

Due Regard Statement

Please use this statement to evidence how 'due regard to' the three aims of the public sector equality duty has been made (section 149 of the Equality Act 2010) during the development of the 'policy'.¹

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by the ACT:
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic

Name of the 'policy':	The extension of existing commissioned carers contracts.
Person(s) responsible for completing this statement	Althia Lyn, Louise West, Halaina Gillam
Briefly describe the activity being considered including aims and expected outcomes	<p>The extension of existing commissioned carers contracts to continue to meet the outcomes defined in the National Carers Strategy, with variations to embed Care Act compliance. The contracts started in October 2013, running for 3 years to September 2016 (plus 2, plus 2). We are approaching the first two year extension period.</p> <p>Outcomes</p> <ul style="list-style-type: none"> • The model ensures that GCC and the GCCG are delivering on the National Carers Strategy Outcomes and will be able to demonstrate this. • The model ensures carers will be identified and referred to sources of support. • It will continue to ensure that the role of and support for carers has a recognised framework within both health and social care commissioning plans and delivery objectives.

¹ For 'policy': any new and existing policy, strategy, services, functions, work programme, project, practice and activity. This includes decisions about budgets, procurement, commissioning or de-commissioning services, service design and implementation.

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| | <ul style="list-style-type: none">• It will continue to ensure there is a clear and consistent approach between GCC and GCCG to how carers' needs are met across the county. This will reduce duplication and provide a more transparent approach.• The variations to the contracts will ensure statutory duties in relation to the Care Act 2014 and the Children & Families Act 2014 are being met. |
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Documenting use of sufficient information

Please document below the data and information sources that you have used to understand the needs, participation and experiences of each protected group. Evidence must be gathered as the policy is developed and used to inform decisions.

Service user data

Service user data is an important source of evidence and should be collated as part of routine monitoring of in- house or external services. If service user data is not available record 'not known' and use the action plan to identify what improvement actions will be used to gather data going forward.

Service user diversity reports are available on our website and give an indication of service user participation across commissioning areas, for example adult residential services and youth services. It does not include participation data at individual service level.

Needs analysis

Gloucestershire population demographics data is available to understand the representation of different protected groups across the county and help with needs analysis. Data like this may also be also useful for benchmarking to identify under or over representation of a service by any of the protected groups. For example, a service is open to all residents and from monitoring you know that 2% of service users are disabled: However, demographic data indicate that 16.7% of Gloucestershire residents report having a disability or long term limiting illness. This finding can be used to explore if there are barriers to participation by residents with disabilities and how this can be addressed as part of the development of your 'policy'.

Data gaps

You may find that you have more information about some of the protected groups for example, gender, age, disability and less about others, for example, sexual orientation and religion and/or belief. If data is not available and you intend to start collating data about a protected characteristic please use the action plan to outline how this data will be collated. You can find equality monitoring guidance on our [website](#) including an equality monitoring template.

If you have no plans to start collating data about a protected characteristic please state the rational why.

Service information (if applicable) or Needs analysis (if applicable)

<p>Who is responsible for delivering the service?</p>	<p>The contracts will continue to be delivered by the following organisations (Lead contract holders are in bold)</p> <ul style="list-style-type: none"> • Carers Gloucestershire and Gloucestershire Young Carers • Guideposts, Crossroads Forest of Dean & Hereford and Crossroads Central & East Gloucestershire
<p>Service user data/Needs analysis information NB Overall the number of unpaid carers in Gloucestershire has risen by 12% since 2001 and is expected to rise by another 12% to 70,000 by 2017.</p>	
<p>Age</p>	<p>Findings from the Carers Trust 'Prepared to Care?' (2013) report show that one in five people aged 50-64 are carers, that the majority of carers are working age and the peak age for caring is 50-64. Almost 1.3 million people aged 65 or older are carers and that the number of carers over the age of 65 is increasing more rapidly than the general carer population. Whilst the total number of carers has risen by 11% since 2001, the number of older carers rose by 35%.</p> <p>There has been a significant shift in unpaid carers' prevalence rates, particularly in the South West between 2011 and 2001. This in part can be explained by higher concentrations of older and retired people. This is true for Gloucestershire, where 15,569 people over 65 are carers, accounting for 25% of the caring population within the county.</p> <p>The 2011 Census indicated that almost 178,000 under 18's have caring responsibilities. The vast majority are providing under 20 hours of care per week, however thousands provide even higher levels of care. This wide spectrum means caring will affect these young people in different ways. Broader definitions put the figure of young carers higher, as close to three million children live in household with a disabled family member</p> <p>Using 2011 census data it is estimated that there are over 1600 children and young people aged 17 and younger providing unpaid care in Gloucestershire</p> <p>Gloucester has the highest proportion of YC's providing care at 2.5% of the under 25 population. The Cotswolds had the lowest proportion at 1.7%, an increase across Gloucestershire compared with the 2001 Census</p>

