

March 2014

**KENT COUNTY COUNCIL  
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)**

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**Directorate:** Social Care Health and Wellbeing

**Name of policy, procedure, project or service**  
Carers short Breaks (Adults) Commissioning

**What is being assessed?**

*Impact of re-commissioning the Carers Short Breaks service*

**Responsible Owner/ Senior Officer**

Mark Lobban, Director of Commissioning, Social Care Health Wellbeing.

**Date of Initial Screening**

*5 October 2015*

**Date of Full EqIA :**

<b>Version</b>	<b>Author</b>	<b>Date</b>	<b>Comment</b>
0.1	Steve Lusk	5/10/15	1 <sup>st</sup> draft initial screening
0.2	Clive Lever	10/10/15	Equality and Diversity Team comments
0.3	Steve Lusk	15/10/15	Updated following comments

**Screening Grid**

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact <b>HIGH/MEDIUM</b> <b>LOW/NONE</b> UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
<b>Age</b>	<p>Yes – A disproportionate number of carers accessing the service are age category 65 and over compared to total carers in Kent.</p> <p>However, the impact may be greater (either positively or negatively) if the re-commissioning results in a new provider being responsible for the delivery of the services. A new provider may also result in additional anxiety for existing users of the service.</p> <p>It should be noted that a change in Care Worker is always a possibility. This may result from service</p>	medium	low	<p>a) Internal action is required.</p> <p>Ensure that a clear service mobilisation plan for existing service users is put in place.</p> <p>b) This Equality Impact Assessment will be updated if the proposed service is amended in a way that could affect this group.</p>	<p>Yes – the service will promote wellbeing of the carer and the cared for person through the delivery of replacement care services to the person with care needs. Carers will be able to take a break from their caring role.</p>

	user or Care Worker choice, or that the Care Worker leaves the organisation.				
<b>Disability</b>	<p>Yes – 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>	Medium	Low	<p>a) Internal action is required. Ensure that a clear exit strategy for existing service users is in place. Ensure that a clear service mobilisation plan for existing service users is in place. b) A requirement to collect carer disability will be included in the service specification.</p>	<p>Crisis services will prevent the person with care needs being admitted to a hospital or care home and allow additional support for the affected group.</p>
<b>Gender</b>	<p>Yes – A greater percentage of females provide unpaid care than the Kent average number of female carers.</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>	medium	low	<p>a) internal action is required</p> <p>The service specification will require the provider to work with other commissioned carers support services to ensure that male carers are aware of the short breaks services.</p> <p>b) Monitoring of this protected characteristic during scheduled performance meetings.</p>	<p>Yes for male carers over the age of 65. The winning provider will work with other carers' services to share information about the service.</p>

<b>Gender identity</b>	No	None	None		No
<b>Race</b>	Yes	Medium	Medium	Yes. a) Specification will be updated to collect information about this protected characteristic.	Yes – Carers from ethnic minorities are at risk of being doubly disadvantaged due to culture. The service will ensure that accessible information is available and workers are trained in equality and diversity.
<b>Religion or belief</b>	Yes – a large proportion of carers did not state their religion. Lack of information does not provide confidence that the service is accessible to all.	medium	medium	a) Internal action required.  Specification will be updated to collect information about this protected characteristic and providers will encourage carers to identify their religion.	Yes – further intelligence about how the service is being delivered for this characteristic will allow commissioning to ensure it is inclusive.
<b>Sexual orientation</b>	No	None	None		No
<b>Pregnancy and maternity</b>	No.	None	None		No
<b>Marriage and Civil Partnerships</b>	No.	None	None		No
<b>Carer's responsibilities</b>	Yes – the service is specifically for carers.  However, the impact may be greater (either positively or negatively) if the re-commissioning results in a new provider	Medium	Low	a) Internal action is required.  Ensure that a clear service mobilisation plan for existing service users is put in place.  b) This Equality Impact Assessment will be updated if the proposed service is	Yes – the service is designed to support carers to maintain their caring role and have opportunities to achieve their own outcomes.

March 2014

	<p>being responsible for the delivery of the services. A new provider may also result in additional anxiety for existing users of the service.</p> <p>It should be noted that a change in Care Worker is always a possibility. This may result from service user or Care Worker choice, or that the Care Worker leaves the organisation.</p>			<p>amended in a way that could affect this group.</p>	
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## Part 1: INITIAL SCREENING

**Proportionality** - Based on the answers in the above screening grid what weighting would you ascribe to this function? **MEDIUM**

<b>Medium</b>
Medium relevance or Insufficient information/evidence to make a Judgement.

