



North

Yorkshire County Council

# Equality Impact Assessment Template

[North Yorkshire Carers Strategy EIA V3 @ 15.3.13]

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যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔



## **Undertaking an Equality Impact Assessment**

Equality Impact Assessments (EIA) should be undertaken at the business case stage when:-

- You are developing a new service or policy
- You are reviewing an existing service or policy
- You are proposing a change to an existing service or policy
- You are reviewing a service or policy carried out on behalf of the council or another organisation
- Your service is re-organised.

They should be referenced in your final recommendations on the service changes so that decision makers can reach an informed decision on the service/policy.

An EIA should cover all the social identity characteristics protected by equality legislation – referred to as ‘**protected characteristics**’ or equality strands. These are;

- Sex
- Sexual orientation
- Religion or belief
- Race – this include ethnic or national origins, colour and nationality
- Disability – including carers
- Pregnancy and maternity
- Gender reassignment
- Age
- Marital/civil partnership status

There is a lot of information available to support you in completing this assessment on the EIA pages on the NYCC intranet

**Equality Impact Assessments are public documents. Full EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and available in hard copy for people attending the relevant meeting. To make it easier for people to find equality impact assessments the Council will also publish full equality impact assessments on the NYCC website.**

<b>Name of the Directorate and Service Area</b>			
<b>Name of the service/policy being assessed</b>			
<b>Is this the area being impact assessed a</b>	<b>Policy &amp; its implementation?</b>	X	<b>Service?</b>
	<b>Function</b>		<b>Initiative?</b>
	<b>Project?</b>		<b>Procedure &amp; its implementation?</b>
<b>Is this an Equality Impact Assessment for a</b>  (Note: the Equality Impact Assessment (EIA) is concerned with the policy itself, the procedures or guidelines which control its implementation and the impact on the users)	<b>Existing service or a policy and its implementation?</b>		
	<b>Proposed service or a policy and its implementation?</b>		
	<b>Change to an existing service or a policy and its implementation?</b>		X
	<b>Service or Policy carried out by an organisation on behalf of NYCC?</b>		
<b>How will you undertake the EIA?</b>  Eg team meetings, working party, project team, individual Officer	Individual Officer with input from others e.g. working group and Carers Forum		
<b>Names and roles of people carrying out the Impact Assessment</b>	Sarah Wileman – Carers Project Officer HAS		
<b>Lead Officer and contact details</b>	Sarah Wileman ext 4940		
<b>Date EIA started</b>	25 <sup>th</sup> October 2012		
<b>Date EIA Completed</b>	15 <sup>th</sup> March 2013 <i>(date completed added 18.4.13 in line with date on front sheet above)</i>		
<b>Sign off by Assistant Director (or equivalent)</b>	 Mike Webster		
<b>Date of Publication of EIA</b>			
<b>Monitoring and review process for EIA</b>			

# 1. Operating Context

Please consider issues around impacts (positive or negative) raised for all [protected characteristics](#) and show your evidence

## 1.1 Describe the service/policy

What does the service/policy do and how? How would you describe the policy to someone who knows very little about Council Services?

If there is a proposal to change the service or policy, describe what it looks like now and what it is intended to look like in the future. What are the drivers for this proposed change?

Who does it benefit? What are its intended outcomes? Who is affected by the policy? Who is intended to benefit from it and how? Who are the stakeholders? identify those protected characteristics for which this service is likely to have an impact (positive or negative)

Are there any other policies or services which might be linked to this one? Have you reviewed the EIA for these policies/services? What do they tell you about the potential impact?

How will the policy be put into practice? Who is responsible for it?

The policy is the **North Yorkshire Carers Strategy, supporting unpaid carers in North Yorkshire 2012-2015**. It is a joint strategy between Health and the Local Authority outlining how we intend to support carers over the next 3 years.

In 2011 NYCC HAS released 'Supporting Carers in North Yorkshire: a statement from North Yorkshire County Council 2011/12' in partnership with CYPS. This was an interim position as we were not able to release our full carers' strategy at that time.

The development of this strategy was led by local and national drivers. In 2008, the Department of Health published 'Carers at the heart of 21<sup>st</sup> century families and communities: A caring system on your side. A life of your own'. This was followed by 'Recognised, valued and supported: Next steps for the Carers Strategy' in 2010, produced by the coalition government. Both documents highlighted the government's commitment to supporting unpaid carers. We were required to reflect this national agenda locally both in health and social care.

