

Equality Impact Assessment

Project or Service Template

Name of the proposal, project or service
<p>Reconciling Policy, Performance and Resources (RPPR) 2018/19:</p> <p>Proposed reductions in Carers Budget, planned recommissioning of services and impact on in-house services</p>

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Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)

1.1 The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.

1.3 The Public Sector Equality Duty (PSED)

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for “protected characteristics”)

These are sometimes called equality aims.

1.4 A “protected characteristic” is defined in the Act as:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

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1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21st Century Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

1.6 Advancing equality (the second of the equality aims) involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.

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- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

Part 2 – Aims and implementation of the proposal, project or service

2.1 What is being assessed?

a) Proposal or name of the project or service.

Reconciling Policy Performance and Resources:

Proposed reductions in Carers Budget, including the planned recommissioning of services and impact on in-house services and service delivery through the Carers Breaks Engagement Team

b) What is the main purpose or aims of proposal, project or service?

To identify £422k savings in carers' budget and develop the carer investment plan taking account of required savings and remodelling of in-house services.

c) Manager(s) and section or service responsible for completing the assessment

Tamsin Peart, Strategic Commissioning Manager, Strategy and Commissioning

2.2 Who is affected by the proposal, project or service? Who is it intended to benefit and how?

Adult carers of adults with care and support needs, living in East Sussex.

2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?

Budget savings were agreed at full Council on 6 February 2018 and subject to a 10 week consultation with carers.

Final proposals relating to allocation of the reduced budget are to be agreed at Cabinet on 26 June 2018, having taken into account the consultation findings and this document. A procurement process, led by the above named commissioner, will then be undertaken to recommission with a reduced budget.

In-house savings will follow a staff consultation process and should be fully implemented by the Head of Service for Directly Provided Services before end September 2018.

2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?

- The carers' budget is funded through the Better Care Fund (BCF) which is jointly funded by ESCC and the three Clinical Commissioning Groups

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- There are currently eight voluntary sector providers commissioned to deliver carers' services: Care for the Carers, British Red Cross, Association of Carers, Alzheimer's Society, ICE Project, Coastal Wellbeing, Headway and the Motor Neurone Disease Association

2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?

This proposal has been developed in order to identify savings for 2018/19 and subsequent years as part of ESCC's Reconciling Policy, Performance and Resources business planning process

Some services funded through the carers' budget have not been reduced as they are providing statutory services by meeting eligible needs of carers (Care Act 2014). These include Carers Personal Budgets and Respite for carers.

2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.

- Carers can contact or be identified at HSCC and then referred/signposted to other services
- A Carers Social Prescription is available for primary care, East Sussex Health Care Trust (ESHT) and Sussex Partnership Foundation Trust (SPFT). This is an online referral tool that health clinicians can use to refer carers to Care for the Carers
- Carers can contact Care for the Carers who deliver the Carers Centre for East Sussex, or access online to be provided with information, advice and support and referred/signposted to other services
- Carers can make contact with the individual services offering carer support
- Adult Social Care's public information leaflet for carers, IL04, is updated annually and contains all the contact information
<https://www.eastsussex.gov.uk/socialcare/carers/assessment/>

Single Point of Access – the Carers Investment Plan includes a single point of access to be delivered by the Carers Centre for East Sussex which will provide information and advice and triage for a wide range of support services for carers, some of which will have universal access whilst others will be more targeted.

2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.

Carers Assessments are undertaken by ASC to determine eligible needs, however, access to most carers' services do not require a determination of eligibility.

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2.8 How, when and where is your proposal, project or service provided? Please explain fully.

If the proposal is agreed, services will be re-commissioned during Autumn 2018 to commence in April 2019, after current funding agreements cease.

Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have X marked against them			
n/a	Employee Monitoring Data	n/a	Staff Surveys
x	Service User Data	x	Contract/Supplier Monitoring Data
x	Recent Local Consultations	x	Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
x	Complaints	x	Risk Assessments
x	Service User Surveys	x	Research Findings
x	Census Data	x	East Sussex Demographics
x	Previous Equality Impact Assessments	x	National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

No complaints of this nature have been received (comments and concerns about the proposals have been considered within our consultation and engagement framework).

3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.

Carers were consulted in summer 2017 to inform the Carers Investment Plan. A final version of the Investment Plan was postponed due to the RPPR process. The consultation has been updated and has been used to inform this EqIA as well as future commissioning. The summary results are shown in Appendix.1

The savings proposals public consultation included 5 meetings with carers across the county, a meeting with carer practitioners from operational services and the voluntary sector. There were over 550 responses to the Carer survey received.

3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?

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The research and data noted in this report indicate that the impact of reduced funding to services for all carers may be compounded within their protected characteristics, which is explored in part 4.

Additionally, carers and those they care for may be negatively impacted by reductions in other services such as Learning Disability Services, STEPS, Home Works and the Stroke Association amongst others.

Key themes from the public consultation:

- People disagree with, or are unhappy about, the proposal to cut funding for carers support.
- They say that carers save money by providing unpaid care at home and should be invested in.
- Cutting funding would put more pressure and stress on carers, affect their health and wellbeing, and increase their own support needs.
- This saving is a false economy, as if carers can't continue in their caring role it would be more expensive in the long term and may push more people into residential care sooner.
- People want valuable voluntary and charity services to be supported to continue providing support for carers.
- There are already growing numbers of carers needing help, while at the same time social care and carers services have already been reduced.
- People are particularly concerned about reductions in support for the person they care for and say that statutory organisations will see more demand for other services if funding is reduced.
- Organisations say that carers affected by both the cuts to their support and to reductions in services for the person they care for.
- Day services for older people and those with a learning disability provide valuable respite for carers and allow them to continue working.
- People were concerned about whether an impact assessment has been done and whether decisions have already been made.
- Nearly half can get the information and advice they need most of the time. It would be better if carers have access to more information and advice in one place.