The current service is to be re-commissioned. The service will be like for like in terms of deliverables to carers and cared for persons. The service affects 500+ carers and cared for persons. The greatest impact is likely to be a result of any changes to the provider as a result of an open tender.

### Context

The service is part of a suite of carer services which seek to reduce and prevent carer breakdown by increasing carer resilience. This is achieved through the provision of planned and unplanned 'breaks' in the home where a paid carer (carer support worker) provides support to the 'cared for' that the carer can have a break from their caring role. Carers support workers employed to deliver the service will be expected to have sufficient and appropriate training to support the needs of the cared for.

### Aims and Objectives

The contract for the current service is due to end on the 30 April 2016. The aim is to re-commission a like for like service that will start on 1May 2016 in order to minimise disruption to those receiving the service.

The aim of the service is to:

- Maintain current service levels for carer
- to increase carer resilience by providing a break from their caring role
- Reduce hospital admissions and residential carer home admissions due to carer breakdown
- Promote carer health and wellbeing through support to access health appointments.

### Beneficiaries

The service will benefit:

- Adult Carers by providing support to them in their caring role, and enabling them to take care of their own physical and emotional health and wellbeing
- The cared for person by enabling them to remain in their own homes with their carer

March 2014

- Adult Social care by reducing admissions to residential care homes or the need to provide costly formal social care services
- Health services by reducing admissions to hospitals of carers with health crisis.

## Information and Data

Research carried out by the Personal Social Service Research Unit (PSSRU) in Kent in 2012 showed that 31% of residential or nursing home admissions are caused by carer breakdown.

There is widely accepted evidence that Carers contribute £119bn to the UK economy each year by supporting vulnerable people to remain outside of formal services for longer<sup>1</sup>. The Kent Health and Wellbeing Strategy recognises the importance of maintaining carers to continue their caring roles and particularly highlights the need to support carers of people with dementia by increasing the numbers of carers assessments and carers accessing short breaks.

In 2011 151,777 people, or 10.4% of Kent's total population, provided unpaid care. This proportion is higher than the regional average of 8.9% and the national average of 10.2%.

Out of the Kent local authority districts, Thanet has the highest proportion of unpaid carers with 11.6% or 15,502 residents. Tunbridge Wells has the smallest proportion of unpaid carers with 9.2% or 10,539 people.

The provision of unpaid care is a key indicator of care needs and has important implications for the planning and delivery of health and social care services.

- In Kent, the majority of unpaid carers (64.2%) provide care for less than 20 hours a week. This proportion is lower than the regional average of 68.1% but slightly higher than the national average of 63.6%. 23.6% of all unpaid carers in Kent provide care for 50 or more hours a week.
- Ages 50 to 64 provide the highest proportion of unpaid care for both men and women.
- 96.0% of unpaid carers are from the White ethnic group.
- 9,197 or 6.1% of people who provide unpaid care report bad or very bad health.
- 56.9% of unpaid carers are economically active. This proportion is a higher than the regional average of 40.8% and the national average of 42.1%.

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<sup>1</sup> Buckner and Yeandle, 2011 <http://circle.leeds.ac.uk/files/2012/08/110512-circle-carers-uk-valuing-carers.pdf>

The largest BME group in Kent is the Asian/Asian British group. There are 3,440 carers in the Asian/Asian British group, which is equal to 2.3% of all carers.

In Kent, women provide a higher proportion of unpaid care between ages 0 to 64 but men aged 65 and over provide a higher percentage of unpaid care than women aged 65 and over.

Outcomes for carers are generally poorer than for society as a whole, as highlighted by the Governments Equalities Review undertaken as part of work to develop the National Carers Strategy 2008<sup>2</sup>.

Carers are more likely to suffer health problems themselves, to live in poorer areas and in households with fewer resources. They are less likely to have educational qualifications or to be in employment.

Many of those with caring needs are older people and much of the help they need is provided by other older people or by those in middle age.

Carers from black and ethnic minority backgrounds and other disadvantaged groups are at risk of being doubly disadvantaged by both sets of circumstances. Minority ethnic carers were particularly likely to report they felt restricted in using services because of a lack of information, or as a result of services they perceived as too expensive, inflexible, or not suitable for their individual needs and are therefore more likely to become isolated within their caring role, more likely to experience poor health outcomes and more likely to enter into crisis.

### Current data on carer who use Short Term Break Services:

There are 1447 carers accessing short breaks services commissioned by Kent County Council this represents 1.01% of Adult carers in Kent.

