

Equality Impact Assessment (EqIA)

For advice on this document please contact Clare Muir on 72119 or email Clare.Muir@reading.gov.uk.

Please contact the Project Management Office at pmo@reading.gov.uk for advice and/or support to complete this form from a project perspective.

Name of proposal/activity/policy to be assessed: Joint All Ages Carers Strategy
Directorate: Directorate of Communities and Adult Social Care
Service: Adult Social Care

Name: Dayna White
Job Title: Neighbourhood and Partnerships Manager
Date of assessment: 26/04/2024

Version History

Version	Reason	Author	Date	Approved By
1		Dayna White	26/04/2024	

Scope your proposal

- **What is the aim of your policy or new service/what changes are you proposing?**
-

The Joint All Age Carer's Strategy 2024-27 aims to improve outcomes for unpaid carers across Reading, by bringing system partners together. The strategy includes a detailed action plan which lays out the clear steps needed to achieve each strategic priority.

- **Who will benefit from this proposal and how?**
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Carers in Reading.

- **What outcomes does the change aim to achieve and for whom?**
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Strategic outcomes for unpaid carers in Reading

1. *More people understand what it means to be a carer and carers and professionals understand the rights of carers*
 2. *Carers and professionals understand the rights of carers and the pathways to support are transparent and understandable*
 3. *Carers feel heard and included in the decisions made about them*
 4. *The support available for carers in Reading is person-centred, culturally appropriate, and wide ranging*
 5. *Working carers feel supported and able to remain in work alongside their caring role*
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- **Who are the main stakeholders and what do they want?**

Carers in Reading

Reading Borough Council

Brighter Futures for Children

Berkshire Healthcare NHS Foundation Trust

Royal Berkshire NHS Foundation Trust

Reading & West Berkshire Carers Partnership

Berkshire West, Oxfordshire and Buckinghamshire Integrated Care Board

Assess whether an EqlA is Relevant

How does your proposal relate to eliminating discrimination; advancing equality of opportunity; promoting good community relations?

- Do you have evidence or reason to believe that some groups may be affected differently than others (due to race, disability, sex, gender, sexuality, age, religious belief or due to belonging to the Armed Forces community or care experience)? Make reference to the known demographic profile of the service user group, your monitoring information, research, national data/reports etc.

Yes / (delete as appropriate)

- Is there already public concern about potentially discriminatory practices/impact or could there be? Make reference to your complaints, consultation, feedback, media reports locally/nationally.

Yes / (delete as appropriate)

If the answer is **Yes** to any of the above, you need to do an Equality Impact Assessment.

If **No** you **MUST** complete this statement.

An Equality Impact Assessment is not relevant because:

X

Completing Officer

X

Lead Officer

Assess the Impact of the Proposal

Your assessment must include:

- **Consultation**
- **Collection and Assessment of Data**
- **Judgement about whether the impact is negative or positive**

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

Consultation

How have you consulted with or do you plan to consult with relevant groups and experts. If you haven't already completed a Consultation form do it now. The checklist helps you make sure you follow good consultation practice.

[Consultation manager form - Reading Borough Council Dash](#)

Relevant groups/experts	How were/will the views of these groups be obtained	Date when contacted

<p>Adult carers</p>	<p>Online survey Paper survey</p> <p>Face to face focus groups</p> <p>Focused interview</p>	<p>The online and paper Carers Survey launched 5th June 2023 and closed 31st July 2023</p> <p>Focus groups took place on the following dates: 18th July 2023 25th July 2023 1st August 2023 9th August 2023</p> <p>25th July 2023</p>
<p>Young carers</p>	<p>Online survey Paper survey</p> <p>Face to face informal discussions at young carers clubs, supported by youth workers</p>	<p>The online and paper young carers survey launched 5th June 2023 and closed 31st July 2023. The survey was then reopened 11th January 2024 until 19th February 2024</p> <p>July 2023 February 2024</p>

Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group. Include both positive and negative impacts.

(Please delete relevant ticks)

- Describe how this proposal could impact on racial groups
 - Is there a negative impact? No
-

Black, Asian and ethnic minority carers are more likely to be struggling financially. At the beginning of the pandemic, over half (58%) of unpaid carers from Black, Asian and minority ethnic groups said they were worried about their finances, compared to 37% of White carers (Carers UK, The Experiences of Black, Asian and minority ethnic carers during the COVID-19 pandemic, 2022).