In addition to this in November 2011, the Department of Health published the 'Operating Framework for England 2012/13'. This framework requires Primary Care Trusts (PCTs), Local Authorities and voluntary sector groups to agree and sign off plans and approve budgets by September 2012.

The strategy should benefit unpaid family carers by clearly identifying ways in which we (health and social care) intend to support them through policies, procedures and services. The strategy includes young carers, parent carers of disabled children and adult carers of adults.

	<p>The stakeholders for this strategy include health and social care staff and managers, carers themselves, voluntary organisations working with carers, NYCC elected members, Health Trusts, District and Borough Councils and universal services that support children including schools and Children’s centres.</p> <p>The protected characteristics for which this strategy may have an impact would include carers in their association with disabled people, carers in their own right under the <i>Carers and equal opportunities act 2004</i>. In addition to this carers are a diverse group and may have other protected characteristics such as being BME and/or LGBT; they may be protected due to age, religion / belief, or their own disability. Approximately 58% of the UK’s carers are women therefore gender is also an important protected characteristic. This strategy aims to have a positive effect for all carers whilst specifically recognising those who may be more isolated and harder to engage. In North Yorkshire this would therefore include carers who may be older (or disabled, or BME/LGBT) but to compound this may also be rurally isolated and have limited links to statutory services or voluntary organisation.</p> <p>The strategy will be put into practice via an Implementation Plan. This will be written with involvement from the relevant stakeholders. It will cover the life of the strategy and will be in place and agreed by both health and social care by the 31<sup>st</sup> March 2013. This will be monitored by the North Yorkshire Carers’ Strategy Group which meets quarterly. This is a multi-agency group that will oversee the implementation of the strategy. It will contribute to the Health and Wellbeing Board for North Yorkshire and will also report annually to the NYCC Care and Independence Overview and Scrutiny Group.</p>
<p><b>1.2 How do people use the policy/service?</b></p> <p>How is the policy/service delivered? How do people find out about the policy/service? Do they need specialist equipment or information in different formats? How do you meet customer needs through opening times/locations/facilities? Can customers contact your service in</p>	<p>The strategy will be available in a printed format. It will be available online and it will also be available in an easy read format. As with all NYCC documentation this document can be available in other languages or formats such as Braille or audio on request.</p> <p>All contracts that relate directly to this strategy that are currently in</p>

different ways? How do you demonstrate that your service/policy is welcoming to all groups within the community?

Does the policy/service support customers to access other services? Do you charge for your services? Do these charges affect everyone equally? Do some customers incur greater costs or get 'less for their money'? Are there eligibility criteria for the service/policy?

How do you ensure that staff/volunteers delivering the service follow the Council's equality policies? Does the Council deliver this policy in partnership or through contracts with other organisations? How do you monitor that external bodies comply with the Council's equality requirements?

place are monitored for accessibility. In relation to both physical accessibility e.g. opening times and accessibility to all members of the community e.g. appropriate engagement with local BME communities. We regularly monitor (six monthly) providers' progress at engaging with their local communities, this can be evidenced via Contract Monitoring minutes. This includes evidence of engaging with local minority groups through existing channels for example working with MESMAC (LGBT), Horton Housing (Gypsy, Traveller, Roma), Broughton Rd Women's Groups (BME, Women) and small local groups to try to engage with those people who are both elderly and rurally isolated. Work has also been done by a number of providers with Churches to try to engage with carers via that pastoral care route. This strategy would aim to build on and expand this positive work to reach more carers and ensure equity of access to services.

The strategy refers to both 'in house' and externally contracted services. Carers direct services are not charged for; this includes:

- Access to Carers Resource Centres
- Direct Carers Support Grants
- Emergency Carer Card
- Sitting Services

However respite is also mentioned within the strategy and due to the fact that this is delivered as a community care service to the cared for person this is chargeable and is covered under our Fair Access to Care criteria.

Carers Resource Centres and Sitting Services are contracted by the council with external providers. All of these contracts have a requirement to comply with the councils requirements around equality. This includes equality and diversity training for staff. All of the providers have access to NYCC Workforce Development Training for their staff or volunteers. Contract monitoring also focuses on how that training and Equality and Diversity policies are translating into practice by engaging with people who may be harder to reach within their communities. These contracts are monitored annually. However informal support and monitoring also takes place throughout the year in addition to this.

## **2. Understanding the Impact (using both qualitative and quantitative data)**

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence

### **2.1 What information do you use to make sure the service meets the needs of all customers?**

What data do we use now? Is it broken down across protected characteristics (and are these categories consistent across all data sets)? How current is the data? Where is it from? Is it relevant?

