

## Equality Impact Assessment

### Stage 1: The proposed change that is being assessed and responsibility for the EQIA

Name of the proposed change	<b>Croydon Carers Strategic Plan</b>
Purpose of proposed change	To refresh the 2018-2022 Carer Plan
Is this a change to a policy, practice or service?	No
Who has senior level responsibility for the proposed change?	<b>Annette McPartland</b> , Corporate Director Adult Social Services
Who is completing this assessment?	<i>Claire Fletcher</i> , Strategic Commissioning Manager, Older People and Carers
Indicate where your EQIA will be submitted to including date where known:	<i>Cabinet, July 2024</i>

### Stage 2: Deciding what relevance the proposed change has for equality

Is the proposed change likely to impact on any of the following? <i>If there is no equality relevance for either go to Stage 7 and get sign off</i>	<input checked="" type="checkbox"/> Communities <input type="checkbox"/> Employees
Is the impact on equality low, medium or high?	<i>Medium</i>
Summary of EQIA outcome:	<p>The Croydon Carer Strategic Plan has been reviewed and further developed in light of the myriad of strategies that impact on the wellbeing and independence of carers. It was an ideal opportunity for a single Croydon wide approach, with a clear focus on tackling inequality and making sure no-one is left behind.</p> <p>The strategic plan provides clarity to our residents, carers, workforce, providers and partners, on the core carer offer and services provided by statutory and non-statutory partners in the borough and should be read alongside other key strategic plans including the Mayor's Business Plan, Adult Social Care and Health Strategy and the Croydon Health and Care Plan.</p>

The key objectives and actions of the strategy will be supported through development of full business cases evidenced and approved actions, and with decisions supported where necessary by equality impact assessments.

The primary objectives of the strategic plan are to improve the health and wellbeing of carers and provide transformation to services within the available budget and to meet legislative statutory requirements.

**Stage 3: Describe how the proposed change might impact on the council’s ability to undertake the Public Sector Equality Duty and commitment to anti-racism (N.B. this can be both positive or negative):**

<p>Eliminating discrimination, harassment, victimisation</p>	<p>It is important that health and social care practitioners should avoid making assumptions about who might be providing care based on their gender or their relationship to the person being cared for. One of aims within the strategic plan is around improving identification of carers within the borough and supporting them to get support from our local carer partnership services. As part of this aim we will looking at providing training to professionals, based on NICE guidelines, on how to effectively identify carers including those that of people who may not view themselves as a carer and who therefore may not ask for support.</p> <p>Young carers become vulnerable when their caring role puts at risk their emotional or physical wellbeing, and their prospects in education and life. Health professionals, schools and others who encounter young carers must recognise that they are a potentially vulnerable group of children and young people who require a proactive approach to the assessment and management of their health and wellbeing. As part of the young carer aims, we plan to raise awareness of young carers in all settings to create environments where young people feel confident to identify as a young carer.</p>
<p>Advancing equality of opportunity</p>	<p>The strategic plan will provide clarity to our residents, carers, workforce, providers and partners on the core offer for carers provided by statutory and non-statutory partners in the borough.</p> <p>As part of the strategy development, it was identified that many carers from minority ethnic backgrounds do often not recognise themselves as carers, instead seeing themselves as a family member. Therefore, they do not access resources and support which could help manage their caring role. We have included strategic actions within the strategy that address the requirement to provide culturally appropriate information and services to encourage these groups to engage with local services.</p> <p>A key theme within the strategic is carer experience with one of our strategic aims being to provide services in a way that recognises and respects differences in ethnicity, language, culture, faith, sexuality, gender identity, and socioeconomic background. We want our providers to consider protected characteristics in all their service provision to carers which will be monitored as part of the strategy delivery by the Carer Partnership Board.</p>

