to the annual budget of the NHS.

It is estimated that 3 in 5 people will become carers at some point in their lives ((Carers UK, 2016 State of Caring Report) however the caring role is often misunderstood or undervalued in society, which can lead to carers feeling isolated or overlooked. The act of caring can also impact negatively on health and wellbeing. Caring for someone who is ill can take a serious toll on a carers' mental and physical health, their personal relationships and family finances, ability to maintain or return to employment, the educational achievement of young carers.

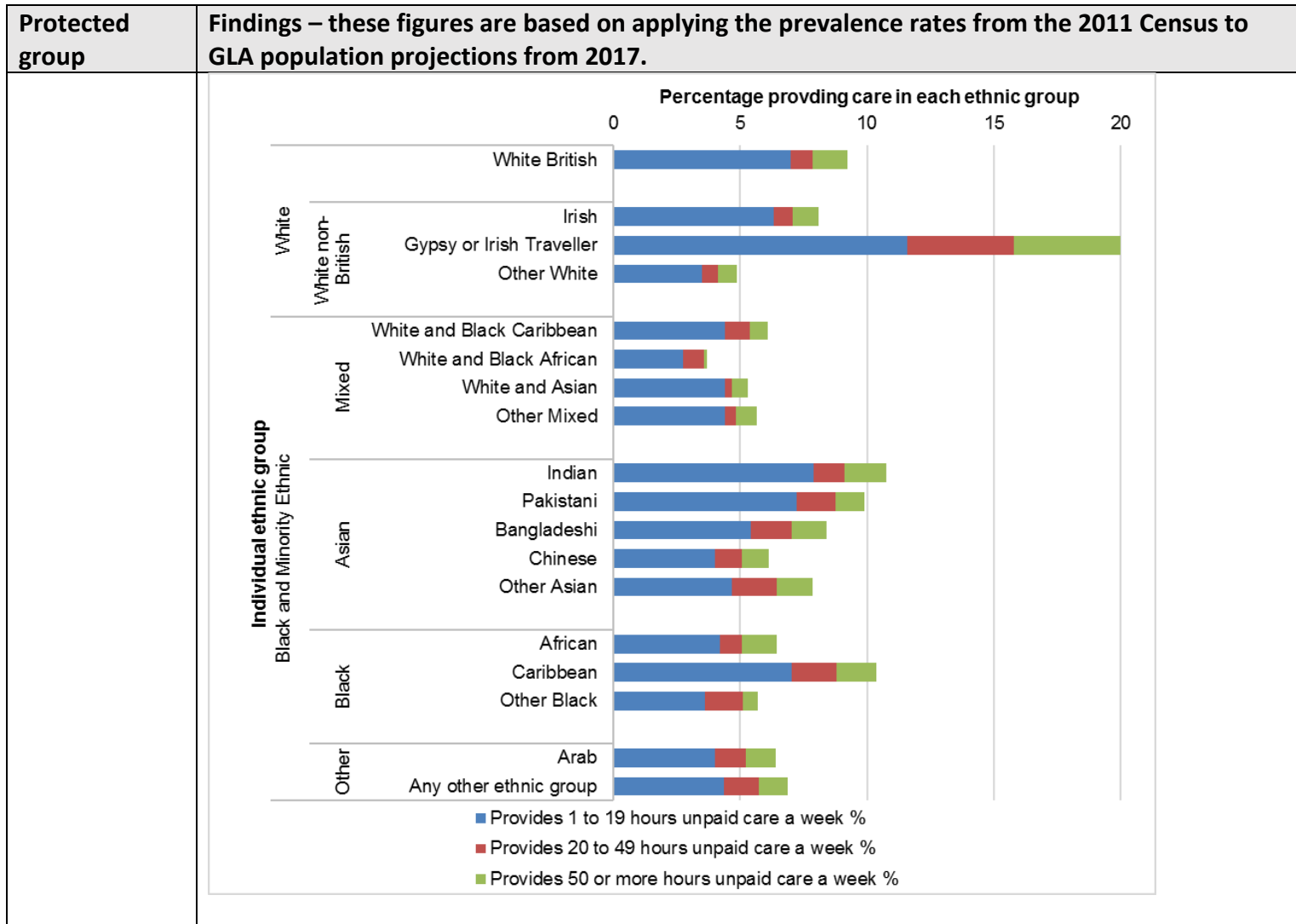
Carers need to be recognised and valued, they should find it simple and easy to interact with health and care systems, and should be able to access the information, advice and support they need to preserve their personal health and wellbeing and support them in their caring role. We are therefore publishing this document to promote the health and wellbeing of carers in Richmond-upon-Thames and set out clear priorities to improve their lives.