What engagement work have you already done that can inform this impact assessment? Who did you talk to and how? What are the main findings? Can you analyse the results of this consultation across the protected characteristics? Are there differences in response between different groups? How has this changed the plans for the policy/service?

#### **Population data:**

Data has been used from Carers UK, the 2001 Census information, the 2011 Census information and the local consultation process.

Carers UK states:

- Approximately 42% of the UK's carers are men and 58% are women.
- Over-65s currently account for one third of all carers, providing more than 50 hours of care a week.
- At the time of the 2001 Census there were 56,065 carers in North Yorkshire. This included more than 800 carers under the age of 16, more than 10,000 carers providing 50 hours or more care per week over 4,000 of whom are over the age of 60.
- At the time of the 2011 Census there were 64,799 carers in North Yorkshire; this is a 15% rise since 2001. 12,836 of these provide 50 or more hours care per week.

The Ethnic diversity of the non-white population in North Yorkshire has increased from 1.1% in 2001 to 4.7% in 2011 (ONS Mid 2010 data).

The number of older people in the county is also increasing with the proportion of over 65's rising from 18.2% in 2001 to 20.7% by 2011, by 2021 the proportion of people over 65 is expected to reach 23.5% (ONS Interim 2011).

The latest data (IHA data ONS 2011/12) shows that 93.6 per cent of men and 94.2 per cent of women identified themselves as Heterosexual/Straight and that a larger proportion of men stated they were Gay, at 1.5 per cent, compared with women at 0.7 per cent.

#### Disability

There are over 11 million people with a limiting long term illness or disability in Great Britain. (Family Resources Survey 2010/11). Half of the Over-65s and two-thirds of the Over-85s are disabled. The number of disabled people over 65 is forecast to grow by 86 per cent by 2026 (**Fulfilling Potential** Building a deeper understanding of disability in the UK today 2013).

'Sick and Tired of Caring' Carers Scotland report 2011 stated:

The survey, for Carers Scotland, found that 96% of unpaid carers had experienced a negative impact on their health because of their responsibilities, with more than a quarter rating their own health as poor or very poor. More than half had a long-term illness or disability, and two-thirds had experienced a range of physical problems.

#### **Developing the Strategy:**

This strategy has been informed by national and local guidelines, evidence and good practice. We were also keen to listen to the voice of local carers. Between April and July 2012 we asked members of the public to tell us what they thought about the way in which we support carers in North Yorkshire and how we could improve in the future. We created a questionnaire and made it available to as many people as possible by printing the document and also publishing it online. People

were also invited to attend focus groups which were held across the county. This gave people the opportunity to discuss issues in a supportive group of other carers and staff from voluntary organisations. These methods of engagement were widely publicised through local media and with targeted community groups to try and engage a wide range of individuals.

The questionnaire was written by North Yorkshire County Council (NYCC), NHS North Yorkshire and York (NHS NYY), the Carers Resource Centres and the North Yorkshire Carers Forum.

Hard to reach carers were targeted in a number of ways. BME carers were targeted via the NYCC Community Cohesion workers, and a particular women's group in Skipton. Horton Housing's GaTEWAY service was contacted to engage with the Gypsy, Roma, Traveller and Showpeople communities. We also worked specifically with NY and Y MESMAC (LGBT). Information was circulated using a number of other carer support groups and condition specific groups to circulate the consultation; this included PACT (Parent Carers) and North Yorkshire and York Aids Action. The Carers Project Officer attended or arranged for a presentation at all Partnership Boards with the intention of engaging carers with a physical or learning disability.

There was a good response, with approximately 200 people taking part by either completing a questionnaire or attending a focus group. People were asked to complete equality profile questions as part of the questionnaire/focus groups. 142 people identified their gender: 20% were male and 80% were female. 141 people identified their age range and from those who responded, 65% were under 65 and 35% were over 65. There was a significant difference here, with the majority of under 65's responding to the online survey. Out of the 153 people who completed the section 'About you' 65% were adult carers of adults, 10% were parent carers, 9% were GPs or healthcare professionals, 8% were voluntary sector workers, 3% were social care workers and 6% had answered 'other'.

The following data has been taken from the Equality monitoring form

for those people who completed a questionnaire:

### Equalities monitoring

#### Gender (114 responses)

Female	80%
Male	20%

The response rate is higher than the actual expected ratio of male to female carers.