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- 40% say they get the support they need most of the time. It would be better if carers get ongoing support and had one contact person supporting them.
- Targeted services they find most helpful are ongoing support, practical support, and respite from caring.
- Peer support groups can help people to continue in their caring role and gain power over their situation through shared knowledge.
- People suggest more effective partnership working, streamlining services where and reviewing the number of senior managers and consultants.

Sample quotes

“Carers are often unpaid and if they are unable to carry on or breakdown the burden falls on the taxpayer.”

“Carers need to be looked after so they can look after the person they care for. If not they will suffer ill health themselves and will end up needing care and the cared for person will need to be cared for by someone else. It would be false economy to neglect carers' needs.”

“If less support is made available for carers (for example) two important things will happen. 1/ The carers will become more stressed and in turn they too will need more social help. 2/ If the carer cannot cope the person being cared for will have to go onto a home. In both of these scenarios the government would end up with a bigger and more expensive problem.”

Inclusion Advisory Group – March 2018

- [Name] outlined an increase of approximately two thirds in referrals (to carers services), which is alarming in terms of proposed reductions and consequences on capacity of the organisation.
- There are concerns around ESCC fulfilling responsibilities to young carers and the multiple impacts on their lives, particularly around reducing respite opportunities. There has also been a rise in DV within carer/ partner relationships and familial relationships, particularly between male relatives. This may be attributed in part to rising stresses and pressures within families about the care needs of relatives. This again is extremely worrying if cuts to support services go ahead. A sharp increase in self-harming amongst the people that use services, as well as aggression towards workers was acknowledged.
- Consider the impacts to rural communities and factor in the barriers which already exist around transport and social isolation.
- It was expressed that impacts [of savings] are rarely felt in individual isolation, and that the ripple effect to relatives, carers, neighbours, schools etc should not be

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underestimated. Such drastic changes [as the proposals in ASC, including the to carers services] can result in the upheaval and detriment to many lives including children, the long-term effects of which (missing school, isolation, impaired prospects) can be calamitous. East Sussex is at a point where only extreme crisis intervention is available.

- It was noted that the safety net for people in need of support has gone, and subsequently many people feel abandoned. There are huge concerns for people who have 'exhausted' their options and care pathways; they're left on their own to cope.

Part 4 – Assessment of impact

4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

According to the 2011 Census, 40% of residents in East Sussex are aged 65+ with 60% being under 65.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

- The majority of carers in East Sussex are of working age, with 26 per cent being over 65¹. The peak age for caring is 50-64 both locally and nationally¹.
- 2,000 (3%) of carers in East Sussex are aged over 85 years¹
- 50% of carers being supported by the Carers Centre and 55% of carers known to Adult Social Care are aged over 65.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

A four year study of carers and non-carers aged 66–92 found that carers who were reporting feelings of strain had a 63% higher likelihood of death in that period than non-carers or carers not reporting strain.²

A survey of carers of older people found that problems associated with the carer contributed to readmission of patients in 62% of cases, and the carers of people readmitted were more likely than other carers to be experiencing ill-health, fatigue and interrupted sleep.³

A study of people aged over 75 years old, found that 20% of those needing care were admitted to hospital because of the breakdown of a single carer on whom the person was mainly dependent.⁴

¹ 2011 Census

² Schulz, R & Beach, S, „Caregiving as a risk factor for mortality“. Journal of American Medical Association, Dec 1999, vol. 282 (23), 2215–2219.

³ Williams, E, Fitton, F (1991), „Survey of carers of elderly patients discharged from hospital“. British Journal of General Practice, 41, 105-108.

⁴ Castleton, B (1998), Developing a whole system approach to the analysis and improvement of health and social care for older people and their carers: A pilot study in West Byfleet, Surrey. Unpublished. Referenced by Banks, P (1998) „Carers: making the connections“. Managing Community Care, vol 6, issue 6.

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Working age carers may lack access to flexible employment and may be part of the “sandwich generation” caring for older family members whilst bringing up children.

Whilst the majority of carers in East Sussex are of working age, these carers appear, from the data, to be harder to identify and support.

However, given the research above regarding older people, it is clear that older carers may have additional needs due to their age and/or own health needs.

Young adult carers aged 16-25 may experience barriers relating to their caring role such as remaining in education, first employment and leaving home- which other young people do not experience.

d) What is the proposal, project or service’s impact on different ages/age groups?

Older carers may experience increased stress which could impact on both their mental and physical health.

Younger carers may receive less support to assist them with education and/or work opportunities.

Working age carers, (who count for the majority however are less likely to be receiving support), may also be less likely to receive timely and appropriate information, advice and support.

e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?

The Carers Investment Plan and future commissioning will take account of the range of needs of adult carers of all ages, including addressing any additional needs of older carers, ensuring that working age carers are supported and identified and that young adults receive age appropriate support. However, given the reduction in funding, it is likely that there will be less support available for all adult carers.