	<p>Service data: 58% of young carers receiving services are aged 8-11; 36% are aged 12-16. Around 1.5% are young adult carers aged 18-24. The 2011 Census shows that Gloucester has the highest proportion of YC's under 25 providing care – 2.5%, the Cotswolds the lowest 1.7%</p> <p>Service data shows that Gloucester has the highest number of young carers receiving services (32%), followed by FoD (16%). Cheltenham, Tewkesbury and Stroud have an average 13% of young carers, with Cotswolds having the lowest percentage of 12%.</p> <p>The majority of adult carers are of working age, aged between 25 – 64 (average 44%), which is in line with census data, with retired carers (65-74) making up approx. 27%. This figure is slightly higher than the census data of 25%.</p> <p>Older carers aged 75-84 fall just below this at approx. 22%, with carers aged 85+ accounting for 7%. At the start of the contract, carers aged 65+ accounted for around 49% of carers receiving services. This has increased to approx. 57%. The census data shows a 35% national increase in this category since 2001.</p> <p>Approximately 47% of carers receiving services are aged 65 and over.</p>
Disability	<p>Overall in Gloucestershire just under 15% of adults would describe themselves as experiencing a disability which adversely impacts on their day to day life.</p> <p>Many carers report that caring results in a negative and often lasting impact on their physical and mental health, many people with existing disabilities or long-term conditions also take on caring responsibilities. The 2011 Census shows that in England and Wales, almost 390,000 carers report in being in bad health.</p> <p>Carers UK's Caring and 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 aged carers) and were much less likely to be in paid work alongside caring. It found that because many working age 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.</p> <p>Carers' roles are often complex with many in full time education or employment as well as having to care for loved ones. The increased pressure in the life of a carer can have a negative impact on the health and wellbeing of the carer. A recent survey found that 6 in 10 carers had reached breaking point and a quarter required medical treatment as a result, 63% experienced depression and 79% reported anxiety.</p> <p>Service data: Young carers receiving services report low levels of own disability/condition. The highest percentage is 2% of young carers who</p>

	<p>state that they have a learning disability.</p> <p>The prevalent reported conditions of cared for people who are looked after by young carers are: 32% mental health; 29% long term condition, 21% PD and 9% substance misuse.</p> <p>For adult carers who have declared their own disability or condition, an average of 5.5% have mental health issues, average 15% have a Physical Disability and 18% have a long term condition.</p> <p>In Gloucestershire just under 15% of adults describe themselves as experiencing a disability which adversely impacts on their day to day lives. In Gloucestershire the service data reads as follows : 14% MH, 52% PD and 2% LD</p> <p>The conditions of cared for people mirror those of the carers (with slightly reduced percentages), however, memory and cognition has an average of 33%, making this the most prevalent condition of those people who are looked after.</p>
Sex	<p>58% Female and 42% male. The census shows that women are more likely to be carers than men. The percentage of carers who are females rises to 60% for those who are caring for 50 hours or more a week. Women make up 73% of the people receiving Carers Allowance for caring 35 hours or more a week.</p> <p>Caring also tends to affect men and women at different times. Women are much more likely to care in middle age. 1 in 4 women aged 54-64 have caring responsibilities, compared to 1 in 6 men.</p> <p>Women are more likely to be sandwich carers (combining eldercare and childcare) are also more likely to give up work in order to care.</p> <p>The imbalance reduces amongst older carers and men are slightly more likely to provide care than women amongst retired people – many caring for their partners.</p> <p>Service data: 59% of young carers are female; 41% are male. This is in line with census data</p> <p>In adult carer services, females average at 72% and males average at 28%.</p>
Race (including Gypsy & Traveller)	<p>The 2011 Census reported just under 600,000 BAME carers in England and Wales. 2011 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 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 ones. (Carers UK Policy Briefing May 2014)</p>