#### Age (119 responses)

Under 16	20-29	30-39	40-49	50-64	65-74	75-84	85+
0	1.5%	8%	15%	41%	22%	11%	1.5%

High proportions (a third) of responses were from older carers. This is in line with national and local data.

#### Do you consider yourself to be a disabled person? (120 responses)

Yes	11%
No	81%

It would be expected that a number of people would have considered themselves disabled. Some evidence has shown that up to 50% of carers can consider themselves to have a disability especially when we understand the number of older carers in the county. We may have anticipated that this number could have been higher.

#### Ethnic Group (116 responses)

White	99%
Asian	0%
Mixed/Multiple ethnic groups	0%
Black/African/Caribbean/Black British	1%

The BME response rate is very low. This links to the number of people

who are currently engaged in services which is also very low. It might support the research that indicates that BME carers often do not self-identify and would therefore not necessarily see a survey as relevant to them.

**Sexual Orientation**  
(120 responses)

<b>Heterosexual/Straight</b>	<b>98%</b>
<b>Gay/Lesbian</b>	<b>2%</b>
<b>Bisexual</b>	<b>0%</b>

This is a slightly lower rate than the reported 2.2% Gay/Lesbian national data.

The following data has been taken from the equality monitoring for those people who took part in a focus group.

**Gender**  
(28 responses)

Female	79%
Male	21%

**Age**  
(22 responses)

<b>Under 16</b>	<b>20-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>
0	0	0	14%	50%	27%	9%	0

**Do you consider yourself to be a disabled person?**  
(23 responses)

<b>Yes</b>	<b>22%</b>
<b>No</b>	<b>78%</b>

**Ethnic Group**  
(23 responses)

<b>White</b>	<b>100%</b>
<b>Asian</b>	<b>0%</b>

<b>Mixed/Multiple ethnic groups</b>	0%
<b>Black/African/Caribbean/Black British</b>	0%

**Sexual Orientation**

(21 responses)

<b>Heterosexual/Straight</b>	100%
<b>Gay/Lesbian</b>	0%
<b>Bisexual</b>	0%

To enable young carers to give feedback, a short questionnaire (with seven questions) was circulated to the Carers Resource Centres in North Yorkshire for either individual or groups of young carers to complete. 25 forms were completed and returned, with a mix of individual and group responses.

The Draft strategy was then made available for a further four weeks consultation. This was available in both a Plain English format and Easy read. The responses to this part of the consultation came from statutory providers, voluntary organisations and Carers Forum members.

## 2.2 What does the information tell you?

Are there any differences in outcome for different groups e.g. differences in take up rates or satisfaction levels across groups? Does it identify the level of take-up of services by different groups of people? Does it identify how potential changes in demand for services will be tracked over time, and the process for service change?

**Please include data and analysis as an appendix**

The main findings of the consultation were around reaching out to more carers and ensuring they receive the right support, our continued commitment to ensuring that carers receive breaks, and protecting the mental and physical health of carers. We also intend to give carers more control over the services they receive through the introduction of Personal Budgets for carers.

Responses to the consultation did not differ across the protected characteristics.

The BME population in North Yorkshire remains low compared to the UK as a whole. There have been some steady increases however since 2001 and variations appear in districts. The BME population is predominantly of working age, with a much smaller population of older people than the general population (ONS mid 2009 population estimates). This explains low response from this group to the survey. However given that this population is increasing we must improve the reach of our provision to support BME carers.

We know that there are currently low numbers of BME people accessing our carers support services (Carers Centres and Sitting Services). This is recorded on a six monthly basis April 2012-Sep 2012 0.002% non-white carers accessing Carers Centres across North Yorkshire.

Evidence has shown that BME carers often don't access support because they don't know that the support exists. Often this group may not be aware of the service provided by social services departments (Netto, 1996), language barriers and communication problems may be a reason why people may have poor knowledge of their entitlement to support.(Flynn 2002 ;National Assembly for Wales, 2003a; Chahal and Ullah, 2004). It has also been highlighted that as a result of this a smaller number of BME carers access carers assessments. In North Yorkshire only 0.6% of carers assessments completed in 2012/13 (at 18<sup>th</sup> March 2013) were for BME carers.

Therefore the first issue we must address is to ensure that BME carers have access to information. This is addressed in the strategy but we must ensure that this information is available in the right venues and in the correct format, e.g. audio/pictorial. As with other carers BME carers often don't self-identify and need to be helped to recognise themselves as carers in the first instance, this is addressed in the strategy.