Fostering good relations	<p>Carers, regardless of background or cared-for diagnosis, share a common thread; each knows what it is like to be a carer and providing opportunities for carers to support each other, which are both intergenerational and all-inclusive can bring together communities and break down barriers. Our current carers support centre is an example of this – older carers mixing with younger ones, people of different ethnicities sharing and educating others over different cultures, all brought together and forming bonds through their caring roles.</p> <p>The strategic plan includes our strategic aims to provide peer support services for carers provided by other carers and former carers (where caring responsibilities have ended).</p>
Embedding anti-racism	<p>We know from our current carer services activity monitoring that in In terms of ethnicity registered with the service 39% are white, with 20% from black/Asian/mixed background and 31% who preferred not to say. We are not able to conclude from this data that though our services are actively anti-racist. As part of the evidence review for the strategic development we looked at this data to develop of strategic aims.</p>

#### Stage 4: What evidence has been considered and what consultation has been carried out?

Data collection	<p>As part of the strategy development, we looked at the following evidence to inform our thinking:</p> <ul style="list-style-type: none"> <li>• 2021 Census</li> <li>• 2023 School Census Data</li> <li>• Carers UK – key facts and figures documentation</li> <li>• Children’s Society – facts about young carers</li> <li>• Carers UK – rights of working carers</li> <li>• Carers UK – state of caring report</li> <li>• Local Activity Data – Carer Support Partnership (adult carers), Off the Record (young carers)</li> <li>• 2021 – 22 Personal Social Services Survey of Adult Carers in England</li> <li>• 2023 GP Patient Survey – questions for carers</li> <li>• Nice Guidance Quality Standard (QS200) – supporting adult carers</li> <li>• PHE report “Caring as a social determinant of health”</li> </ul> <p>According to Census 2011, there are 33,683 carers in Croydon and 90.5% of these carers are aged 25 and over. The service will benefit the majority of carers population in Croydon. There is a separate Young Carers Service contract jointly commissioned by Health and LBC for young carers under the age of 18.</p>
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	<p>In Quarter 4 2023/24 (Jan – Mar 2024), the current adult service had 9,299 carers registered with the service. The age range registered with the adult service was: 0.23% under 18s, 41.5% 18-64yrs, 22.78% 65yrs and above, 35.5% unknown. In terms of ethnicity registered: 39% white, 18% black, 10% Asian, 2% mixed, 31% prefer not to say.</p> <p>More women than men provide high intensity care at ages when they would expect to be in paid work (Petrillo and Bennett, 2022). In Quarter 4 2023/24 (Jan – Mar 2024), the current service split was: 74% female, 22% male, 4% prefer not to say</p> <p>In regard to young carers, an estimated 870 young people (62% under 18's) are registered with the young carers service in Croydon. The largest concentration of young carers is in the CR0 area with the most likely source of new referrals being schools and social care.</p> <p>Although the Croydon service does not collect information on pregnancy and those who have recently given birth, it does collect information on the number of parent carers that are supported and the age of the cared for person. In Quarter 4 2023/24 (Jan – Mar 2024) the current service supported 25 parent carers, with 76 parent carers attending health and wellbeing support.</p> <p>Locally we do not currently collect data within the service on disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, religion or beliefs and sexual orientation for carers registered with the service. We consulted the following guidance though as part of the development:</p> <ul style="list-style-type: none"> <li>• Carers UK Research on carers of faith</li> <li>• Carers UK Report – experience of LGBTQ+ carers during the pandemic</li> <li>• Carers UK – how caring may change your relationship factsheet</li> <li>• Carers UK – experience of trans carers</li> <li>• PHE Report – Caring as a social determinant of health</li> </ul>
<p>Consultation</p>	<p>The strategic plan has been developed by the Croydon Carer Steering Group, in collaboration with members of the Carer Partnership Board and local carers.</p> <p>Building on the first draft, the draft strategy has been presented at various Health and Social Care meetings with comment sought on the developing document. A professional's workshop was held in January 2024 to seek the views of those working in those services that identify carers but who were not involved directly within the steering group.</p> <p>The draft strategy has been discussed at four focus sessions with adult carers, where both the key themes and strategic actions were tested with the participants. These groups helped to provide more depth to the document, including the carer quotes included within the strategy. Carers have also commented on the draft strategy as part of their involvement with the steering group and carer partnership board.</p> <p>The strategy has been presented at a number of meetings including the leadership huddle; ICN+ Members Drop-in Session, Neighbourhood Board, SLAM Carer Forum and SWL Frailty Group.</p>

Developing versions of the plan have been reviewed and discussed by both the Carer Strategy Steering Group and the Carer Partnership Board. They have provided comment and direction on the themes and aims, ultimately leading to the document being presented.

