

Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes

Title of spending review/service change/proposal	Carers Support Service
Name of division/service	Strategic commissioning
Name of lead officer completing this assessment	Nicola Cawrey
Date EIA assessment completed	22 nd June 2018
Decision maker	e.g. City Mayor/Assistant Mayor/Director
Date decision taken	

EIA sign off on completion:	Signature	Date
Lead officer	<i>Nic Cawrey</i>	22/06/2018
Equalities officer	Surinder Singh	03/08/2018
Divisional director		

Please ensure the following:

- (a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

- (b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
- (c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?

Support for carers is required to ensure that carers can continue to undertake their caring role. Under the Care Act 2014, carers local authorities have a responsibility for assessing a carer's needs for support, where the carer appears to have such needs. This function is carried out by our internal Adult Social Care social work staff. The Care Act also requires councils to provide information and advice for individuals who are not eligible for statutory support, this is delivered via external providers.

There are currently 5 contracts for carers support being delivered by 3 providers. These have been in place since 1st April 2016. This year these services are in scope for review, as part of the larger, strategic review of the Voluntary Community Sector (VCS) portfolio. The contracts are due to expire on 31.3.2019. The current spend across the 5 contracts is £252,562 per annum and this proposed to be reduced to £154,063 per annum from 1.4.2019. These services support people with caring roles regardless of whether they have been assessed as eligible.

Current Service Provision	Contract Value
Support to older Asian carers	£19,944
Support to carers of people with mental health needs from the Asian communities	£19,944
Support to carers of people with mental health needs	£39,867
Breaks and information for carers of people with learning disabilities from Asian communities	£47,807
Carers partnership and support services and advocacy support for carers	£125,000

There are potentially options available which are: procure a single carers support service for the city only with a revised set of targets proportionate to funding levels or commission a joint carer support service with County and Rutland. This assessment addresses the proposal considered during public consultation which is the option that the city council procure a single carers support service for the city. This is our preferred option and the one that our Leadership, Lead Member and Executive has been asked to endorse.

The option to continue to deliver services in the same way was also considered but sustaining 5 separate contracts across 3 different organisations is simply unaffordable.

It is estimated that there are 30,780 carers in Leicester (Census 2011). Data suggested that 51% of carers in the city are white British, 41% are Asian/Asian British with the remainder being from mixed/multiple ethnic groups, black/African/Caribbean/black British and other ethnic groups. This includes young carers, carers in employment, full and part time carers.

Monitoring information provided by current providers show they are performing to the required outcomes in relation to reducing social isolation, improving health and wellbeing, reducing stress and anxiety, increasing carer access to rights and entitlements, increasing the ability to make choices and decisions about the support that carers receive and how to access additional support if needed, increasing knowledge in relation to carers assessments, increasing opportunities for peer support, increased confidence in the carers ability to undertake the caring role, and increased knowledge of problem solving and coping strategies. These relate to the Adult Social Care Outcomes Framework (ASCOF <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current#summary>)

Any reduction in the budget would inevitably mean a reduction in the amount of one to one support the Provider could give. However, the providers do currently deliver group sessions, which could be extended to provide more peer support. This would mean that more information and advice could be given to more people. Self-help groups could be created and more information and advice could be provided via the ASC portal, My Choice, by phone or other websites. These approaches would reduce costs.

Stakeholder feedback demonstrates providers recognise that the financial position necessitates a change in the way that carer services are delivered, and this could include a single service delivery model, with specialisms such as targeting carers from BAME backgrounds, working with parent carers, or engaging with male carers still being prioritised.

It is proposed to purchase a single 'hub' support service for £154,000 for carers. The service would support carers from a range of backgrounds. It would also support carers who have a diverse range of caring roles, and those who look after people with a wide range of needs, such as physical disability, learning disability, mental health needs and so on. It would be delivered in various locations across the City. This arrangement would replace the current system of having several specific contracts. The new service would promote the importance of identifying as a carer, as well as promoting the benefits of registering as a carer with the GP surgery. It would include: information, advice, guidance, carers training, peer support and breaks.

