



City of Edinburgh Council

Record of Equality and Rights Impact Assessment

Part 1: Background and Information

(a) Background Details

Please list ERIA background details:

ERIA Title and Summary Description: **Edinburgh Joint Carers' Strategy 2014-2017**

Service Area	Division	Head of Service	Service Area Reference No.
Carer support The City of Edinburgh Council NHS Lothian	Assessment and Care Management	Monica Boyle	HSC 28 CF27 (b)

(b) What is being impact assessed?

Describe the different policies or services (i.e. decisions, projects, programmes, policies, services, reviews, plans, functions or practices that relate to the Corporate ERIA Title):

Policies and Services	Date ERIA commenced
Joint Carers' Strategy for Edinburgh 2014-2017	01 March 2013

(c) When is it due to be reviewed? (insert furthest away date if question relates to a number of review dates) [redacted]

(d) ERIA Team

Please list all ERIA Team Members:

Name	Organisation / Service Area
1. Gordon Dodds	Planning and Commissioning Officer (carers), Integrated Carers Team, Health and Social Care
2. Madi Martin	Carer Co-ordinator, Integrated Carers Team, Health and Social Care
3. Shenaz Bahadur	Equalities Officer, Health and Social Care
4. Diana Dodd	Equalities Officer, Children and Families
5. Donny Scott	Service Manager, Family and Community Support, Children and Families

Name	Organisation / Service Area
6. Jacquie Robertson	Planning and Commissioning Officer (Carers), Integrated Carers Team, Health and Social Care
7. Seb Fischer	Chief Executive, VOCAL
8. Ruth MacLennan	Manager, Care for Carers
9. Alison Jarvis	Carer Lead Officer, NHS Lothian
10. Suzanne Munday	Director, MECOPP
11. Wendy Laird	Carers Reference Group
12. Elizabeth Anne Ewing	Carers Reference Group
13. David Hoy	Commissioning Officer, Children and Families
14. Margaret Murphy	Manager, Edinburgh Young Carers Project

Part 2: Evidence and Impact Assessment

(a) Evidence Base

Please record the evidence used to support the ERIA. Any identified evidence gaps can be recorded at [part 3a](#). Please allocate an abbreviation for each piece of evidence.

Evidence	Abbreviation
1. Towards 2012- Joint Carers Strategic Action Plan for Edinburgh (2007-2012)	T2012
2. Review of Towards 2012 report (March 2013)	RT2012
3. Getting it Right for Young Carers: The Young Carers Strategy for Scotland [2010 – 2015]	GIRFYC
4. Caring Together : The Carers Strategy for Scotland [2010 – 2015]	CSS
5. Picking Up the Pieces report: Enable/Scottish Government (2012)	PUTP
6. Hidden Carers, Unheard Voices report : Informal caring within the Gypsy/Traveller community in Scotland, MECOPP [2011/2012]	HCUV
7. Census 2011	CS2011
8. Carers Scotland (2011) 'Sick, Tired and Caring' report	STC
9. MacKenzie and Greenwood (2012) 'Positive experiences of caregiving in stroke: a systematic review', Disability and Rehabilitation	PEC
10. Carers UK (2004) ' In Poor Health' report	IPH
11. Consultation Report on draft Joint Carers' Strategy (Jan 2014)	CRJCS
12. Mapping Report: Carer support in Edinburgh (Oct 2013)	MCS
13. VOCAL Carer Survey 2013	VCS2013

(b) Rights Impact Assessment – Summary

Please describe all the identified enhancements and infringements of rights against the following ten areas of rights. Please also consider issues of poverty and health inequality within each area of rights:

- Life
- Health
- Physical security
- Legal security

- Education and learning
- Standard of living
- Productive and valued activities
- Individual, family and social life
- Identity, expression and respect
- Participation, influence and voice

Please indicate alongside each identified enhancement or infringement the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

Summary of Enhancements of Rights

The provision of support to unpaid carers is a key local and national priority (CSS, GIRFYC). There are over 492,000 unpaid carers in Scotland (Census 2011 - please hyperlink to <http://www.scotlandscensus.gov.uk/census-results>). This is almost one in ten of the Scottish population who are involved in providing care and support to a family member, friend or neighbour to enable that person to continue to live in their own community. However, caring for someone can often continue even when the person leaves their own home and moves into a care home or other residential setting.