	<p>Carers UK 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.</p> <p>Service Data: The majority of young carers receiving services are White (89%); Mixed 5%, Black 2%, Asian 0.4%</p> <p>In adult carer services, the majority are White (97%), with the other races largely replicating the percentages for young carers, with the exception of mixed carers, which is negligible in adult services.</p>
Gender reassignment	Data is not collected for this protected characteristic for carers, however all carers support services respond to and are accessible for all carers
Marriage & civil partnership	<p>Data is not collected for this protected characteristic for carers, however all carers support services respond to and are accessible for all carers</p> <p>The ageing population is also likely to lead to a substantial increase in the number of mutual carers, generally older couples/partners looking after each other. The latest data from Projecting Older People Population Information supports this in regard to carers aged 65 and over and when applied to Gloucestershire, projects an increase of these carers in the next four years. 'Understanding Gloucestershire' (2015).</p>
Pregnancy & maternity	Data is not collected for this protected characteristic for carers, however all carers support services respond to and are accessible for all carers
Religion or Belief	Data is not collected for this protected characteristic for carers, however all carers support services respond to and are accessible for all carers
Sexual Orientation	Data is not collected for this protected characteristic for carers, however all carers support services respond to and are accessible for all carers

Other information

Link to: State of Caring Report 2016 (Carers UK) [State of Caring 2016 - Carers UK](#)

Link to: ADASS Census 2011 report [SW Carers Network](#)

Link to: NHS Five Year Forward View [NHS Five Year Forward](#)

Link to: NHSE Memorandum of Understanding for Carers Toolkit [NHSE MoU](#)

Link to: Memorandum of Understanding for Young Carers [No Wrong Doors. Young Carers MoU](#)

Link to: Carers Commissioned services annual satisfaction survey results [Annual Carers Contracts Satisfaction Return](#)

Link to: Prepared to Care? Carers Trust (2013) [Prepared to Care?](#)

Link to: Carers UK's Caring and Family Finances Inquiry (2013) [Caring & Family Finances Inquiry: Carers UK](#)

Link to: Understanding Gloucestershire [Inform Gloucestershire](#)

Workforce data

Please document details of GCC staff only if they will be affected by the proposed activity. This could include GCC staff transferring under TUPE to a new service provider, relocating, employment at risk. **GCC Workforce diversity reports** are available on our website.

If the proposed activity does not affect GCC staff, please state 'Not affected below'.

Total number of GCC staff affected	Not affected All Carers Support services are accessible to GCC staff who live in the County and meet certain criteria to use the service.
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Age	
Disability	
Sex	
Race (including Gypsy & Traveller)	
Gender reassignment	
Marriage & civil partnership	
Pregnancy & maternity	
Religion or Belief	
Sexual Orientation	

Consultation and engagement

List all types of consultation that has taken place during the development of this activity. Include on-line consultations, events, meetings with stakeholders, community events, employee consultation exercises etc

Service users	Annual Carers Satisfaction Surveys undertaken by commissioned services.
Workforce	None
Partners	Commissioned carer service providers have contributed to the Review of carers services.
External providers of services	None

Equality analysis: Summary of what the evidence shows and how has it been used

This section will allow you to outline how the evidence has been used to show ‘due regard’ to the three aims of the general equality duty. It is important that this consideration is thorough and based on sufficient information. Consideration should be relevant and proportionate.

