

Impact Assessment template

Step 1: Screening for relevance

Name of a policy / procedure / function / project / decision:	Carers Strategy
Date:	30 th July 2009; reviewed December 2010
Lead Officer:	Cathy Davis (Cheshire West and Cheshire/PCT) Paul Donovan (Cheshire West and Cheshire)
External Challenger:	Petra Dexter Duskova (Cheshire West and Cheshire Equality and Diversity)

Please delete guidance notes (*in italic*) after completion

Main aims, purpose and outcomes and how does it fit in with the wider aims of the organisation:

The Carers Strategy is a joint strategy between the Health authority and the Council, which covers the entire geographical area of Cheshire West and Chester.

The aim of this strategy is to ensure that:

- Carers are recognised and valued
- Carers are informed and involved
- Carers feel supported with their own health needs
- Parent-carers are recognised as parents too
- Young carers are recognised as children first

Carers in Cheshire West and Chester are contributing £0.5bn in saving to the Authority

(‘Valuing Carers – Estimating the true cost of carers’ (2007). Carers UK, ACE National and The University of Leeds National figure of £87bn which has since been revised upwards). The aspiration of carers in Cheshire West and Chester is for a future in which their caring role is recognised, valued, appreciated and supported; they are seen as partners in care and provided with services that will deliver quality of life for themselves and the people for whom they care.

Is the above relevant to equality and diversity?

Yes No

Exit the process if you answered No to all of the above questions, otherwise please continue.

Step 2: Scoping

What do you already know about the policy (decision etc), what are the main issues you need to consider: <i>(Prompts: promotion of equality in the areas of age, disability, gender, gender reassignment, race, religion or belief, sexual orientation, or human rights; meeting the needs of different communities and groups; outcomes of any relevant consultation already undertaken; examples of good practice in this area)</i>				
Target group / area	Main issues (<i>bullet points</i>)	Evidence and data currently available (<i>qualitative & quantitative</i>)	Consultation / involvement carried out	Further information needed to undertake the assessment
Race and Ethnicity <i>(including Gypsy and Travellers; migrant workers, asylum seekers etc.)</i>	Promotion of arrangements for carers amongst all the Black and Minority Ethnic groups Wider engagement in carers support groups Link with personalisation agenda	Consultation and partnership working with local BME agencies Equality monitoring of Carers assessment Annual carers survey Carers support groups	Yes	More engagement with the East European migrant population (Polish community in particular)
Disability <i>(as defined by the DDA: ..."someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities)</i>	Accessibility to venues - the strategy recognises that many Carers have a disability and the planning of activities, events and venues enables all abilities to participate. Sensory loss and mental impairment may impair the ability to be fully	Consultation and partnership work with all the local, leading disability agencies Equality monitoring of Carers assessment Carers survey Carers support groups	Yes	Plans to carry out an outcome based survey by the Consortium

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	informed about support services. Carers tend to be spouses or close relatives of the service users and when elderly may also have physical and/ or sensory restrictions.	assessment		
Gender / Gender reassignment	<p>Although carers support services are generally targeted at female carers (Females tend to live longer than males and females tend to predominate in the support services of their loved ones. Support groups have higher numbers of female carers.).</p> <p>It is important to encourage and further engage with male workers</p> <p>Transgender people are under-represented in the use of services.</p> <p>Commissioned initiative for male carers (Men in shed, male carer support group)</p>	<p>Equality monitoring of Carers assessment</p> <p>Annual carers survey</p> <p>Carers support groups</p> <p>Partnership initiatives (Men in sheds, male carers support group)</p>	Yes	A consultation exercise to talk about transgender issues with regard to providing care and also being cared for, older age, proposed improvements, practical aspects (questions by our employees providing care, designing policies etc.).
Religion and belief	Staff cultural and religious	Event launch My life	No	Utilise the interfaith

	<p>awareness</p> <p>Closer working with Religious and faith groups (enlargement of the consortium)</p>	<p>my choice</p> <p>Annual carers survey</p> <p>Carers support groups</p>		<p>week contacts to improve this area in 2011</p>
<p>Sexual orientation (<i>inc. heterosexual, lesbian, gay, bi-sexual</i>)</p>	<p>Promotion of arrangements and schemes for carers among the Lesbian Gay and Bisexual (LGB) community</p> <p>LGB Lions Pride</p> <p>Body positive as a part of the consortium</p>	<p>LGB consultation exercise Lions Pride</p> <p>Body Positive as a part of the Consortium providing vital links</p> <p>Equality monitoring of Carers assessment</p> <p>Annual carers survey</p> <p>Carers support groups</p> <p>LGB carers support website in cooperation with Manchester City Council</p>	<p>Yes</p>	<p>Feedback responses to the Lions' Pride consultees and further engagement with the LGB community</p>

<p>Age Children and young people Adults Younger older people Older older people</p>	<p>Children and Young carers Supporting older carers “Sandwich” generation – people with dual / multiple caring responsibilities</p>	<p>Partnership working with St John’s ambulance Carers support groups, e.g. parents of children with complex needs Carers assessment data Annual carers survey Partnership working National research</p>	<p>Yes</p>	
<p>Rural communities</p>	<p>Access to services and support can be impeded by distance. Risk of social isolation.</p>	<p>Carers assessment data Annual carers survey Partnership working Rural project supporting evidence (Office of National Statistics, 2001 Census; Caring for Rural Carers Survey Report, London, NFWI, 1993. Ignored and Invisible, Carers UK, 1998 p.38;</p>	<p>Yes</p>	<p>Further work need with the Area working teams</p>

		<p>Carers UK Membership Survey 2002 (unpublished); Caring for Rural Carers Survey Report, London, NFWI, 1993. ; Redressing the Balance, Carers UK, 2002, p.6 ; Caring on the Breadline: The financial implications of caring, Carers UK, 2000 ; Carers UK Membership Survey 2002 (unpublished)</p> <p>Rural White Paper, Our Countryside the Future, Department of Environment, Food and Rural Affairs, 2000</p> <p>Care in the Country:- Inspection of Community Care in Rural Communities, Social Services Inspectorate,</p> <p>Department of Health, 1999 ; Rural Minds Digest, Issue 50, December 2002 ; Joseph Rowntree Foundation, Social Care Research Findings 72, August 1995.</p> <p>Community Care,</p>		
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		'Further Afield', 9 May 2002. ; Rural carers briefing carers north 2004		
Areas of deprivation	Most carer grant funded services are non-charged for. There are, however health inequalities linked to social-economic factors which are being targeted as part of JSNA. (Joint Social Care Needs Assessment)	PCT data on health and inequalities Carers assessment data Annual carers survey Partnership working	Yes	

Step 3: Assessing impact and strengthening the policy

Target group / area	Is the policy (function etc.) likely to have an adverse impact on any of the groups? If yes please comment <i>Please start by considering the aspects below</i>	Are there any particularly positive impacts of the policy (function etc.) on any of the groups you would like to highlight?	Please rate the impact taking into account any measures already in place to reduce the potential impact highlighted in the previous column. High -significant potential impact, risk of exposure, history of complaints, no mitigating measures in place or no evidence available, urgent need for consultation with service users, general public, employees Medium -some potential impact, some mitigating measures in place but no evidence available how effective they are, would be beneficial to consult with service users, general public etc. but not urgent Low -almost bordering with non relevance to the EIA process (heavily legislation led - very little discretion exercised, limited public facing aspect			Future actions that may need to take place to further reduce the impact.
			High	Medium	Low	
Race and Ethnicity <i>(including Gypsy and Travellers; migrant workers, asylum seekers etc.)</i>	The aim of the Strategy is to have a positive impact and improve the lives of carers. However, it is recognised that further work has to be done with certain segments of the community chiefly Gypsy and Travellers and East European population	Ethnicity captured as a part of monitoring More comprehensive and inclusive information on the My life My choice webpage Translation/interpretation arrangements in place corporately Instant feedback function from the My life My choice webpage		x		Please see the step 1 Scoping
Disability <i>(as defined by the</i>	Given the partnership working with the main	Information in accessible formats, audio version of the			x	Webpage signed into British Sign Language (BSL)

<i>DDA: ..."someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities)</i>	leading disability agencies in the area and the arrangements in place, the Strategy should not have any adverse impact	My life, my choice page, BSL interpreters at meetings Full consideration to access given when meetings/forums arranged. The move towards greater personalisation will ensure that services will be more person centred.				
Gender / Gender reassignment	Engagement initiatives for male carers in place, focus on growth and making it a success Greater engagement with the Tras Gender (TG) community to understand issues related to this area	Learning from what works well E.g. 'Men in sheds' run by Age UK feeds into future actions. Other initiatives include Male carers support group We do, where service considerations permit, support employees with their caring responsibilities. Guidance is in place.		x		
Religion and belief	Engagement with faith community	Religion and Belief is featured on the monitoring exercise currently in place. A faith organisation joining the Carers Consortium			x	
Sexual orientation <i>(includes heterosexual, lesbian, gay, bi-sexual)</i>	Initial consultation with LGB community successfully done in 2010, more ongoing	Lions Pride LGB Consultation Body Positive a part of the			x	More ongoing dialogue and deliver on the issues raised by the LGB community during a consultation exercise

	dialogue and deliver on the issues raised	consortium, publicity via Cheshire Cheese LGB carers support webpage Equality monitoring in place					
Age Children and young people	Improving recognition and services for young carers.	Partnership working with Cheshire Fire, St John's Ambulance and other leading partners in the area. Specific services supporting carers stemming from health related workstreams (e.g. dementia, Alzheimer etc.) – access to psychological therapies.		x		Please see step 1	
Adults					x		
Younger older people						x	
Older older people						x	
Rural communities Service availability (access)	Access to services Geographical coverage of carers support activities	Rural project to address:- • Access to respite • Isolation and Companionship • Information • Alternatives to family care • Poverty • Transport • Employment	x			Further work with area working groups (partnership). Ensuring that Information/Advice Consortium takes into account rural issues and factors in access to good quality information.	
Cost of service delivery and costs to community to access the service							
Impact on quality and character of							

the natural rural landscape and residents						
Impact on people wishing to visit the countryside						
Areas of deprivation		Cheshire West covered particularly targeting areas of deprivation		x		
Human rights	No – the strategy actively looks to improve the lives (economic, health and social) of all carers in West Cheshire.		No Rating Needed			

Step 4: Health and wellbeing

	Race and Ethnicity	Disability	Gender / Gender reassignment	Religion and belief	Sexual orientation	Rural communities	Areas of deprivation	Age
Is the policy (function etc.) likely to have the potential to impact on human health (pls. comment). If yes please specify.	The impact of the Strategy on all of the above groups is positive							
Will there be a significant impact on any of the following lifestyle related variables? Pls. comment	Physical activity - provision for carers to take a break and give them the opportunity to be active							
	Smoking, Drugs or alcohol use - awareness sessions							
	Sexual behaviour - sessions through Body Positive as one of the key partners							
	Accidents and stress at home or work – positive impact on carers’ health and wellbeing							
	Diet – awareness sessions							
Is there likely to be a significant demand on any of the following health and social care services?	Social services Primary care – no, positive impact							
	Community services – no, positive impact							
	Primary / hospital care/ A&E / Need for medicines etc. – no, positive impact							

Step 5: Procurement and partnership

Is this project due to be carried out wholly or partly by contractors?	Yes
If yes, what steps did you take to ensure that any partner organisation you work with complies with equality and human rights legislation, specifically in relation to:	Partnership working with public bodies, which our bound by the same equality duties as the Council. Other major partners are equality agencies operating in the area
<ul style="list-style-type: none"> tendering and specifications 	
<ul style="list-style-type: none"> awards process 	
<ul style="list-style-type: none"> contract clauses 	
<ul style="list-style-type: none"> monitoring and performance measures 	

Step 6: Making a decision and actions

What practical actions do you recommend to reduce, justify or remove any adverse/negative impact? Reflect these actions in the E&D part of the Directorate Business plans.		
Action	Lead Officer	Deadline
Specific actions agreed with the G&T outreach worker	Paul Donovan	April 2011
Engagement with East European community	Paul Donovan / E&D	December 2011
Improvements to the Carers Grant Equality Monitoring	Market Development team	April 2011
Action issues emerging from the ongoing work and consultation with partners	Paul Donovan / Consortium	ongoing
Liaise with HR concerning internal consultation activities with employees on carers related topics	Paul Donovan	Spring 2011

Continuous cooperation with LGBT organisations to gain an up to date professional advice.	Paul Donovan / Petra Dexter Duskova	Spring 2011
Strengthen the provision for rural communities, work closer with the area working teams operating in rural areas	Paul Donovan	Spring 2011
More engagement work with young carers, TG carers and faith groups	Paul Donovan	Throughout 2011

Step 7: Monitoring and review

How will you monitor the impact and effectiveness of this policy (function etc.)?	Service outcomes provided by the CU through grant funding are monitored on a quarterly basis and to linked to grant payments.	
Next review of the policy (function etc.)	June 2011	

Step 8 Signing off; Overview and Scrutiny involvement; Publishing

Lead Officer:	Paul Donovan	
Approved by Head of Service:	Cathy Davies	
Overview and Scrutiny involvement		
Date:	27 January 2011	
Comments / Actions emerging from challenge session	Lead Officer	Deadline

All Impact Assessments are publicly available from a designated area of the Council's website, please forward the completed EIA to the Equality and Diversity Managers for publishing.