

Bristol City Council Equality Impact Assessment Form

(Please refer to the Equality Impact Assessment guidance when completing this form)



Name of proposal	Services for Carers – Recommissioning 2019
Directorate and Service Area	People Directorate – Adult Commissioning
Name of Lead Officer	Carol Watson

Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

1.1 What is the proposal?

Bristol City Council has a statutory (legal) duty to assess a carer's needs for support, where the carer appears to have such needs. There has been an increase in demand for carers support over the last 2 years since the introduction of the Care Act (2014), and this is expected to continue to rise.

'A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support' (Carers Trust).

The Carers services that are currently commissioned within Bristol City Council across Adult Health & Social Care and Children's Services are delivered by the Voluntary and Community Sector (VCS).

The Recommissioning of Carer Services in Bristol aims to –

- Analyse existing provision of adult carers services in Bristol
- Commission carers services in line with Public Procurement Regulations 2015.
- Devise a model for carers in line with the current principles within the Bristol Carers Strategy and Action Plan 2015-2020
- Map engagement with service users, providers and practitioners

throughout the commissioning cycle

- Meet statutory duties
- Secure best use of resources and securing value for money
- Commission effective services, streamlined with single-point of access so that citizens know where to go and the right people receive the right service (e.g. people are enabled to help themselves wherever they can and there is direct support for those who need it)
- Design a whole-system approach to Adult Carers support
- Creating closer longer-term/strategic partnerships working with neighbouring authorities and the Clinical Commissioning Group.

Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

2.1 What data or evidence is there which tells us who is, or could be affected?

Census Data – Information from Bristol JSNA 2018, and JSNA 2016/17

According to the 2011 Census, there are over 40,100 carers in Bristol (all ages), which is just under 1 in 10 of the population (9.4%). However, a more recent 2015 estimate indicates there are almost 42,300 carers in Bristol, an increase of 20.4% since 2001.

In the decade since the 2001 Census the number of unpaid carers recorded has increased by 5,000, but the proportion stayed the same (9.3% in 2001) as Bristol's population has risen considerably. The majority of adult carers (25,700) are caring under 20 hours a week but just over 9,000 are providing unpaid care for 50 hours or more each week.

Of the 40,100 unpaid carers identified in the 2011 Census, 860 were children under 16 and 2,700 were young people aged 16- 24. There are also 8,300 carers who are over 65 years of age (15% of all people over 65 in Bristol), and 40% of people in this age category (3,350 people) provide care for over 50 hours a week, which is disproportionately high. **75% of carers in Bristol are considered working age (18-64 years)** and 66% of carers combine work and

their caring role. Over 4,000 carers in Bristol are working and caring for 50 hours or more each week. (2011 Census).

There is a higher concentration of carers in the areas of the city with **higher levels of deprivation**, such as Avonmouth, Lockleaze, Fromevale, Hillfields, Hartcliffe & Withywood, and Hengrove. These are also the areas of the city with higher levels of people living with a **long term health problem or disability**.

Integrated Care Team Referrals and Direct Payments Analysis (2017/18) – Information from BCC LAS Database.

- 79% of Carers receiving a Direct Payment are **White British** which is similar to the Bristol average.
- 77% of Carers referred to the Integrated Carers Team are **White British**.
- The majority of referred and assessed carers to the Integrated Care Team are **female (67%)** which is higher than the Bristol average.
- **57% of assessed carers in 17/18 by the Integrated Carers Team were between the age 26-64**, followed by **41% over the age of 65**.
- 2% were between 18 and 25. **The average age of Carer receiving a direct payment is 60, and the average age of cared for is 69.**

Commissioned Services – Information from providers

Carers Support Centre (2017/18)

- 63.8% of carers were **White British**; however 22.8% of ethnicity not recorded.
- 2.8% of carers are of 'Any other White background' 2.6% of carers were Black or Black British Caribbean, and 1.7% 'Black or Black British African Other.' There is small representation from other ethnicities. .
- 70.5% of carers were **Female**
- 42% of service users who used the Carers Support Centre in 17/18 **were over the age of 64**.
- 14.6% of carers were disabled but 53% was not recorded.
- There is not enough information on religion, sexual orientation or gender identity to draw conclusions.

Bristol Black Carers

- The statistics show that Bristol Black Carers mainly provide services to the **Caribbean population**. The overwhelming majority are of Caribbean origin (64%), 10% 'Other Asian Background', 9% Somali and 5% African (non Somali).

