

# Equality Impact Assessment (EIA)

## 1. Topic of assessment

<b>EIA title</b>	Countywide Carers Support
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<b>EIA author</b>	John Bangs – Carers Strategy & Development Manager
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## 2. Approval

	<b>Name</b>	<b>Date approved</b>
<b>Approved by</b>	Sonya Sellar	1 June 2017

## 3. Quality control

<b>Version number</b>	Version 3	<b>EIA completed</b>	1 June 2017
<b>Date saved</b>	1 June 2017	<b>EIA published</b>	

## 4. EIA team

<b>Name</b>	<b>Job title</b>	<b>Organisation</b>	<b>Team role</b>
John Bangs	Carers Strategy and Development manager	Adult Social Care	Lead Commissioner
Debbie Hustings	Carers Partnership Manager	Guildford and Waverley CCG	EIA Team Member
Ron Critcher	Carers Policy Officer	Adult Social Care	EIA Team Member

## 5. Explaining the matter being assessed

### What policy, function or service is being introduced or reviewed?

Surrey County Council and the Clinical Commissioning Groups in Surrey have reviewed their whole range of funding arrangements for supporting carers delivered through the Better Care Fund. Working together, the commissioners have identified how to support an increasing numbers of carers within a reduced cost envelop. As part of this review, continued investment was recommended for the provision of countywide carers support services including for young carers; as a key preventative offer to deliver obligations under the National Carers Strategy, the Care Act 2014 and Children and Families Act 2014.

The proposed contracts provide a more robust form of agreement and replace existing grant funding for support to young carers and young adult carers, giving carers a voice, multi-agency awareness raising, back care services and benefits advice for carers:

These services support a wide range of carers and young carers; some with eligible needs and many who would develop eligible needs without support. The proposed contracts are expected to save the council more than £17.2 million over the life of the contract in terms of cost avoidance by reducing risk of carer breakdown leading to a needed for funded support packages; or in the case of young carers, support as Children in Need. It should also be noted that if these services were to cease, both Adult and Children's Social Care teams would need significantly more staff to deal with substantially increased volumes of referrals and assessments for adult carers and young carers. There would also be significant reputational damage if ceased and it should be noted that any changes to the Better care Fund spending plans would require discussion with CCGs and NHS England.

The proposal is for contracts of up to four years, being for two years in the first instance with the opportunity for this to be extended by mutual agreement for two further periods of one year.

The aim is to provide preventative support for carers in line with the Care Act 2014, the Children and Families Act 2014, the Government's National Carers Strategy and the NHS England "Integrated approach to identifying and assessing carer' health and wellbeing" (2016).

To ensure effective delivery, the CCGs and the council have undertaken joint procurement exercises for four support services for Carers:

- Specialist Young Carers Service
- Giving carers a voice and multi-agency awareness raising for carers

- Back Care Services
- Welfare Benefits Advice for carers

Support services for carers have been shown to:

- maintain the physical and mental health of carers and their families
- maintain their independence and reduce carer break down
- empower carers to manage their caring roles and have a life outside of caring
- avoid the need for more expensive interventions via care packages
- Improve the life chances of young carers

The care provided by carers in Surrey alone saves public funded authorities in Surrey an estimated £1.8 billion a year (Leeds and Sheffield Universities 2015). A study published by ADASS and the Department of Health has shown that there are clear financial benefits in supporting carers in terms of cost avoidance with each pound spent saving the local authority an estimated £2.97.

**What proposals are you assessing?**

**A) Specialist young carers support service.**

Existing grants for young carers (under 18 and young adult carers (aged 18 to 24) have been merged to promote greater reach without increasing costs. The proposed contract will support 15% more carers than at present (increasing the reach by 300 young / young adult carers) but at the same cost.

There is no loss of service but rather a greater reach for the service and so no negative impacts identified. However, were this service not to continue there would be a risk of serious harm to many of the children and young people concerned that would inevitably lead to greater cost due to them becoming “children in need”

**B) Giving carers a voice and multi-agency awareness raising**

Combining existing giving carers a voice and multi-agency awareness raising for carers and young carers has allowed for savings to be made while achieving similar outcomes in promoting carer friendly communities and a carer friendly NHS. This work is of critical importance in supporting co-design and further integration and an agreement to work with NHS England in the coming year working as a national exemplar.