Please see Appendix 2 for provision of information.

f) Provide details of the mitigation.

Limited resources to address differing needs may lead to less carer specific support across all ages as other services that support specific groups of people who have carers are reduced or ended. Therefore, any mitigation is likely to be limited.

Recommissioned services will be different to the current ones if there is a reduction in funding, but should take account of the range of carers’ needs as highlighted throughout this Impact Assessment.

g) How will any mitigation measures be monitored?

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Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints.

Monitoring will be undertaken by the Joint Commissioning Team.

4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

2011 Census figures shows that the day to day activities of 48% of those aged 65+ and 19% of those aged under 65 in East Sussex are limited to some extent due to a long term health problem or disability.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Unpaid carers have twice the prevalence of long-term illness and disability as the rest of the population⁴.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Yes.

- Carers often have significant health problems of their own. Carers have a higher prevalence of physical illness, particularly stroke and other cardiovascular disease and are more likely to die prematurely.⁵
- carers are over twice as likely to have mental health problems if they provide substantial care⁶
- 58% of carers look after someone with a physical disability⁷
- 13% care for someone with a mental health problem **Error! Bookmark not defined.**
- 20% care for someone with a sensory impairment **Error! Bookmark not defined.**
- 10% care for someone with dementia **Error! Bookmark not defined.**
- 13.2% of carers caring for over 50 hours a week were in 'bad' or 'very bad' health. This compares to 5.3% of people without caring responsibilities. So full-time carers are two and a half times more likely to be in bad health¹

⁵ Commissioning for Carers 2013, RCGP

⁶ Singleton N. *et al.* (2002) *Mental Health of Carers*. Office for National Statistics, The Stationery Office, London

⁷ NHS Information Centre for Health and Social Care (2010) Survey of Carers in Households 2009/10

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- Carers providing high levels of care were associated with a 23% higher risk of stroke;⁸
- 36% of carers who had not taken a break of more than a few hours since beginning their caring role experienced mental ill-health, compared to 17% of carers who had been able to take such a break.**Error! Bookmark not defined.**
- Many carers report that caring results in a negative and often lasting impact on their physical and mental health, but as with the rest of the population, many people with existing disabilities or long-term conditions also take on caring responsibilities.⁹
- According to the NHS Information Centre Survey of Carers in Households, 27% of carers were in receipt of Disability Living Allowance as a result of their own disability or ill health.**Error! Bookmark not defined.**
- Contributions from disabled carers to Carers UK's Caring & Family Finances Inquiry indicated that carers with disabilities are significantly more likely to give up work to care (61% of working age disabled carers compared to 52% of non-disabled working age carers), and were much less likely to be in paid work alongside caring (only 18% were in paid work alongside caring, compared to 33% of carers who were not disabled). Because many working age disabled carers were caring for partners, they were also substantially more likely to be on lower incomes or have no-one in their household in paid work - three quarters (74%) of carers receiving Disability Living Allowance were in this situation, compared to 55% of all working age carers.**Error! Bookmark not defined.**
- Carers who have an illness or disability themselves were also significantly more likely to be in debt and much higher levels of debt than other carers – reporting this resulted from a combination of their own additional disability-related costs and reduced earnings. Of respondents to Carers UK's State of Caring 2015 survey, 60% of those who considered themselves to have a disability said their financial circumstances were affecting their health.¹⁰

d) What is the proposal, project or service's impact on people who have a disability?

Carers are caring for people with disabilities so any reduction in carer support will have a cumulative impact on the disabled people they care for.

Many carers are themselves disabled and a reduction in services may result in poorer mental and or physical health and a risk to the sustainability of the caring role, as well as safeguarding risks to the cared for person.

⁸ Haley, W et al (2010), „Caregiving strain and estimated risk for stroke and coronary heart disease among spouse caregivers“. Stroke, 41:331-336.

⁹ Carers UK Facts about carers 2015

¹⁰ Carers UK (2015) State of Caring 2015

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

The Carers Investment Plan and future commissioning will take account of the range of needs of adult carers with a range of disabilities, long term conditions and mental health needs. This includes accessible information and venues, and recognising the impact of caring on carers' own mental health with targeted support.

However, given the reduction in funding it is likely that there will be less carer specific support for all carers; limited resources to address differing needs may lead to less carer specific support available to all carers.

Please see Appendix 2 for provision of information.

f) Provide details of any mitigation.

Limited resources to address differing needs may lead to less carer support for carers with a disability or LTC as other services that may support specific groups of people who have carers are reduced or ended. Therefore, mitigations are likely to be limited.

Recommissioned services will be different to the current ones if there is a reduction in funding, and will take account of the range of carers' needs as highlighted throughout this Impact Assessment.

g) How will any mitigation measures be monitored?

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints.

Monitoring will be undertaken by the Joint Commissioning Team.

4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

The overall population of East Sussex is 527,209 (2011 Census data) and is projected to continue increasing over the next few years. Census figures below demonstrate ethnic diversity in the area as 8.3% overall. Increases are particularly in the 'White other' and 'mixed' categories reflecting East European and other white groups' migration and other societal changes. Largest overall minority populations are 'White other' and 'Asian and Asian British'.