The new arrangements will ask providers to demonstrate that they can meet the specific needs of any carers including but not limited to language needs, however it will also allow carers to meet other carers from similar backgrounds and those caring for people with similar needs. The proposed service would also have a strong link with GP surgeries. It will use a community asset based approach to support carers, which means drawing on the support available from other services and from communities. This will help to make sure the support continues into the future and finds new and alternative approaches to help carers stay well, and continue to give support to the person they care for.

In addition there will continue to be many other sources of support for carers in the city for example:

- Support for carers of people with mental health needs through the new recovery and resilience services commissioned from Richmond Fellowship
- Support for carers of people with dementia through our contract with the Alzheimer's Society
- Support for carers of people with substance misuse problems through our contract with Turning Point
- General information, advice and guidance available on specific issues such as welfare advice, employment and housing etc. as part of a new social welfare advice service starting in October
- A wide range of support from other local and national charities for people with specific health conditions or disabilities.

Adult Social Care teams already signpost to these organisations and will continue to do this. The new service should become an integral part of the carer journey across the health and social care sector and will work to ensure that it becomes a central hub for all carer related issues.

The reasons for this proposal are:

- We believe it will be more efficient for prevention services for carers to come from one place.
- We also believe it would be easier for carers to navigate their way around the social care system as a result. It will also be more straightforward for social workers and other staff to signpost carers to sources of support. The proposed service will support a more streamlined process and the opportunity for partnership working arrangements with adult social care teams. Mobilisation of the contract will ensure that there is a much-improved pathway for carers with adult social care teams. Promotion of the new service across all health and social care areas who we know work with carers will be imperative.
- The current model is based on separating out Asian carers, and separating out carers of people with different types of need – for example people with mental health problems or learning disabilities. However, the city has become more diverse, and the support that carers want is not always specific to different types of need, such as mental health or disability etc., Therefore we believe there is a case for ‘joining up’ the various approaches into one service. The service will have to be able to respond to diversity, whilst at the same time being able to deploy its resources to support carers as efficiently and effectively as possible. Capitalising on the other support options available within the City under the other voluntary sector contracts that are commissioned by the local authority will ensure support for carers of people with specific needs are met. Joining the dots with other services and ensuring a seamless pathway with adult social care in particular so that referral pathways are well established and publicised will also be a key feature of mobilisation of the new contract. There will also be the opportunity for more robust demographic information collection in relation to the caring community of Leicester
- Engagement with local carers, together with national evidence (https://www.ndti.org.uk/uploads/files/Carers_Journey.pdf), suggests that the main priorities for delivering services to carers should be: to support the early identification of carers; for carers to receive easily accessible, appropriate information, advice and signposting from a system that works for carers; support to access the right support at the right time; support to receive direct support through groups and training; and the opportunity to have a break from caring. We propose that these are some of the key priorities for the proposed new service.
- A large proportion of carers in the city do not think of themselves as a carer, and are not in contact with their GP, Adult Social Care or carers’ services. Carers have indicated through the Survey of Adult Carers that they do not find it easy to find information about services in the city. We want to make the system simple and easy to navigate and to improve information for carers, by having one provider, one point of contact and a clear ‘brand’ for carers support.

2. Equality implications/obligations

Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.

Is this a relevant consideration? What issues could arise?

Eliminate unlawful discrimination, harassment and victimisation

How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic

By nature of the provision and service models across the 3 organisations, these are services that can be accessed by the most vulnerable, including those who could fall within any one of the nine protected characteristics. The existing organisations deliver services from various locations across the city which are accessible to people that do not have a car or other forms of transport. Many of these are also situated on a major bus route both in and out of the city. We are proposing that the new service has a city centre base but deliver services from a variety of satellite venues across the city.