**C) Back Care Services**

The back care service provides advice to carers on safe moving and handling techniques that help avoid risk of serious injury and complete breakdown of the caring situation. If not undertaken by these services, the cases would all need to be supported by the local

	<p>authority at greater expense.</p> <p><b>D) Welfare Benefits Advice</b></p> <p>A Welfare Benefits Advice service for carers is designed to give “second tier” advice on benefits issues in complex cases where the independent carers support service needs an expert opinion. Local authorities have a duty to ensure carers have access to appropriate information and advice and this includes the provision of benefits advice. This is a highly complex area and hence the separate specialist commission.</p>
<p><b>Who is affected by the proposals outlined above?</b></p>	<p>The proposals will affect</p> <ul style="list-style-type: none"> <li>• Carers, including young carers</li> <li>• The families of people who use the service</li> <li>• Surrey County Council staff, particularly those involved in care planning</li> <li>• External organisations we commission to deliver services on behalf of the Council or in partnership.</li> <li>• Broader Community based organisations with an interest in the needs of carers and/or young carers</li> </ul>

## 6. Sources of information

<b>Engagement carried out</b>
<p>Commissioners from Surrey County Council Adult Social Care and 6 Clinical Commissioning Groups (CCGs) jointly undertook a tendering exercise for these services. This of itself involved extensive engagement with CCG partners.</p> <p>In each case the specification was based on priorities contained within the co-designed Surrey Carers Commissioning Strategy and young carers' strategy and in both cases these strategies had been adopted following extensive engagement and consultation.</p>
<b>Data used</b>
<p>Commissioners had regard to the key data sets that underpin the multi-agency Carers Commissioning Strategy and Young Carers Strategy:</p> <ul style="list-style-type: none"> <li>• Surrey JSNA chapters on Carers and Young Carers/Young Adult Carers</li> <li>• “<i>Valuing Carers 2015</i>” Leeds and Sheffield Universities and Carers UK</li> <li>• Performance monitoring data collected for the carers Commissioning Group</li> <li>• Economic Case for Investment in Local Carers Support (Department Health, ADASS &amp; others 2015)</li> <li>• Economic Case for Supporting Young Carers Ecorys (May 2017)</li> </ul>

## 7. Impact of the new/amended policy, service or function

See table on page 6 to 17.

## 7a. Impact of the proposals on residents and service users and carers with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Page 76  <b>Age</b>	<p>Maintaining the services will help ensure support continues to be available for carers of older people and for young adult carers. As such it beneficial for older people as well as those who look after them</p> <p>Active support to carers helps avoid a risk of any associative discrimination to family members of people with this “protected characteristic”</p>	<p>None identified as services are being maintained.</p>	<p>In 2017, there are an estimated 224,200 people over 65 living in Surrey – approximately 18.8% of the county’s population. Of these, 23,858 individuals and carers were in receipt of direct support from Surrey County Council Adult Social Care during 2015-16.</p> <p>By 2023 the number of people over 65 living in Surrey is expected to rise to 248,600 - a projected rise of 20%. By 2030 the number of older people living in Surrey is expected to rise to 292,000 - a projected rise of 30%. The population aged over 85 is expected to increase by 20% by 2023 and by 55% by 2030. This is expected to result in increased numbers of people becoming carers and requiring support</p> <p>For some years the Council has had a Transition team to support disabled young people in their transition to adult hood. The ASC Transition Team 18+ had a caseload as at 3 Feb 2017<sup>1</sup> of 1,103.</p> <p>The Care Act has extended local authority obligations around transition to cover young carers’ transition to adulthood. Carers aged 18 to 24 are now known as Young Adult Carers. According to the 2011 Census there are about 3500 young adult carers in Surrey</p>
<b>Disability</b>	This service is open to everyone with different	None identified as services are being	In Surrey the predicted number of people with impairments in the 18-64 years population in 2017 are below. Individuals may have more than

<sup>1</sup> ASC LAS system [accessed 03/02/2017]