In some of the focus groups we ran as part of the consultation exercise, some of our Black and Asian communities shared some cultural barriers they experience when thinking about accessing support or identifying as a carer. Some of these barriers included fear or apprehension about accessing services where those delivering support may not have a shared cultural understanding. Focus group participants also talked about what it means to be a carer and that this is something different for different cultures. Many talked about cultural stigma around accepting support or identifying as a carer in the first place, with many cultures seeing this as the duty or responsibility of the individual ¹

The action plan includes key actions around working with communities and community leaders from different cultural backgrounds to raise awareness about what it means to be a carer and what support is available locally, including financial support.

- Describe how this proposal could impact on Sex and Gender identity (include pregnancy and maternity, marriage, gender re-assignment)
 - Is there a negative impact? No
-
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¹ [Key facts and figures | Carers UK](#)

- 59% of unpaid carers are women (Census 2021). Women are more likely to become carers and to provide more hours of unpaid care than men. More women than men provide high intensity care at ages when they would expect to be in paid work (Petrillo and Bennett, 2022)²

This is also seen locally as 58% of carers in Reading identify as female (ONS, 2021). Females were also overrepresented in the young carers survey, with 68% of those Reading young carers who engaged with the survey identifying as female, despite only 50% of Reading young carers identifying as female through the 2021 census. This could highlight or suggest that female carers are more likely to access support or identify as a carer.

Although this is the case, during the strategy development many of professional providing support to carers in Reading noted anecdotally that they find female carers come forward for support earlier and are better able to self-identify as a carer than their male counterparts. With male carers usually being identified by a professional, or at crisis point during intervention from services. Although this is the anecdotal experience of professionals working with this cohort there is little data to evidence this. This is an area the strategy looks to understand with actions around developing and improving carer identification data to enable us to better understand this situation locally.

The action plan also captures key actions around focusing on supporting working carers and encouraging employers to become carer friendly workplaces. The communications campaign also aims to increase understanding about different types of carers and what it means to be a carer, this is intend to raise the visibility among members of the public and carers who may not recognise themselves as carers yet.

- **Describe how this proposal could impact on Disability**
- **Is there a negative impact? No**

- 27% of carers who completed the CarersUK State of Caring survey in 2022 said they had a disability. Caring can have a significant impact on health and wellbeing. 60% of carers report a long-term health condition or disability compared to 50% non-carers (Carers UK analysis of GP Patient Survey 2021).³

Locally, 48% of carers who responded to the adult carers' survey in 2023 said they had a disability or health condition which impacted their ability to carry

² [Key facts and figures | Carers UK](#)

³ [Key facts and figures | Carers UK](#)

out their caring role. The most common conditions of those who responded were mental health problems, closely followed by physical disability.

There are key actions with the plan which look to improve the mental health support available for carers in Reading, particularly under priority 4 there is a commitment to provide person centred support.

- **Describe how this proposal could impact on Sexual orientation (cover civil partnership)**
 - **Is there a negative impact? No**
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- LGBT carers are more likely to more likely to feel lonely. 48% of bisexual carers and 45% of lesbian and gay carers often or always feel lonely, compared with 33% of heterosexual carers (Carers UK, The Experiences of lesbian, gay and bisexual carers during the COVID-19 pandemic, 2022).⁴

89.3% of those carers who responded to the adult carers' survey in 2023 identified as heterosexual, with 9.3% preferring not to answer and 1.3% answering other. This shows under-representation for those carers identifying as lesbian, gay, bisexual or other.

The action plan looks to address this through the communications campaign where different types of carers will be shown, encouraging different people to think about themselves as carers. There is also an action to deliver training programmes for professionals, community leaders and voluntary sector organisations to raise awareness about the caring role and the support available for carers locally, this will include organisations who support people that do not identify as heterosexual. This will enable a broader range of professionals and community members to refer carers from all different backgrounds to support.

- **Describe how this proposal could impact on age**
 - **Is there a negative impact? No**
-
-

⁴ [Key facts and figures | Carers UK](#)

- Between 2010-2020, people aged 46-65 were the largest age group to become unpaid carers. 41% of people who became unpaid carers were in this age group (Petrillo and Bennett, 2022).⁵

According to the 2021 census, the highest number of carers in Reading fall into the 50-59 years age category with 24% of all Reading carers falling into this bracket.

