

## Carers Partnership Board - Full Equality Impact Assessment (EqIA)

In order to carry out this assessment, it is important that you have completed the EqIA E-learning Module and read the Corporate Guidelines on EqIAs. Please refer to these to assist you in completing this form and assessment.

What are the proposals being assessed? ( <b>Note:</b> ‘proposal’ includes a new policy, policy review, service review, function, strategy, project, procedure, restructure)	Replacement of the Carers Partnership Board with a Task and Finish / Project Group
Which Directorate / Service has responsibility for this?	Adult Services
Name and job title of lead officer	Tim Miller, Service Manager, Commissioning
Name & contact details of the other persons involved in the EqIA:	NHS Harrow : Sue Whiting Harrow Council: Allison Brice & Mital Vagdia Harrow Carers: Ben White & Mike Coker Independent Carers: Clare Goldschmidt & Varsha Dodhia Mencap: Deven Pillay ASAP: Elizabeth Hugo CNWL: Carol Harrison-Read HAD: Rizwana Malik
Date of assessment:	August 2013

### Stage 1: Overview

<p>1. What are the aims, objectives, and desired outcomes of your proposals?</p> <p>(Explain proposals e.g. reduction / removal of service, deletion of posts, changing criteria etc)</p>	<p>To deliver Harrow Health and Wellbeing Board’s priorities around carers.</p> <p>To influence strategy and commissioning which relates to carers and those they care for, in part by enabling carers to have an active role in the design, planning and monitoring of services, policies or places.</p> <p>To have a clear purpose and a clear role which enables delivery by the Council, the Clinical Commissioning Group, the Voluntary and Community sector and other partners.</p> <p><a href="#">In view of the pending legislation “Caring for our Future”, understand the impact of the act for the HWBB,</a></p>
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	<a href="#">the Council and Carers</a>
<b>2.</b> What factors / forces could prevent you from achieving these aims, objectives and outcomes?	<p>Lack of a clear purpose for the group</p> <p>Members having limited capacity to undertake their role on the group</p> <p>Weak connection into carers' networks</p> <p>Inability to hold organisations to account for their delivery of plans</p>
<b>3.</b> Who are the customers? Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	<p>The Health and Wellbeing Board is 'commissioning' the project group.</p> <p>Colleagues in statutory and voluntary organisations would benefit from, and draw on, the group.</p> <p>Residents of Harrow who have caring roles would be the central customers of the group and it is their improved outcomes or opportunities upon which the group's success should be judged.</p> <p>There is a strong indirect impact on people who are cared for by unpaid carers, who would see benefits from their carers having a better quality of life and greater resilience.</p>
<b>4.</b> Is the responsibility shared with another department, authority or organisation? If so: <ul style="list-style-type: none"> <li>• Who are the partners?</li> <li>• Who has the overall responsibility?</li> </ul>	<p>NHS Harrow CCG and LB Harrow, but also with providers of NHS community care.</p> <p>Other provider/support agencies who would be on the group, plus those not on the group, but who are responsible for the delivery of action plans.</p> <p>Ultimate responsibility would be a shared accountability between the Council and the CCG.</p>
<b>4a.</b> How are/will they be involved in this assessment?	Key partners put forward the proposals and developed this EQIA through the Carers Partnership Board.
<b>Stage 2: Monitoring / Collecting Evidence / Data</b>	
<b>5.</b> What information is available to assess the impact of your proposals? Include the actual data, statistics and evidence (including full references) reviewed to determine the potential impact on each equality group (protected characteristic). This can include results from consultations and the	

involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys, workforce profiles, service users profiles, local and national research, evaluations etc

(Where possible include data on the nine protected characteristics. Where you have gaps, you may need to include this as an action to address in the action plan)

<p>Age (including carers of young/older people)</p>	<p>This data is from the 2011 Census</p>				
<p>Disability (including carers of disabled people)</p>	<p>This isn't recorded on the census and neither the Council's nor GPs records fully capture this. The following is the census data that shows the overall health profile of unpaid carers.</p>				
<p>Gender Reassignment</p>	<p>Whilst Harrow Council's Frameworki database system is set up to collect this monitoring information, there is very little information held currently on this protected characteristic</p>				
<p>Marriage / Civil Partnership</p>	<p>Whilst Harrow Council's Frameworki database system is set up to collect this monitoring information, there</p>				

  

Age	Provides unpaid care: Total	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
All categories: Age	24,620	15,889	3,947	4,784
Age 0 to 15	552	450	58	44
Age 16 to 24	1,756	1,362	252	142
Age 25 to 34	2,829	1,940	516	373
Age 35 to 49	6,886	4,340	1,233	1,313
Age 50 to 64	7,968	5,404	1,186	1,378
Age 65 and over	4,629	2,393	702	1,534