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 77</p>	<p>disability types. Active support to carers and young carers helps avoid a risk of any associative discrimination to family members of people with a “protected characteristic.</p> <p>Support to young carers supports disabled parents in their parenting role and therefore has a very positive effect for this group of disabled people. There will be a 15% increase in numbers of young carers which is expected to have a positive impact on those they help look after.</p>	<p>maintained.</p>	<p>one type of impairment.</p> <table border="1" data-bbox="1086 215 2056 922"> <thead> <tr> <th>Predicted numbers of people aged 18-64 by impairment<sup>2</sup></th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>People aged 18-64 predicted to have a borderline personality disorder</td> <td>3,172</td> </tr> <tr> <td>People aged 18-64 predicted to have an antisocial personality disorder</td> <td>2,446</td> </tr> <tr> <td>People aged 18-64 predicted to have psychotic disorder</td> <td>2,817</td> </tr> <tr> <td>Total people aged 30-64 predicted to have early onset dementia</td> <td>309</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a learning disability (Baseline estimate)</td> <td>17,069</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a moderate or severe hearing impairment</td> <td>29,179</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a moderate physical disability</td> <td>56,534</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a profound hearing impairment</td> <td>257</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a serious physical disability</td> <td>16,954</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a serious visual impairment</td> <td>457</td> </tr> </tbody> </table>	Predicted numbers of people aged 18-64 by impairment <sup>2</sup>	2017	People aged 18-64 predicted to have a borderline personality disorder	3,172	People aged 18-64 predicted to have an antisocial personality disorder	2,446	People aged 18-64 predicted to have psychotic disorder	2,817	Total people aged 30-64 predicted to have early onset dementia	309	Total population aged 18-64 predicted to have a learning disability (Baseline estimate)	17,069	Total population aged 18-64 predicted to have a moderate or severe hearing impairment	29,179	Total population aged 18-64 predicted to have a moderate physical disability	56,534	Total population aged 18-64 predicted to have a profound hearing impairment	257	Total population aged 18-64 predicted to have a serious physical disability	16,954	Total population aged 18-64 predicted to have a serious visual impairment	457
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<p><b>Gender reassignment</b></p>			<p>The report “Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution (June 2009)” includes information on the geographical distribution of the transsexual community. This distribution is based on an estimation of the implied prevalence of people who have presented with gender dysphoria (a condition where a person feels that they are trapped within a body of the wrong sex) in individual police authorities. For Surrey, the estimation is 37 per</p>																						

<sup>2</sup> PANSI 2017



			<p>100,000 persons 16 and over. If this figure is applied to the 2015 estimate of Surrey's 16+ population then the estimated number is 348<sup>3</sup>. On the matter of issues faced by trans people Gender Identity Research and Education Society (GIRES) state in their literature<sup>4</sup> that:</p> <ul style="list-style-type: none"> <li>• Many find that their families reject them</li> <li>• Sometimes, despite being protected by employment law, they are made to feel very uncomfortable at work, as well as elsewhere</li> </ul> <p>It takes great courage for trans people to reveal their true gender identities.</p> <p>There is no available data on carers within this group but it can be assumed that there are carers amongst this cohort.</p>
Page 78	<b>Pregnancy and maternity</b>	The service is open to all carers	<p>None identified</p> <p>There were 13,542 live births in Surrey in 2015. The national average birth rate in 2015 was 62.5 per 1,000 population and in Surrey it was 63 per 1,000 population. Whilst we are seeing a decline or levelling off in terms of numbers of births, the proportion of high risk and complex pregnancies continues to grow due to an increase in maternal age, raised body mass index and a number of long term conditions.</p> <p>29.9% of women giving birth in the area in 2012/13 were aged 35 or above, this has risen to 31.3% in 2015 and which compares to 19.2% nationally in 2012/13. So there are increasing numbers of older mothers in the Surrey population, although again this varies within different district and boroughs. A few studies on the outcomes in pregnancy of healthy, older mothers suggest some health problems that increase with age.</p> <p>There are lower numbers of young mothers, 0.4% of pregnant women were under 18 (in 2014/15), which compares to 1% nationally, although</p>