The 2021 census identified 120,000 young carers across England (aged 5-18 years), 2,635 of those are young carers in Reading.

Having caring responsibilities can be really difficult for some young people. The Children’s Society conducted research which shows that young carers can feel stressed or anxious, miss school, have limited time to spend with their friends, and feel they have to limit their plans for their own futures.⁶

In the Reading young carer’s survey, when asked ‘how does being a young carer impact on your own health and wellbeing?’ the respondents ranked the following statements:

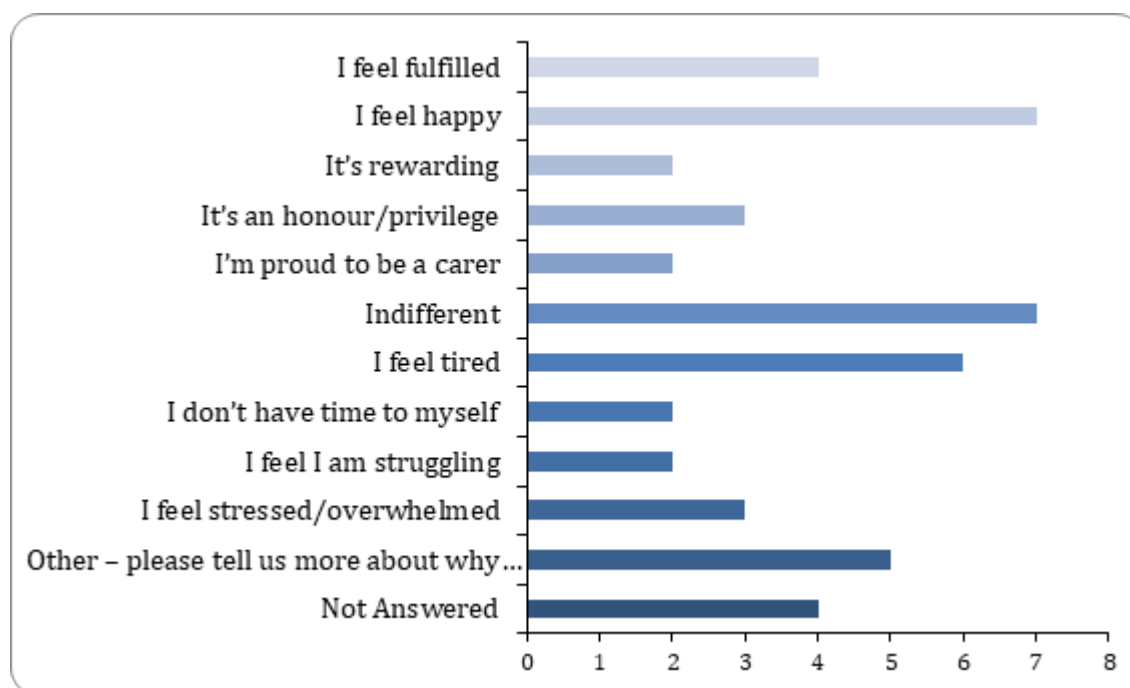


Figure 1 - respondents were able to select more than one statement

25% felt happy, 25% felt indifferent and 21% felt tired

The action plan has specific actions around improving transition processes for carers. This includes transitions between children’s and adult’s services and

⁵ [Key facts and figures | Carers UK](#)

⁶ [Facts About Young Carers | The Children's Society \(childrensociety.org.uk\)](#)

transitions for older carers including changes around the end of the caring role and forward planning.

- Describe how this proposal could impact on Religious belief
- Is there a negative impact? No

The following chart shows the religious belief of the young carers who engaged with the Reading young carer’s survey 2023

	Total	Percent
Buddhist	0	0.00%
Christian	10	35.71%
Hindu	0	0.00%
Jewish	0	0.00%
Muslim	3	10.71%
Sikh	0	0.00%
No religion	12	42.86%
Prefer not to say	3	10.71%
Other	0	0.00%
Not Answered	0	0.00%

The following chart shows the religious belief of the adult carers who engaged with the Reading adult carer’s survey 2023