2. Analysis of need and impact

Impact Findings for Protected Groups

Protected group	Findings – these figures are based on applying the prevalence rates from the 2011 Census to GLA population projections from 2017.																																																
Age	<p>The peak age for caring is 50-64 years. 34% of carers are aged between 25 and 49 years, 38% between 50 and 64 years, and 22% are aged over 65 years. Six percent of carers are younger than 25 years.</p>  <p>The chart displays the number of unpaid carers across different age groups for both males and females. The y-axis represents the number of unpaid carers, ranging from 0 to 4,500. The x-axis shows age groups: Age 0 to 24, Age 25 to 49, Age 50 to 64, and Age 65 and over. The bars are stacked by the hours of unpaid care provided per week: 1-9 (blue), 20-49 (red), and 50+ (green). For males, the highest number of carers is in the 50-64 age group. For females, the highest number is in the 50-64 age group, with a significant portion providing 1-9 hours of care per week.</p> <table border="1"> <caption>Estimated data from the chart</caption> <thead> <tr> <th>Sex</th> <th>Age Group</th> <th>1-9 hours</th> <th>20-49 hours</th> <th>50+ hours</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td rowspan="4">Males</td> <td>Age 0 to 24</td> <td>~400</td> <td>~100</td> <td>~100</td> <td>~600</td> </tr> <tr> <td>Age 25 to 49</td> <td>~1,600</td> <td>~300</td> <td>~200</td> <td>~2,100</td> </tr> <tr> <td>Age 50 to 64</td> <td>~2,100</td> <td>~400</td> <td>~300</td> <td>~2,800</td> </tr> <tr> <td>Age 65 and over</td> <td>~1,300</td> <td>~300</td> <td>~500</td> <td>~2,100</td> </tr> <tr> <td rowspan="4">Females</td> <td>Age 0 to 24</td> <td>~400</td> <td>~100</td> <td>~100</td> <td>~600</td> </tr> <tr> <td>Age 25 to 49</td> <td>~2,300</td> <td>~400</td> <td>~500</td> <td>~3,200</td> </tr> <tr> <td>Age 50 to 64</td> <td>~3,300</td> <td>~400</td> <td>~500</td> <td>~4,200</td> </tr> <tr> <td>Age 65 and over</td> <td>~1,200</td> <td>~200</td> <td>~500</td> <td>~1,900</td> </tr> </tbody> </table> <p>The 2011 census identified that there are 864 carers in Richmond upon Thames aged younger than 24 years who provide unpaid family care, and as of 2018 this figure is estimated to be 970 (Greater London Authority, 2017a).</p>	Sex	Age Group	1-9 hours	20-49 hours	50+ hours	Total	Males	Age 0 to 24	~400	~100	~100	~600	Age 25 to 49	~1,600	~300	~200	~2,100	Age 50 to 64	~2,100	~400	~300	~2,800	Age 65 and over	~1,300	~300	~500	~2,100	Females	Age 0 to 24	~400	~100	~100	~600	Age 25 to 49	~2,300	~400	~500	~3,200	Age 50 to 64	~3,300	~400	~500	~4,200	Age 65 and over	~1,200	~200	~500	~1,900
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Disability	<p>Carers are more likely to report health problems: 20% of carers report poor health, compared to 11% of those who do not provide care. This is reflected in the 20.74% of carers registered with</p>																																																

Protected group	Findings – these figures are based on applying the prevalence rates from the 2011 Census to GLA population projections from 2017.
	Richmond Carer Centre who have reported having their own physical or sensory disability or long-term condition (as at end April 2018)), compared to 11% of those who do not provide care.
Gender (sex)	There are more female than male carers (59% of carers are female). This means that females are overrepresented as carers as 51% of the borough adult population are female. In Richmond-upon-Thames 23% of women aged 50 to 64 are carers, compared to 13% of men
Gender reassignment	Providers do not currently request this data from service users.
Marriage and civil partnership	According to the national census (2011); adults in Richmond are more likely to be married or in a civil partnership than their London or UK counterparts. Since most unpaid care for older people is provided by partners (followed by adult children) it is reasonable to assume that older adults in Richmond are more likely to have caring responsibilities.
Pregnancy and maternity	Providers do not currently request this data from service users, however there is some evidence nationally that there is a significant number of “sandwich carers” who combine care for an older relative with a range of other responsibilities, such as looking after their own children.
Race/ethnicity	<p>In Richmond, the proportion of BAME carers is lower (12.6%) than the BAME proportion in the total community (14.1%).</p> <p>Ethnic groups providing more care than the “British and Minority Ethnic” average (7.6%): Indian (559 (11%) providing care), Pakistani (115 (10%) providing care), Bangladeshi (73 (8%) providing care), and Other Asian (363 (8%) providing care).</p> <p>Ethnic groups providing less care than the “British and Minority Ethnic” average (7.6%): the four ethnic groups in the Mixed/Multiple Ethnic Group (364 (5%) providing care) and “Chinese” (107 (6%) providing care).</p> <p>Based on information from the Richmond Carers Centre a greater proportion of young carers are from BME ethnic groups than the average for all carers within the borough (29% of young carers compared to 13% of all carers identified by the 2011 census</p>