Equality, diversity and inclusion (EDI) are a key tenet of each of the organisations ethos and all staff working within these organisations are encouraged to make careful consideration of the law relating to EDI and also to challenge discriminatory practice. It is proposed that the new service continue to have this emphasis on EDI matters.

The current services accept referrals over the phone and online and from other organisations as well as self-referrals. We would expect the new service to have similar referral routes, but that there be a more streamlined route for social care staff to ensure that all carers approaching the local

	<p>authority are made aware of the service at the outset. Currently it can be difficult for social care staff to know or understand which service they should be referring carers to and this has been reciprocated by the carers that we have engaged with, many not knowing where they can go for additional support.</p> <p>In terms of access to the current services no one group or individual is prioritised over another although carers presenting in crisis would be dealt with more quickly. This would be regardless of any protected characteristic.</p>
<p>Advance equality of opportunity between different groups How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).</p>	<p>The ethos of the current services provided to carers are to provide support to all carers for anyone over the age of 18 who may feel they would need and benefit from it. The current services are also split into separate lots focusing on specific groups of carers such as, older Asian carers, carers of people with mental health needs, carers of people with mental health needs from Asian communities and carers of people with learning disabilities from Asian communities. Due to the nature of the services, it is difficult to establish what the demographics of the current caring community is overall, and the proposed model would allow a provider to identify carers that are accessing services and respond accordingly to any gaps that are identified. The current model does not promote equality of opportunity for all carers within the City and that a one stop shop would enable the City Council to establish a clearer idea of the demographics of the caring community. It is unclear from the current performance monitoring how many of the carers accessing services are accessing more than one of the commissioned services, and equally how many also</p>

	<p>have eligible needs and have had carers assessments by the local authority. Data of this nature would support the need to identify whether there are any inequalities faced by those with specific protected characteristics.</p>
<p>Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	<p>The current carer support services have established good local links with local communities and GP practices across the City, particularly in relation to the Asian community. Many of the organisations utilise a strong volunteer base and very often these volunteers are either carers themselves or have been carers in the past. Consideration of the impact of this on the social and economic value these providers have for the City has been considered and it is anticipated that the use of volunteers will be a large part of the model moving forwards.</p> <p>Demographic information collected from the existing providers across the last two financial years presents an improving picture of engagement with various groups, with the largest group being people from Asian backgrounds. This is not surprising when 3 of the 5 lots are focused on engaging with carers from Asian communities. 5.2% of the service users accessing the commissioned services are from other backgrounds that aren't white British or Asian.</p> <p>It is not easy to determine how well established the current services work with other organisations across the wider health and social care landscape as the bulk of referrals are recorded as self-referrals. As part of the Carer Centre contract there is a GP partnership element, however work in this area has not equated to the amount of referrals to the service that would be expected. Anecdotally all services say</p>

that they engage with local health services and other voluntary sector organisations. It is proposed that the new model works as a more integral part of the health and social care community overall continuing to promote the importance of identifying as a carer, and promoting the service offer. The proposal should particularly include a seamless referral route between the new service and adult social care.

Data also shows the links with organisations across the voluntary sectors remain underdeveloped. There appears to be a lot of overlap with the provision provided by current commissioned services and the wider voluntary sector.

3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.

Impact of funding cuts to the continuation of the service

In terms of service delivery for city service users, the reduction of carers service from 3 organisations to one would have an impact on the caring community. As a result of the reduced financial envelope for the new service moving forwards, it is likely that carers will receive a reduced service. Carers have fed back through public consultation that they feel carers support services are already under strain [although the providers all indicated they have capacity to support more carers when they returned their annual monitoring information], that carers aren't supported effectively by the local authority and that reductions of this nature, will only serve to increase the number of carers presenting in crisis to the local authority as a result of carer strain.

If the wider health and social care sector improve at identifying carers and all of those carers require the new service, we may find that there is a wait for services such as telephone helplines and face to face appointments.