**Stage 5: Identify any adverse or positive impact and mitigation steps that can be or have been taken**

**Guidance on Impact Scores:** Consider the impact of your proposal by giving a numerical score to both the likelihood of an impact and the severity of an impact against each characteristic. This should draw upon the evidence you cited at Stage 3.

Use the key below to <b>score</b> the <b>likelihood</b> of the proposed change impacting each of the protected groups, by inserting either 1, 2, or 3 against each protected group.	<b>1 = Unlikely to impact</b> <b>2 = Likely to impact</b> <b>3 = Certain to impact</b>
Use the key below to <b>score</b> the <b>severity</b> of impact of the proposed change on each of the protected groups, by inserting either 1, 2, or 3 against each protected group.	<b>1 = Low</b> <b>2 = Medium</b> <b>3 = High</b>
The score for likelihood and severity are then multiplied.	<b>e.g. Unlikely to impact =1, Low impact =1, total score =1</b>

Characteristics		Likelihood of impact	Severity of impact	Impact score	Summary of impact (positive, negative, no impact or unknown)*	If negative or unknown, what can be or has been done to mitigate this? Please provide clear actions and timelines.**
Protected Characteristics (Equality Act 2010)	Age	3	1	3	This is an all age strategy and will have a positive impact to improve services for all age of carers including young carers	
	Disability	2	1	2	Carers generally experience poor mental health, including anxiety and depression, alongside “carer burden”, stress and poor quality of life. Carers are also at increased risk of illness, specifically musculoskeletal	

Characteristics		Likelihood of impact	Severity of impact	Impact score	Summary of impact (positive, negative, no impact or unknown)*	If negative or unknown, what can be or has been done to mitigate this? Please provide clear actions and timelines.**
					<p>conditions, cardiovascular disease, generalized cognitive deterioration and function, and poor sleep.</p> <p>This strategy has a theme on carer wellbeing which includes having a positive impact for carers on their physical health.</p>	
	Gender Reassignment	1	1	1	<p>This strategy aims to promote carers' wellbeing by providing carer assessments and support/advice services. We would expect any carer service to provide a welcoming environment for all carers and be able to signpost to other services for advice.</p>	
	Marriage or Civil Partnership	1	1	1	<p>Caring responsibilities can change relationships where it becomes more like a parent/dependent than partners relationship. Sometimes relationships change so much that it is not possible to recapture what was there before, and coming to terms with the situation can be really difficult.</p> <p>This strategy includes a theme on carer wellbeing which includes providing carers with the training that will help support their caring role to</p>	

Characteristics		Likelihood of impact	Severity of impact	Impact score	Summary of impact (positive, negative, no impact or unknown)*	If negative or unknown, what can be or has been done to mitigate this? Please provide clear actions and timelines.**
					include understanding the change to relationships	
	Pregnancy and Maternity	1	1	1	<p>Parent carers provide support to their children, including grown up children who could not manage without their help. The child/adult can be ill, disabled, or have mental health or substance misuse problems.</p> <p>Parent carers may be less likely to see themselves as a carer and therefore less likely to access support services for their role.</p> <p>This strategy includes a theme on carer identification which includes helping people to see themselves as a carer which would include parent carers.</p>	
	Race	3	1	3	<p>Many carers from Black, Asian and minority ethnic minority backgrounds do not often recognise themselves as carers, with some languages lacking a distinct word for 'carer.' They may instead primarily see themselves as a family member, due to cultural expectations and not access resources available to them as a result. It is therefore vital that organisations are culturally sensitive, and cater to</p>	

