Executive Decision Report

Future of Carers' Support Services

Decision to be taken by: Assistant City Mayor Adult Social Care and Wellbeing

Decision to be taken on: 28 September 2018

Lead Strategic Director: Steven Forbes

Useful information

- ■ Ward(s) affected: All
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- ■ Report version number: 1

1. Purpose

1.1 The purpose of this report is to set out the findings of the consultation exercise relating to the future of Carers Support commissioned by Adult Social Care.

1.2 The report seeks agreement to procure a single Carers Support Service to deliver a more co-ordinated approach at a reduced contract value, with effect from 1.4.2019.

2. Summary

2.1 Adult Social Care (ASC) is required to make savings of £790k against its Voluntary and Community Sector (VCS) spend of £1.9m for 2018/19.

2.2 On 15th March 2018, the Executive agreed for a 12 week consultation exercise to take place with the 3 existing organisations who are contracted to provide carers support (The Carers Centre (CLASP), Age UK and Ansaar). Details of the services provided and existing funding levels are detailed at Appendix A.

2.3 The consultation exercise set out a proposal to reduce the existing funding from £252,562 to £154,063 and to move to the provision of a single carer support service with effect from 1.4.2019. This model was proposed because it provides the most cost-effective option. The consultation ran from 9th April to 29th June 2018.

2.4 Although the existing contracts are due to expire on 31.3.2019, 3 months' notice will need to be given to the current carers support services by the end of December 2018.

2.5 A total of 43 responses were received, including several collective responses from The Carers Centre, which are detailed in Appendix B.

2.6 Of those 43 people who responded, 56% did not agree with the proposal and 44% either agreed, weren't sure or did not answer. A summary of the consultation is detailed at paragraph 4.6 of the report.

3. Recommendations

3.1 The Executive is recommended to:

a) note the outcomes of the consultation set out at paragraph 4.6 and Appendix B;

b) to note the outcomes of the equality impact assessment set out at paragraph 4.9 and Appendix C and;

c) to agree to commission a single service to the value of £154,063 with effect from 1st April 2019.

If agreed, 3 months' notice will be given to the current carer support services by the end of December 2018.

4. Supporting information including options considered:

4.1 ASC is required to deliver savings of £790k against its Voluntary and Community Sector (VCS) budget of £1.9m for 2018/19.

4.2 A review of the VCS services funded by ASC has been completed to determine if they provide statutory support to those eligible for ASC support or if their contribution prevents or delays individuals from becoming eligible for a funded package of care.

4.3 The review includes funding for 5 carer support service contracts at a total cost of £252,562 a year, provided by 3 organisations (The Carers Centre (CLASP), Age UK and Ansaar). Funding for current carer support contracts is shown at Appendix A, which highlights the differing levels of funding applied to specific groups of carers.

4.4 The consultation findings are detailed in Appendix B.

4.5 A total of 43 people responded to the survey. Although, there were several collective responses from The Carers Centre and through meetings (see consultation findings at Appendix B). Those who did respond tended to be against the proposals because they feel there needs to be more investment in carers generally.

4.6 In summary, the key points from the consultation are shown below – together with officer's responses:

Comment	Officers Response
There was some recognition of the financial constraints facing the council and	The council is pleased that there is some recognition / support.