Ethnic group in 2011 by districts (%)

Ethnicity	All people	British & Northern Irish	Irish	Gypsy or Irish Traveller	Other White	All Mixed	All Asian or Asian British	All Black or Black British	Other ethnic group
Geography									
England & Wales	100	80.5	0.9	0.1	4.4	2.2	7.5	3.3	1
South East	100	85.2	0.9	0.2	4.4	1.9	5.2	1.6	0.6
East Sussex	100	91.7	0.8	0.2	3.4	1.4	1.7	0.6	0.3
Eastbourne	100	87.4	1	0.1	5.6	1.8	2.8	0.8	0.5
Hastings	100	89.3	0.8	0.2	3.5	2.2	2.4	1.2	0.5
Lewes	100	92.5	0.8	0.1	3.2	1.3	1.4	0.4	0.3
Rother	100	94.1	0.7	0.1	2.1	1.1	1.2	0.3	0.2
Wealden	100	93.8	0.6	0.2	2.8	1	1.2	0.2	0.2

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

97% of carers supported by the Carers Centre in East Sussex are White¹¹.

Of those carers known to ASC, 86.2% are white, 1.9% non-white and 11.9% not known¹².

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Research identifies:

- BAME carers are significantly more likely to provide 20-49 hours a week care compared with White British carers (56% compared with 47%)⁷.
- Carers from different ethnic groups have some cultural resistance to State intervention in what is assumed to be a family duty. This has been demonstrated by responses from focus groups as well as national research (e.g. Afiya Trust “We Care Too” 2008). Language barriers can also be a problem in even understanding the term “carer”.
- 2011 census data indicates that a smaller proportion of the BAME population provides care than the White British population. However the BAME population is much younger and therefore less likely to have older parents or

¹¹ Care for the Carers Minimum Data Set Returns 2017/18

¹² LAS April 2018

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other relatives needing care. Analysis by University of Leeds has, in the past, suggested that when age is accounted for, BAME families are more likely to provide care for older or disabled loved ones¹³.

- Carers UK's evidence indicates that BAME carers are less likely to be receiving practical and financial support with caring and more likely to miss out on accessing support for longer – often as a result of a lack of advice and information and struggling to access culturally appropriate services.¹⁴

d) What is the proposal, project or service's impact on those who are from different ethnic backgrounds?

A neutral impact is anticipated for this group. Carers from BAME communities are not underrepresented in carer services; therefore the impact of funding reductions is likely to be the same as for all other carers.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

The Carers Investment Plan and future commissioning will take account of the range of needs of carers including those who identify as black, Asian or minority ethnic. This could include outreach to BAME communities to address communication or language barriers and in acknowledgement that BAME carers are even less likely to recognise their caring role compared to other carers. However, given the reduction in funding, it is likely that there will be less carer specific support available to all carers.

Please see Appendix 2 for provision of information.

f) Provide details of any mitigation.

Limited resources to address differing needs may lead to less carer support as other services that may support specific groups of people who have carers are reduced or ended. Therefore, any mitigation is likely to be limited.

Recommissioned services will be different to the current ones if there is a reduction in funding, but should take account of the range of carers' needs as highlighted throughout this Impact Assessment.

g) How will any mitigation measures be monitored?

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints.

¹³ Half a million voices: Improving support for BAME carers Carers UK 2011

¹⁴ Echoing the findings of Carers UK (2001) Who cares wins, statistical analysis of the Census

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Monitoring will be undertaken by the Joint Commissioning Team.

4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact

a) How is this protected characteristic target group reflected in the County

The 2011 Census shows that 52% of East Sussex residents are female and 48% male. Figures relating to transgender are not currently collected.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

The 2011 Census identified that 58% of carers are women and 42% men in East Sussex.

Service data from the Carers Centre for East Sussex shows that 73% of carers supported are female and 27% male.

Of those carers known to ASC, 67% are female and 32% male.

Figures relating to transgender are not currently collected.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Statistically there are slightly more female carers so there is a possibility that women may be more affected by the proposals than men. However we also know that women are more likely to seek support than men, so there is a potential negative impact on male carers not known to us.

d) What is the proposal, project or service's impact on different genders?

Research identifies:

- In 2011, females were notably more likely to be unpaid carers than males; 57.7% of unpaid carers were females and 42.3% were males in England and Wales
- Across English regions and Wales, females took on a higher share of the unpaid care burden than males in a similar proportion, regardless of the amount of unpaid care the region's usually resident population provided
- The share of unpaid care provision fell most heavily on women aged 50-64; but the gender inequality diminished among retired people, with men slightly more likely to be providing care than women

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- In 2011 in England, 116,801 men (1.0%) and 81,812 women (1.2%) were in full-time employment while providing 50 hours or more unpaid care; in Wales the equivalent numbers were 9,320 (1.6%) and 5,068 (1.8%) respectively
- Economically active women in both full-time and part-time employment provided a greater share of the unpaid care burden than men; in England 12.1% of women working full-time provided unpaid care, and in Wales it was 15.3%

Approximately half of men who were 'Looking after the home or family' provided some extent of unpaid care, with the majority providing 50 hours or more¹⁵

Reduced funding for services may disproportionately affect female carers who statistically provide more unpaid care. Male carers however are already underrepresented in services and so they too may be affected in future provision.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

The Carers Investment Plan and future commissioning will take account of the range of needs of all carers and target underrepresented groups. However, given the reduction in funding it is likely that there will be less carer specific support available to all carers.

Please see Appendix 2 for provision of information.

f) Provide details of any mitigation.