<sup>3</sup> <http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf>

<sup>4</sup> <http://www.gires.org.uk/assets/supporting-families.pdf>

			<p>these figures also vary across Surrey, with higher numbers in some boroughs. These young parents also may need more support<sup>5</sup></p> <p>There is no research evidence to suggest that there is any different impacts on carers during pregnancy although parent carers who are expecting a further child may need additional help</p>																														
<p><b>Race</b></p>	<p>This service is open to all races and new contracts include requirements for active approaches to identifying and supporting those from hard to reach groups including those from BAME communities.</p>	<p>None specifically identified as the level of service is being maintained.</p> <p>However, there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.</p>	<p>The service specifications and contracts will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”.</p> <p>This will include a particular focus on increasing the numbers of carers supported from BAME backgrounds</p> <p>In the 2011 census, the proportion of the Surrey population who do not describe themselves as white was 8.6%. This proportion is currently concentrated amongst those below the age of 65<sup>6</sup>.</p> <table border="1" data-bbox="1086 842 2045 1281"> <thead> <tr> <th></th> <th><b>White</b></th> <th><b>Mixed/ multiple ethnic group</b></th> <th><b>Asian/ Asian British</b></th> <th><b>Black/ African/ Caribbean/ Black British</b></th> <th><b>Other Ethnic Group</b></th> </tr> </thead> <tbody> <tr> <td>18-64</td> <td>620,578</td> <td>10,472</td> <td>44,546</td> <td>9,163</td> <td>6,529</td> </tr> <tr> <td>18-65 as %</td> <td>89.77%</td> <td>1.51%</td> <td>6.44%</td> <td>1.33%</td> <td>0.94%</td> </tr> <tr> <td>65+</td> <td>189,260</td> <td>676</td> <td>3,532</td> <td>437</td> <td>561</td> </tr> <tr> <td>65+ as %</td> <td>97.32%</td> <td>0.35%</td> <td>1.82%</td> <td>0.22%</td> <td>0.29%</td> </tr> </tbody> </table>		<b>White</b>	<b>Mixed/ multiple ethnic group</b>	<b>Asian/ Asian British</b>	<b>Black/ African/ Caribbean/ Black British</b>	<b>Other Ethnic Group</b>	18-64	620,578	10,472	44,546	9,163	6,529	18-65 as %	89.77%	1.51%	6.44%	1.33%	0.94%	65+	189,260	676	3,532	437	561	65+ as %	97.32%	0.35%	1.82%	0.22%	0.29%
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<sup>5</sup> JSNA Chapter: Maternity

<sup>6</sup> POPPI/PANSI 2011



			<p>There are significant pockets of black and minority ethnic groups, for example in Elmbridge, Epsom and Ewell and Woking. Access to services for black and minority ethnic older people and their carers may be challenging. Barriers might include language, knowledge of what services are available, attitudes and practices of service providers and cultural factors in perceiving and understanding mental illness.</p> <p>The portion of carers supported from BAME backgrounds currently identified and supported by preventative services for carers in Surrey are adult carers 7.9% and young carers 10%</p> <p>Gypsies Roma and Travellers (GRT) are some of the most disadvantaged and excluded communities in our society. Historically, GRT needs have often not been fully considered when developing the services intended to support them. This has the effect of making universal services ‘hard to reach’ for the GRT community, compounding poor outcomes and perpetuating intergenerational patterns of exclusion and deprivation. As at July 2016 there were 694 Gypsy and Traveller Caravans in Surrey.<sup>7</sup></p> <p>A number of barriers exist for the GRT community in accessing universal health provision. These include a lack of cultural sensitivity by service providers, for example use of inappropriate written communication. For some sectors of the GRT population difficulties in maintaining contact with health services are compounded due to their transient lifestyles. If someone is labelled as No Fixed Abode, they are often denied services.</p> <p>A number of BME outreach groups exist in Surrey to bring support services to minority groups. Surrey Minority Ethnic forum is a collective of community and voluntary groups from Black, Asian and Minority Ethnic (BAME) backgrounds. Through the Forum, members can access information and resources to support their work in Surrey.</p>
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<sup>7</sup> Gypsy and Traveller Caravan Count DCLG on Surrey.

<p><b>Religion and belief</b></p>	<p>The service is open to all and new contracts include requirements for active approaches to identifying and supporting those from hard to reach groups and to be culturally sensitive</p>	<p>None specifically identified as the level of service is being maintained.</p> <p>However, there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.</p>	<p>Over the last decade the proportion of Christians in Surrey has decreased from 74.6% in 2001 to 62.8% in 2011. The proportion of people reporting “No religion” increased from 15.2% to 24.8%. There was an increase in all other main religions. The number of Muslims increased the most from 1.3% in 2001 to 2.2% in 2011<sup>8</sup>.</p> <p>Surrey County Council has compiled an online database showing over 250 places of worship in the county at <a href="http://www.surreyplacesofworship.org.uk">www.surreyplacesofworship.org.uk</a>.</p> <p>The Carers Commissioning Group has representation from the faith sector via the Guildford Diocese’s Community Engagement teams including links to it’s multi faith network</p>
<p>Page 81</p> <p><b>Sex</b></p>	<p>The service is open to all. As the majority of carers are female, the support for carers can help gender equality</p>	<p>None identified as the level of service is being maintained.</p>	<p>51% of Surrey residents are female, while 49% are male. This is aligned with the UK as a whole.<sup>9</sup> According to the 2011 census 80% of Surrey males are economically active compared to 68% of women.</p> <p>However, the Surrey JSNA indicates that there is a greater preponderance of female carers with 58% of carers being female and 42% of carers male.</p>

<sup>8</sup> Surrey-i Dataset Census People Characteristics Ethnicity and Religion

<sup>9</sup> ONS Population estimates 2015 by gender

**Sexual orientation**

The service is open to all.