some support for the proposal as there is confusion in the existing system in relation to who provides what support	
The current carer support services are already in demand, further cuts will mean that services will be available to fewer carers, leading to an increase in carers experiencing carer strain, ultimately costing adult social care more money.	Providers have reported that they do have capacity to take on more carers in their annual contract monitoring submissions, which is contrary to the statement that services are already in demand.
One service can't possibly meet the needs of all carers effectively.	Other councils have a single service for carers. Many other client groups have one provider commissioned to provide support. Monitoring of the service by the provider and the council should identify if and when the service is not meeting service users' needs.
The current arrangement for carer support should remain as there is choice for carers. Some felt that the new model would mean there was no alternative service if they were unhappy.	
There was feedback that acknowledged the current service model was confusing	This is one of the reason for proposing a single provider - to make it easier for carers and others to know where to go.
Non-care act advocacy for carers should be part of the carers support service as should the carers partnership service or the new model won't be a 'one stop shop'	There is more synergy between advocacy for carers as part of other advocacy services – especially as the council is proposing to move to Care Act only advocacy (which not many carers are referred for) It is agreed that the term 'one-stop shop' used in the consultation may not be very helpful, as not everything a carer needs can be provided by one organisation. We are proposing to use the notion of a 'hub' as a key part of the role of the provider will be to signpost carers to other sources of support.
The opportunity for carers to contribute to the design and delivery of adult social care services is being removed.	This is not the case as carer participation will be included in the proposed new Service User Participation Service.
It is important that existing peer support groups are able to continue due to the amount of work that has gone into developing them. This is particularly the	This issue will be picked up in mobilisation to new contracts.

case for groups that run specifically for seldom heard carers.	
The relationship between carer support services and the local authority need to be strengthened, carers expressed concern that they were bearing the brunt of a lot of funding cuts particularly since direct payments (carer grants) were stopped.	This are of work is being taken forward and can be further developed – for example through the work of the Carers Reference Group supported by the council.

4.8 The Carers Centre submitted a letter making a number of detailed points. This is included in the consultation findings report at Appendix B, Annex B1 together with responses from officers to the points made.

4.9 An equality impact assessment (EIA) of the proposal has been carried out, and this detailed at Appendix C. In summary, the main findings of the EIA are that a decision to reduce carer support services to a single carer support service could have a negative impact on the following groups of people with protected characteristics:

- Female carers because a higher proportion of female carers access the current services (67%).

4.10 The proposed new model is considered the most cost-effective way of providing support with the funding that is available. In addition, the proposal to move to one contract supports the fact that the City is increasingly diverse and therefore having separate contracts for different demographic groups is no longer effective.

5. Details of Scrutiny

5.1 The ASC Scrutiny Commission was provided with a report on the VCS prevention services review on 29th June 2017. A verbal update was given on the 19th June 2018 and on 28th August 2018.

5.2 A further report was presented to the ASC Scrutiny Commission meeting on 25th September 2018, where the proposals were supported.

6. Financial, legal and other implications

6.1 Financial implications

The overall VCS budget is £1,929,200 with a saving target of £790k from 2018-19.

This includes a budget of £252,563 for Carers Support across 5 contracts.

The preferred option if agreed is to go with a single contract for carer support, with a contract value of £154,063 from April 2019, contributing £98,500 savings towards the overall target.

Any TUPE implications would have to be met from Departmental resources, as previously agreed.

Yogesh Patel – Accountant (ext 4011)

6.2 Legal implications

The consultation must follow key principles if it is deemed to be fair. This includes demonstrating the following:

- The consultation was conducted at a time when proposals are still at a formative stage.
- The consultation gave sufficient reasons for any proposal to permit of intelligent consideration and response including the criteria that will be applied when considering
- Adequate time must be given for consideration and response.
- The product of consultation must be conscientiously taken into account in finalising any proposals.

The consultation proposed a new model and included a preference to move to this due to the potential financial benefit. However, a final decision was not taken at this point and we can therefore demonstrate that consultation was conducted at a formative stage.

Furthermore, the proposed new model has been explained to the consultees and the reasons why have been set out in the consultation documents. Sufficient reasons for the new model have been justified here to enable meaningful public participation in the decision-making process. Adequate time for a response has been allowed taking into account the relevant considerations such as the characteristics of the groups to be consulted and complexity of the issues.

We have demonstrated that the product of the consultation has been taken into account and the concerns raised by the consultees have been considered and addressed. After such considerations, the key factor that the proposed new model was the most cost-effective way of providing support with the funding that is available.