- Eliminate discrimination
- Advance equality of opportunity
- Promote good relations

The impact of the caring role on carers must be understood in the wider context. A number of variables can be taken into account when considering to what extent due regard can be shown and measured. The nature of the caring role, tasks undertaken, number of hours spent caring, availability and or absence of support from family, friends and networks will also determine how and when a carer will seek support. Some carers will be supported in their caring role through assessment and provision of support to the

person they are looking after and therefore would not necessary seek to, need to, or wish to access carer specific support, despite them taking on significant caring roles.

The Equalities Act 2010 makes it unlawful to discriminate against a carer who is looking after someone who is elderly or disabled. The law protects these carers against direct discrimination or harassment because of their caring responsibilities. This is because these carers are counted as being 'associated' with someone who is protected by the law because of their age or disability. This includes when the carer asks for or receives services or uses facilities.

Protected group	Challenge or opportunity considered and what we did
Age(A)	<ul style="list-style-type: none"> • All current commissioned services for carers cater for all ages (including young and young adult carers) on a countywide basis. • Young carers, working age carers and older carers have access to appropriate and responsive support. • Carers Support services are required to deliver to the full range of age groups with specific recognition of, for example, young or parent carers. • We are developing the Gloucestershire Memorandum of Understanding for Young Carers, which will improve identification and support for this group across health and social care. • Personal budgets (currently in development) for carers to choose the services they will need will enable a wider more personal range of possible supports to be available across the range of ages. • Commissioned services for adult carers are increasingly providing services that are accessible for older people, e.g. the introduction of buildings-based support and activities. • Young carers, working age carers and older carers will need to have access to appropriate and responsive support. Carers Support services are required to deliver to the full range of age groups with specific recognition of for example young or parent carers. • The move to budgets for carers to choose the services they will need will enable a wider more personal range of possible supports to be available across the range. Given the changing profile of the county there is likely to an increased demand from all carers

	<p>regarding information advice and support</p> <p>Extending the contracts will have positive impact on this characteristic.</p>
Disability (D)	<ul style="list-style-type: none"> • It is a contractual requirement that all current commissioned services for carers cater for all disabilities on a countywide basis. • Work is ongoing on a Pathway for Dementia Carers, involving health and social care practitioners. • GCC and GCCG will be implementing NHSE's MoU for carers (Carer Friendly Communities Toolkit) • There are specific mental health services for both adult and young /young adult carers. • We do not currently collect data around employment status of carers for the purposes of the carers services monitoring. However links are being made with the Building Better Lives program to undertake a piece of work that aims to improve access to education and employment to all carers. <p>Extending the contracts will have positive impact on this characteristic.</p>
Sex (S)	<ul style="list-style-type: none"> • It is an expectation of the contracts that carer support services are accessible to all carers, male and female. • Contracts are increasingly responding to the needs of male carers and developing gender-specific support groups where appropriate and tailoring other delivery activities to suit for example some male-specific services are available, in order to increase the take-up from male carers. Services such as the Men's Pub Club have taken off well, and there are plans to look at female-only provision, where this would increase the opportunity of women to take part in carer support, which would otherwise not be available to them. <p>Extending the contracts will have positive impact on this characteristic.</p>
Race (including Gypsy & Traveller)(R)	<ul style="list-style-type: none"> • All carers support services will be accessible to carers from the BAME communities in Gloucestershire. The contracts specify the requirements to proactively offer the service to all carers including those from Gypsy and Traveller communities and Eastern European and other emerging communities across the county. • In addition to this offer, a number of BAME organisations have been funded through SLAs