Characteristics		Likelihood of impact	Severity of impact	Impact score	Summary of impact (positive, negative, no impact or unknown)*	If negative or unknown, what can be or has been done to mitigate this? Please provide clear actions and timelines.**
					<p>the distinct needs of Black, Asian, and minority ethnic carers.</p> <p>We have included strategic actions within the strategy that address the requirement to provide culturally appropriate information and services to encourage these groups to engage with local services.</p>	
	Religion or Belief	1	1	1	<p>Having a faith or religious belief can play a valuable role in helping some carers to cope with these difficulties, and to have a more positive and less stressful caring experience. Carers UK research found that nearly a third (30%) of carers who identified with a religion said that having a faith or religion helped improve their health and wellbeing.</p> <p>This strategy includes a theme on carer identification which includes helping people from different cultural backgrounds to see themselves as a carer – this would include those from different faiths.</p>	
	Sex	3	1	3	<p>Women are more likely to become carers and to provide more hours of unpaid care than men. More women than men</p>	



Characteristics		Likelihood of impact	Severity of impact	Impact score	Summary of impact (positive, negative, no impact or unknown)*	If negative or unknown, what can be or has been done to mitigate this? Please provide clear actions and timelines.**
					<p>provide high intensity care at ages when they would expect to be in paid work (Petrillo and Bennett, 2022)</p> <p>The strategy covers strategic aims which encompass all sexes to have the same experiences.</p>	
	Sexual Orientation				<p>LGBTQ+ carers face a number of specific challenges in their caring role. These could include caring for family members who do not recognise, or have rejected, their LGBTQ+ identity, or younger LGBTQ+ carers having fewer opportunities to explore their identity. These challenges are complex and can mean LGBTQ+ carers experience increased isolation and discrimination when attempting to access services</p>	

\* Unknown impact may only be used where there is no data or evidence available and must be accompanied by an action plan for how to collect this.

\*\* Mitigations must be referenced in the Equalities comments of the substantive report and in its recommendations.

**Stage 6: What is the outcome of your assessment? Select one of these four options:**

Decision	Definition	Conclusion - Mark 'X' below
No major change	<p>Our analysis demonstrates that the proposed change is robust. The evidence shows no potential for discrimination and we have taken all opportunities to advance equality and foster good relations, subject to continuing monitoring and review.</p> <p>Strategic ownership is with the Croydon Health and Care Board, co-chaired by the Borough's Executive Mayor and Health's Place Based Lead. Delivery of the actions within the Strategic Plan will be owned by the Carer Partnership Board. All current and future actions will be supported through development of full business cases progressed through the governance routes described, and with decisions supported where necessary by equality impact assessments.</p>	X
Adjust the proposed change	<p>We will take steps to lessen the impact of the proposed change should it adversely impact the Council's ability to meet any of the Public Sector Duties, remove barriers or better promote equality. We are going to take action to ensure these opportunities are realised. <b>If you reach this conclusion, ensure you have completed Section 5 above.</b></p>	
Continue the proposed change despite potential for adverse impact	<p>We will adopt or continue with the change, despite potential for adverse impact or opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through the change. However, there are justifiable reasons to continue as planned. <b>If you reach this conclusion, ensure you have completed Section 4 above, clearly setting out your justifications.</b></p>	
Stop or amend the proposed change	<p>Our change would have adverse effects on one or more protected groups that are not justified and cannot be mitigated. Our proposed change must be stopped or amended.</p>	

**Stage 7: EQIA Monitoring and Sign Off**

How will the EQIA be reviewed and monitored, including timescales?	<i>[EQIAs must be reviewed every 2 years or sooner if new data or impact is identified.]</i>		
Equalities advice received from:	<i>Ken Orlukwu Senior Equalities Officer</i>	Date:	04/06/2024
EQIA approved by:	<i>[Name and job title Director or Corporate Director responsible]</i>	Date:	