#### Age

Age	Not known	Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 and over	Totals
Number of carers in Kent ( Census 2011)	0	3436	7590	11236	38614	55706	35195	151,777
Percentage of carers according to census 2011	0	2.26%	5.00%	7.40%	25.44%	36.70%	23.19%	100.00%
Number of carers assessing service	211	0	2	6	69	321	838	1447
Percentage of carers accessing the service by age	14.58%	0.00%	0.14%	0.41%	4.77%	22.18%	57.91%	100%

<sup>2</sup>[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_cons um\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_086581.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_cons um_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_086581.pdf)



A disproportionate number of carers accessing the service are age category 65 and over compared to total carers in Kent. The service prioritises according to need and the risk of the caring situation breaking down. It is expected that a higher proportion of carers accessing the service are aged 65+. Of those carers aged 65 and over 58% were over the age of 75.

### Ethnicity

		Kent	number	Carers 10.4% of Kent population	Carers accessin g service	% of carers ethnicity
White:	English / Welsh / Scottish / Northern Irish / British	89.06%	1,303,558	135,570	478	33.03%
	Irish	0.70%	10,239	1,065	7	0.48%
	Gypsy or Irish Traveller	0.32%	4,685	487	0	0.00%
	Other White	3.59%	52,620	5,472	2	0.14%
Mixed/ multiple ethnic groups:	White and Black Caribbean	0.43%	6,266	652	3	0.21%
	White and Black African	0.20%	2,997	312	0	0.00%
	White and Asian	0.51%	7,520	782	0	0.00%
	Other Mixed	0.36%	5,324	554	2	0.14%
Asian/Asian British:	Indian	1.24%	18,136	1,886	2	0.14%
	Pakistani	0.16%	2,406	250	0	0.00%
	Bangladeshi	0.23%	3,381	352	0	0.00%
	Chinese	0.41%	5,978	622	1	0.07%
	Other Asian	1.21%	17,713	1,842	2	0.14%
Black/African/ Caribbean/ Black British	African	0.79%	11,523	1,198	0	0.00%
	Caribbean	0.22%	3,293	342	0	0.00%
	Other Black	0.10%	1,400	146	0	0.00%
Other ethnic group:	Arab	0.10%	1,535	160	0	0.00%
	Any other ethnic group	0.35%	5,166	537	0	0.00%
Total Black Minority Ethnic (BME) population		6.33%	92,638	9,634	0	0.00%
Not disclosed					950	65.65%

66% of carers did not disclose their ethnicity. Conditions of the contract will be to capture information on protected characteristics of carers accessing the service.

Of those carers who did disclose their ethnicity 96% were white - English / Welsh / Scottish / Northern Irish / British, a higher proportion of the carers in Kent. Carers from ethnic minorities are at risk of being doubly disadvantaged due to culture. The service will ensure that accessible information is available and workers are trained in equality and diversity as well as understanding the cultural needs of specific groups within their local areas.

### Gender

Row Labels	Number of Carers using service	Percentage Carers using service	Kent Carers	Percentage Kent Carers
Female	942	65.10%	88164	58.30%
Male	454	31.38%	62948	41.70%
Not identified	51	3.25%	-	-

There are a higher proportion of female carers receiving the service across all ages compared to the percentage of carers in Kent.

This is inconsistent with census information that states women provide a higher proportion of unpaid care between ages 0 to 64 but men aged 65 and over provide a higher percentage of unpaid care than women aged 65 and over.

### Gender identity

Unknown - data is not kept on KCC adult systems. Data source is providers own database and this is not collected.

### Disability

Disability Category	Cared for category
Adult-Physical Access and Mobility	299
Adult-Physical Personal Care	420
Adult-Sensory Visual Impairment	15
Adult-Sensory Hearing Impairment	0
Adult-Sensory Dual Impairment	0

Adult-Memory and Cognition	675
Adult-Learning Disability Support	25
Adult-Mental Health Support	9

Because the service is delivered to the cared for person in order to provide a break for the carer, data on carers' disability is not currently captured. However, this will be included in the new contract.

In the above table, there are a higher number of people within the Memory and Cognition category. This reflects that fact that because the service provides dementia crisis support.

### Religion or belief

	Kent	Number	Apply carer population 10.4%	carers accessing service	% carers religion
<b>All categories: Religion</b>	100%	1,463,740	152,229	1447	100%
<b>Christian</b>	62.52%	915,200	95,181	470	32.48%
<b>Buddhist</b>	0.46%	6,802	707	2	0.14%
<b>Hindu</b>	0.75%	10,943	1,138	1	0.07%
<b>Jewish</b>	0.12%	1,777	185	0	0.00%
<b>Muslim</b>	0.95%	13,932	1,449	0	0.00%
<b>Sikh</b>	0.72%	10,545	1,097	0	0.00%
<b>Other religion</b>	0.42%	6,145	639	21	1.45%
<b>No religion</b>	26.75%	391,591	40,725	91	6.29%
<b>Religion not stated</b>	7.30%	106,805	11,108	862	59.57%

A high proportion of carers' religion was not stated. Future contract will ensure that this protected characteristic is collected.