  

General Health	Provides unpaid care: Total	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
All categories: General health	24,563	15,844	3,945	4,774
Very good or good health	18,629	12,843	2,887	2,899
Fair health	4,680	2,473	824	1,383
Bad or very bad health	1,254	528	234	492

is very little information held currently on this protected characteristic

Pregnancy and Maternity

Whilst Harrow Council's Frameworki database system is set up to collect this monitoring information, there is very little information held currently on this protected characteristic

Race

This data is from the 2011 Census

<b>Ethnic Group</b>	<b>All categories: Provision of unpaid care</b>	<b>Provides unpaid care: Total</b>	<b>Provides 1 to 19 hours unpaid care a week</b>	<b>Provides 20 to 49 hours unpaid care a week</b>	<b>Provides 50 or more hours unpaid care a week</b>
All categories: Ethnic group	239,056	24,620	15,889	3,947	4,784
White: Total	100,991	11,349	7,593	1,424	2,332
White: English/Welsh/Scottish/Northern Irish/British	73,826	9,390	6,390	1,108	1,892
White: Irish	7,336	778	510	100	168
White: Other White	19,829	1,181	693	216	272
Mixed/multiple ethnic group	9,499	588	411	89	88
Asian/Asian British	101,808	10,483	6,560	2,012	1,911
Black/African/Caribbean/Black British	19,708	1,638	1,029	314	295
Other ethnic group	7,050	562	296	108	158

Religion and Belief

Whilst Harrow Council's Frameworki database system is set up to collect this monitoring information, there is very little information held currently on this protected characteristic

Sex / Gender

This data is from the 2011 Census

<b>Sex</b>	<b>Provides unpaid care: Total</b>	<b>Provides 1 to 19 hours unpaid care a week</b>	<b>Provides 20 to 49 hours unpaid care a week</b>	<b>Provides 50 or more hours unpaid care a week</b>
All persons	24,563	15,844	3,945	4,774
Males	10,794	7,337	1,712	1,745
Females	13,769	8,507	2,233	3,029

We see that Females provide more unpaid care, but this is most pronounced amongst the highest levels of

	care provided			
Sexual Orientation	Whilst Harrow Council's Frameworki database system is set up to collect this monitoring information, there is very little information held currently on this protected characteristic			
<p><b>6. Is there any other (local, regional, national research, reports, media) data sources that can inform this assessment?</b></p> <p>Include this data (facts, figures, evidence, key findings) in this section.</p>	<p>There is significant and growing data sources in Harrow/nationally (e.g. Carers UK <a href="#">analysis of Census data</a>) about the population of carers, their needs and use of services.</p> <p>The evidence shows the significant number of people undertaking caring roles, the difficulties they face and the progress still needed to support them in their role. Specifically, see <a href="#">The State of Caring 2013</a> by Carers UK.</p>			
7. Have you undertaken any consultation on your proposals? (this may include consultation with staff, members, unions, community / voluntary groups, stakeholders, residents and service users)	Yes	Y	No	
<p><b>NOTE:</b> If you have not undertaken any consultation as yet, you should consider whether you need to. For example, if you have insufficient data/information for any of the protected characteristics and you are <b>unable</b> to assess the potential impact, you may want to consult with them on your proposals as how they will affect them. Any proposed consultation needs to be <b>completed before</b> progressing with the rest of the EqIA.</p> <p><b>Guidance on consultation/community involvement toolkit can be accessed via the link below</b></p> <p><a href="http://harrowhub/info/200195/consultation/169/community_involvement_toolkit">http://harrowhub/info/200195/consultation/169/community_involvement_toolkit</a></p>				
Who was consulted?	What consultation methods were used?	What do the results show about the impact on different equality groups (protected characteristics)?	What action are you going to take as a result of the consultation? This may include revising your proposals, steps to mitigate any adverse impact. <i>(Also Include these in the Improvement Action Plan at Stage 5)</i>	
Carers Partnership Board meeting	Workshop and circulated papers	<p>Carers issues affect all protected characteristics.</p> <p>Proposed changes will have positive impacts on carers broadly and on equalities issues</p>	Actions included in the mitigations below in section 6 as they were developed with consultees.	

		as it relates to carers.	

### Stage 3: Assessing Impact and Analysis

8. What does your information tell you about the impact on different groups? Consider whether the evidence shows potential for differential impact, if so state whether this is an adverse or positive impact? How likely is this to happen? How you will mitigate/remove any adverse impact?

