

## EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

### Section A

<b>1. Name of Activity (EQIA Title):</b>	Kent Adult Carers Strategy 2022 to 2027
<b>2. Directorate</b>	Strategic and Corporate Services
<b>3. Responsible Service/Division</b>	Adult Social Care Commissioning

### Accountability and Responsibility

<b>4. Officer completing EQIA</b> Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Guy Offord / Simon Mitchell
<b>5. Head of Service</b> Note: This should be the Head of Service who will be approving your submitted EQIA.	Sharon Dene
<b>6. Director of Service</b> Note: This should be the name of your responsible director.	Clare Maynard

### The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
	<b>Service Change</b> – operational changes in the way we deliver the service to people.
	<b>Service Redesign</b> – restructure, new operating model or changes to ways of working
	<b>Project/Programme</b> – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
	<b>Commissioning/Procurement</b> – means commissioning activity which requires commercial judgement.
✓	<b>Strategy /Policy</b> – includes review, refresh or creating a new document
	<b>Other</b> – Please add details of any other activity type here.

**8. Aims and Objectives and Equality Recommendations** – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

The 2011 census indicated that there were 151,777 people in Kent providing some level of unpaid care. According to Carers UK full-time carers are more than twice as likely to be in bad health as non-carers whilst one in five adults have seen their work negatively affected as a result of caring. This includes 2.3 million nationally who have quit work and almost three million who have reduced their working hours to care at some point in their lives. More than half (54%) of carers are struggling to pay household bills or to make ends meet, and over a third (35%) are cutting back on essentials like food and heating. About 40% of carers have had a breakdown in a relationship with a family member,

and 60% have found it difficult to maintain friendships. As of the end of March 2021 the current short breaks provider were supporting 2,151 carers.

The current Kent Adult Carers Strategy was published in 2009 and subsequently needs updating.

The Care Act 2014 came into effect in April 2015 and replaced most previous laws regarding carers and people being cared for. It outlines the way in which local authorities should carry out carers' assessments and needs assessments; how local authorities should determine who is eligible for support; how local authorities should charge for both residential care and community care; and their obligations.

The Care Act places a duty on local authorities to promote an individual's 'wellbeing'. This means that they should always have a person's wellbeing in mind when making decisions about them or planning services. The wellbeing principles are also part of the eligibility criteria. Local authorities have to consider the impact of a role as a carer on their wellbeing. Similarly, they have to consider the impact of a disabled person's needs on the carers wellbeing.

## Section B – Evidence

*Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.*

<b>9. Do you have data related to the protected groups of the people impacted by this activity?</b> <i>Answer: Yes/No</i>	Yes
<b>10. Is it possible to get the data in a timely and cost effective way?</b> <i>Answer: Yes/No</i>	Yes
<b>11. Is there national evidence/data that you can use?</b> <i>Answer: Yes/No</i>	Yes
<b>12. Have you consulted with Stakeholders?</b> <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i>	Yes
<b>13. Who have you involved, consulted and engaged with?</b> <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i>	
<p>Current Community Navigation providers who provide carers assessments.            Current provider of Adult Carers Short Breaks.            Health and Social Care commissioners.            Adult Social Care operational teams.            Public Engagement – specifically targeted at Carers.</p>	
<b>14. Has there been a previous equality analysis (EQIA) in the last 3 years?</b> <i>Answer: Yes/No</i>	No
<b>15. Do you have evidence/data that can help you understand the potential impact of your activity?</b> <i>Answer: Yes/No</i>	Yes, in regard to current carers assessments and support and provider performance data

<b>Uploading Evidence/Data/related information into the App</b> <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i>	KCC Wellbeing and Prevention Market Position Statement produced in 2021

## Section C – Impact

### 16. Who may be impacted by the activity? Select all that apply.

Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	Yes		

**17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?** *Answer: Yes/No* **Yes**

### 18. Please give details of Positive Impacts

The new strategy sets the direction of how support can be offered in the future. The approach is set out in 3 main areas: Supporting you to be you; Providing the best support possible; Positive Outcomes. The approach also explores the times within a Carers life that services may be more critical (Key Life Moments).

These approaches have been designed with local Carers and so are reflective of what Carers have actually told us.

The Public Consultation undertaken in 2022 received 387 responses (260 online and 127 postal) and provided the following thoughts regarding the proposed new strategy:

78% agreed with the vision  
72% felt it was easy to understand  
88% agreed with 'supporting you to be you' section  
88% agreed with 'providing best support possible' section  
90% agreed with the list of positive outcomes

So overall there appears to be broad support for the proposal.

## Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

### 19. Negative Impacts and Mitigating actions for Age

<b>a) Are there negative impacts for age?</b> <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
<b>b) Details of Negative Impacts for Age</b>	A disproportionate number of carers accessing carers services are age category 65 and over compared to total carers in Kent. <span style="background-color: yellow;">Confirmed by the responses to the consultation (87% were 50+ and 51% were 65+)</span>  There is currently a poor geographical distribution of support which does not reflect demographic distribution

	or deprivation areas of need.
<b>c) Mitigating Actions for age</b>	Ensure that there is a clear commitment to provide support for all carers in Kent.
<b>d) Responsible Officer for Mitigating Actions - Age</b>	Simon Mitchell
<b>20. Negative Impacts and Mitigating actions for Disability</b>	
<b>a) Are there negative impacts for Disability?</b> <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
<b>b) Details of Negative Impacts for Disability</b>	<p>Information on carer disability is not available. It is not possible to ascertain whether this group in relation to the carer may be treated less favourably.</p> <p>The Consultation responses showed 24% consider themselves to have a disability of which:</p> <ul style="list-style-type: none"> <li>• 45% had a physical disability</li> <li>• 38% had a Long-Term Condition</li> <li>• 23% had a Mental Health issue</li> <li>• 18% had a Sensory Impairment.</li> </ul>
<b>c) Mitigating Actions for Disability</b>	<p>Ensure that a clear commitment to provide support for carers with disabilities.</p> <p>A requirement to collect on carer disability status.</p>
<b>d) Responsible Officer for Mitigating Actions - Disability</b>	Simon Mitchell
<b>21. Negative Impacts and Mitigating actions for Sex</b>	
<b>a) Are there negative impacts for Sex?</b> <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
<b>b) Details of Negative Impacts for Sex</b>	<p>A greater percentage of females provide unpaid care than the Kent average number of female carers.</p> <p>The consultation would seem to reflect this with 75% of respondents being female.</p> <p>This is inconsistent with Kent census data that states, men aged 65 and over provide a higher percentage of unpaid care than women aged 65 and over.</p> <p>Male carers over the age of 65 may be a hidden group.</p>
<b>c) Mitigating Actions for Sex</b>	A commitment to monitoring of this protected characteristic are addressed, and working with communities to ensure a representative demographic of carers is sought.
<b>d) Responsible Officer for Mitigating Actions - Sex</b>	Simon Mitchell
<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>	
<b>a) Are there negative impacts for Gender identity/transgender?</b> <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
<b>b) Details of Negative Impacts for Gender</b>	Information on carer gender identity is not available. It is

identity/transgender	not possible to ascertain whether this group in relation to the carer may be treated less favourably.
c) Mitigating actions for Gender identity/transgender	Ensure that gender identity/transgender issues are reflected in the strategy and monitoring of this protected characteristic are addressed.
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	Simon Mitchell
<b>23. Negative Impacts and Mitigating actions for Race</b>	
a) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Race	Information on carer race is not available. It is not possible to ascertain whether this group in relation to the carer may be treated less favourably. Anecdotally – cultural differences in family units lead to Carers from different ethnic backgrounds remaining hidden and not accessing support from services.  Consultation responses were predominantly white (98%) and not necessarily reflective of the population of Kent.
c) Mitigating Actions for Race	Ensure that this protected characteristic is addressed in the strategy and monitoring of this protected characteristic are addressed.  Culturally appropriate support, and provision is delivered / offered and monitored.
d) Responsible Officer for Mitigating Actions - Race	Simon Mitchell
<b>24. Negative Impacts and Mitigating actions for Religion and belief</b>	
a) Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Religion and belief	Information on carer religion or belief is not available. It is not possible to ascertain whether this group in relation to the carer may be treated less favourably. The consultation revealed around half of carers considered themselves to have a religion with the majority Christian. Again this may not be reflective of the population of Kent and particular areas and communities.
c) Mitigating Actions for Religion and belief	Ensure that this protected characteristic is addressed in the strategy and monitoring of this protected characteristic are addressed.
d) Responsible Officer for Mitigating Actions - Religion and belief	Simon Mitchell
<b>25. Negative Impacts and Mitigating actions for Sexual Orientation</b>	
a) Are there negative impacts for sexual orientation.	Yes

<i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	
<b>b) Details of Negative Impacts for Sexual Orientation</b>	Information on carer sexual orientation is not available. It is not possible to ascertain whether this group in relation to the carer may be treated less favourably.
<b>c) Mitigating Actions for Sexual Orientation</b>	Ensure that this protected characteristic is addressed in the strategy and monitoring of this protected characteristic are addressed.
<b>d) Responsible Officer for Mitigating Actions - Sexual Orientation</b>	Simon Mitchell
<b>26. Negative Impacts and Mitigating actions for Pregnancy and Maternity</b>	
<b>a) Are there negative impacts for Pregnancy and Maternity?</b> <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
<b>b) Details of Negative Impacts for Pregnancy and Maternity</b>	Information on carer's pregnancy and maternity status is not available. It is not possible to ascertain whether this group in relation to the carer may be treated less favourably.
<b>c) Mitigating Actions for Pregnancy and Maternity</b>	Ensure that this protected characteristic is addressed in the strategy and monitoring of this protected characteristic are addressed.
<b>d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity</b>	Simon Mitchell
<b>27. Negative Impacts and Mitigating actions for marriage and civil partnerships</b>	
<b>a) Are there negative impacts for Marriage and Civil Partnerships?</b> <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
<b>b) Details of Negative Impacts for Marriage and Civil Partnerships</b>	Information on carer's Marriage or Civil Partnership status is not available. It is not possible to ascertain whether this group in relation to the carer may be treated less favourably.
<b>c) Mitigating Actions for Marriage and Civil Partnerships</b>	Ensure that this protected characteristic is addressed in the strategy and monitoring of this protected characteristic are addressed.
<b>d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships</b>	Simon Mitchell
<b>28. Negative Impacts and Mitigating actions for Carer's responsibilities</b>	
<b>a) Are there negative impacts for Carer's responsibilities?</b> <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
<b>b) Details of Negative Impacts for Carer's Responsibilities</b>	
<b>c) Mitigating Actions for Carer's responsibilities</b>	
<b>d) Responsible Officer for Mitigating Actions - Carer's Responsibilities</b>	