None identified as the level of service is being maintained.

The UK Government estimates that 7% of the population are lesbian, gay, bisexual, transgender or questioning (LGBTQ). Applying this to current population estimates for Surrey, there may be around 81,800 people who identify as LGBTQ. It is likely this is a conservative estimate as the true number of people identifying themselves as lesbian, gay or bisexual, is more realistically estimated as being 9-10% of the population. According to the 2011 census 0.7% of Surrey residents identified themselves as same sex couples. LGBTQ face barriers to accessing health care – many young people feel that health care professionals treat LGBTQ people differently which has prevented them from visiting regularly. Specific services for transgender young people are particularly oversubscribed. LGBTQ experience poorer health outcomes than their peers – through the effects of bullying and social stigma associated with their sexuality, and through adoption of risky behaviours that are often used as a coping strategy<sup>10</sup>.

The lesbian, gay and bisexual organisation Polari, published a report<sup>11</sup> showing that many of the issues and concerns of older lesbian, gay and bisexual people are broadly similar to older heterosexual people:

- There is a desire to stay in one’s own home as long as possible, with support provided in a ‘home help’ format.
- There is a recognition that help and support will be needed and should be available, as an individual ages.
- There is recognition that suitable accommodation and support is important to an individual’s health and well-being.

However, more lesbian, gay and bisexual-specific concerns were identified:

- Concerns about to having to ‘come out’ again or ‘returning to the closet’ in a care/ residential setting.
- Concerns about accessing the lesbian, gay and bisexual community and maintaining lifestyles and friendships.

Fears about being isolated in a ‘heterosexual environment’.

<sup>10</sup> JSNA Chapter: Lesbian, gay, bisexual and transgender

<sup>11</sup> ‘As We Grow Older’ – A Study of the Housing and Support Needs of Older Lesbians and Gay Men (source Polari – 2009)

There is little published research on gay and lesbian carers either nationally or in Surrey so the impacts on carers in this group are assumed to be similar. 12

<b>Marriage and civil partnerships</b>		None identified	According to census data from 2011 there are 482,257 people in Surrey who are married or in a civil partnership 1,602 of whom are in same-sex civil partnerships <sup>12</sup> .
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 83</p> <p style="text-align: center;"><b>Carers (protected by association)</b></p>	<p>Greater use is made of online consultations and e-learning.</p> <p>Work has been undertaken with the provider to adapt the delivery model to enable them to support more young carers within the available funding.</p> <p>To ensure that there is not a “cliff edge” for young carers as they turn 18 years of age.</p>	None identified as services are continuing	<p>Taking the number of carers from the 2011 Census as a percentage of the total Surrey population, and applying that to future population projections, we can estimate that in 2016 there were 115,216 carers of all ages living in Surrey. This equated to 10% of the population. An estimated 17% of carers provided more than 50 hours unpaid care per week and 28% provided more than 20 hours unpaid care per week.<sup>13</sup> There are estimated to be approximately 14,000 young carers living in Surrey.<sup>14</sup></p> <p>Carers are supported by a variety of joint health and social care funded commissioned support services. According to the 2015/16 Surrey Carers Commissioning Group report, 28,243 carers were supported through jointly funded services. The report also showed that during 2015/16 these services helped 1,545 carers who were primarily supporting a person with mental health problems, and 2,592 were carers of people with dementia.</p> <p>According to Carers UK’s analysis of the 2001 Census findings, those caring for 50 hours a week or more are twice as likely to be in poor health as those not caring (21% against 11%). This can be due to a range of factors including stress related illness and physical injury<sup>15</sup></p> <p>The ‘Healthy Lives Healthy People’ 2010 report stated that carers who care for 50 hours a week or more are 80% more likely to have health</p>

<sup>12</sup> Surrey-i Census 2011 dataset

<sup>13</sup> Census 2011 population projections

<sup>14</sup> Census 2011 population projections and University of Nottingham. *Kids who Care*, 2010. Available from: <http://www.bbc.co.uk/news/education-11757907>