There is however carers support written into a number of other voluntary sector commissioned services including the Dementia Support Service delivered by the Alzheimer's Society, Turning Point for families and carers of substance misusers, and Richmond Fellowship for carers of mental health issues. The most impact therefore is likely to be seen for carers with more complex needs such as caring for more than one person, or more than one condition who may require more comprehensive support.

Carers by nature regardless of their protected characteristics can experience barriers to accessing services. Carer identification and hidden carers is a challenge for all carers support service. With the reduced financial envelope, there will be very little provision to support the identification of carers within the commissioned services. It is hoped that the new provider will think creatively about how to engage more effectively with the caring community utilising learning from the previous providers experiences.

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

- Performance Monitoring Data for existing commissioned providers from April 2016 through to most recent 2018 data.
- Findings from public consultation
- Census 2011 data (<https://www.ons.gov.uk/census/2011census/2011censusdata>)
- The National Development Team for Inclusion research (https://www.ndti.org.uk/uploads/files/Carers_Journey.pdf)
- NHS data
- State of Caring 2018 (<https://www.carersuk.org/news-and-campaigns/state-of-caring-survey-2018>)

- Carers Trust report into male carers (<https://carers.org/male-carers>)

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders?

What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

There were 43 responses to the consultation exercise undertaken. The consultation exercise ran from 9th April 2018 through to 29th June 2018. 31 of these responses were completed using the paper version of the consultation survey. The consultation exercise was promoted through our commissioned carer support services, through the city council's internal carer support group, with other preventative services which are likely to come into contact with carers as well as Voluntary Action LeicesterShire's e-briefing which goes out to all voluntary sector organisations. Council officers attended consultation events with carers and the opportunity was promoted at the carers reference group and carers delivery group. The carers consultation events were held on 4th June 2018 and 12th June 2018. No accessible formats were requested other than the printed copies rather than online surveys.

The majority of people that completed the consultation survey disagree with the proposal to reduce the service to a single model of carer support. Many of them want the services to remain as they are. The main reasons for this appear to be that they don't feel carers services should have a reduced financial window as their carers personal budgets have already been withdrawn and that further reduction makes the local authority look like it does not value the contribution that informal carers make to the health and social care economy.

Those that do agree that a single service makes sense, do worry that it will not be able to cope with the demands of carers overall.

The specification for the revised service will have to focus on priorities that have been identified through national and local intelligence through the consultation relating to the LLR Joint Carers Strategy.

It was felt that a one stop shop would not be able to meet the needs of all carers, particularly those from BME backgrounds. Feedback highlighted that people from BME backgrounds can be harder to engage in services and that it has taken a long time to establish the relationships within some of the communities where there are now active carer support services running. Respondents were concerned that the hard work that has produced some really good networks of support would be lost by procuring one service. Many respondents also reported that they felt that carers support services were already under strain, reducing the service down to one would mean that there would be even less provision. The new specification has an emphasis on peer support which could potentially lead to more opportunities for support at a variety of locations across the city.

6. Potential equality Impact

Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts.

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

Protected characteristics	Impact of proposal: Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal?	Risk of negative impact: How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.
Age¹	The data submitted as part of the full year evaluation of the 5 current carer support contracts shows that there is an even split of working age and older carers	<ul style="list-style-type: none"> As there is an equal proportion of working age carers and people aged over 65+ accessing current 	<ul style="list-style-type: none"> Make sure new service is promoted across all health and social care areas who

¹ Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

	<p>accessing the services. Any reduced financial envelope therefore would affect those groups equally. Our data around age is defined in a broad way (18-64, 65-74, 75-84 and 85+). The numbers of people 85+ accessing the carers support services are low and further work is needed to explore why this might be the case.</p>	<p>service provision, the reduction of funding will impact on people of any age equally.</p>	<p>we know work with carers and older carers. Mobilisation of the contract will involve adult social care teams, and the new service will be advertised through current carer networks, third sector providers working with carers and colleagues in health</p> <ul style="list-style-type: none"> • That we capitalise on the support options available under the other voluntary sector contracts that we commission that support carers for people with specific needs. Joining the dots with other services and ensuring a seamless pathway with adult social care so that referral pathways are well established and publicised. • Adequate signposting to the referral pathways that exist to carers were promoted to carers during consultation.
--	---	--	---