Bristol and Avon Chinese Women's Group (2017/18)

- 90.2% of services users are of Chinese ethnicity.
- 23.0% are Christian, - 1.6% Muslim and 42.6% no religion. 27.9% is not recorded
- 18.0% are disabled
- 82.0% are Female
- 100% of service users are Heterosexual
- No service users are transgender
- 53% of service users are between the ages of 55 and 74

National Intelligence (*The Social Market Foundation Caring for Carer's report (July 2018)*).

- **Most carers are women** and this is increasing
- **A quarter of those who provide care are over the age of 65**
- Around half (51%) of family carers provide care within their home
- Family care is more commonly provided in more deprived areas, where carers are more likely to require state support.
- Carers are less likely to be in paid work and more likely to work part-time
- **Young carers** are more than one-and-a-half times as likely to be from **black, Asian or minority ethnic communities** (*Bristol Carers Strategy 2015-2020*).

2.2 Who is missing? Are there any gaps in the data?

Data on internal and commissioned services

There is a lack of data from commissioned providers on the demographic breakdown of service users, especially in the areas of religion, sexual orientation or gender identity where no analysis is possible.

There is a lack of data on referrals to the BCC Integrated Care Teams regarding sexual orientation, gender identity, and religion, where no analysis is possible.

Hidden Carers

We also know that many unpaid Carers across all ages, who are eligible for Carer Support Services, do not self – identify as carers and therefore do not come forward for Carer Assessments.

It is estimated that there are more young carers in Bristol than estimated as young carers are a largely hidden group, and may not be recognised within the family where they have caring responsibilities, or even identify themselves in that role.

Many studies also indicate that carers from Black, Asian and Minority Ethnic communities generally have a lower uptake of carer assessments and a lower incidence of accessing services

2.3 How have we involved, or will we involve, communities and groups that could be affected?

Service user and stakeholder consultation will be a key element of the recommissioning process. This will include engagement with service users, service user representation groups and forums, and engagement at internal and external stakeholder and provider meetings over a 12 week consultation period. This will include ensuring that involvement reaches all affected groups, including groups such as young carers and Black, Asian and Minority Ethnic groups that may be underrepresented in current service user engagement.

Consultation will include engagement with the Needs Analysis, Commissioning Strategy and Service Specifications.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your g any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?

Age

Young Carers and Young Adult Carers are recognised as 'Hidden Carers' and have specific needs. It has been identified that the number of young carers currently accessing commissioned Carer Services is low. Carer Services should benefit young carers and young adult carers as long as these services are accessible and meet specific needs of young and young adult carers. There is potential for adverse impact if gaps in provision and needs are not recognised as part of the recommissioning of applicable Carer Services.

According to The Social Market Foundation One in five (21%) of those aged 55 to 59 provide family care, compared to 15% amongst the adult population as a whole. Whilst a substantial proportion of those who are of working age are providing care, the proportion of those above 65 who are providing care is also significant: 17% of those aged 75 to 79 are providing care, and this figure is likely to grow. Carer Services should benefit older carers as long as these services are accessible and meet the specific needs of older carers. There is potential for adverse impact if gaps in provision and needs are not recognised as part of the recommissioning of applicable services.

Disability

Carer Services should benefit carers with a disability and the disabled people they may care for, as long as these services are accessible and meet specific needs of disabled carers.

It has been highlighted for example that more people with learning disabilities and their family carers are growing old together. Research highlights that more people with learning disabilities are becoming carers for their partners as well as parents, and there is a danger this group is 'hidden.'

According to Carers UK people providing care for a disabled child were the most likely to report that they get no support, with almost 3 in 10 (29%) stating this. (Carers UK 'Carers Week' Research Report 2018).

In the 2018 [Bristol Quality of Life Survey](#) 43% of respondents who were Carers also said they had a limiting illness, health problem or disability themselves, and 9.4% said their poor health prevented them from leaving the house when they want to.

Ethnicity

It is recognised that carers from Black, Asian and Minority Ethnic communities generally have a lower uptake of carer assessments and a lower incidence of accessing services. Sometimes they can face additional challenges if English is not their first language and if there are cultural needs that are not being acknowledged.

There is evidence of an underrepresentation of Black, Asian and Minority Ethnic groups receiving mainstream carer support services in Bristol, particularly among African and Pakistani groups (which could include the Somali Community).

It is recognised that statutory and other services need to work closely with community groups which often provide direct and culturally appropriate support services to carers (Bristol Carers Strategy 2015-2020). Bristol City Council must ensure that the needs of Black, Asian and Minority Ethnic communities are met through the recommissioning of services to ensure there is no adverse impact on any ethnicity.