	<p>to provide specialist support to BAME communities. Built into the agreements are milestones to ensure specific priority groups are targeted.</p> <ul style="list-style-type: none"> • Work is ongoing to ensure that the Carers Emergency Scheme is able to respond appropriately to BAME service users (cared for people) when their carer is unable to provide their usual support due to an emergency. <p>Extending the contracts will have positive impact on this characteristic.</p>
Gender reassignment (GR)	<ul style="list-style-type: none"> • There is a requirement for all commissioned services to respond to all carers. • The Carers Helpline is available to offer support to all callers, who can remain anonymous if required, and this service will be of benefit to people who would prefer not to take part in group or face to face support, for reasons of confidentiality. • Gender reassignment will be included in contract monitoring data collection in the future. <p>Extending the contracts will have positive impact on this characteristic.</p>
Marriage & civil partnership (MCP)	<ul style="list-style-type: none"> • There is a requirement for all commissioned services to respond to all carers. <p>Extending the contracts will have neutral impact on this characteristic.</p>
Pregnancy & maternity (PM)	<ul style="list-style-type: none"> • There is a requirement for all commissioned services to respond to all carers. <p>Extending the contracts will have neutral impact on this characteristic.</p>
Religion and/or Belief (RAOB)	<ul style="list-style-type: none"> • There is a requirement for all commissioned services to respond to all carers. • It is a contractual requirement that all service staff receive training in order to understand and effectively support the needs of individual service users/carers. This would include awareness of cultural / religious requirements. • Work is ongoing to ensure that the Carers Emergency Scheme is able to respond appropriately to BAME service users / individual cultural and religious requirements when their carer is unable to provide their usual support due to an emergency. <p>Extending the contracts will have neutral impact on this characteristic.</p>

Sexual Orientation(SO)	<ul style="list-style-type: none"> • There is a requirement for all commissioned services to respond to all carers. • The Carers Helpline is available to offer support to all callers, who can remain anonymous if required, and this service will be of benefit to people who would prefer not to take part in group or face to face support, for reasons of confidentiality. • Sexual Orientation will be included in contract monitoring data collection in the future. <p>Extending the contracts will have neutral impact on this characteristic.</p>
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Strengthening actions: Planning for further improvements

Please outline here what actions are required for further improvements to address challenges or opportunities, for example:

- Arrangements for continued/new engagement with stakeholders, staff, service users
- Plans to close data gaps across any of the protected characteristics through reviewed contract management arrangements
- Identify other plans already underway to address the challenges or opportunities identified in this statement
- Share findings with partner organisations.

If none, state 'none' below.

Action Plan

Action	Who is accountable	Time frame
Include Additional equalities data collection in contract monitoring	Louise West	2016 2017 reporting period.
To plan further analysis of caring trends around the caring relationships, gender, increasing age population of carers	Halaina Gillam	2016 2017 reporting period.
Ensure contract monitoring continues to include oversight of mutual and sandwich carers	Halaina Gillam	2016 2017 reporting period.

Continue to work with BAME carers services to ensure a long term plan is in place to ensure these carers are able to access the specific carers services	Althia Lyn	2016 2017 reporting period.
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Monitoring and Review

Please indicate what processes/actions will be put in place to keep this 'activity' under review. For example will progress be monitored/ reported to a board, scrutiny committee, project board etc

- Progress of the strategy will be reported to and scrutinised by the Better Care Fund Board.
- Commissioned services will be monitored via quarterly monitoring returns and bi-annual contract meetings.
- Any contract performance or compliance issues will be dealt with by the Lead Commissioner and Outcome Manager responsible for the strategy, with support from Commissioning Officers.

Sign off and Scrutiny

By signing this statement off as complete you are confirming that 'you' have examined sufficient information across all the protected groups and used that information to show due regard to the three aims of the general duty. This has informed the development of the activity

Senior level sign off: 	Date: 11.07.16
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I am in agreement that sufficient information and analysis has been used to inform the development of this 'activity' and that any proposed improvement actions are appropriate and I confirm that I as the decision maker have been able to show due regard to the needs set out in section 149 of the Equality Act 2010.

Name of relevant Portfolio Holder/Cabinet Member: <i>Josias Buñis</i>	
Signed by Portfolio Holder/Cabinet Member: <i>Josias Buñis</i>	Date: <i>11th July 2016</i>

Publication

If this statement accompanies cabinet paper it will be published as part of the cabinet report publication process. Statements accompanying cabinet reports are also published on our website. If this statement is not to be submitted with a cabinet paper please maintain a copy for your own records that can be retrieved for internal review and also in case of future challenge.