The current uptake of sitting services in North Yorkshire by BME people is also very low. This may, as above, indicate a lack of knowledge about these services. However it may also be that in some cases these services cannot provide the appropriate staff to support people.

The Institute for research and innovation for social services report 'Improving support for BME Carers 2011' states:

A high level of unmet need was also revealed in the Edinburgh and Lothian study. Here, BME carers highlighted the service-led nature of support and revealed the following preferences with respect to service delivery.

More than two thirds said they would prefer the professional providing support was of the same gender as the person cared for.

More than half felt that professionals should be of the same ethnic group.

70% said it was important that the professional spoke the same language as the person cared for.

Almost all felt it was important the person cared for receive food to which they were accustomed (Netto, 1996).

These are therefore issues for a number of services that benefit carers. We will continue to monitor access to sitting services and ensure that where possible, especially in areas where we are aware of growing BME communities these services are targeted at those communities. Often Social services and Carers Centres are a gateway to these services so if this awareness can be increased in the BME community then this should begin to have a longer term impact. In addition to this Direct Payments and Carers Personal budgets may be of benefit to

BME carers however information is still the starting point and engagement with assessment.

The number of older people in the county is also increasing with the proportion of over 65's rising from 18.2% in 2001 to 20.7% by 2011, by 2021 the proportion of people over 65 is expected to reach 23.5% (ONS Interim 2011).

We are reaching a higher number of older carers; 41% of the carers in contact with the four carers centres in the period from April 2012-Sep 2012 were age 65 and over, that is possibly due to the high numbers of older carers in North Yorkshire but possibly also the perception of these services by people.

In the period April 2012-Sep 2012 56% of receiving support from the four carers centres were female. This does not differ greatly from the Carers UK data (58%). During 2012/13 67% of the people receiving a carers assessment from NYCC HAS were female and 33% were male. This is higher than both the local and national data.

Numbers of LGBT people accessing these services is not recorded; this is also not recorded in adult social care. Caring for someone can feel isolating. This can be even more so for a Lesbian, Gay, Bisexual or Transgender person. This is often as a result of feeling unable to disclose their sexual orientation to organisations and professionals for fear of discrimination. Heterosexuality is often assumed and LGBT people can feel excluded or experience a lack of understanding in mainstream services (Lesbian and Gay Foundation).

Services in North Yorkshire that support carers must be accessible to LGBT people. One way in which we will aim to achieve this is through working with LGBT organisations across the county. The LGBT community in North Yorkshire is small and dispersed, although higher numbers exist in some more urban areas, therefore linking with existing organisations is the most effective way to reach people.

<p><b>2.3 Are there areas where we need more information? How could we get this information?</b></p> <p>What data is available? Do other directorates, partners or other organisations hold relevant information? Is there relevant information held corporately e.g. compliments and complaints? Are there national datasets that would be useful? Is there relevant census data? Do you need to collect more data? How could you do this?</p> <p>Do you need to do more engagement work to inform this impact assessment? Have you identified information in other sections of this EIA that you need to assess the impact on different groups of people? What do you want to find out? Which existing mechanisms can you use to get this information?</p> <p>Please refer to the Community Engagement toolkit on the NYCC intranet</p>	<p>We will use the information from the Statutory Carers Experience (DH) survey once this information is available. This will inform the Implementation Plan as it will not be available until summer 2013.</p>
<p><b>2.4 How will you monitor progress on your policy/service, or take-up of your service?</b></p>	<p>This strategy extends from October 2012 to April 2015. In order to implement this strategy, an Implementation Plan will be developed</p>

What monitoring techniques would be most effective? What performance indicators or targets would be used to monitor the effectiveness of the policy/service? How often does the policy/service need to be reviewed? Who would be responsible for this?

which will explain how we plan to improve what we do. This will include information regarding who is responsible for doing certain things and when they will be done by. This will be monitored by the North Yorkshire Carers' Strategy Group which meets quarterly. This is a multi-agency group that will oversee the implementation of the strategy. It will contribute to the Health and Wellbeing Board for North Yorkshire and will also report annually to the NYCC Care and Independence Overview and Scrutiny Group.

### **3. Assessing the Impact**

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence.

#### **3.1 Has an adverse impact been identified for one or more groups?**

Has this assessment shown anything in the policy, plan or service that results in (or has the potential for) disadvantage or discrimination towards people of different groups? Which groups?

Do some needs/ priorities 'miss out' because they are a minority not the majority? Is there a better way to provide the service to all sections of the community?

No adverse impact identified.

The implementation plan will take account of the needs of different groups of carers. We will aim to reach more BME carers via work with GPs and wider media campaigns.

We know from recent data that there are specific areas we can look at such as continuing the targeted work with the Chinese community in Harrogate and the Kashmiri community in Skipton, and finding new groups with which to engage via partnership working.

Increased numbers of BME carers is expected and will be monitored via Carers Centre contracts and we will expect to see evidence of engagement work with existing BME community groups.

Targeted work in schools will aim to help identify and support an increased number of young carers.

We will continue to work in small rural communities to ensure that older people, women and disabled carers who may be isolated are targeted also.

We will continue to work with LGBT organisation in North Yorkshire. This is currently monitored via Carers Centre contracts and we will expect to see evidence of engagement work with these groups.

#### **3.2 How could the policy be changed to remove the impact?**

Which options have been considered? What option has been chosen?

N/A as no adverse impact

<p><b>3.3 Can any adverse impact be justified?</b></p> <p>If the adverse impact will remain, can this be justified in relation to the wider aims of the policy or on the grounds of promoting equality of opportunity for one target group?</p> <p><b>Please seek legal advice on whether this can be justified.</b></p>	<p>N/A as no adverse impact</p>
<p><b>3.4 Are you planning to consult people on the outcome of this impact assessment?</b></p> <p>When and how will you do this? How will you incorporate your findings into the policy?</p>	<p>The equality impact assessment will be presented to the Carers Strategy Implementation Plan Working group. This is a multi-agency group consisting of Health, Adult social care, children’s social care, voluntary organisations and Carers Forum representation.</p>
<p><b>3.5 How does the service/policy promote equality of opportunity and outcome?</b></p> <p>Does the new/revised policy/service improve access to services? Are resources focused on addressing differences in outcomes?</p>	<p>Carers often experience poorer health outcomes than other non carers. This strategy places a focus on the physical and mental health of carers (6.6) and tried to identify ways in which carers can be supported to address their own physical and mental health to try and redress that imbalance in North Yorkshire. The Strategy highlights the importance of health care providers in their role to identify and support carers but also the importance of respite in preventing health deterioration in carers. The detail as to how this will be achieved will be included in the implementation plan.</p> <p>It was also identified that carers often suffer additional financial hardship (6.7). In our consultation the main reasons people identified for this were the additional costs associated with the needs of the cared for person and not being able to work, working part time or having to take unpaid leave. We aim to address these differences in outcomes by ensuring people are able to maximise their household income through either claiming the correct benefit or being supported to remain in or retain appropriate employment.</p> <p>The strategy and related Implementation Plan with aim to identify more hidden/ harder to reach carers. We are aware that the population of North Yorkshire is changing and whilst there may only be a small number of carers who are BME due to age profile of the population</p>

(mainly working age) we do intend to reach those who are carers. It was universally recognised that primary health care is a common point of contact for carers so this will be one area we intend to focus on.

We will continue to monitor our commissioned services to ensure they are targeting their services to people who have protected characteristics. We will also continue to monitor via contract monitoring that Carers Centres are engaging with existing disability, LGBT and BME community groups to reach those individuals.

Any media campaigns to promote carer awareness and self-identification will take into account access of those people who have protected characteristics and ensure that information is available in all requested formation. We will ensure that this information is available in the right venues and in the correct format, e.g. audio/pictorial. As with other carers BME carers often don't self-identify and need to be helped to recognise themselves as carers in the first instance

**Don't forget to transfer any issues you have identified in this section to the [Equality Action Plan](#)**

### Action Plan

What are you trying to change (outcome)?	Action	Officer responsible	Deadline	Other plans this action is referenced in (e.g. Service Performance Plan, work plan)	Performance monitoring
Increased number of BME carers receiving support.	Increase self-identification of carers in Primary Health by raising carer awareness in GP Surgeries.	Sarah Wileman with CCG representatives.	April 2015		Reviewed on a six monthly basis with Carers Centres and via HAS data sets.

Increase identification and support of young carers.	Focussed work in schools. improving adult identification of YCs	Matt Blyton	April 2014		Contract monitoring with young carer service providers.
Continue to set targets and monitor engagement with people with protected characteristics with carers centres.	Monitoring section to remain in contract re engagement. Numbers of disabled and BME people to be reviewed at contract review.	Sarah Wileman with CCG representatives.	Six monthly		Reviewed on a six monthly basis with Carers Centres.