<p>Disability²</p>	<p>In terms of accessibility, it would be expected that the new service be based in the city centre with some elements of the service being delivered in other parts of Leicester. Very little is known whether carers currently accessing services consider themselves disabled, but we do know from national information such as in Carers UK's recent State of Caring report that carers are more likely to struggle with poor mental health (only 4% of respondents said their mental health had not been affected as a result of caring - https://www.carersuk.org/images/Downloads/SoC2018/State-of-Caring-report-2018.pdf) therefore if service provision is reduced the impact on people with mental health issues might be higher. It is unclear from the performance monitoring data, what disabilities carers have as the disability information is completed in relation to the cared for.</p>	<ul style="list-style-type: none"> • Very likely given that carers are more susceptible to poor mental health 	<ul style="list-style-type: none"> • The City has also commissioned a preventative mental health offer which has effective referral pathways for those referred for support. This service has only recently been commissioned and can be accessed via both self and professional referral sources. This service will be signposted and help carers connect with the right support available. • The mental health service also has a remit for supporting carers. It will be important for the new service to have a robust partnership working agreement in place with this service. • It would be preferable that all the venues are on a public transport route, and parking nearby to ensure that people with physical disabilities are able to access
--------------------------------------	---	--	--

² Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

Gender Reassignment³	Not known	N/A	N/A
Marriage and Civil Partnership	Not known	N/A	N/A
Pregnancy and Maternity	Not known	N/A	N/A
Race⁴	Recorded ethnicity demonstrates 29% of the reported carers across the 5 services are white British, 63% from Asian backgrounds and 5% from other BAME backgrounds. This doesn't represent the demographic profile of Leicester City, as 3 of the 5 services are specifically targeting people from Asian backgrounds.	<ul style="list-style-type: none"> • There would be impact across most groups if this service had to change the way it delivers services because of reduction in funding provided by Leicester City Council, but due to the investment in specific Asian projects up to this point, people from Asian backgrounds are likely to be the most affected. 	<ul style="list-style-type: none"> • The new service would be expected to continue to engage with the service users that were accessing services prior to re commissioning to ensure their needs including language needs continue to be met whilst exploring creative ways to continue to deliver those services whilst exploring communities where representation could be improved. • It is essential that any new provider has an adequate understanding of their duties

³ Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

⁴ Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

			<p>in relation to equalities therefore staff training and robust policies will need to be in place particularly in relation to what to do if there is any bullying, harassment or discrimination perpetrated against people accessing the service, by staff or other service users. There will be a mechanism in place during the procurement of the service to ensure that equalities issues are understood.</p>
Religion or Belief ⁵	Not known	N/A	N/A
Sex ⁶	The current carers accessing the five services are split with 67% female and 33% male. This is in line with what we know about male carers but more needs to be done to encourage male carers to access carer support services. In	Both men and women could be impacted with the reduction in funding.	<ul style="list-style-type: none"> Male carers should be highlighted as a priority group of carers for the new service.

