



# 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:** Coproduction of Grants Prospectus for Carer Support [v1.31]

Service Area	Division	Head of Service	Service Area Reference No.
Carer support, The City of Edinburgh Council	Assessment and Care Management, Health and Social Care	Monica Boyle, Head of Older People and Disability Services	HSC44

### (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
Coproduction of Grants Prospectus for Carer Support	18 November 2014
<p>The coproduction work undertaken follows on from a recent Council review of all grants and is cognisant of the Transformation Programme in relation to third sector funding. The City of Edinburgh Council Cooperative Capital Framework is also recognised in the development of the coproduction of carer support grants.</p> <p>Key dimensions of the coproduction work are as follows:</p> <ul style="list-style-type: none"> <li>Meeting the priorities and outcomes of the Edinburgh Joint Carers' Strategy will be paramount from new applications for grants for carer support</li> <li>A move towards three year grant funding instead of the current annual process</li> <li>More emphasis on providing locality based services</li> <li>New applications will be welcomed and current providers of services cannot be guaranteed future grants</li> <li>A reduction of 10% is required to grants funded prospectus areas over the period 2015/18.</li> </ul>	

### (c) ERIA Team

Please list all ERIA Team Members:

Name	Organisation / Service Area
Emma Cashmore	Planning and Commissioning officer (Carers)- The City of Edinburgh Council
Gordon Dodds	Planning and Commissioning officer (Carers)- The City of Edinburgh Council
Shenaz Bahadur	HSC Equalities Officer, The City of Edinburgh Council
Angela Dias	Manager, North West Carers Centre
Ruth MacLennan	Manager, Care for Carers
Seb Fischer	CEO, VOCAL
Kim Taylor	Befriending Manager, Edinburgh Headway Group
Michelle Kennan	CEO, Edinburgh Headway Group
Michele Mason	Service Manager, Support in Mind

## Part 2: Evidence and Impact Assessment

### (d) 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. Edinburgh Joint Carers' Strategy (2014-2017)	EJCS
2. Towards 2012- Joint Carers Strategic Action Plan for Edinburgh (2007-2012)	T2012
3. Review of Towards 2012 report (March 2013)	RT2012
4. Getting it Right for Young Carers: The Young Carers Strategy for Scotland [2010 – 2015]	GIRFYC
5. Caring Together : The Carers Strategy for Scotland [2010 – 2015]	CSS
6. Picking Up the Pieces report: Enable/Scottish Government (2012)	PUTP
7. Hidden Carers, Unheard Voices report: Informal caring within the Gypsy/Traveller community in Scotland, MECOPP[2011/2012]	HCUV
8. Census 2011	CS2011
9. Carers Scotland (2011) 'Sick, Tired and Caring' report	STC
10. MacKenzie and Greenwood (2012) 'Positive experiences of caregiving in stroke: a systematic review', Disability and Rehabilitation.	PEC
11. Carers UK (2004) 'In Poor Health' report	IPH
12. Consultation report on draft Joint Carers' Strategy (Jan 2014)	CRJCS
13. Mapping Report: Carer support in Edinburgh (Oct 2013)	MCS
14. VOCAL Carer Survey 2013	VCS2013

### (e) 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
- X  Health
- Physical security
- Legal security
- X  Education and learning
- Standard of living
- Productive and valued activities
- X  Individual, family and social life
- X  Identity, expression and respect
- X  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 (CS2011). 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.

The 2011 Census revealed that the number of unpaid carers in Edinburgh dropped slightly from 38,876 in 2001 to 37,859 in 2011 (CS2011). 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 2001 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.

Through the coproduction redesign of the grant prospectus for carer support aligned to the six priorities in the Edinburgh Joint Carers' Strategy (EJCS), this will enhance the following domains for carers:

- **Right to Health** – The services provided through the grants redesign will contribute to tackling health inequalities faced by carers, improve carers' health and wellbeing through adequate support and identification via GP registers and health initiatives for carers.
- **Right to Education and Learning**- The services provided through the grants redesign will contribute to access to quality carer training and learning opportunities, carers will have enhanced access to adult learning.
- **Right to Individual, Family and Social Life** – The services provided through the grants redesign will contribute to ensuring 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 outwith their caring role.

- **Right to Identity, Expression and Respect** – The new carer support services 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** – By coproducing the redesign of the grants prospectus, this will improve and enhance the rights of carers to participate in decisions that affect their lives and the people that they care for.

Some carers find it very difficult to find time for themselves outside of their caring role. This may be because the cared for person 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).

Through the coproduction redesign of the grant prospectus for carer support aligned to the six priorities in the Edinburgh Joint Carers' Strategy (EJCS) 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 review (RT2012) of the previous Carers' Strategic Action Plan for Edinburgh: Towards 2012 (T2012). 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 1<sup>st</sup>, 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). This 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; improve transition services between young carer and young adult carer support; consider the needs of people from other minority ethnic groups and provide information packs to carers at social hubs, libraries and GP surgeries.

The understanding of carers' needs in Edinburgh was also established through the VOCAL survey 2013 of carers who make use of their services in Edinburgh and Midlothian (VCS2013). 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).

In addition, a further **eight week consultation** was undertaken during **June to July 2015**. With the planned proposed changes to carer support grants in Edinburgh, it was decided to take the key messages out for consultation with carer groups and carer support agencies during June and July 2015. This allowed carers to contribute directly with Planning and Commissioning officers from the Council and to participate in the coproduction process. In addition, some carers also sent in individual responses to the consultation by either email or post.

The main approach to consultation was to set up focus groups and meetings with carer groups and organisations who support carers not in receipt of a Council grant during the period of June to July 2015. Previous to this consultation, a series of coproduction meetings over six months from November 2014 were held with incumbent providers who are grants funded to provide carer support services. This allowed for ongoing collaborative dialogue about how we could make changes to grants and involve those providers who were currently funded. The consultation used a template with key messages and four key questions for people to respond to.

This second consultation involved **42 carers** and **seven carer groups/ third sector organisations** who support carers including Care for Carers, Edinburgh Headway Group, BEMAS, PASDA, Carers Reference Group, Edinburgh Carers Network and Edinburgh Carers Council. The findings of this consultation are also incorporated into the ERIA.

#### **Summary of Infringement of Rights**

Can these infringements be justified? Are they proportional?

None

### (f) 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:

- x  Age
- x  Disability
- x  Gender identity
- Marriage / civil partnership
- Pregnancy / maternity
- x  Race
- x  Religion / belief
- x  Sex
- x  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 carer support grants prospectus 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.
A planned move to three year funding for providers will aid stability and planning of organisations to provide their services to the people who use them. For example, older LGBT male carers who access North West Carers Centre services will have consistency of support without the need to approach other agencies for the support they currently receive, should they so choose. The equality protected characteristics that this example covers is sexual orientation, age and gender.
Negative Impacts

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 carer support grants prospectus in the following ways: <ul style="list-style-type: none"><li>• By measuring impact of delivery of carer support against identified short term, medium term and long term outcomes in the strategy (EJCS).</li><li>• By identifying carers, promoting carer's assessments and support plans, identifying needs then providing support to carers, disadvantages experienced by carers are minimised and thereby their health and wellbeing and equality is advanced (STC).</li><li>• Support for carers from black and minority ethnic backgrounds is provided also through partnership agencies who have close links with minority communities and can</li></ul>

therefore identify carers most in need.

- Partnership working with specialist agencies will ensure minority carer groups have equity of information and access to support (HCUV).

#### **Positive Impacts from opening process to new applicants:**

- Small local groups whose needs are not represented now may be able to apply for grants, e.g. recent arrivals from other countries to Edinburgh, which would have a positive impact regarding race and culture for people whose needs may not yet be understood by the community or other groups.
- Opportunities for small 'user led' groups to apply for grants, which could potentially be positive for any of the protected characteristic groups if they feel current groups do not meet their needs.
- Carers not currently in receipt of local support will have more choice and better access to support in their community.

#### **Positive Impacts relating to extending funding to 3 years:**

- Three year funding offers better security of services for all groups. This particularly affects people who need time for service providers to get to know them and their needs. This includes many carers who support people with dementia, or learning disabilities so has a particular impact on the disability and age groups. It may also be very positive for people for whom English is not their first language, and also need more time for limited verbal communication to be understood, so has a positive impact on race for some people. As it is often older people, and more so women, who may use English less, this impact is exacerbated by gender and age.
- Less time will be spent on writing and making decisions on funding applications by statutory and voluntary sector staff, freeing up either funding or hours of staff time to provide or develop services for carers. Again, because many carers support those who have disabilities, or are children or older people, those from disability and age related groups are positively impacted.
- Carer organisations, as with many local third sector organisations, tend to be good at supporting those in their user groups to work, and volunteer, therefore extending funding for 3 years often provides higher job security for people who tend to have additional vulnerabilities in the labour market. For example, those who have been young carers often leave school with poor qualifications or experiences because of their caring responsibilities, and being able to work for local carer organisations offers them improved opportunities in life.
- The greater security afforded to organisations means they can plan and develop services. This is positive in terms of maintaining and improving services for carers, which in turn impacts on those they care for, related to disability or age characteristics.

#### **Positive Impacts relating to changes to provision of locality based services:**

- Services can be planned with immediate communities in mind, which will benefit communities which have large proportions of specific groups. In Edinburgh, this is likely to have positive benefits for age and race related groups, and in some instances, religion.
- For some people, especially those who do not drive, using local services is positive as they have less travel, and may be able to access services more easily. This relates mainly to people from age, disability (doubly affected as some people in those groups will be unable to drive as an inherent aspect of their age or disability needs), and

pregnancy and maternity related groups.

- Some carers really value local support and would like to see more in their community.
- Carers feel it is important to them to have a choice of either locality based or citywide support services.

### **Positive Impact of change to grants prospectus**

- Reviewing services with a fresh perspective can be positive and lead to opportunities for improving, developing or providing new services, which would impact on carers and those they support, significantly affecting people from age and disability groups.

### **Negative Impacts**

#### **Negative Impacts relating to extending funding to 3 years**

- Whilst the effect of three year grants is mostly highly positive for all groups, a concern from some carers and carer support providers is that there could be a risk that after new grant applications are assessed and decisions made, that any particular community could have a potential reduction or loss of relevant services for three years instead of just one. This could affect any protected characteristic group.

#### **Negative Impacts from opening the grants process to new applicants:**

- A concern from some local carer support providers is that national organisations will be able to apply and although they often have a good track record in terms of awareness raising and fundraising, there is view that their lack of specific local knowledge and different processes do not transfer well into meeting individual local needs.
- Another concern from some local providers is that this may impact particularly on disability groups who may be less able to fit into the administration of large services, and on people who have specific ways in which some parts of their services must be provided, and this would probably impact more on religious groups.
- Equally, a concern from some local providers is that organisations whose management boards are not made up of local people may be less able to know and take into account what else is happening, or available, locally when they make decisions, therefore their decisions are possibly more likely to negatively impact on carers.
- As carers mainly support people who are older or disabled, there could be a secondary effect on disability and age, affecting children and older people. It is likely people from race and religion groups could also be affected, particularly where local people who have settled in a particular area have created their own lifestyle.

#### **Negative Impacts of change to grants prospectus**

- A concern from some local providers is that there is a risk of services which are currently provided, and have been started by local people who saw the need for a service to be developed in a particular area, being reduced or stopped, which will impact on the groups who currently receive services, and again, because of the groups whom carers support, the most likely impact relates to age and disability.
- Another concern from some local providers e.g. for those carers of people with dementia, the loss of individual staff, or the opportunity for a gradual hand over of services to someone else, could potentially be upsetting and impact on their their health and well being, so the groups disability and age could be disproportionately affected.



- From recent consultation, there were a range of concerns that matter the most to carers and these include employment, funding, professionals, carer support, choice and access. Many of these issues were picked up already through the consultation for the Edinburgh Joint Carers' Strategy and helped to shape the six priorities for carers in Edinburgh. Overall, there were some concerns about the proposed changes and the implications for current grant funded services that carers access. There were also concerns about the attitudes of some professionals and a need for improved training on carer awareness and support.
- Some carers valued local support and would like to see more in their community. However, other carers had some concerns and felt empowered to be part of a bigger citywide service.
- There appears to be a concern that funding for carer support is being reduced, even though that the Council's financial challenges have been well communicated to the third sector including carer organisations. Carers also felt that it is important to them to have a choice of either locality based or citywide support.

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 carer support grants prospectus in the following ways:

- 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.

### **Positive impacts relating to funding locality based only**

- A view from some local providers is that for some newly arrived groups to our city or people with specific needs and their carers relating to cultural or other needs, there may be possibilities to bid for small amounts of grant funding to meet very local needs. This would positively impact on certain race or religion related groups. When people have their needs met, and know they are valued, good community relations are more likely to exist.
- Less professional time is spent travelling to carers and professionals meetings, which will have a positive benefit in maximising time available for carers, and those they care for (from all groups, but particularly from age and disability related groups). This may become a more important issue if staffing budgets diminish further.
- Relationships would be enhanced between local professionals from the statutory and the voluntary sectors. The best outcome for this would be better understanding of

each other's roles, leading to clearer and timelier communications. This would have a positive impact on all groups, and in particular those who rely more heavily on services, e.g. carers of people with complex disability needs.

- Carers responded positively to what type of services they would propose for one of the four localities that would most help them as a carer. The carers who responded to this consultation question gave many examples of what they would like to see in of the four localities. This included carer support groups, respite, social support and outings, better college support for people with autism and the need for specialist BME services.
- There were significant differences between the types of caring situations and this should be acknowledged. For example carers of people with mental health issues would like to see a 'one stop shop' for carers in their situation and also a dedicated phone line for support. Interestingly enough, both of these services currently exist through the Edinburgh Crisis Centre and Edspace, an online information web site for carers and people with mental health issues. To contrast, carers of people on autistic spectrum would like to see better employment support services that were autistic specific as well as a transition worker for college for people with autism. They also valued the need for respite and a break away from their caring situation.
- BME carers outlined that they would like to see specialist services such as BEMAS continue to provide services to them as well as practical support to help them whilst they were waiting for statutory services. They also raised the issue that they would like to have more parenting support for those that had a child with a disability.
- Carers of people with an acquired brain injury were keen to highlight that for them practical and emotional support was particularly useful. They also valued Headway's befriending services and the social outings that they received as carers.

## **Negative Impacts**

### **Negative Impacts relating to funding locality based only**

- A concern from some local carer support providers is that if all grant funding decisions for carer support were locally based, services available would be based on what specific organisations in specific areas could provide, or were able to apply for. In their view, this could potentially create a 'postcode lottery' of services which would potentially exclude whole groups from certain services. This could include people from disability groups (including mental health), and from age groups, e.g. if funding was not allocated sufficiently to an area which has a higher number of older people living there.
- Another concern from some local providers is that this would also impact significantly on all groups living outside of the area of service provision. If funding for a particular service did not include an area where there were high numbers of e.g. Chinese, or another ethnic minority people, then those groups could be excluded from receiving services, therefore there could be a disproportionate impact on race or religion.

## Part 2: 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

### (b) Recommendations

Please record SMART recommendations to


- (i) eliminate unlawful practice or infringements of absolute rights;
- (ii) justify identified infringements of rights; or
- (iii) mitigate identified negative equality impacts.

Recommendation	Responsibility of (name)	Timescale
(1) Ensure that all new grant applications are satisfactorily assessed and criteria followed in line with the priorities and outcomes within the Edinburgh Joint Carers' Strategy and Council guidance.	Gordon Dodds (H&SC) Emma Cashmore (H&SC)	Oct to Dec 2015
(2) Allow partnership or consortium bids for grants to be considered where they can demonstrate that they will deliver effectively in localities or across multiple localities if required.	Gordon Dodds (H&SC) Emma Cashmore (H&SC)	Oct to Dec 2015
(3) Consideration will be given to new applications from groups or providers who wish to meet a specialised/ specific carer need through delivery of either a locality or a citywide service.	Gordon Dodds (H&SC) Emma Cashmore (H&SC)	Oct to Dec 2015

### (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)
17/09/15	 Monica Boyle, Head of Older People and Disability Services	(i) to (v)