



Lewisham Carer Implementation Plan 2022-24

DRAFT Equalities Analysis Assessment

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Date	May 2022	Service	Joint Commissioning (Adults)	
<p>1. The project or decision that this assessment is being undertaken for the Lewisham Carer Implementation Plan 2022 - 2024</p> <p>The Carer Implementation Plan 2022 – 24 will set out how Lewisham health and social care partners, in conjunction with unpaid carers, will deliver the changes and improvements required in order to:</p> <ul style="list-style-type: none"> - Comply with government legislation, and the statutory duties it sets out for health and social care bodies in relation to unpaid carers - Enact a best practice approach to supporting carers that follows national strategies and policy. - Respond to the local aspirations and needs of carers, and support them to achieve positive outcomes - Give unpaid carers the same training and status as paid carers, as part of their role within the 'Proud to Care' Lewisham family with access to the recognition and support that they deserve. - Enable unpaid carers to have an equitable voice in decision making, commissioning, and strategic development in service areas relevant to them. 				
<p>2. The protected characteristics or other equalities factors potentially impacted by this decision</p>				
<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Ethnicity/Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Language spoken	<input type="checkbox"/> Other, please define:
<input checked="" type="checkbox"/> Gender/Sex	<input type="checkbox"/> Gender identity	<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Household type	
<input checked="" type="checkbox"/> Income	<input checked="" type="checkbox"/> Carer status	<input type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/> Socio Economic	
<input type="checkbox"/> Marriage and Civil Partnership	<input type="checkbox"/> Pregnancy and Maternity	<input type="checkbox"/> Refugee/Migrant/Asylum seeker	<input checked="" type="checkbox"/> Health & Social Care	
<input type="checkbox"/> Nationality	<input checked="" type="checkbox"/> Employment	<input type="checkbox"/> Veterans or reservists		

I have selected these protected characteristics / equalities factors, as it is widely recognised that unpaid carers face unequal outcomes across a number of areas, and that protected characteristics of carers are also often linked to their interaction with health and social carer status, their perspective of their caring role, and the outcomes they may expect.

Here you should include all those that may be relevant – your research may later show they are not all impacted but this is where you evidence consideration of possible impact.

You should also explain why you have selected those you have. If you decide none of the characteristics are impacted you must also provide a justification for reaching this decision. It will be important if you need to evidence how you have adhered to the Public Sector Equality Duty.

3. The evidence to support the analysis

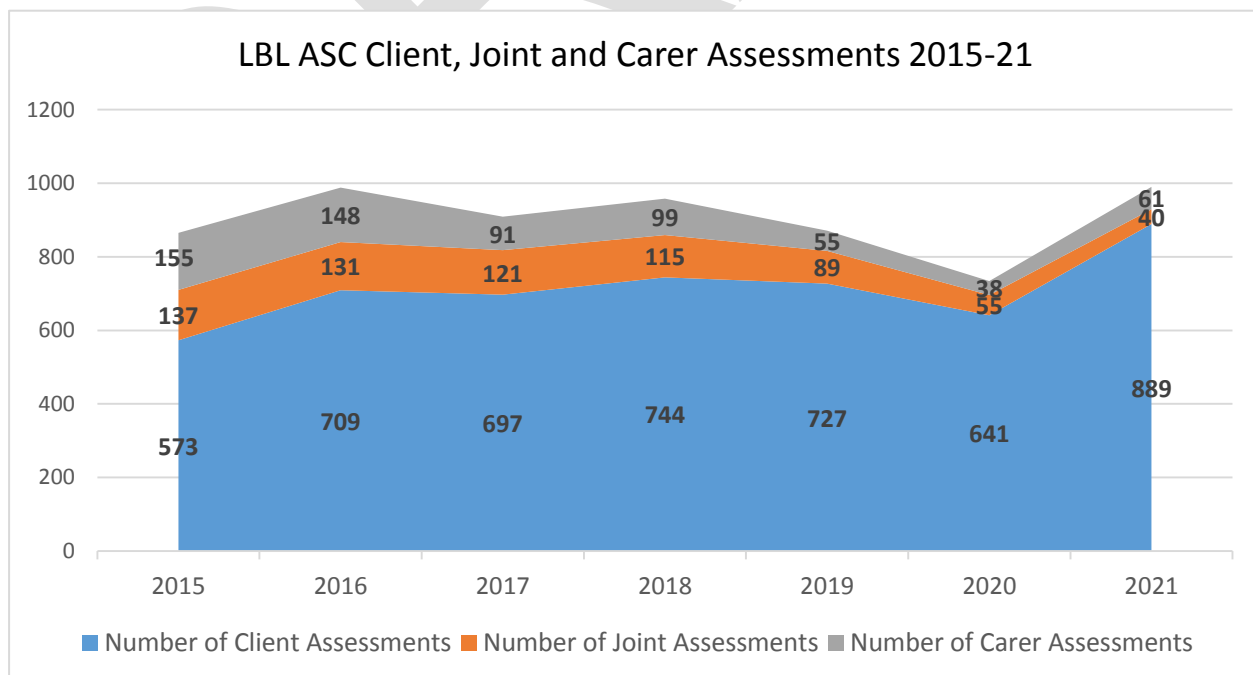
Summary of Data Sources for Equalities Impact Assessment:

- Lewisham Council Adult Social Care Assessment Figures
- 2011 Census Data
- 2018-19 Personal Social Services Survey of Adults Carers in England (SACE) Results (Lewisham did not opt to take part in 20-21 Survey)
- 'Carer Information, Advice and Support' Service Data 2021-22, Your Voice in Health and Social Care
- [NICE Guidance – 'Supporting Adult Carers'](#)
- Greenwood, N; Habibi, R; Smith, R; Manthorpe, J, (April 2014), 'Carers to access and minority ethnic carers' satisfaction with social care services in the community: a systematic review of qualitative and quantitative literature', *Health and Social Care in the Community*, vol 23(1), p.64-78, John Wiley & Sons Ltd.

Full Data Sets in Appendix 1

Key Tables:

Lewisham Council Adult Social Care Assessment Figures



2011 Census – Provision of Unpaid Care by Ethnic Group (High Level, see Appendix 1 for full data set)

Provision of unpaid care	Ethnic Group						
	All categories: Ethnic group	White: Total	(Of White Total) Gypsy or Irish Traveller	Mixed/multiple ethnic group: Total	Asian/Asian British: Total	Black/African/Caribbean/Black British: Total	Other ethnic group: Total
Provides no unpaid care	253,364	134,554	183	19,272	23,686	69,076	6,777
%	100	53%	0.1	8%	9%	27%	3%
Provides unpaid care: Total	22,521	13,133	25	1,200	1,848	5,866	474
%	8.9%	58%	0.1%	5%	8%	26%	2%

2011 Census – Provision of Unpaid Care by Age

Carer	All categories: Provision of unpaid care	Provides no unpaid care	Provides unpaid care: Total	Providing unpaid care of total population %	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
Age							
All categories: Age	275,885	253,364	22,521	8.2	13,931	3,502	5,088
Age 0 to 15	57,136	56,396	740	1.3	541	99	100
Age 16 to 24	33,811	31,901	1,910	5.6	1,352	323	235
Age 25 to 34	55,128	51,988	3,140	5.7	2,034	524	582
Age 35 to 49	66,613	59,255	7,358	11	4,509	1,197	1,652
Age 50 to 64	37,062	30,705	6,357	17.2	4,079	964	1,314
Age 65 and over	26,135	23,119	3,016	11.5	1,416	395	1,205

2011 Census – Provision of Unpaid Care by Gender

Carer	All categories: Provision of unpaid care	Provides no unpaid care	Provides unpaid care: Total	% by gender of Providing unpaid care of 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
Sex							
All persons	218,749	196,968	21,781		13,390	3,403	4,988
Males	105,754	96,760	8,994	41.3	5,729	1,439	1,826
Females	112,995	100,208	12,787	58.7	7,661	1,964	3,162

2011 Census – Provision of Unpaid Care by General Health

General Health	All categories: General health	Very good or good health	Fair health	Bad or very bad health
Carer				
All categories: Provision of unpaid care	273,342	227,918	31,621	13,803
Provides no unpaid care	250,862	211,610	27,037	12,215
Provides unpaid care: Total	22,480	16,308	4,584	1,588
Provides 1 to 19 hours unpaid care a week	13,902	10,818	2,381	703
Provides 20 to 49 hours unpaid care a week	3,496	2,500	733	263
Provides 50 or more hours unpaid care a week	5,082	2,990	1,470	622

2011 Census – Provision of Unpaid Care by Disability

Carer	All categories: Provision of unpaid care	Provides no unpaid care	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
Disability						
All categories: Long-term health problem or disability	273,342	250,862	22,480	13,902	3,496	5,082
Day-to-day activities limited a lot	18,519	16,410	2,109	884	355	870
Day-to-day activities limited a little	19,858	16,644	3,214	1,766	509	939
Day-to-day activities not limited	234,965	217,808	17,157	11,252	2,632	3,273

2018-19 SACE Results

Carer Health Outcomes:

Existing Health Conditions (160 Respondents):

Do you have the following (%):

Long standing illness	36%
Physical Impairment or Disability	16.50%
Sight or hearing loss	12%
Learning disability or difficulty	7%
Mental health problem or illness	7%

Impact of Caring Role on Health and Wellbeing (165 Respondents):

Ways in which caring role has affected health (%):	
Feeling Tired	79.9
Disturbed Sleep	68.9
General feeling of stress	60.4
Physical Strain	45.7

Feeling Depressed	42.7
Short tempered/ irritable	39.6
Had to see own GP	31.7
Developed my own health conditions	26.8
Made an existing condition worse	25.6
Loss of Appetite	17.1

Carer Employment Status (170 respondents):

In addition to your caring role, which of the following also applies to you? (%):	
Retired	46.7
Not in paid work	28.4
Employed full-time	8.3
Employed part-time	8.3
Doing voluntary work	7.7
Self-employed part-time	4.1
Self-employed full-time	3.6

Carer Income (165 respondents):

In the last 12 months, has caring caused you any financial difficulties? (%):	
No not at all	34.7
Yes, to some extent	46.1
Yes, a lot	19.2

Your Voice in Health and Social Care Figures April 2021 - March 2022

Gender	21-22 Figures
Female	99
Male	33
Prefer not to Say / Other	0

Provision of unpaid care							
	All categories: Ethnic group	White: Total	Gypsy or Irish Traveller	Mixed/multiple ethnic group: Total	Asian /Asian British: Total	Black/African/Caribbean/Black British: Total	Other ethnic group: Total /Prefer not to Say
YVHSC Carer Figures 21-22	132	61	0	1	10	52	8
%	(0.56% of total 2011 Lewisham unpaid carer population)	46%	0%	0.75%	7.6%	39.4%	6%

- *'What is known about this topic*
 - *Numbers of carers from minority ethnic groups and their support needs are increasing, but they often fail to access services.*
 - *There is some evidence that compared with majority ethnic users, minority ethnic users tend to be less satisfied with social care services.*
- *What this paper adds*
 - *This paper confirms the dearth of research investigating satisfaction with social care and barriers to access among minority ethnic carers.*
 - *Language and concerns about services' cultural and religious appropriateness are the main perceived barriers to accessing social care specific to minority ethnic carers.*
 - *Other barriers identified by carers from minority ethnic groups are potentially relevant to all carers, irrespective of ethnicity, highlighting the importance of understanding and reducing barriers faced by all carers.'*

- **The analysis**

Carer Status

Key Evidence Summary:

- The primary target audience for both this consultation, and the Implementation Plan it is consulting on, are unpaid carers. In the 2011 census, 22,521 Lewisham residents reported providing some level of unpaid care every week. Unpaid carers are therefore underrepresented in Lewisham (8.9%), compared to the national proportion of the population who are unpaid carers (10.3%).
- The data from the Adult Social Care case management system 'LAS' shows that from March 2020-2021 there were 101 carer's assessments (including joint assessments with the cared for person).
- There was a total of 132 referrals to Your Voice in Health and Social Care in the year from April 2021 to March 2022.

Assessment of Potential Impact: Positive, High

Reason for this Assessment:

The overarching purpose of the Implementation Plan that we will be consulting on is to improve outcomes for unpaid carers, and mitigate the way in which their caring role impacts their health, wellbeing, and ability to achieve their goals and aspirations, in line with the Local Authority's statutory duty as set out in the Care Act 2014. This duty has a clear focus ensuring positive wellbeing outcomes for unpaid carers. The different areas of wellbeing are defined as follows:

- Personal dignity. Being treated with respect and maintaining your own self-worth.
- Having good mental health, physical health, and emotional wellbeing.
- Being safe from abuse and neglect.
- Having control over your day-to-day life.
- Being involved in work, education, training, or leisure activities.
- Not being isolated.
- Having good domestic, family, and personal relationships.
- Having a safe and secure home.
- Being part of society

The purpose of the Implementation Plan is to address each of these areas through a number of different actions, and have a tangible impact on the lives of carers. The draft actions have been co-produced with local unpaid carers, and informed by the evidenced based NICE Guidance, and are currently grouped under the three priority areas of 'Visible; Valued; Supported'. Before the implementation plan is finalised, we will be consulting across the borough with Lewisham

residents to ask if these are the correct three priority areas, and if not then suggestions of other priority areas.

The data given in the 'Key Evidence Summary' above shows the disparity in the yearly total of unpaid carers assessed by Lewisham Council and referred to YVHSC, and the total number of people who reported providing unpaid care in the 2011 census. This shows that current services have only been supporting a very small minority of unpaid carers in Lewisham. The 'Visibility' priority in the draft Implementation Plan aims to address this through a series of actions that should increase self-identification amongst unpaid carers, through a 'Carers Champions' scheme and awareness campaigns. In turn, there is an action to develop clear referral pathways which make it simple for any practitioner to refer unpaid carers to the support services available, and thus increase the rates of carers who are identified and access services.

The 'Valued' priority in the Implementation Plan sets out a number of actions committing to involving unpaid carers as equal partners in the planning and delivery of services relevant to them and the person that they care for. This will contribute to ensuring that carers are not directly or indirectly discriminated against in these processes, as well as promoting, valuing, and enabling their role and participation in society and the local community.

As part of the consultation across the borough on the priorities in the current draft Implementation Plan, we are working with the borough's VSC, Lewisham Local, to ensure that local voluntary sector organisations that have a focus on supporting groups that may experience discrimination because of age, gender, race, religious belief, disability and sexual orientation, are involved with facilitating consultation with the groups of people that they support. We are aware that within the population of unpaid carers, there will be different groups that have a combination of protected characteristics that contribute to their intersectionality and therefore their unique experience of discrimination, and that there will be carers represented in all protected characteristics.

Once finalised, the Implementation Plan will also be linked with the Council's proposed Equalities Strategy, which will further develop the approach to working with unpaid carers and local partners to understand and tackle the discrimination they face within their workplaces, services they receive, and the community, and how their intersectionality contributes to their individual experiences.

Ethnicity

Key Evidence Summary:

- From the evidence available to us in May 2022, we can infer that carers largely align with the wider population demographics for ethnicity. 'White: Total' as a combined ethnic group bracket were overrepresented by 5%.
- National research evidence on barriers to adult social care services experienced by minority ethnic groups.

Assessment of Potential Impact: Positive, Medium

Reason for this Assessment:

A number of actions in the draft implementation plan address the importance of ensuring that carers are supported in a way that is accessible, including being culturally accessible and sensitive, for example offering psychosocial and psychoeducational support that is culturally appropriate. The Carer Information, Advice and Support Officers will also support carers in accessing social and community support, including Community and faith groups.

As highlighted in the paper on barriers to accessing social care experienced by minority ethnic carers, there are concerns based on the cultural and religious appropriateness of services, as well as language barriers. The draft Implementation Plan also sets out how carer's assessments will be carried out in a culturally appropriate way for the unpaid carer, and in an accessible format, with the support of interpreters where appropriate.

A further relevant action within the draft Implementation Plan is that Proud to Care Lewisham apprentices will offer access to training to provide care and support which will be tailored to the needs of carers, and inclusive and address the needs and preferences of diverse groups, such as lesbian, gay, bisexual and transgender carers, and carers from diverse ethnic, religious and cultural backgrounds.

Co-production with unpaid carers so far has included representation from a range of unpaid carers of differing ethnicities. The Council are also working with the local VSC to develop an approach to ensuring consultation with minority ethnic groups, to ensure that respondents represent as a minimum the proportion of people of different ethnicities who are unpaid carers in Lewisham according to existing data. The demographics of response data will be analysed throughout the process of the consultation, and in the case of over/under representation in of particular ethnic groups in responses, targeted work will be carried out to address this, especially with groups identified as 'Seldom-Heard/ Listened to'.

Age

Key Evidence Summary:

- The age group in Lewisham with the highest total number of carers is 35 to 49, but the most overrepresented age range is 50 to 64, at 17.2%.

Assessment of Potential Impact: Positive, Medium

Reason for this Assessment:

The draft Carers Implementation Plan that Council officers will be consulting Lewisham residents on, includes actions to not only raising the awareness of carers amongst local organisations but also 'promoting family-friendly policies to support those with caring responsibilities amongst Lewisham based employers'.

As the highest proportion of unpaid carers are working age adults, a particular effort will be made to engage with them in order to ensure that their perspectives are included, taking into account the fact that will not be/have not been able to contribute to engagement events that happen during the working day. This will include carrying out in person-engagement in areas where people may be going for lunch during the work day.

As those between 50 to 64 are an overrepresented age group amongst the demographic of unpaid carers in Lewisham, this is accounted for in tailoring the kinds of information, advice and supported services provided by the commissioned service, and will continue to be., whilst ensuring that person centred and age appropriate support is provided to all age groups.

Income, Employment & Socioeconomic

Key Evidence Summary:

- 65.3% of the 165 unpaid carers responding to the 2018-19 SACE reported that their caring role had caused them financial difficulties over the last 12 months.

Assessment of Potential Impact: Positive, High

Reason for this Assessment:

Carer Information and Advice Officers are trained to provide advice on the 'Carer's Allowance' benefit and discounts available to carers, as well as providing other financial information and connecting carers to other services offering specialist financial advice.

One of the actions within the Implementation Plan is to increase awareness of unpaid amongst organisations in their capacity as employers, and aim to educate and increase visibility of carers, as well as increasing the flexibility and allowances for carers in their workplace policies. Removing the stigma that people perceive is attached with a caring role is a key aim of this action, and to remove discrimination of unpaid carers in the workplace in Lewisham. These awareness sessions will also highlight increased risk of discrimination that carers may also experience due to their intersectionality of protected characteristics.

The draft Implementation Plan has a number of actions to support both working carers, and carers who wish to get into work. These include:

- Carer Information and Advice Officers and unpaid carers will also work together to develop support plans for the carer, that set out the aspirations of the carer, including those in relation to their employment goals. The CIAO will then work with the carer to realise those outcomes.
- Provide flexibility in how, when and where a carer's assessment is carried out, taking into account individual preferences and accommodating your caring responsibilities, working patterns and other circumstances.
- In preparing for and carrying out an assessment of your needs, our Carer Information and Advice Officers will:
 - Discuss education, training and employment and explore the options and the support you need to remain in, start or return to work, training or education. This could include providing replacement care at home.

Gender, Health & Disability

Key Evidence Summary:

- People identifying as female are also overrepresented amongst unpaid carers, as shown by both census 2011 data (58.7%), and the data from YVHSC 2021-22 (75%). (2011 Census)
- Disproportionate health outcomes for unpaid carers, for both male and female unpaid carers amongst younger age groups of unpaid carers aged 0-25, and 26-49. For the same age groups, female unpaid carers have slightly higher rates of reported bad to very bad health. (2011 Census)
- For the general population, adult males aged 65+ have lower rates of bad to very bad health (18.4%) than female unpaid carers (19.2%), but for unpaid carers, older adult males have a higher rate of bad to very bad health (15.8%) to male unpaid carers (13.6%). (2011 Census)
- In the SACE 2018-19 responses, 36% of unpaid carers report having a long standing illness
- Hard to totally disaggregate from Census data, but SACE asks the question about the direct impact of the caring role on carer health and wellbeing. Over 60% of respondents reported disturbed sleep, feelings of stress, and feeling tired as a result of their caring role. Over 40% also reported physical strain and feelings of depression.

- Of Lewisham residents providing unpaid care as reported in the 2011 Census, a disproportionate number have a disability that limits their day-to-day activities, compared to the general Lewisham population. 7% of the Lewisham general population reported having a disability that limited their day to activities a little, compared to 9% of those providing unpaid care, and a further 7% of the general population reported having a disability that limited their day to day activities a lot, compared to 14% of the population providing unpaid care.
- 160 respondents to this SACE 2018-19 survey question, 16.5% of respondents reported having a physical impairment or disability.

Assessment of Potential Impact Gender: Positive, Medium

Assessment of Potential Impact Health & Disability: Positive, High

Reason for Assessment:

The draft Implementation Plan includes a range of evidence based actions that are intended to improve health and wellbeing outcomes for carers, and is the core legislative basis for supporting unpaid carers in the Care Act 2014. The multi-agency nature of the plan will also ensure that the health partners are aware of the disproportionate health outcomes for unpaid carers in young age groups, and commit to acting on this awareness in conjunction with the local authority and other partners.

The draft Implementation Plan actions that cover health and wellbeing are:

- Our Carer Information and Advice Officers will promote access to psychosocial and psychoeducational support, which will include:
 - Developing personalised strategies and building carer skills
 - Advice on how to look after your own physical and mental health, emotional and spiritual wellbeing
 - Recognition that psychosocial and psychoeducational support may be needed at different stages of the caring experience
 - Group-based options
 - Supporting your engagement by taking into account::
 - Your preferred location
 - Whether they you require support to attend (for example a practitioner to go with you)
 - Physical accessibility (such as help needed with transport)
 - If replacement care is needed
 - Preferred format
 - Cultural appropriateness of the intervention
 - What follow-up is needed.
- Our Carer Information and Advice Officers will support you in accessing social and community support. This will include:
 - Local leisure centres offering you a discounted rate
 - Events to support your wellbeing
 - Local carer support services
 - Self-help groups
- Our Carer Information and Advice officers will provide information and emotional and practical support to help carers prepare for and adjust to changes in your role
- Our Carer Information and Advice Officers will provide you with the right information and support in line with the Care Act (2014) which will:
 - Be tailored in a way that you can understand
 - Include visual aids or pictures
 - Be available in a range of formats to meet your needs and preferences

Data Limitations

- The data from 2011 census is now over 10 years old. We therefore cannot expect it to still reliably give an accurate picture of unpaid carers in Lewisham.
- Data on unpaid carers from the 2021 census is expected to be published in October 2022.
- Not all carers identify as such, so the census data should not be viewed as an exhaustive data set on carers in Lewisham.
- LAS Data does not include demographic data.
- Do not have data on marriage and civil partnerships, pregnancy and maternity, religion and belief, sexual orientation.
- The recent data- total respondents to SACE, and the number of carers engaging with the commissioned service at YVHSC – is based on very low numbers, considering total identified in 2011 census.

4. Impact summary

Protected characteristics and other equalities considerations	High (Positive / Negative)	Medium (Positive / Negative)	Low (Positive / Negative)	Neutral
Age		Medium, Positive		
Disability	High, Positive			
Ethnicity		Medium, Positive		
Gender		High, Medium		
Socio-economic inequality		Medium, Positive		
Is a full EAA required?			Y/N (with Corporate Policy input)	

5. Mitigation

No negative impacts have been identified by this project, therefore no mitigation is needed

6. Service user journey that this decision or project impacts

See Appendix 2 – Core Offer to Unpaid Carers

Signature of Director