Protected Characteristic	Positive	Adverse	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur.	What measures can you take to eliminate or reduce the adverse impact(s)? E.g. consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 5)
All Groups	Y		<p>Ensuring carers' action plans are delivered will improve services / outcomes across all protected characteristics</p> <p>Monitoring how the plans affect different groups will be an improvement and allow issues to be addressed where they arise.</p> <p>A new focus on co-ordinating carer engagement and influence to bring their experience into design of services and strategy should positively impact across all strands.</p> <p>Hidden carer populations will be better identified and served by improving monitoring and having dialogue with communities.</p>	No adverse impacts detected
Age (including carers of young/older people)	Y		New proposals contain specific areas of action on young carers and carers of people with dementia who are primarily older.	No adverse impacts detected

Disability (including carers of disabled people)			See reference for 'all groups' above	No adverse impacts detected
Gender Reassignment			See reference for 'all groups' above	No adverse impacts detected
Marriage and Civil Partnership	Y		Overseeing respite is rolled out will help sustain relationships between partners who provide care.	No adverse impacts detected
Pregnancy and Maternity			See reference for 'all groups' above	No adverse impacts detected
Race	Y		Improving the sensitivity / competence of services and service design along cultural and racial preferences and norms will improve access to and outcomes from services.  Addressing stigma can be improved through better engagement and communication driven by a more focused group.	No adverse impacts detected
Religion or Belief	Y		Improving the sensitivity / competence of services and service design along religious and faith preferences and norms will improve access to and outcomes from services.  Addressing stigma can be improved through better engagement and communication driven by a more focused group.	No adverse impacts detected
Sex			See reference for 'all groups' above	No adverse impacts detected
Sexual Orientation	Y		See reference for 'all groups' above	No adverse impacts detected
Other (please state)				
<b>9. Cumulative impact – Are you aware of any cumulative impact?</b>			<b>Carers are experiencing significant cumulative impact from changes</b>	

<p>For example, when conducting a major review of services. This would mean ensuring that you have sufficient relevant information to understand the cumulative effect of all of the decisions.</p> <p><b>Example:</b> A local authority is making changes to four different policies. These are funding and delivering social care, day care, and respite for carers and community transport. Small changes in each of these policies may disadvantage disabled people, but the cumulative effect of changes to these areas could have a significant effect on disabled people's participation in public life. The actual and potential effect on equality of all these proposals, and appropriate mitigating measures, will need to be considered to ensure that inequalities between different equality groups, particularly in this instance for disabled people, have been identified and do not continue or widen. This may include making a decision to spread the effects of the policy elsewhere to lessen the concentration in any one area.</p>	<p><b>in wider society and in local or national public policy, including the economic position, London's housing market, welfare reform, housing policy changes, personalisation of social care, changes in access to NHS services etc.</b></p> <p><b>The proposals to create a new group focused on having measurable impact will support addressing these multiple impacts. Particular areas of responsibility include issues around housing, finance, information and support as well as care and health issues.</b></p>		
<p><b>10.</b> How do your proposals contribute towards the requirements of the Public Sector Equality Duty (PSED), which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.</p> <p>(Include all the positive actions of your proposals, for example literature will be available in large print, Braille and community languages, flexible working hours for parents/carers, IT equipment will be DDA compliant etc)</p>			
Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	Advance equality of opportunity between people from different groups	Foster good relations between people from different groups	Are there any actions you can take to meet the PSED requirements? <i>(List these here and include them in the Improvement Action Plan at Stage 5)</i>
The new group will be better able to promote issues relating to Carers and improve the support and services available to them, reducing any risk of unlawful treatment within existing services	The new group will be able to promote equality between groups when looking at specific issues by identifying those less well served and developing appropriate adaptations.	The Group will guide and delivery public engagement which will work to bring people from different parts of the community together	<ol style="list-style-type: none"> <li>1. Communications focused on carer issues across communities</li> <li>2. Use of carers lived experience / scenarios to have dialogue with carers</li> </ol>

	Carers and those they care for across characteristics will be actively involved in design and planning, promoting equality across groups		<p>3. Reduced stigma through positive representation of caring / carers</p> <p>4. Co-design approach involving a wide range of carers</p>
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**11.** Is there any evidence or concern that your proposals may result in a protected group being disadvantaged (please refer to the Corporate Guidelines for guidance on the definitions of discrimination, harassment and victimisation and other prohibited conduct under the Equality Act)?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No	NO	NO	NO	NO	NO	NO	NO	NO	NO

If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a below - link this to the aims of the proposal and whether the disadvantage is proportionate to the need to meet these aims. (You are encouraged to seek legal advice, if you are concerned that the proposal may breach the equality legislation or you are unsure whether there is objective justification for the proposal)

If the analysis shows the potential for serious adverse impact or disadvantage (or potential discrimination) but you have identified a potential justification for this, this information must be presented to the decision maker for a final decision to be made on whether the disadvantage is proportionate to achieve the aims of the proposal.