The Census in 2011 revealed that the number of unpaid carers in Edinburgh dropped slightly from 38,876 in 2001 to 37,859 in 2011. In population terms, the number of unpaid carers in 2001 represented 8.7% of the total population in Edinburgh and this reduced to 7.9% in 2011. However, the proportion of carers who provided 20 or more hours per week of unpaid care rose from 30.6% in 2011 to 36.2% in 2011. This equates to an additional 1,826 unpaid carers in the city undertaking unpaid care for more than 20 hours per week. In addition, the proportion of carers who provided 50 or more hours per week of unpaid care also rose slightly from 20.3% in 2001 to 21.1% in 2011. In numbers, 8,004 unpaid carers provide 50 or more hours per week of unpaid care, which is 21% of all unpaid carers in Edinburgh. The implementation of the Joint Carers' Strategy will enhance the following domains for carers:

- Right to Health – The strategy will tackle health inequalities faced by carers, improve carers' health and wellbeing through adequate support, GP registers and health initiatives for carers.
- Right to Education and Learning- The strategy will ensure that young carers are seen as children and young people first and are relieved of any inappropriate caring role. Also through access to quality carer training and learning opportunities, carers will have enhanced access to adult learning.
- Right to Individual, Family and Social Life – The strategy will ensure carers are treated with respect and their right to privacy upheld. It will also ensure that carers have access to a life of their own out with their caring role.
- Right to Identity, Expression and Respect – The strategy will ensure all carers have access to carer support and that culture or ethnicity should not be a barrier.
- Right to Participation, Influence and Voice – The strategy will improve and enhance the rights of carers to participate in decisions that affect their lives and the people that they care for. Carers will be consulted on any significant policy change that impacts on their lives.

The other domains below are not impacted in terms of enhancement of rights by the Joint Carers' Strategy:

- Right to Life
- Right to Legal security
- Right to Standard of living

- Right to Productive and Valued activities
- Right to Physical security

Summary of Infringement of Rights

Can these infringements be justified? Are they proportional?

There are no infringements on human rights or children's rights identified.

Note

Some carers find it very difficult to find time for themselves outside of their caring role. This may be because the cared for person(s) is reluctant to receive care or support from another. It may be that the carer is isolated and has no other practical support to provide alternative care and support. This in turn can have a detrimental impact on the carer's health and wellbeing (IPH). Caring can also impact on income and finances and is also a factor in affecting carer's health and wellbeing (STC). In addition, the diversity of carer's experiences, both positive and negative should be taken into account by health professionals when supporting them (PEC).

The Joint Carers' Strategy will increase and enhance the opportunities for carers to become more connected in their local communities, increasing social networks, building their resilience and providing opportunities to access information, advice and carer support services. It will look at practical ways to address health issues of carers through implementation of the strategy. In addition, key areas such as carer's emergency planning will be addressed (PUTP). It is intended that these factors will help to mitigate against these risks.

Edinburgh's Joint Carers' Strategy has been developed in partnership with key local stakeholders from Health, Local Authority, the voluntary sector and carers. The strategy outlines local priorities and outcomes for carers in Edinburgh for the next three years from 2014 to 2017. The aim is that this strategy will be the main roadmap for support and improved outcomes to both young and adult carers in Edinburgh.

There are six priority areas identified within the strategy for Edinburgh's carers:

- identifying carers
- information and advice
- carer health and wellbeing
- short breaks / respite
- young adult carers
- personalising support for carers.

These priorities were identified from the process of using the Wisconsin Logic Model with stakeholders in a working group and from a recent review of the previous Edinburgh Joint Carers Strategy - please hyperlink to http://www.edinburgh.gov.uk/info/20215/adult_social_care_and_support/1014/edinburgh_joint_carers_strategy. In addition, a mapping exercise of carer support was undertaken to outline what support is directly available to carers across Edinburgh and also to gain an understanding of gaps in support and carer's needs (MCS). A range of sources also contributed to the development of the six priorities including local information on carers' views, census data, market intelligence, key legislation, research reports, local and national policy.

A full consultation was undertaken on the draft Joint Carers Strategy from 01 September to

31 October 2013 and was widely promoted through the city using a partnership approach. There were a series of focus groups held by carer organisations which aided feedback and encouraged carers to raise issues. An online and printed questionnaire was used to gain feedback from the public and staff. There were 3,500 consultation questionnaires distributed and from the 317 completed and returned to us, the response rate was 9%. Over 90% of completed questionnaires were from carers. There were 18 responses to the consultation from support providers and organisations including NHS Lothian, NHS Education for Scotland, Edinburgh Young Carers Project, Queensferry Care, Children 1st, Carr Gomm, Caire, West Lothian Young Carers Project, WCYC, LifeCare, Circle and Care for Carers.

The consultation gave feedback on additional gaps and service improvements (CRJCS). These included providing more flexible short breaks; drop in's for carers at GP surgeries; more district nurses doing home visits; more and better financial and benefits advice and help for carers; more emotional support, information and advice; more funding for support groups; establishing a carers register; improve transition services between young carer and young adult carer support; consider the needs of people from other Ethnic groups and provide information packs to carers at social hubs, libraries, GP surgeries etc.

The understanding of carers' needs in Edinburgh was also established through the recent VOCAL survey 2013 of carers who make use of their services in Edinburgh and Midlothian (VCS2013). Key findings from the report include that 85% of carers report that the help they receive from VOCAL makes a difference to their lives. The report highlighted that 63% of carers feel that they know little or nothing about self-directed support. In relation to carer's assessments, 58% of carers said they would prefer someone from their local carers centre to carry out a carer's assessment, 25% said they would prefer someone from the NHS to carry out the assessment. A very significant 84% stated that financial planning for the future is very important to them, 74% said maximising benefits is important to them (VCS2013).

(c) Equality Impact Assessment – Summary

Please consider all the protected characteristics when answering questions 1, 2 and 3 below. Please also consider the issues of poverty and health inequality within each protected characteristic:

- Age
- Disability
- Gender identity
- Marriage / civil partnership
- Pregnancy / maternity
- Race
- Religion / belief
- Sex
- Sexual orientation

1. Please describe all the positive and negative impacts on the duty to eliminate unlawful discrimination, harassment or victimisation. Please indicate alongside each identified impact the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

Positive Impacts

As the implementation of the new Joint Carers' Strategy for Edinburgh will enhance carer support, it is anticipated that this will have a positive impact in contributing to the Councils' and Health Board's duty to work towards eliminating unlawful discrimination of people with protected characteristics, and those who care for them, whatever their protected

characteristics.
Negative Impacts
None.

2. Please describe all the positive and negative impacts on the duty to advance equality of opportunity (i.e. by removing or minimising disadvantage, meeting the needs of particular groups that are different from the needs of others and encouraging participation in public life)? Please indicate alongside each identified impact the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

Positive Impacts
This will be achieved through implementation of the new Joint Carers' Strategy in the following ways:
<ul style="list-style-type: none"> • By measuring impact of delivery of carer support against identified short term, medium term and long term outcomes in the strategy. • By promoting and undertaking carer's assessments, identifying needs then providing support to carers, disadvantages experienced by carers are minimised and thereby their health and wellbeing and equality is advanced (STC). • Support for young carers from black and minority ethnic backgrounds is provided also through partnership agencies who have close links with minority communities and can therefore identify children most in need. • Partnership working with specialist agencies will ensure minority carer groups have equity of information and access to support (HCUV).
Negative Impacts
None.