The above demonstrates that the consultation process was fair and the majority of concerns have been addressed. However, there is no guarantee that the consultees will not challenge the decision.

Decommissioning of the current arrangements should be in accordance with the provisions of the contracts to ensure smooth terminations.

In relation to the recommissioning of these services, the design and the running of any procurement should be in accordance and compliance with the Council's Contract Procedure Rules and the Public Contracts Regulations 2015.

Assistance must be sought from and work directly with the Council's procurement team in consultation with legal services to drive the procurement process in compliance with the regulations and internal rules. Ongoing support should be sought from legal services as and when required.

Mandeep Virdee, Solicitor, (Commercial, Property and Planning Team)
Legal Services, ext, 1422

6.3 Climate Change and Carbon Reduction implications

The delivery of a single service will potentially improve the ability to manage the carbon dioxide impact but the service is likely to become more centralised which could increase the amount of travel. Alternatives to car use should be considered where appropriate.

- Mark Jeffcote, Environment Team

6.4 Equalities Implications

When making decisions, the Council must comply with the public sector equality duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

We need to be clear about any equalities implications of the course of action proposed. In doing so, we must consider the likely impact on those likely to be affected by the options in the report and, in particular, the proposed option; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.

Protected groups under the public sector equality duty are characterised by age, disability, gender re-assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.

An equality impact assessment (EIA) of the proposal has been completed, it indicates that a decision to reduce carer support services to a single carer support service will impact on those using the service. It is likely to have an impact upon those people that are receiving care who are likely to have the protected characteristics of age, disability and/or race. It is important to recognise that carers will have a wide range of, and possibly multiple, protected characteristics.

Going forward, the Equality Impact Assessment and consultation findings should continue to be used as a tool to aid consideration around whether we are meeting the aims of the Public Sector Equality Duty, to further inform the development of proposals and to identify any potential mitigating actions, where a disproportionate negative impact is identified.

Sukhi Biring – Equalities Officer ext.4175

6.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

None

7. Background information and other papers:

City Mayor’s Briefing 15th May 2018 *Consultation proposals for Adult Social Care Advocacy, Carers, and Visual & Dual Sensory Impairment support services*

8. Summary of appendices:

A: Carers support service current funding split

B: Consultation Findings Report

C: Equality Impact Assessment

9. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

10. Is this a “key decision”?

No

Appendix A

Carers Support Services – current funding

Provider	Current funding	% of spend
The Carers Centre (CLASP)	£125,000	49.5%
Age UK – Older Asian carers	£19,944	7.9%
Age UK – Carers of People with Mental Health Needs	£39,867	15.8%
Age UK – Carers of people with mental health needs from Asian backgrounds	£19,944	7.9%
Ansaar – Carers of people with learning disabilities from Asian communities	£47,807	18.9%

Appendix B

Consultation Report – Carers Support Services

1. Purpose of the consultation

Adult Social Care carried out a consultation during date 9th April to 29th June 2018 to seek feedback on a proposal to end all carer support service contracts on 31st March 2019 and commission a single carer support service to the value of £154,063 with effect from 1st April 2019.

2. Consultation methods

2.1 Survey

The consultation was advertised using a poster distributed to all council facilities and GP surgeries in the city, publicity via the weekly VAL E-Briefing and letters to all current providers.

The survey was carried out online using the council's Consultation Hub. The questionnaire was also made available in printed form for those who were not able to complete it online.

2.2 Consultation meetings

A number of meetings were held or attended as part of the consultation, and these are listed at the end of this report in Annex A.

Meetings with each of the providers scoped into the review were organised in advance.

At the meetings, officers explained the consultation, and then talked through the survey document – copies of which were provided at the meetings. Providers asked questions and made comments during the presentation of the proposals, and then there were further opportunities for questions, comments and feedback.

Officers attended further meetings with providers where requested, and also asked providers to enable officers to meet with service users.

Notes were taken at each meeting, which were then sent to attendees asking if they would like to make any amendments.