If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. (select outcome 4)  
 If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. (select outcome 4)

#### Stage 4: Decision

**12.** Please indicate which of the following statements best describes the outcome of your EqIA ( tick one box only)

<b>Outcome 1</b> – No change required: when the EqIA has not identified any potential for unlawful conduct or adverse impact and all opportunities to enhance equality are being addressed.	
<b>Outcome 2</b> – Minor adjustments to remove / mitigate adverse impact or enhance equality have been identified by the EqIA. <i>List the actions you propose to take to address this in the Improvement Action Plan at Stage 5</i>	Yes
<b>Outcome 3</b> – Continue with proposals despite having identified potential for adverse impact or missed opportunities to enhance equality. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. <b>(explain this in 12a below)</b>	

<b>Outcome 4</b> – Stop and rethink: when there is potential for serious adverse impact or disadvantage to one or more protected groups. (You are encouraged to seek Legal Advice about the potential for unlawful conduct under equalities legislation)	
<b>12a.</b> If your EqlA is assessed as <b>outcome 3</b> or have ticked <b>‘yes’ in Q11</b> , explain your justification with full reasoning to continue with your proposals.	

**Stage 5: Making Adjustments (Improvement Action Plan)**

**13.** List below any actions you plan to take as a result of this impact assessment. This should include any actions identified throughout the EqlA.

Area of potential adverse impact e.g. Race, Disability	Action proposed	Desired Outcome	Target Date	Lead Officer	Progress
	Group to ensure plans have measurable outputs and outcomes in terms of impact across equalities groups  Surveys and other exercises to be reported to the group and include analysis by equalities groups	Plans are implemented fairly and appropriately across groups	From formation	Chair	
	Carers across characteristics and other groups to be involved in service design and development	Services are designed around real lives and can be most effective  Services are culturally competent	Ongoing	Chair	
	Communications and dialogue to be important	Carers from all groups involved and	From formation	Chair	

	<p>under the new group, which will be accountable to the HWBB</p> <p>Ongoing dialogue with carers to be shaped by targeted engagement approaches for the protected characteristics.</p>	engaged in key issues			
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### Stage 6 - Monitoring

The full impact of the decision may only be known after the proposals have been implemented, it is therefore important to ensure effective monitoring measures are in place to assess the impact.

<p><b>14.</b> How will you monitor the impact of the proposals once they have been implemented? How often will you do this? <i>(Also Include in Improvement Action Plan at Stage 5)</i></p>	<p>Data tracked at Group through regular reporting</p> <p>Highlights reported to HWBB as required</p> <p>Feedback and carer engagement to inform annual planning cycles.</p>			
<p><b>15.</b> Do you currently monitor this function / service? Do you know who your service users are?</p>	Yes		No	No
<p><b>16.</b> What monitoring measures need to be introduced to ensure effective monitoring of your proposals? <i>(Also Include in Improvement Action Plan at Stage 5)</i></p>	Monitoring data for action plans tasked to group by HWBB			
<p><b>17.</b> How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 5)</i></p>	<p>Reported regularly to Group as part of monitoring activity.</p> <p>Highlights reported to HWBB / others as required</p>			
<p><b>18.</b> Have you received any complaints or compliments about the policy, service, function, project or proposals being assessed? If so, provide</p>	No			

details.

**Stage 7 – Reporting outcomes**  
The completed EqlA must be attached to all committee reports and a summary of the key findings included in the relevant section within them.  
EqlA’s will also be published on the Council’s website and made available to members of the public on request.

**19. Summary of the assessment**

**NOTE:** This section can also be used in your reports, however you must ensure the full EqlA is available as a background paper for the decision makers (Cabinet, Overview and Scrutiny, CSB etc)

What are the key impacts – both adverse and positive?  
Are there any particular groups affected more than others?  
Do you suggest proceeding with your proposals although an adverse impact has been identified? If yes, what are your justifications for this?  
What course of action are you advising as a result of this EqlA?

The current Partnership Board have been involved in developing the proposals for a new group.

The Board agrees that much greater impact can be achieved through the proposed arrangement and that this will include positive impacts for protected characteristics and equality.

The recommendation to replace the current board is supported by this EqlA.

**20. How will the impact assessment be publicised? E.g. Council website, intranet, forums, groups etc**

Via Health and Wellbeing Board documents in the public domain.

**Stage 8 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)**  
**The completed EqlA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.**

**21. Which group or committee considered, reviewed and agreed the EqlA and the Improvement Action Plan?**

Signed: (Lead officer completing EqlA)

Signed: (Chair of DETG)

Date:

Date: