

## Equality Impact Assessment Tool: Policy, Strategy and Plans

(Please follow the EQIA guidance in completing this form)

### 1. Name of Strategy, Policy or Plan

Glasgow City Health and Social Carer Partnership Carer Strategies

Please tick box to indicate if this is: Current Policy, Strategy or Plan  New Policy, Strategy or Plan

### 2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

Historically, Glasgow's Carers Strategy was a joint strategy including both Adult and Young Carers. Glasgow City Health and Social Care Partnership is now required to prepare separate carers strategies for adult and young carers due to the Carer Scotland (Act) 2016.

These strategies offer support to both adults who look after a partner, relative or friend, and young carers under the age of 18 who provide or intend to provide care for an adult or a child with non-age related support needs. The intentions of the adult carer strategy are to support carers who are willing and able to continue caring as key partners in the delivery of health and social care. A key focus of the young carer's strategy is to alleviate inappropriate caring roles recognising their rights under the United Nations Convention on the Rights of the Child (UNCRC).

Glasgow City Health and Social Carer Partnership defines a carer as a person who looks after a partner, relative or friend who cannot manage without help because of an illness (including mental illness), addiction, frailty or disability. You may or may not live with the person you look after.

Glasgow City Health and Social Carer Partnership defines a young carer as a person under the age of 18 who provides or who intends to provide care for an adult or child needing care, except where the child needs care solely due to its age.

Glasgow City Health and Social Care Partnership is fully committed to delivering the best outcomes for unpaid carers and the person they care for. The strategies acknowledge that caring for family and friends is a natural part of all our lives, but

can be emotionally and physically demanding, but should not be to the detriment of the carer's own health and wellbeing. GCHSCP provide a range of carer services and commission a network of carer support services. Carers have been involved over the last number of years in shaping strategy, ensuring that what is being provided is designed around the outcomes carers identified as being important to them.

The strategies aim to deliver better and consistent support for carers and young carers so they can continue to care, if they so wish, in better health acknowledging they are entitled to a life alongside their caring role.

Our key priorities reflected in the adult carers strategy are: Identifying carer earlier in their caring role to prevent crisis in caring; Providing a single point of access for carers into support services and universal offer of information and advice for all carers in the city; Development of clear training and support pathways for carers; Delivering personalised support to carers recognising every caring situation is unique; To ensure Adult Carers are treated fairly and diversity is valued. All commissioned carers services have access to interpreting services to complete Carer Support Plans and Young Carer Statements.

Our key priorities reflected in the young carer strategy are: Identifying young carers earlier in their caring role to prevent crisis in caring; To reduce levels of inappropriate and harmful caring; To work with young carers and their families to build on family strengths and improve the wellbeing and development of the child; To ensure Young Carers are treated fairly and diversity is valued.

A Workforce Learning and development Plan has been created to support implementation of the Carers (Scotland) Act 2016 and monitor the effectiveness of the strategies. The Carer Strategies promote the rights of carers, seeking to maximise the benefits of health and social care integration for the city's unpaid carers. The intention is that all operational staff will routinely identify, supporting or refer carers to carer support services. The intention would be that the annual carer report will include information about carers with protected characteristics.

The strategies will ensure that as many carers as possible are identified earlier and supported to access good quality information and advice, signposting and preventative support services. The strategies will help carers to build capacity in their caring role and also seek with them ways to improve their own health and well-being. The services will be required to take a whole family approach, especially in relation to supporting young carers.

This Equality Impact Assessment was undertaken to capture information relating to adult's and young carer's strategies for different protected characteristic groups and will be used to inform ongoing strategy development, to ensure compliance with GCHSCP's legal duties in respect of their Public Sector Duty.

### 3 Lead Reviewer

Fred Beckett

### 4. Please list all participants in carrying out this EQIA:

Ann Cummings [ Service Managers ] , Andy Bell [ Project Leader ] , John Haxton [ Project Leader ], Julie Young Manager at South East Carer Centre, Linda Allan Manager at South West Carer Centre , Maureen Bowers Manager at West Carer Centre , Liz Brunjes Manager at North West Carer Centre, Shelley Paterson Carers Lead at Glasgow Association for Mental Health, Jean McInaw Manager at North East Carer Centre, Margaret Chiwanza CEO Minority Ethnic Carers of Older People's Project, Mark Ellis, Joyce Lau, AnnMarie Gorman

### 5. Impact Assessment

**A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality? Please provide excerpts from the document to evidence.**

As per the requirements of the Equality Act 2010, every effort will be made in the delivery of the carer strategies to ensure equitable access to Carer support and services is inclusive of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation. The ethos of the strategy is to

make Carer's issues a priority in all sectors of social care and health. By taking account of the needs of the Cared For and their Carers, services should become more inclusive and accessible for all carers.

How we will support carers: By completing Adult Carer Support Plans or Young Carer Statements services are able to record adult carer's or young carer's personal outcomes and needs for support. An adult carer's or young carer's personal outcomes and needs for support must be reviewed when the adult carer support plan or young carer statement is reviewed.

The identification of personal outcomes and needs for support are integral to the duty to prepare the adult carer support plan and young carer statement. GCHSCP must take into account requirements under section 149(7) of the Equality Act 2010 when identifying the adult carer's or young carer's personal outcomes and needs for support.

These provisions ensure that adult carers and young carers have the opportunity to have any protected characteristic they may have identified and considered as part of their adult carer support plan or young carer statement. The Intention of the Carer Strategies are to ensure there will be a positive impact on those who may have protected characteristics a result of accessing a Carer Support Plan or Young Carer Statement.

Glasgow City HSCP will use the Carers (Scotland) Act 2016 performance monitoring census to monitor the delivery and impact of the carer's strategies. This will enable GCHSCP and the Scottish Government to monitor the carer strategies are having a positive impact on carers with protected.

**B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy? For instance, a new flexible working policy might reflect on the additional burden experienced by carers or parents.**

		Source
All	All people with protected characteristics can be found in the role of carer. Those who are identified and supported through GCHSCP Carers Strategies will have equitable access to the information and support that is inclusive of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity,	Carers (Scotland) Act 2016 and Equality Act

	race, religion and belief, sex, sexual orientation.	2010
<b>Sex</b>	Both sexes are represented in the available demographic information about carers. Overall, 41% of carers are men and 59% are women. SHeS shows that the likelihood of being a carer increases with age, up until ages 55-64. Around 12% of women and 9% of men in their 20s and early 30s are carers but for those in their late 50s / early 60s nearly a third of women are carers as are over a fifth of men. Throughout the working years, women are more likely to be carers than men. This is particularly true for the 35-44 age group when women may also have school-age or preschool children to look after. Following retirement age, the difference between men and women balances out with 19% of both men and women in the 65-74 age group providing care. Looking at the older age groups men become more likely to be carers - 12% of men aged 75+ say they are carers compared with 9% of women. The intention of the Carers Strategies is to provide information and support to both men and women, evidencing equality in opportunity and access.	Scotland's carers 2015
<b>Gender Reassignment</b>	Transgender people are one of the most marginalised protected characteristics groups in the UK. Transgender people are likely to experience abuse at various points in their lives. In a study by Scottish Transgender Alliance (2008) 25% of respondents said they had to move from a family home due to family responses. This often results in homelessness; 46% had experienced transphobic abuse in relationships and 62% has experienced transphobic abuse from strangers in public places. 96% of trans young people indicate they have experienced mental health problems and associated behaviours with 63% experiencing suicidal thoughts.	Scottish Transgender Alliance: Transgender experience in Scotland 2008
<b>Race</b>	Ethnic minority carers make up 4% of all carers in Scotland. GCHSCP's care strategies will be delivered on a city wide basis and will reflect the population of the city as a whole. Glasgow has the largest percentage of ethnic minority groups	Scottish Census 2011

	of all Scottish cities, at 12%. The intention of the strategies are that they will be responsive to the needs of Glasgow's diverse carer population, facilitating communication where required through interpreting services or speech and language support.	
<b>Disability</b>	The Scottish Census of 2011 showed 23% of Glaswegians report as being limited by a long term health problem or disability in their day to day activities either "a little" or "a lot". There is a higher percentage of people with a disability in Glasgow than in other Scottish cities and higher than the Scottish average of 20%. The carer strategies will be delivered within the Carers Pathway framework of the Glasgow Carers Partnership, working within and supporting the single point of access for carers, the Carers support plans and Young Carer Statements to ensure that carers receive timely and accurate information, advice and guidance and access to support services as per agreed local protocols with the council and the NHS.	Scottish Census 2011
<b>Sexual Orientation</b>	In 2015, 1.8% of Scottish adults (aged 25 to 75+) and 3.7% of young people (aged 16 – 24) identified their sexual orientation as LGBTI. Schools Report Scotland have produced a report on the experiences of lesbian, gay, bisexual and transsexual young people in Scotland's schools in 2017. The ITT and contract address the issue of sexuality y under the Equality Act 2010 and antidiscrimination.	Scottish Surveys Core Questions 2015, Stonewall Scotland, University of Cambridge and Equality Act 2010
<b>Religion and Belief</b>	The Carers Strategies are designed to meet the needs of all carers and be inclusive of faith/belief.	Equality Act 2010 and ITT

<b>Age</b>	The carer strategies are intended to be available to both adult carers and young carers. It is estimated that carers make up 17% of the adult population and 4% of the child population (aged 4 – 15). The age group someone is most likely to be a carer is 55-64 years. Following retirement age, the difference between men and women balances out with 19% of both men and women in the 65-74 age group providing care. Looking at the older age groups men become more likely to be carers - 12% of men aged 75+ say they are carers compared with 9% of women. Scotland's 2011 Census shows that children who live with a lone parent are much more likely to be a carer (6.6% are carers) than a child who lives with two parents (2.5% are carers). Children who live with a lone parent are also much more likely to have substantial caring responsibilities (35 hours or more a week) than children living with two parents. Scotland's 2011 Census shows that nearly 3% of children living with a lone parent are caring for 35 hours a week or more while only 0.5% of children living with two parents provide this level of care.	Scottish Census 2011, Scotland's Carers 2015 and Equality Act 2010
<b>Pregnancy and Maternity</b>	If a carer or the cared for person was pregnant then that fact and any future implications could be acknowledged within carer support planning.	
<b>Marriage and Civil Partnership</b>	The relationship status of the carer or cared for person could be acknowledged within carer support planning.	
<b>Social and Economic Status</b>	Whilst not a protected characteristic, it has been found that people who live with a disabled adult in their family are more likely to be in relative poverty than those who do not ; this gap narrowed in 2009/10 but widened again in 2010/11. The Scottish Index of Multiple Deprivation evidenced that Glasgow is the most deprived city of Scotland, with half of its residents living in 20% of the most deprived areas of Scotland.	Scottish Government Equality outcomes; Disability Evidence Review

			2013 Carers Trust Scotland
	Young carers and their families are more likely to live in deprived circumstances than the average young population, and young carers in the most deprived areas of Scotland are more likely to have substantial caring roles compared with carers in the least deprived areas. The costs of providing care are high and can push families into poverty, so it will remain important that young carers and their families are supported by the Carers (Scotland) Act 2016 and the policy and practice that will accompany its implementation.		
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	In considering the implementation of the Carers (Scotland) Act 2016 no negative impacts on any of the protected groups have been identified. However, it is clear that data and evidence needs to be identified and gathered to Help inform how carers from some of the protected groups are better supported. In Particular, LGBTI and Gypsy/Traveller communities.		<b>Carers (Scotland) Act 2016 EQIA</b>
<b>C Do you expect the policy to have any positive impact on people with protected characteristics? Where you expect no impact please note None in all boxes.</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	N/A	As a result of the carer strategies, a wide range of carers in terms of age and other protected characteristics of carers who	N/A



		in turn may be supporting people with protected characteristics.	
<b>Sex</b>	N/A	N/A	The strategies are designed to meet the needs of all carers. Requirement under the Equalities Act 2010 not to discriminate on the basis of sex.
<b>Gender Reassignment</b>	N/A	Requirement under the Equalities Act 2010 not to discriminate on the basis of gender reassignment issues.	N/A
<b>Race</b>	N/A	Requirement under the Equalities Act 2010 not to discriminate on the basis of race.	N/A
<b>Disability</b>	N/A	Requirement under the Equalities Act 2010 not to discriminate on the basis of disability.	N/A
<b>Sexual Orientation</b>	N/A	Requirement under the Equalities Act 2010 not to discriminate on the basis of sexual orientation.	N/A
<b>Religion and Belief</b>	None	None	None

<b>Age</b>	The carer strategies will provide a single point of access for a wide age range.	N/A	N/A
<b>Marriage and Civil Partnership</b>	None	None	None
<b>Pregnancy and Maternity</b>	None	None	None
<b>Social and Economic Status</b>	As a result of the strategies there should be improved access and awareness to supports which will have a positive impact in this area	N/A	N/A
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	None	None	None

**D Do you expect the policy to have any negative impact on people with protected characteristics? Where you expect no impact please note None in all boxes.**

	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	None	None	None
<b>Sex</b>	None	None	None
<b>Gender Reassignment</b>	None	None	None
<b>Race</b>	None	None	None
<b>Disability</b>	None	None	None
<b>Sexual Orientation</b>	None	None	None
<b>Religion and Belief</b>	None	None	None
<b>Age</b>	None	None	None
<b>Marriage and Civil Partnership</b>	None	None	None

<b>Pregnancy and Maternity</b>	None	None	None
<b>Social and Economic Status</b>	None	None	None
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	None	None	None

<b>E Actions to be taken – please list amendments to the policy following assessment.</b>		
		<b>Responsibility and Timescale</b>
<b>1 Changes to policy</b>		
<b>2 action to compensate for identified negative impact</b>		
<b>3 Further monitoring – potential positive or negative impact</b>		
<b>4 Further information required</b>		

**Lead Reviewer: Name:**  
**Sign Off Job Title Alastair Low**  
**Signature**  
**Date: 21/05/2019**

Please email copy of the completed EQIA form to [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)

Or send hard copy to:

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