2.3 Other submissions: The Carers Centre (CLASP)

The council also received a letter on 18th June 2018 from the Carers Centre. This is at Annex B1 together with officer comments on the points made in the letter. The council also received a summary of feedback obtained from 53 carers from the Carers Centre on 21st June (Annex B2) and a further email from the Carers Centre on the 21st June 2018 (Annex B3).

3. Consultation findings

3.1 Profile of survey respondents

There were 43 responses to the survey, either online or on paper.

The main demographic characteristics of respondents were:

Age 28% of respondents were between 50-59 years, 21% aged between 60-69 years. 21% of respondents preferred not to say. There were no respondents from people aged 90 and over or anyone under the age of 40 years

Gender 70% of respondents were female, 14% male. The remaining preferred not to say what their gender was or did not answer.

Ethnicity 51% of respondents disclosed they were from White British backgrounds, whilst 31% were from Asian or Asian British Indian backgrounds. 14% of respondents did not answer or preferred not to disclose their ethnicity.

Religion The largest proportion of respondents (26%) disclosed they were of Christian faith, with the next largest group (21%) disclosing they were of Hindu faith. 23% of respondents either preferred not to disclose their religion or did not answer.

Disability 51% of respondents did not define themselves as disables, 22% did. 19% either didn't answer or preferred not to say.

Sexual orientation 49% of respondents answered heterosexual / straight. 32%of respondents either preferred not to say or didn't answer this question.

More detailed information about the characteristics of those completing the survey is available if required.

The survey also asked respondents to say in what role they were completing the questionnaire:

Service users 31 respondents said they were completing the questionnaire as a user of one of the services that were included in the survey. A breakdown of this figure by service is available.

On behalf of a person currently using services 4 respondents were completing the questionnaire on the behalf of a user of one of the services that were included in the survey.

As an organisational representative 5 respondents completed the questionnaire as a representative of one of the services included in the survey. A breakdown of this figure by organisation is available.

As an organisational representative from a service not included in the survey 3 respondents completed the questionnaire as a representative of a service not included in the survey.

3.2 Survey findings

The survey outlined the proposal and respondents were then asked to select: 'agree', 'disagree' or 'not sure/don't know'

56% of people disagreed with the proposals, whilst 44% of people either agreed or weren't sure about the proposal or did not answer the question.

I agree with the proposal	9	21%
I disagree with the proposal	24	56%
Not sure / don't know	8	19%
Not answered	2	4%

Respondents were then asked: *Please provide comments. If you disagree with the proposal, please suggest an alternative.*

31 respondents completed this box. The comments have been categorised below. The number of respondents making each point listed below adds up to more than the total number of respondents as many respondents made more than one point. The full list of comments is available if required.

Category of comment	**No. of respondents who made comment**
Concerns about how reduced funding will impact on service provision and increased strain on services	16
Want services to continue as they are	6
Current services meet different needs	6
Suggestions that funding should be split between two of the current providers	3
Proposed model will not provide any choice for carers	2
The current model is confusing	1
There is a clear need to lobby central government	1
Increasing need for social care intervention should mean more services not less	5

4. Points made at meetings during the consultation

4.1 Meetings with current providers

All carer support service providers attended one consultation meeting. The attendees, and main points made at these meetings are set out below. The full notes of the meetings with the providers is available for decision makers if required.

The Carers Centre: 23rd April 2018

8 attendees including staff and Trustees.