3. Please describe all the positive and negative impacts on the duty to foster good relations (i.e. by tackling prejudice and promoting understanding)? Please indicate alongside each identified impact the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

Positive Impacts
This will be achieved through implementation of the new Joint Carers' Strategy in the following ways:
<ul style="list-style-type: none"> • By working collaboratively with individual carers and groups of carers, health and social care services, children and families, housing, voluntary sector and private agencies. • Through effective communication and engagement activities within these groups which in turn reinforces and adds to our understanding of the contributions that carers make and the impact of their role to our communities. • Promoting the value of resilience across our communities contributes to the way adult carers are both viewed and supported as equal partners in the provision of care and support themselves, with increased focus on empowerment, participation, inclusion and partnership working. • By identifying, assessing and supporting young carers, practitioners and agencies can relieve them of inappropriate caring roles and enable them to children and young people first and foremost (GIRFYC).
Negative Impacts
None.



Part 3: Evidence Gaps, Recommendations, Justifications and Sign Off

(a) Evidence Gaps

Please list all relevant evidence gaps and action to address identified gaps.

Evidence Gaps	Action to address gaps
Identifying carers	<p>Undertake carer awareness raising and publicity</p> <p>Promotion of carer awareness needs and issues training to frontline staff</p> <p>Develop new approaches of identifying carers to improve carer identification of hard to reach groups</p> <p>Explore new models of undertaking carer's assessments</p> <p>Develop online carers self identification tool</p> <p>Raise carer awareness with employers/education providers</p> <p>Improve role of GP Practices in carer identification and referral</p>

(b) Recommendations

Please record SMART recommendations which may include actions to

- (i) eliminate unlawful practice or infringements of absolute rights;
- (ii) justify identified infringements of rights; or
- (iii) mitigate identified negative equality impacts
- (iv) further advance equality and rights, and promote good relations.

Recommendation	Responsibility of (name)	Timescale
1. Implement the Joint Carers' Strategy in partnership with stakeholders	Gordon Dodds (Health and Social Care) Donny Scott (Children and Families)	April 2014 to March 2017
1a. Undertake carer awareness raising and publicity	Gordon Dodds (Health and Social Care) Donny Scott (Children and Families)	April 2014 to March 2015
1b. Promotion of carer awareness, needs and issues training to frontline staff	Gordon Dodds (Health and Social Care) Donny Scott (Children and Families)	April 2014 to March

1c. Develop new approaches of identifying carers to improve carer identification of hard to reach groups	Gordon Dodds (Health and Social Care) Donny Scott (Children and Families)	April 2015 to March 2016
1d. Explore new models of undertaking adult carer's assessments	Gordon Dodds (Health and Social Care)	April 2014 to March 2015
1e. Develop online carers self identification tool	Gordon Dodds (Health and Social Care)	April 2015 to March 2016
1f. Raise carer awareness with employers/education providers	Gordon Dodds (Health and Social Care) Donny Scott (Children and Families)	April 2015 to March 2016
1g. Improve role of GP Practices in carer identification and referral	Gordon Dodds (Health and Social Care)	April 2015 to March 2016
2. Monitor, review and evaluate the implementation of Joint Carers' Strategy at regular intervals.	Gordon Dodds (Health and Social Care) Donny Scott (Children and Families)	April 2014 to March 2017
3. Develop an action plan to ensure implementation of Joint Carers' Strategy	Gordon Dodds (Health and Social Care) Donny Scott (Children and Families)	April to June 2014

(c) Sign Off

I, the undersigned, am content that:

- (i) the ERIA record represents a thorough and proportionate ERIA analysis based on a sound evidence base;
- (ii) the ERIA analysis gives no indication of unlawful practice or violation of absolute rights;
- (iii) the ERIA recommendations are proportionate and will be delivered;
- (iv) the results of the ERIA process have informed officer or member decision making;
- (v) that the record of ERIA has been published on the Council's website / intranet, or
- (vi) that the ERIA record has been reviewed and re-published.

Date	Sign Off (print name and position)	Reason for Sign Off (please indicate which reason/s from list (i) to (vi) above)
27/2/14	Monica Boyle, Head of Older People and Disability Services Health and Social Care	(i) (ii) (iii) (iv) (v)
20/2/14	Alistair Gaw Head of Support to Children and Young People Children and Families	(i) (ii) (iii) (iv) (v)