Sex

The majority of carers are women. The proposals should have no adverse impact on people of different sex, as long as the specific needs of female carers are recognised. It is also recognised that male carers, especially older male carers, have specific needs and these must also be considered.

Religion

There is no evidence that the proposals would have an adverse impact.

Gender Reassignment

There is no evidence that the proposals would have an adverse impact.

Sexual Orientation

There is a lack of profile data on sexual orientation. There is no evidence that the proposals would have an adverse impact. It is important that people do not experience barriers to social care services due to their sexual orientation.

Marriage and Civil partnership

There is no evidence that the proposals would have an adverse impact.

Pregnancy and Maternity

There is no evidence that the proposals would have an adverse impact.

3.2 Can these impacts be mitigated or justified? If so, how?

The recommissioning of services will include the opportunity to revise service specifications and set key performance indicators to ensure services are meeting the needs of people with protected characteristics and are non-discriminatory and advance equality of opportunity. This includes identifying any potential adverse impacts in current services and ensuring that these are eliminated or mitigated through the re-design of services.

3.3 Does the proposal create any benefits for people with protected characteristics?

The proposals have the potential to benefit people from many of the protected characteristics.

Age

The proposals should create benefits for older carers through the provision of services specifically to meet the Carer needs of this group. The specific needs of older carers, such as the impact of long term conditions, need to be recognised in service specifications.

Disability

Carers with a disability should benefit from the proposals through the provision of Carer Services that support carers with a disability and the disabled people they may care for. This includes the impact of Mental Health, Parent Carers who may care for a disabled child, and the specific carer needs of disabled people including carers with a learning disability.

Race

The proposals should create benefits through the provision of services specifically aimed at meeting the Carer needs of people from Black, Asian and Minority Ethnic groups, including where it has been identified there is an underrepresentation of Black, Asian and Minority Ethnic groups accessing carer services.

Sex

The proposals should create benefits for both male and female carers, recognising where carer services may need to be tailored to meet the specific needs of male or female carers, as identified in the Needs Analysis.

There is no evidence that the proposals would have a specific benefit for the following Protected Characteristics – Religion, Gender Reassignment, Sexual Orientation, Marriage and Civil partnership and Pregnancy and Maternity. However commissioned providers will be expected to record service user equalities information for all protected characteristics and ensure that services are non- discriminatory.

3.4 Can they be maximised? If so, how?

The commissioning process provides the opportunity to review service specifications and contracts with service providers. This could include the addition of measures, or changes, to the way we ask providers to deliver services, and what measures we performance monitor, to ensure the benefits of the proposals are maximised for the protected characteristics.

Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal?

This Equality Impact assessment has highlighted the need for the Recommissioning of Carers Services to:

- Ensure we commission providers that can meet the needs of the local carer population across the Protected Characteristics, including the Carer needs of Black, Asian and Minority Ethnic communities.
- Recognising where there may be an underrepresentation of Black, Asian

and Minority Ethnic groups currently accessing Carer Services and ensuring this is resolved.

- Ensure our service specifications specify that service delivery takes into account any needs in relation to the Protected Characteristics
- Consider whether equalities service standards and targets should be used in the contract specification or Performance Management Frameworks.
- Ensure that there is nothing preventing or discouraging small and medium-sized enterprises and Black, Asian and Minority Ethnic organisations accessing any future tendering activity
- Ensure any tender process ensure providers' employment policies, procedures and practices are not discriminatory

4.2 What actions have been identified going forward?

- Procure commissioned services that meet the needs of local populations including small and medium-sized enterprises groups, older and disabled people. Consider whether specialist providers need to be commissioned to meet any unmet need.
- Design a procurement process that does not discriminate against small and/or specialist small and medium-sized enterprises businesses tendering, and encourages them to do so.
- Review and implement effective equalities service standards and targets as part of any revised performance management framework.
- Ensure consultation includes all those potentially affected by the proposals.

4.3 How will the impact of your proposal and actions be measured moving forward?

The impact of this proposal and the actions will be measured through ongoing consultation and service re-design of future Carer Services. Once implemented, equalities monitoring will be managed through the contract management and quality assurance of the contracts. In addition the impact of the project will be measured to ascertain whether it has achieved its benefits.

Service Director Sign-Off:



Date: 23/4/2019

Equalities Officer Sign Off:



Duncan Fleming

Date: 27/2/2019