



North

Yorkshire County Council

Equality Impact Assessment (EIA): evidencing paying due regard to protected characteristics October 2013

Community based carers support

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.

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 براۓ مہربانی ہم سے پوچھیے۔



Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Health and Adult Services
Lead Officer and contact details	Patrick Duffy Commissioning & Change Implementation Officer Ex 4940 patrick.duffy@northyorks.gov.uk
Names and roles of other people involved in carrying out the EIA	
How will you pay due regard? e.g. working group, individual officer	Commissioning & Change Implementation Officer and Project Group
When did the due regard process start?	18 th June 2013
Sign off by Assistant Director (or equivalent) and date	 Mike Webster Assistant Director Procurement, Partnerships & Quality Assurance

Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)
This EIA is focussed on our proposals to re-design the service specification for 'community based carers support'. This will then lead to agreeing the commissioning intentions for 2014 onwards. These services are currently provided by Carers Centres and Carers' Resource across the county.

Section 2. Why is this being proposed? (e.g. to save money, meet increased demand, do things in a better way.)
This is being proposed with the aim of doing things in a better way to reach and support more carers across North Yorkshire. It is also being done to incorporate the Clinical Commissioning Groups requirements and the requirements of Public Health who are new partners in this.

Section 3. What will change? What will be different for customers and/or staff?
The service may look different with an emphasis on being based more out in the community and operating from community venues rather than a fixed office base, however this will be with the aim that it engages and supports more carers at an earlier stage. If this change in service specification leads to a change in provider then this may also be different.

Section 4. What impact will this proposal have on council resources (budgets)?

Cost neutral? Y / N
Increased cost? Y / N Yes
Reduced cost? Y / N

Please explain briefly why this will be the result.

This is due to the addition of Public Health funding. However the aim is to reach more people and over time reduce the number of people that need to access adult social care. Therefore value for money increases.

Section 5. Will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? State any evidence you have for your thinking.
Age		x		<p>The 2011 census told us that on average 26% of carers in North Yorkshire are aged 65 or over. This new service specification aims to reach more carers earlier and prevent their own deterioration into ill health due to their caring role.</p> <p>A high proportion of carers in North Yorkshire are of working age (25-65, census data does not disaggregate 18-25) 70% (2011 census). However we currently reach a higher number of older people 53% over 65 (Department of Health Statutory Survey on Carers in North Yorkshire (2012)) we therefore need to target working age carers specifically. The service specification has been designed to do this and monitor these developments. The new service will be required to be much more community based rather than central building based. There is also an emphasis on different methods of communication and increasing the general population awareness of the support available.</p>
Disability		x		<p>Whilst we do not have the figures for the total number of carers in North Yorkshire who have a disability, the 2011 census told us that on average 5.5% declared that they were in poor health, this increased to 8% in</p>

			<p>Scarborough. In addition to this, the Department of Health Statutory Survey on Carers in North Yorkshire (2012) told us that 53.7% of this cohort (653 – carers who have had either an assessment or review with adult social care in 2011/12) declared that they had a disability themselves.</p> <p>The new service specification aims to reach more carers earlier and prevent their own deterioration into ill health due to their caring role. It also focusses on more carers having a carer’s assessment which can highlight earlier if caring is impacting on the carer’s health or if they need support in their own right.</p> <p>The new service specification is underpinned by both national and local evidence that states that caring, especially over the longer term, has a negative effect on the carers own health. Therefore earlier intervention and prevention can mitigate some of this impact over the longer term.</p>
Sex (Gender)		x	<p>Approximately 60% of the carers in North Yorkshire are female (2011 census). Department of Health Statutory Survey on Carers in North Yorkshire (2012) showed that 70% of this sample was female. It has been identified that whilst we know that women more frequently take on the caring role we also recognise that we do have a significant number of male carers in North Yorkshire, these numbers are currently under represented in services. The new service specification does require that the successful provider of the service will target underrepresented groups and this will include male carers and working age carers. The specification is being designed to make the provision more community based so as to reach people in their own communities rather than the onus</p>

				<p>being on the carer to seek the service out.</p> <p>The service specification also places importance on accessibility and publicity of the service to increase awareness of the support available to a much wider and more varied audience.</p>
Race		x		<p>Basic ethnicity breakdown from the 2011 census is:</p> <p>White: 97.4%</p> <p>White mixed: 0.8%</p> <p>Asian or Asian British: 1.2%</p> <p>Black or Black British: 0.4%</p> <p>Other: 0.2%</p> <p>The service specification places an importance on reaching 'hard to reach carers' based on the demographic breakdown of the area. This will include the ethnicity breakdown. These figures will be monitored once contracts are in place.</p> <p>The Council's figures from AIS are similar with 96.9% White – British. The Council's figures have only 0.2% as Asian or Asian British. This difference is due in part to low numbers and may also be due in part to lack of awareness of services or recognition of the caring role within families.</p>
Gender reassignment		x		<p>There is some possible potential to positive impact with the intention to make it a more easily accessible, better publicised service. Increasing internet information and signposting will also play a part.</p>

Sexual orientation		x		There is some possible potential to positive impact with the intention to make it a more easily accessible better publicised service. Increasing internet information and signposting will also play a part.
Religion or belief		x		There is some possible potential to positive impact with the intention to make it a more easily accessible, better publicised service. Increasing internet information and signposting will also play a part. In addition to this, the expectation would be that the Provider would target faith groups as part of their community work. This could also potentially improve engagement with BME groups by accessing the small number of Islamic Learning Centres in North Yorkshire and Christian churches.
Pregnancy or maternity		x		There is some possible potential to positive impact with the intention to make it a more easily accessible, better publicised service. Increasing internet information and signposting will also play a part. In addition to this, the use of community venues such as 'sure start' centres may improve the engagement of this group.
Marriage or civil partnership		x		There is some possible potential to positive impact as the intention is that services will be better publicised and more accessible through a variety of routes.

Section 6. Would this proposal affect people for the following reasons?	No impact	Make things better	Make things worse	Why will it have this effect? Give any evidence you have.
Live in a rural area		x		The service is intended to be more community based, working in rural areas, where needed, with other organisations in partnership. This can include local community venues, libraries or health care venues such as GP surgeries, where available.
Have a low income		x		By making the service more community based there will be less pressure on people to travel to receive advice and support and, therefore, less pressure on their income. The service will also have as a focus ensuring that carers are receiving the correct benefits and support with income maximisation.

Section 7. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men?) State where this is likely to happen and explain what you think the effect will be and why giving any evidence you have.

The service specification is designed to deliver a more visible, easily accessible service which should improve provision for anyone with a protected characteristic, including people who have a combination of two or more.

Section 8. Only complete this section if the proposal will make things worse for some people. Remember that we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us.

Can we change our proposal to reduce or remove these adverse impacts?

Can we achieve our aim in another way which will not make things worse for people?

If we need to achieve our aim and can't remove or reduce the adverse impacts get advice from legal services. Summarise the advice here. Make sure the advice is passed on to decision makers if the proposal proceeds.

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Section 9. If the proposal is implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)
Through contract review with the provider/s.

Section 10. List any actions you need to take which have been identified in this EIA

Action	Lead	By when	Progress