Key points made:

- Confusion around the interpretation of non-statutory and statutory provision.
- Engagement and participation from carers and providers is valuable but nothing formal in relation to this work continuing has been outlined yet
- Targets for the new model will be reviewed and amended in response to previous feedback and the reduction in funding
- Northampton's model of carers partnership is seen as good practice
- There appears to be a lack of alternative options
- Hospitals should invest more in carers to reduce demand on carer support services
- Any viable alternative proposals will be considered

Age UK: 8th May 2018

Attendees: 2 staff members

Key points made:

- Reduced funding could lead to superficial services
- Priority on identification of carers is good but the wrap around support needs to be there, IAG alone won't work
- Specialist knowledge is important
- Concern whether other preventative services with a remit for carers are running at capacity
- New IAG service commissioned has flaws particularly in terms of access for carers
- Older people are becoming marginalised because of a lot of information being online
- Carers training has to be delivered differently

Ansaar: 16th May 2018

Attendees: 2 staff members

Key points made:

- Ansaar do not think the proposed model for carer support is the right way forward
- Ansaar believe that improving collaborative work across the existing contracts would make significant savings

4.2 Meetings with service users

Officers held meetings with service users from 2 carer support services. The key points made at these meetings are summarised below. The full notes of the meetings are available for decision makers if required.

Ansaar: 4th June 2018

Attendees: 12 service users

Key points made:

- The importance of geographical positioning and ensuring services are suitable for people who care for more than one person

- The amount of hard work that has gone into developing existing groups will be lost if groups close
- Cutbacks affect the whole family which puts additional pressure onto carers
- The importance of the City Council feeding back decisions to service users

The Carers Centre (CLASP): 12th June 2018

Attendees; 18 service users

Key points made:

- Caring is very tough and many people suffer from or at risk of breakdown if they don't get support.

- Mental health problems are very common, but support from doctors /health services for mental health is poor.

- Carers save the council and the NHS money. Cutting the carers support services is therefore a false economy.

- The support services for carers are vital – both in terms of getting practical support and with emotional wellbeing.
    - Advocacy was a key feature they said should be in a carers service.
    - One stop shop should be just that

- Key features of the support that are important are:
    - Advocacy
    - Accessibility – localities
    - Continuity (risk of losing this if a new provider)
    - Being able to contact someone out of hours in an emergency
    - Help with form filling
    - Feeling valued as a carer

  And a one -stop shop should be just that eg not having to go elsewhere for advocacy.

- ASC is not helpful:
    - Poor or no signposting to sources of support
    - Having to do the assessment online and not being able to explain complicated situations to social workers as a result
    - Lack of support from social workers
    - The consultation and previous cuts such as the end of DPs for carers, makes them feel they are not valued.

In addition the Cares Centre (CLASP) submitted a letter making a number of detailed points. This is reproduced at Annex B1 together with responses from officers.

Annex A: Carers Support Service Consultation Report: List of meetings held during the consultation

Date	Meeting
23rd April 2018	Provider of Lot 1: The Carers Centre (CLASP)
8th May 2018	Provider of Lots 2,3 & 4: Age UK
16th May 2018	Provider of Lot 5: Ansaar
4th June 2018	Service users of Ansaar
12th June 2018	Service users of The Carers Centre (CLASP)

Annex B1:
Carers Support Services Consultation Report: Submission from The Carers Centre plus officer comments

18th June 2018

Consultation on Proposed Changes to Support for Carers – Response from The Carers Centre (LeicesterShire & Rutland)

Please find below the response from The Carers Centre: a separate response taken directly from our consultation exercises with Leicester carers is being submitted separately.

Introduction

The Carers Centre (LeicesterShire & Rutland) has, in one form or another, worked with carers over the last 27 years, and has considerable experience in this field of work. Currently, all staff members are carers currently or are former carers. The same applies to all but one of the current 13 Trustees who take overall responsibility for the charity. The majority of our volunteers are carers who have offered their services to "pay back" to the organisation.

We understand that the current proposals are born out of the prevailing political and economic system. However, increasingly, carers and the people they care for are being squeezed disproportionately.

The current benefits regime provides a hostile environment towards disabled people and their carers, and their finances are being increasingly squeezed. Meanwhile, social care packages are often reduced – even though inflation in care costs has meant a nominal increase, the number of hours provided has generally gone down. This increases pressures on carers. The weak economy means that carers are less likely to have understanding employers, and we are aware of cases where social care staff have told individuals they have no responsibility for supporting carers to remain in work. This situation has been described as a "perfect storm", not without reason.