⁵ Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

⁶ Sex: Indicate whether this has potential impact on either males or females

	a survey undertaken by the Carers Trust over half of the male carers surveyed felt that their needs differed to those of female carers with many citing that men find it harder to ask for help and support (https://carers.org/male-carers)		
Sexual Orientation⁷	Not known	N/A	N/A
<p>Summarise why the protected characteristics you have commented on, are relevant to the proposal?</p> <p>It is important to note that people from across all protected characteristics are accessing the existing services, therefore the reduction in funding, and the fact that service provision will be reduced will impact any person from any of the protected characteristic groups.</p> <p>The key protected characteristics which would be affected by reducing carer support services to one single service has been based on the intelligence from the existing services. We already know that there are flaws in this data as there may be overlaps with carers accessing more than one of the services and is therefore double counted. This has been done simultaneously with this EIA. The characteristics most at risk of being negatively affected are: age, sex, disability and race. We know that due to the nature of the service and the very nature of informal caring, there is a higher proportion of carers with poor mental health who may require more complex support. Likewise we know from monitoring information that race is also a factor that needs to be considered carefully within the proposal due to the demographics of the City's population.</p> <p>Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?</p> <p>Other protected characteristics could be adversely impacted by the reduction of a carer support service to a one stop model but we simply don't know if they are accessing the services or not. I.e. marriage and civil partnership, gender reassignment,</p>			

⁷ Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

pregnancy/maternity or religion or belief. The one stop shop will afford the city council a more robust way of being able to gather more accurate demographic information.

Other groups	Impact of proposal: Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?	Risk of negative impact: How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.
Children in poverty	N/A	N/A	N/A
Other vulnerable groups	Not known	N/A	N/A
Other (describe)			

7. Other sources of potential negative impacts

Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.

With the decreasing support available through the welfare state for benefit advice for people of a low income, this can result in people being pushed further into poverty and social exclusion. The impact of the roll out of Universal Credit should also be considered for low income groups such as carers who have had to give up work to care, as this could have adverse impacts on people already experiencing financial hardship. Full service roll out is expected in Leicester in June 18. The problems with

delayed payments could still be an issue for people who fall into these brackets, exacerbating any mental health conditions, such as depression and anxiety and an increase in carer strain.

8. Human Rights Implications

Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:

Article 2 – Right to life

Article 14 – Right not to be discriminated against

9. Monitoring Impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

- Once the new service has been procured, monitoring should ensure that carers of people with dementia, carers of people with mental health issues or substance misuse issues are referred to the appropriate services to ensure the carer specific service is supporting other groups of carers. The procurement of the new service will mean that monitoring information will come from one provider, giving a more accurate account of the caring community.
- Communications to care management could also request advice on any increase in difficulty being faced by carers who might have accessed the current carer support services, to ensure that referral pathways are in place to the new carer support service.

10. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Understanding the impact of changing carer support services to a one stop model on City residents	<ul style="list-style-type: none"> • Meaningful public consultation with proposal 	Nicola Cawrey	29 th June 2018
Ensure effective referral pathways are put in place across relevant services.	<ul style="list-style-type: none"> • Ensure colleagues who commission services in prevention across the board consider the carer offer specifically MH prevention to ensure awareness of this proposal and the potential impact on City residents. • Ensure Clinical Commissioning Group colleagues are aware of the new service model once procured to ensure streamlined referrals through working groups and the work of the Carers delivery group • Work with care management teams to ensure that carers are signposted to the appropriate services that support carers. 	Nicola Cawrey	Mobilisation of new contract approx. January 2019

	<ul style="list-style-type: none">• Carry out the necessary work to join the dots to ensure established referral pathways are put in place		
--	--	--	--

Human Rights Articles:

Part 1: The Convention Rights and Freedoms

- Article 2:** Right to Life
- Article 3:** Right not to be tortured or treated in an inhuman or degrading way
- Article 4:** Right not to be subjected to slavery/forced labour
- Article 5:** Right to liberty and security
- Article 6:** Right to a fair trial
- Article 7:** No punishment without law
- Article 8:** Right to respect for private and family life
- Article 9:** Right to freedom of thought, conscience and religion
- Article 10:** Right to freedom of expression
- Article 11:** Right to freedom of assembly and association
- Article 12:** Right to marry
- Article 14:** Right not to be discriminated against

Part 2: First Protocol

- Article 1:** Protection of property/peaceful enjoyment
- Article 2:** Right to education
- Article 3:** Right to free elections