	Total	Percent
Buddhist	1	1.3%
Christian	37	49.3%
Hindu	2	2.7%
Jewish	2	2.7%
Muslim	4	5.3%
Sikh	0	0%
No religion	21	28%
Prefer not to say	4	5.3%
Other	0	0%
Not Answered	5	6.7%

The following chart shows the religious belief data captured for the total Reading population in the 2021 census:

	Total	Percent
Buddhist	2887	1.7%
Christian	68988	39.6%
Hindu	8757	5%

Jewish	329	0.2%
Muslim	15481	8.9%
Sikh	1194	0.7%
No religion	62720	36%
Other	1241	0.7%
Not Answered	12195	7%

In the adult carer’s survey responses Christians were overrepresented and all other religions and those identifying as having no religion were underrepresented. Similarly in the young carer’s survey, those identifying as Muslim and those with no religion were overrepresented and all other religious beliefs were underrepresented.

During some of the focus groups, participants talked about going to faith leaders as their first port of call for support. But some participants questioned whether faith leaders may have enough knowledge about the support available locally for carers, or whether there was an awareness of what it means to be a carer. With some participants noting this as a potential barrier to identifying as a carer or being able to access carer support.

The action plan looks to address this through the development and delivery of a training programme for professionals, including faith leaders to increase awareness around available support and what it means to be a carer. The communications campaign will also picture different kinds of carers, including people from different religious backgrounds.

- **Describe how this proposal could impact on the Armed Forces community (including reservists and veterans and their families)**
- **Is there a negative impact? No**

- Carers in the Armed Forces community are receiving less support than carers in the general population; with 2 in 5 carers in who responded to a 2021 Royal British Legion survey saying they had not received any support in the last two years⁷.

In 2014, RBL published what at that time was the largest survey to date of the UK ex-Service community, looking at its size, profile and needs. The survey highlighted that compared with the adult population of England and Wales, the working-age ex-Service community is almost twice as likely to have an unpaid

⁷ [Unpaid carers in the Armed Forces community | Research | Royal British Legion](#)

caring responsibility for a family member, friend, or neighbour; 23% compared to 12%. This is equivalent to around 990,000 people.⁸

Across England and Wales, a higher proportion of veterans than non-veterans aged 70 years and over provided unpaid care, and the greatest difference was between veterans and non-veterans aged 85 to 89 years (12.8% compared with 7.2%, or 10.2% after adjustments).

Among spouses or partners who lived with a veteran, 26.1% were disabled and 18.9% provided unpaid care; 11.4% of children or stepchildren (of any age) who lived with a veteran were disabled and 8.0% provided unpaid care.⁹

There is limited data at a regional or local level to understand this picture locally. However, we know that according to the 2021 census, 2.6% of the Reading population aged 16 and over has previously served in the UK armed forces.

The training programme and the communications campaign will work to increase awareness of what it means to be a carer, and will include stories of carers from different backgrounds. The steering group also has representation from Berkshire Healthcare NHS Foundation Trust who deliver Operation Courage locally, delivering a free NHS mental health service for ex-military personnel, reservists and service leavers. The service also offers support to the families of the individuals accessing the service, often including carers.

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- **Describe how this proposal could impact on care experienced young people and adults.**
 - **Is there a negative impact? No**
-

There is little to no information about any links between care experienced young people and adults and caring.

However, all groups will benefit from the communications campaign promoting the visibility of the caring role and the training programme designed to support professionals and community members to understand the caring role. This will include those professionals engaging with and supporting care experienced young

⁸ . RBL (2014), A Household Survey of the ex-Service community. This comparison was drawn from the 2011 Census, the largest dataset on UK carers to date.

⁹ [UK armed forces veterans, health and unpaid care, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-population/military-service/uk-armed-forces-veterans-health-and-unpaid-care)

people and adults. This will support professionals to identify carers and refer them to local available support.

Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you **MUST** assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

(Delete numbers below which don't apply)

1. No negative impact identified - Go to sign off

- How will you monitor for adverse impact in the future?
-

A Carer's Lead will be appointed to continue to develop this work. They will work in partnership with the existing Coproduction and Engagement Officer to develop co-production channels with unpaid carers to monitor, inform and continue the development of this strategy and action plan. The Carer's Lead will also deliver an annual survey for unpaid carers, mirroring the engagement undertaken in 2023 to track the impact of this work.

X

Completing Officer

X

Lead Officer