Limited resources to address differing needs may lead to less carer support across all genders as other services that support specific groups of people who have carers are reduced or ended. Therefore, any mitigation is likely to be limited

Recommissioned services will be different to the current ones if there is a reduction in funding, but should take account of the range of carers' needs as highlighted throughout this Impact Assessment.

g) How will any mitigation measures be monitored?

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints. Monitoring will be undertaken by the Joint Commissioning Team.

4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic target group reflected in the County/District/Borough?

¹⁵ The gender gap in unpaid care provision: is there an impact on health and economic position? ONS 2011

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According to the 2011 Census, almost half of East Sussex residents are married or in a civil partnership.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Over a quarter of carers nationally (26%) care for their spouse or partner **Error! Bookmark not defined.**

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

As many carers are caring for a partner or spouse they may therefore be disproportionately affected by a reduction in services.

d) What is the proposal, project or service's impact on people who are married or same sex couples who have celebrated a civil partnership?

A reduction in services is likely to impact negatively on carers who care for a spouse/civil partner; however these are similar impacts for carers caring for any loved one.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

The Carers Investment Plan and future commissioning will take account of the range of needs of all carers and target underrepresented groups. However, given the reduction in funding, it is likely that there will be less carer specific support available to all carers.

Please see Appendix 2 for provision of information.

f) Provide details of any mitigation.

Limited resources to address differing needs may lead to less carer support as other services that may support specific groups of people who have carers are reduced or ended. Therefore, any mitigation is likely to be limited. Re commissioned services will be different to the current ones if there is a reduction in funding, but should take account of the range of carers' needs as highlighted throughout this Impact Assessment.

g) How will any mitigation measures be monitored?

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints. Monitoring will be undertaken by the Joint Commissioning Team.

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4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic target group reflected in the County/District/Borough?

5,046 live births in East Sussex 2015

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

It is not anticipated that there will be a disproportionate impact for this group.

4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

The 2011 Census states that 60% of East Sussex residents are Christian, 2% other religions, 30% have no religion, and 8% not known.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Of carers known to ASC, 34% are Christian, 2.3% other religions, 13% no religion and 50% not known.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

It is not anticipated that there will be a disproportionate impact for this group.

4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

Sexual Identity – South East (Source: ONS data 2016)

	Number	%
Heterosexual or straight	6,703,000	93.4
Gay or lesbian	87,000	1.2
Bisexual	61,000	0.9
Other	38,000	0.5

Don't know or refuse	284,000	4.0
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b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Research identifies:

Whilst there are no clear statistics on LGBT carers, the ONS calculates this figure at 1.5% of the population (with 1.5% of men saying they are gay and 0.7% of women saying they are lesbian; 0.3% of men identifying as bisexual compared to 0.5% of women). However, this figure is believed to be much higher, owing to a lingering taboo around reporting of sexual orientation: the charity Stonewall estimates that 5-7% of the population is gay, lesbian, bisexual and transsexual. Based on the estimates from Stonewall that 3.7 million people in the UK are LGBT, Carers UK estimates there are 390,000 LGBT carers in Britain.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

According to a recent Stonewall report, one in twenty (5%) of staff in the social care profession have witnessed other colleagues discriminate against or provide a patient or service user with poorer treatment because they are lesbian, gay or bisexual in the last five years.¹⁶

LGBT carers may face additional discrimination by health and social carer professionals and not be identified as carers because of lack of recognition of same sex partners.

Older LGBT carers may be reluctant to be open for fear of discrimination.

d) What is the proposal, project or service’s impact on people with differing sexual orientation?

Reduced funding for services may disproportionately affect LGBT carers (see above), who may already be underrepresented in services.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

The Carers Investment Plan and future commissioning will take account of the range of needs of all carers and target underrepresented groups including LGBT carers. However, given the reduction in funding it is likely that there will be less available support for all carers.

¹⁶ Stonewall (2015) Unhealthy Attitudes: The treatment of LGBT people within health and social care services

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Please see Appendix 2 for provision of information.

f) Provide details of the mitigation

Limited resources to address differing needs may lead to less carer support as other services that support specific groups of people who have carers are reduced or ended. Therefore, any mitigation is likely to be limited.

Recommissioned services will be different to the current ones if there is a reduction in funding, but should take account of the range of carers' needs as highlighted throughout this Impact Assessment.

g) How will any mitigation measures be monitored?

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints.

Monitoring will be undertaken by the Joint Commissioning Team.

4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.

Rurality

a) How are these groups/factors reflected in the County/District/ Borough?

According to the 2011 Census, 26% of East Sussex residents live in rural areas.

b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?

There are proportionally more older people living in rural areas: in 2011 50% of the population in rural areas were aged 45 and above, compared with 36% in major urban areas.**Error! Bookmark not defined.**

66% of carers live in Lewes, Rother and Wealden Districts which are primarily rural areas.¹

c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?

People living on low incomes in rural areas continue to face significant disadvantage, particularly related to the affordability of housing and availability of services and transport.

In 2011 20.5% of rural households had to travel 4km or more to access their nearest GP surgery compared with 0% of urban households.

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d) What is the proposal, project or service's impact on the factor or identified group?

Rural carers are likely to experience the disadvantages of people living in rural areas (such as inadequate transport or social isolation) which will be compounded by their caring role and potentially fewer local support options both for themselves and those they care for.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

The Carers Investment Plan and future commissioning will take account of the range of needs of all carers and target groups who may experience additional disadvantages including rural carers. However, given the reduction in funding, it is likely that there will be less carer specific support available to all carers.

Please see Appendix 2 for provision of information.

f) Provide details of the mitigation.

Limited resources to address differing needs may lead to less carer support across all ages as other services that support specific groups of people who have carers e.g. Stroke Survivors, HIV services are reduced or ended. Therefore, any mitigation is likely to be limited.

Recommissioned services will be different to the current ones if there is a reduction in funding, but should take account of the range of carers' needs as highlighted throughout this Impact Assessment.

g) How will any mitigation measures be monitored?

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints. Monitoring will be undertaken by the Joint Commissioning Team.

4.10 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.

Low income

a) How are these groups/factors reflected in the County/District/ Borough?

[ESiF income deprivation indices](#). 13% of older people in East Sussex are affected by income deprivation.

b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?

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Research identifies:

Carer's Allowance is the lowest benefit of its kind, at just £62.70 a week (2017/18 rates), and carers often report struggling financially. Financial constraints are made worse by many carers being forced to give up work as a result of their caring responsibilities, removing their opportunities to support themselves while they are supporting others.¹⁷

Almost half (48%) of carers responding to the survey reported living on a household income of less than £1,500 per month and nearly 4 out of 10 carers (39%) described themselves as struggling to make ends meet. As many as 8% of those responding to the survey said they were living in a household receiving under £500 in monthly income.¹⁷

Those who provided care for over 50 hours a week were slightly more likely to be living on a low income, with the majority (52%) of this group reporting that their household monthly income was below £1,500, whilst 'sandwich' carers and those providing care to a disabled child were most likely to describe themselves as struggling to make ends meet.¹⁷

The poverty rate is much higher among working-age adults caring for 20 hours or more a week (35% in comparison with 22% overall)¹⁸.

c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?

Reduced funding for services may disproportionately affect carers on low incomes as they may not be able to pay for any services themselves.

d) What is the proposal, project or service's impact on the factor or identified group?

Carers on low incomes are likely to experience the disadvantages of all people living on low incomes which will be compounded by their caring role and potentially fewer local support options both for themselves and those they care for.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

The Carers Investment Plan and future commissioning should take account of the range of needs of all carers and target groups who may experience additional disadvantages, including low income earners.

Please see Appendix 2 for provision of information.

¹⁷ State of Caring 2017, Carers UK 2017

¹⁸ New Policy Institute (2016) Informal Carers, Poverty and Work

Equality Impact Assessment

f) Provide details of the mitigation.

Limited resources to address differing needs may lead to less carer support across all ages as other services that may support specific groups of people who have carers are reduced or ended. Therefore, any mitigation is likely to be limited. Recommissioned services will be different to the current ones if there is a reduction in funding, but should take account of the range of carers' needs as highlighted throughout this Impact Assessment.

g) How will any mitigation measures be monitored?

Monitoring of commissioned services through regular reports detailing Key Performance Indicators, equality monitoring, finance and quality issues including safeguarding and complaints.

Monitoring will be undertaken by the Joint Commissioning Team.

4.10 Human rights - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.

Articles	
A2	Right to life (e.g. pain relief, suicide prevention)
A3	Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)
A4	Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)
A5	Right to liberty and security (financial abuse)
A6 &7	Rights to a fair trial; and no punishment without law (e.g. staff tribunals)
A8	Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)
A9	Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)
A10	Freedom of expression (whistle-blowing policies)
A11	Freedom of assembly and association (e.g. recognition of trade unions)
A12	Right to marry and found a family (e.g. fertility, pregnancy)
Protocols	
P1.A1	Protection of property (service users property/belongings)
P1.A2	Right to education (e.g. access to learning, accessible information)
P1.A3	Right to free elections (Elected Members)

Part 5 – Conclusions and recommendations for decision makers

5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.

- 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

5.2 Impact assessment outcome Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	<p>A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.</p>	<p>If agreed, this proposal will lead to a reduction in funding for carers' services.</p> <p>The evidence suggests this is likely to lead to less carer support for all carers.</p>
	<p>B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.</p>	<p>There is potential for serious adverse impacts for carers potentially in terms of the physical, mental and economic wellbeing of cares and subsequently those they care for. Therefore the sustainability of the caring role may be at risk of being compromised.</p>
x	<p>C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate</p>	<p>Additionally, carers may also experience multiple impacts from proposed savings to other services, including Learning Disability and Day Services.</p>
	<p>D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.</p>	<p>The Carer Investment Plan and recommissioning of services will take into account all mitigations identified.</p>

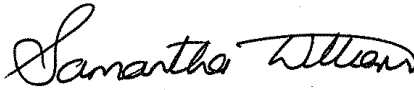
Equality Impact Assessment

5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

These will be included in the KPIs for service providers and monitored regularly by the joint commissioning team.

5.4 When will the amended proposal, proposal, project or service be reviewed?

April 2019

Date completed:	June 2018	Signed by (person completing)	Tamsin Peart
		Role of person completing	RPPR Lead
Date:	June 2018	Signed by (Manager)	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

Part 6 – Equality impact assessment action plan

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report. ✓

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

6.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Reduced levels of support to carers mean more carers approach ASC for support.	Financial	The areas of risk will be monitored but it's unlikely to be addressed without significant future investment beyond the currently available existing local authority budgets.	DMT/ EqIA	Tamsin Peart	N/A (ongoing monitoring)
Additional strain on carers physical and mental well-being.	Moral	The areas of risk will be monitored but it's unlikely to be addressed without significant future investment beyond the currently available existing local authority budgets.	EqIA	Tamsin Peart	N/A (ongoing monitoring)
Risk to the sustainability of some caring roles	Moral, financial	The areas of risk will be monitored but it's unlikely to be addressed without significant future investment beyond the currently available existing local authority budgets.	EqIA	Tamsin Peart	N/A (ongoing monitoring)
Risk to education/ employment for working age carers, including		The areas of risk will be monitored but it's unlikely to be addressed without			N/A (ongoing)

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young adult carers	Financial/ legal	significant future investment beyond the currently available existing local authority budgets.	EqIA	Tamsin Peart	monitoring)
Safeguarding risks to cared for person as direct services reduced as well as carers' services	Legal	Safeguarding adults remains a priority to Adult Social Care and any risk for the cared-for person will be monitored through assessment and review processes.	EqIA	Tamsin Peart	N/A (ongoing monitoring)
Loss of services due to less resources for recommissioning	Financial	The areas of risk will be monitored but it's unlikely to be addressed without significant future investment beyond the currently available existing local authority budgets.	EqIA	Tamsin Peart	N/A (ongoing monitoring)

Appendix 1: Carers Investment Plan - Consultation results summary August 2017, updated April 2018 Overview

East Sussex County Council is working with East Sussex Better Together and Connecting 4 You to develop a Carers Investment Plan for East Sussex to support carers across the social care and health system. Carers' services were last commissioned in 2014, with Funding Agreements in place to September 2017 (extended to March 2018). We asked for carers, health and social care professionals and key stakeholders views about local carers' experiences of services and what was considered, to be the key needs and gaps in services, to help shape future support for carers in East Sussex.

Why We Are Consulting

To understand more about local carers' experiences of services and any gaps to help inform what services are planned and commissioned for carers in East Sussex and to ensure that services reflect both national and local changes and priorities, particularly in relation to aligning carers' services with ESBT and C4Y priorities, the new national Carers' Strategy and NHS England's Commitment to Carers.

We asked carers the following questions:

1. When did you first identify yourself as a carer?
2. Who or what has helped you in your caring role?
3. How do you look after yourself as a carer?
4. Is there anything that would help you that is not currently available?

And key health and social care professionals were asked the following questions:

1. Thinking about the support your organisation currently provides to carers, and the support provided by other organisations, would you say the existing support meets the needs of carers?
2. Have you identified any gaps in the support currently available to carers in East Sussex?
3. Is there anything that could be done differently?

How people took part

The consultation started on 01 July 2017 and closed on 31 July 2017. We attended carers' forums (facilitated by Care for the Carers, CFTC) and met with many carers across the three CCGs: High Weald, Lewes & Havens, Eastbourne, Hailsham & Seaford and Hastings & Rother. We also had an on-line survey for health and social care professionals that was shared with carers' networks, end of life care leads and various key stakeholders including; Locality link Workers, SPFT and East Sussex Registered Manager's Network.

Themes / Recommendations

This report details all the feedback received from the different sources and the following top five themes have been highlighted:

1. Improve contact and carer awareness with health professionals including GP and mental health professionals
2. Improve information about carers rights & services – improve digital offer and support to access
3. Increase access and range of respite opportunities including be-friending
4. Provide more tailored end-of-life carer support – groups, 1:1, community and pre-bereavement
5. Mixed experience of carers assessments – to be clear on purpose, outcomes to achieve and overall process ‘what to expect’ for managing carers expectations.

Consultation summary

The table below shows how people took part and the responses / key themes received.
(Note: People may have chosen to feed back through several different methods.)

Response method	Responses / Themes
On-line health & social care professional Survey:	<p>Positive features:</p> <ul style="list-style-type: none"> • Wide range of services • Straightforward referral process & swift response times • Improved worker awareness of carers’ issues <p>Unmet needs</p> <ul style="list-style-type: none"> • No longer-term case workers • Limited support for end-of-life carers • Limited resources for sitting service & insufficient respite/break opportunities • Time/capacity restraints preclude detailed exploration of need by GPs <p>Suggestions:</p> <ul style="list-style-type: none"> • Better pre-planning and organisation of residential/nursing home respite • Closer work with other services (e.g. mental health; substance misuse) • Retain contact with carers to ensure thorough follow-up • More practical physical care support • Better-resourced training for carer support volunteers • Fund/provide specialist residential respite care • Introduce combined bereavement service – hospice coupled with general public
Care for the	To be recognised by professionals:

<p>Carers key issues for carers:</p>	<ul style="list-style-type: none"> • Carers have special knowledge about the people they care for • Carers really appreciated it when they were identified and recognised as a carer by their GP • Carers need to know who is responsible for their services, and not be passed around - better information sharing, and problems with confidentiality • Supporting carers through transition (becoming a carer, relationships, moving into care, death & bereavement) <p>Mental Health:</p> <ul style="list-style-type: none"> • Services to take the views of carers more seriously • Involving carers in hospital discharges • Help with dealing with crises & the long-term health effects of psychiatric medications • Caring for someone with mental illness has effects on the mental health of carers • Counselling and support groups are valuable <p>Care Passport:</p> <ul style="list-style-type: none"> • Not widely used or understood by health and social care professionals <p>Support available:</p> <ul style="list-style-type: none"> • Service availability can vary with postcode • Carers appreciated respite care and day centres (although cost was an issue), pampering sessions, and good neighbour schemes, • Support groups provide an opportunity for carers to share experiences and information, and even coping strategies • More information about respite opportunities requested • More work needed on building Carer-friendly Communities • Family, friends, and neighbours make it easier to be a carer <p>Carers Rights:</p> <ul style="list-style-type: none"> • Carers are more aware of the right to an assessment but not always informed about the different ways in which they could complete the Carer's Assessment forms - some people prefer to do the form on their own, some like support over the phone, while others want face to face support
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	<ul style="list-style-type: none"> • Information about benefits and legal services – help to understand these more esp. lasting Power of Attorney <p>Digital resources & Telechecks:</p> <ul style="list-style-type: none"> • Not widely used by carers however young adult carers are more digitally active • Carers have asked for more training and support to access digital resources • Flexi-telechecks better when cared-for people has limited support needs <p>Young adult carers:</p> <ul style="list-style-type: none"> • Have more time for social activities, sport • Education settings to be more compassionate and understanding of commitment to caring responsibilities • Link up carers with other carers at the same university <p>Parent carers:</p> <ul style="list-style-type: none"> • Find it difficult to access appropriate support -many say CFTC is their main source of support • Feel that their concerns and their expertise on the needs of their children are overlooked by professionals (PC;CS). • Concerned at the loss of Continuing Healthcare Funding • Breakdown in placements for adults – due to lack of appropriate support
<p>Carer forums / meetings:</p>	<ul style="list-style-type: none"> • Caring for more than one person or moving from one caring role to another were common • Impact on working life - having to give up or reduce hours • wasn't until they actually got to the point that they felt they needed help that they saw themselves as a carer • not consulted by the GP's because the cared for is an adult • Carers are not listened to by healthcare consultants <p>Improved communication between carer, cared for person, health, ASC and other related parties.</p> <p>Carer's caring from a person with a mental health issues felt there was no clear pathway to find out how to get help and/or information. Disparity of care across the county as services are not fully rolled out.</p> <p>Access to support varies depending on the GP and there can be a long wait to get help.</p> <p>Expectation that carer's carry out care and medical tasks in which they were not</p>

	<p>trained.</p> <p>Accessing respite is difficult not knowing how to obtain it and who is eligible</p> <p>Concerns were raised around the quality and consistency of Carers Assessment's being undertaken.</p>
<p>ESCC Carers survey:</p>	<p>Overall satisfaction of carers with social services</p> <ul style="list-style-type: none"> • Results from the 2016/17 Carers Survey shows overall satisfaction of carers with social services has increased marginally from 40.7% in 2014/15 to 41.8% in 2016/17. <p>The proportion of carers who report they have been included or consulted in discussions about the person they care for</p> <ul style="list-style-type: none"> • Results from the 2016/17 Carers Survey shows the proportion of carers who report they have been included or consulted in discussions about the person they care for has increased from 71.0% in 2014/15 to 74.0% in 2016/17. <p>The proportion of carers who find it easy to find information about services</p> <ul style="list-style-type: none"> • Results from the 2016/17 Carers Survey shows the proportion of carers who report that information about services was very easy or fairly easy to find has increased marginally from 68.3% in 2014/15 to 68.5% in 2016/17. <p>Proportion of carers who reported that they had as much social contact as they would like</p> <ul style="list-style-type: none"> • Results from the 2016/17 Carers Survey shows 35.3% of respondents had as much social contact as they want compared to 37.5% in 2014/15.
<p>Stakeholder and provider meetings</p>	<ul style="list-style-type: none"> • Interpreting legislation – how carers make decisions? • Increased focus on Mental health • Supporting carers for dual diagnosis
<p>Listening to you – team summaries</p>	<ul style="list-style-type: none"> • More help and advice with finances • Generally positive about adult social care “all staff at Adult Social Care department are very helpful” • Carers assessments – mixed reviews, communication could be improved by some staff at adult social care • Carer’s value the Carer’s Personal Budget and how they were able to use it. • Access to respite • A negative issue for carers was around contact with ASC in particular with keeping in touch with them and proactively making contact. • Carer assessment experiences still mixed with delays • Lack of control over services

Equality Impact Assessment

	<ul style="list-style-type: none">• Difficulties finding information and advice for the cared for person
Emails, letters or phone calls	<ul style="list-style-type: none">• None received

Appendix 2: Care Act Information and Advice

As a local authority, and under the Care Act 2014, East Sussex County Council has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

- **Health and Social Care Connect (HSCC)**, Adult Social Care and Health's contact centre. There are many different ways to contact them, including phone, email, type-talk and webchat via the Council's website. HSCC's specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes about residential and nursing care options, as well as up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it's free for them to do that. They are also the first point of contact for enquiries about safeguarding, Blue Badges and provide referrals for health professionals.
- **Public information leaflets**; we publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets – and accompanying factsheets, which can be given to clients in tailored situations – offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.
- **Online directories**
There a range of online directories to support people to find the most appropriate care and support. These include **East Sussex 1Space** – an free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide **Support with Confidence**, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.
- **East Sussex Community Information Service (ESCIS)**; a computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS

Equality Impact Assessment

is a broad directory, encompassing all community information & events in East Sussex.

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureaux and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.