Carers contact us regularly about difficulties with getting a Carers Assessment. Some have waited months to have their case allocated. One case, which was notified to the Director of Adult Social Care, had waited over 4 months with no sign of an assessment – or, indeed, contact.

The number of Carers Assessments has plummeted since the introduction of the Care Act 2014, in spite of expectations that they would double. In fact, they have almost halved. There were over 2,800 assessments carried out in 2014/5. The reason is unclear, but it seems to be that social care staff are of the opinion that Carers Assessments have no value. As a result, carers are often left with more caring foisted onto them. It is unfortunate that we are often unable to report detail in cases like these as carers are all too often scared of losing what little support they do get.

Officer comment: ***We recognise that the carers assessment process has been problematic for some carers. We would also reflect that since the Care Act 2014, many of the support services available to help relieve the burden on carers are not reliant on the completion of an assessment, as they had previously been.***

However we agree that improvements can be made and are currently seeking to address some of the problems which have been identified. This will reflect the Care Act expectations about proportionate assessment as well as a strengths based approach to social work practice.

“Statutory” services?

There is one particular area of concern. In our communications with the local authority on this topic, we were informed that parts of our service are “not statutory” in that carers without assessed needs may currently use our services, and that the “non statutory” elements are to be removed. This is not a correct use of the legal terminology around statutory services, and the Care Act 2014 guidance suggests that all current carers services are statutory in nature:

> 2.4 The term ‘prevention’ or ‘preventative’ measures can cover many different types of support, services, facilities or other resources. There is no single definition for what constitutes preventative activity and this can range from wide-scale whole-population measures aimed at promoting health, to more targeted, individual interventions aimed at improving skills or functioning for one person or a particular group or lessening the impact of caring on a carer’s health and wellbeing. In considering how to give effect to their responsibilities, local authorities should consider the range of options available, and how those different approaches could support the needs of their local communities.”
>
> Prevent: primary prevention/promoting wellbeing
>
> 2.6 These are aimed at individuals who have no current particular health or care and support needs. These are services, facilities or resources provided or arranged that may help an individual avoid developing needs for care and support, or help a carer avoid developing support needs by maintaining independence and good health and promoting wellbeing.
>
> Reduce: secondary prevention/early intervention
>
> 2.7 These are more targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing. Some early support can help stop a person’s life tipping into crisis, for example helping someone with a learning disability with moderate needs manage their money, or a few hours support to help a family carer who is caring for their son or daughter with a learning disability and behaviour that challenges at home.
>
> 2.8 Early intervention could also include a fall prevention clinic, adaptions to housing to improve accessibility or provide greater assistance, handyman services, short term provision of wheelchairs or telecare services. In order to identify those individuals most likely to benefit from such targeted services, local authorities may undertake screening or case-finding, for instance to identify individuals at risk of developing specific health conditions or experiencing certain events (such as strokes, or falls), or those that have needs for care and support which are not currently met by the local authority. Targeted interventions should also include approaches to identifying carers, including those who are taking on new caring responsibilities. Carers can also benefit from support to help them develop the knowledge and skills to care effectively and look after their own health and wellbeing.
>
> 2.10 Tertiary prevention services could also include helping improve the lives of carers by enabling them to continue to have a life of their own alongside caring, for example through respite care, peer support groups like dementia cafés, or emotional support or stress management classes which can provide essential opportunities to

> share learning and coping tips with others. This can help develop mechanisms to cope with stress associated with caring and help carers develop an awareness of their own physical and mental health needs.
>
> 4.64 Engagement with people needing care and support, people likely to need care and support, carers, independent advocates, families and friends, should emphasise understanding the needs of individuals and specific communities, what aspirations people have, what outcomes they would like to achieve, their views on existing services and how they would like services to be delivered in the future.