Protected group	Findings – these figures are based on applying the prevalence rates from the 2011 Census to GLA population projections from 2017.
Religion and belief, including non-belief	<p>Compared to London as a whole, Richmond continues to have a higher proportion of Christian (55% vs 48%), a higher proportion reporting no religion (28% vs 21%), and lower proportions of other religions (e.g. Muslim: 3% vs 12%).</p> <p>Providers do not currently request this data from service users but are expected to support all residents to access services.</p>
Sexual orientation	<p>A government report estimates that between 5% and 7% of the population in England and Wales is LGB.</p> <p>Information from the Richmond Carers Hub indicates that, of the carers who responded to this question, 3.5% of them identified themselves as LGB.</p>

3 Data gaps.

Data gap(s)	How will this be addressed?
Number of young carers and their needs	Will be addressed by the working group for Priority One of the Strategy – Identification and Assessment of Carers.
Number of carers who are married or in civil partnerships	Include in the specification for the re-procurement of the Richmond Carers Hub
Carers Gender reassignment	
Pregnancy	
Religion and belief	

4 Impact

Protected group	Positive	Negative
Age	<p>Improving the identification and assessment of carers will increase the support available for unpaid carers of all ages.</p> <p>Focused support to enable carers to remain in employment will support unpaid carers of working age. Focused support to enable carers to fulfill their education potential will be of particular benefit to younger carers.</p>	<p>Earlier versions of the strategy included a specific priority to support young carers. The final draft does not have young carers as a priority although the economic priority has been broadened to include supporting carers who are studying or in training programme. The fact that it is not a priority may mean a lessened focus although Achieving for Children will be asked to be on the working group to explore ways to better identify young carers.</p>
Disability	<p>Improving the identification and assessment of carers will increase the support available for unpaid carers living with disabilities. A greater focus on collecting protected characteristics in the needs assessment will help highlight any disability issues.</p>	<p>No negative impact identified</p>
Gender (sex)	<p>Improving the identification and assessment of carers will increase the support available for unpaid carers of both genders. A greater focus on collecting protected characteristics in the needs assessment will help highlight any gender issues.</p>	<p>No negative impact identified</p>
Gender reassignment	<p>Improving the identification and assessment of carers will increase the support available for unpaid carers who have undergone gender reassignment.</p>	<p>No negative impact identified</p>

Protected group	Positive	Negative
Marriage and civil partnership	Improving the identification and assessment of carers will increase the support available for unpaid carers who are married or in civil partnerships.	No negative impact identified
Pregnancy and maternity	Improving the identification and assessment of carers will increase the support available for unpaid carers who are pregnant.	No negative impact identified
Race/ethnicity	Improving the identification and assessment of carers will increase the support available for unpaid carers of all ethnicities. A greater focus on collecting protected characteristics in the needs assessment will help highlight any BAME issues.	No negative impact identified – the carer needs assessment suggests that BAME carers are not underrepresented in services and therefore a separate priority was not proposed.
Religion and belief, including non belief	Improving the identification and assessment of carers will increase the support available for unpaid carers of all religion and beliefs.	No negative impact identified
Sexual orientation	Improving the identification and assessment of carers will increase the support available for unpaid carers of all sexual orientation. A greater focus on collecting protected characteristics in the needs assessment will help highlight any sexual orientation issues.	No negative impact identified

5 Actions

Action	Lead Officer	Deadline
The working group on recognising and assessing the needs of unpaid carers will consider how the assessment form should collect information on protected characteristics.	John Street/ Steve Shaffelburg	May 2019
Assessments of young carers will be collated to provide a more complete picture of the needs of this cohort	Steve Shaffelburg	January 2020
Invite Achieving for Children on the working group for recognizing carers to ensure that young carers are considered	Steve Shaffelburg	January 2020

3. Consultation. (optional section– as appropriate)

The Strategy will require a public consultation before final approval.