### Sexual orientation

Row Labels	carers accessing service
<b>Gay Man</b>	<b>1</b>
<b>Lesbian</b>	<b>1</b>
<b>Hetrosexual</b>	<b>394</b>
<b>Not asked</b>	<b>104</b>
<b>Not disclosed</b>	<b>946</b>
<b>Other</b>	<b>1</b>

March 2014

### **Pregnancy and maternity**

Unknown - data is not kept on KCC adult systems. Data source is providers own database and this is not collected.

### **Marriage and Civil Partnerships**

Unknown - data is not kept on KCC adult systems. Data source is providers own database and this is not collected.

### **Involvement and Engagement**

Engagement has taken place within existing carers support carer forums to support commissioning intentions for the 2015 service, but the 2015 commissioning did not happen as planned. Hence using this information to inform and reaffirm the existing service specification

Discussion and activities have taken place to enable carers to identify key features of a short breaks service.

October 2013 – approximately 50 carers

January 2014 – approximately 20 carers

Carers reported that they wanted flexible, free services to meet their needs. They wanted reliable services that arrive on time, workers who are friendly and trained appropriately. Carers also identified the need for night sitting services. These characteristics are in the current service provision and will remain in the new commission.

### **Potential Impact**

The overall impact of re tendering this service is positive as carers will retain a service which meets their needs and enables them to keep caring for their 'cared for' person. In addition, it will enable us to improve the service specification by collecting more information about protected characteristic information to ensure that the service is accessible for all.

### **Adverse Impact:**

Individual service users may lose continuity of care in the event that their current provider does not tender or is not awarded a contract. A change in the person who provides the care may cause anxiety and disruption to existing relationships. This will be addressed by the development of a service mobilisation plan to minimise any disruption and offer a choice of options for those affected.

However, it should be noted, that under normal circumstances change in Care Worker could occur as a result of Care Workers leaving the organisation. It is also possible that the existing Care Worker may transfer to the new provider



March 2014

Signed:

Name:

Job Title:

Date:

**DMT Member**

Signed:



Name: Mark Lobban

Job Title: Director of Commissioning

Date: 9<sup>th</sup> November 2015

**Equality Impact Assessment Action Plan**

<b>Protected Characteristic</b>	<b>Issues identified</b>	<b>Action to be taken</b>	<b>Expected outcomes</b>	<b>Owner</b>	<b>Timescale</b>	<b>Cost implications</b>
<b>Race</b>	Insufficient information by provider to assess	Specification will require appropriate collection of this protected characteristic.	Robust data for analysis to ensure that the service is accessible to all.	Steve Lusk	01 May 2016	zero
<b>Age</b>	There is a lower proportion of male carers over age of 65 accessing the service than the Kent average	Monitoring issue at quarterly performance meeting.  Specification will require the provider to liaise with other commissioned carers support services to promote service.	Increase in male carers aged 65+ accessing the service  Commissioning to gain greater understanding of the barriers for male carers aged 65+	Steve Lusk	01 May 2016 – 31 <sup>st</sup> March 2017	Zero
<b>Gender</b>	There is a lower proportion of male carers over age of 65 accessing the service than the Kent average	Monitoring issue at quarterly performance meeting.  Specification will require the	Increase in male carers aged 65+ accessing the service  Commissioning to gain greater	Steve Lusk	01 May 2016 – 31 <sup>st</sup> March 2017	Zero

		provider to liaise with other commissioned carers support services to promote service.	understanding of the barriers for male carers aged 65+			
<b>Carers responsibility</b>	Tender process may mean a change of provider. This could cause anxiety and confusion	Develop a clear mobilisation plan for transfer of existing clients.  Provider submits a mobilisation plan for the service as part of their tender.	Smooth transfer of clients to new provider.  KCC and stakeholders are aware of new provider and referral pathways.	Steve Lusk  provider	01 May 2016	Zero
<b>Religion or belief</b>	A large proportion (60%) of carers did not state their religion. Lack of information does not provide confidence that the service is accessible to all.	Specification will be updated to collect information about this protected characteristic and providers will encourage carers to identify their religion.	Further intelligence about how the service is being delivered for this characteristic will allow commissioning to ensure it is inclusive.	Steve Lusk  provider	01 May 2016	Zero