<sup>15</sup> Carers UK. *In Poor Health*, 2004. Available from: <http://static.carers.org/files/in-poor-health-carers-uk-report-1674.pdf>

<p>impacts. It also stated that carers providing 20 hours per week or more are likely to sustain a physical injury such as back strain.<sup>16</sup></p>	
<p><b>Number of carers known to ASC as at February 2017<sup>17</sup></b></p>	<p>7,824</p>
<p>In 2016/2017 the Surrey Welfare Rights Unit service provided advice to 774 carers referred to them by carers support organisations ( an increase of 12.7% on 2015/16).</p> <p>In 2015/2016 information was given to 3010 carers engaging with A Voice for Carers/ Carer Awareness/ Training service (an increase of 11% from the previous year).</p> <p>1300 carers a year are supported around moving and handling, reducing the risk of injury to carers and the person they look after. This service is a priority for both health and social care partners. Without this support many of the carers supported would be at risk of harm through back or other injuries.</p> <p>This is a key priority and developing area of responsibility because of Care Act requirements for young carers in “transition” .In 2015/16 this new service supported 200 young adult carers (age 18 to 24). The Government have also indicated that this is an area to be given greater priority within a new National Carers Strategy.</p>	

<sup>16</sup> Department of Health. *Healthy Lives Healthy People*, 2010. Available from: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

<sup>17</sup> ASC LAS system [accessed February 2017]

## 7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
<b>Age</b>	N/A	N/A	The proposals maintain services delivered by voluntary sector partners. There are no impacts identified for SCC staff
<b>Disability</b>	N/A	N/A	The proposals maintain services delivered by voluntary sector partners. There are no impacts identified for SCC staff
<b>Gender reassignment</b>	N/A	N/A	The proposals maintain services delivered by voluntary sector partners. There are no impacts identified for SCC staff
<b>Pregnancy and maternity</b>	N/A	N/A	The proposals maintain services delivered by voluntary sector partners. There are no impacts identified for SCC staff
<b>Race</b>	N/A	N/A	The proposals maintain services delivered by voluntary sector partners. There are no impacts identified for SCC staff
<b>Religion and belief</b>	N/A	N/A	The proposals maintain services delivered by voluntary sector partners. There are no impacts identified for SCC staff
<b>Sex</b>	N/A	N/A	The proposals maintain services delivered by voluntary sector partners. There are no impacts identified for SCC staff
<b>Sexual orientation</b>	N/A	N/A	The proposals maintain services delivered by voluntary sector partners. There are no impacts identified for SCC staff
<b>Marriage and civil partnerships</b>	N/A	N/A	The proposals maintain services delivered by voluntary sector partners. There are no impacts identified for SCC staff

<b>Carers (protected by association)</b>	N/A	N/A	The proposals maintain services delivered by voluntary sector partners. There are no impacts identified for SCC staff
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## 8. Amendments to the proposals

Change	Reason for change
None identified	-

## 9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Greater use is made of online consultations and e-learning	Where carers do not have computer skills work will be undertaken with the Surrey Library Service which offers help to Surrey residents in improving computer skill	Throughout the life of the contract	John Bangs
New Contracts require a clear approach to identifying and supporting carers from hard to reach groups	A BAME task group has been established by the Carers Commissioning Group to ensure that there is an improved multi agency action to identify and support BAME carers	Throughout the life of the contract	John Bangs
To ensure that there is not a "cliff edge" for young carers as they turn 18 years of age.	Monitor service provision for young carers approaching 18 and work collaboratively within the Council and with partners to ensure appropriate services are available	Throughout the life of the contract	John Bangs

## 10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
None identified	

## 11. Summary of key impacts and actions

<b>Information and engagement underpinning equalities analysis</b>	<p>The need for these services have been identified in the co-designed Surrey Carers Commissioning Strategy</p>
<b>Key impacts (positive and/or negative) on people with protected characteristics</b>	<p>Maintenance of these services is beneficial to people with a protected characteristic who rely on support of a carer (as support for carers helps enable them to continue to care</p>
<b>Changes you have made to the proposal as a result of the EIA</b>	<p>A BAME task group has been established by the Surrey carers Commissioning Group</p>
<b>Key mitigating actions planned to address any outstanding negative impacts</b>	<p>BAME task group will support providers to ensure carers of ethnic minority groups are being effectively identified and supported</p>
<b>Potential negative impacts that cannot be mitigated</b>	<p>None identified</p>