Care Act Guidance, February 2018 (some editing has been carried out to maintain the focus on carers in particular)

This shows that the types of services offered currently – and proposed for the future – are a part of statutory provision. We believe that removing engagement from the current contract and subsume it within another takes out the “One Stop Shop” principle, and the lack of a specific community focus (carers being identified within the proposals as a specific community of need, as laid down in the Guidance) would mean that carers voices are lost. There is also the fact, as officers will have seen at a range of meetings, that carers are not trusting of organisations that do not focus on their specific needs. This is highly unlikely to change, and any degree of disengagement would be a further detriment to carers.

Officer comment: ***We recognise that using the language of statutory and non statutory is unhelpful since the implementation of the Care Act 2014. We are clear that the new service model will provide services to carers regardless of their Adult Social Care eligibility. We are very clear about Adult Social Care’s duty to prevent.***

Regarding the removal of engagement from the current contract, we will be seeking to continue and improve our engagement with carers through the development of current arrangements such as the Carers Reference Group.

The Proposals

“One Stop Shop”

The local authority already purchases a “one stop shop” for carers, currently provided by The Carers Centre. It provides services to all carers, regardless of background, as set out in the relevant contract. It also holds a further contract for advocacy, making it a true “one stop shop.” Current proposals do not allow for this to continue, however, and we believe this to be a major error. Carers need a separate advocacy service that should remain a part of the “single offer” to carers, and we will address this more fully in the relevant consultation.

Officer comment: ***Adult Social Care’s use of the term, ‘one stop shop’ refers to the proposal to have a single contract for all carers rather than the current model of five. It is not the proposal that all services for carers would be provided in one service. Carers will be signposted to a range of support outside the provider organisation as well. It is proposed that Care Act advocacy will be provided through a separate advocacy contract. In addition, the successful provider can provide non care act advocacy although this will not be prescribed within the specification.***

We believe that it is possible to provide such a service, but that the level of economies required would involve a lesser level of service than is currently offered. Officers seemed to be of a similar opinion in our recent discussions.

Officer comment: ***Agreed, however it is intended that the new service will offer the most cost effective option within the available funding envelope.***

The authority will be aware that major changes were made to carers services less than three years ago. It usually takes 18 months to 30 months for such changes to “bed in”, and we are currently reaching the end of that phase. During the preceding months, some services experienced a drop in attendance which did not always recover quickly. Some carers did not return to the newer style service provision and remained disengaged. Those carers who disengaged were most often those at highest risk of poor outcomes. Our concern with the current proposals is that there is likely to be a further change of provision in two years, potentially causing further disengagement.

Officer comment: ***By law the Council has to regularly open up procurement to the market. Given the uncertain nature of future funding, Adult Social Care has to build in as much flexibility as possible.***

We believe there is a need to run services side by side during a transition phase to encourage carers to make the switch to the new provider, perhaps on a reduced level of service for a few months. We understand that there would be cost implications that the authority would probably be unwilling to accept, but we believe that it is appropriate in terms of risk management.

Officer comment***: Running services side by side would be too costly however, there will be a period of mobilisation between contracts to facilitate the hand over between providers. During this time the expectation would be that the new provider reach out and engage effectively with all concerned stakeholders.***

We have been supporting a small number of carers who have expressed suicidal thoughts, and although they have made progress we are concerned that any setback may cause problems for them. We have no doubt that other services have similar issues to deal with. The alternative is that more carers will be at increased risk of reaching a crisis, which is ultimately more costly to the local authority and to the families concerned. This would be both a false economy and also an unacceptable result for the families concerned.

Officer comment: ***The carers assessment incorporates mental wellbeing which identifies eligible needs. We have also recently procured a mental health service which has a remit for supporting carers for people experiencing these kinds of difficulties. It is hoped that the proposed new model will work in a more streamlined way with Adult Social Care to prevent crisis.***

Reduced attendance and a failure to address it will be more expensive per capita as it will reach fewer carers. We believe this to be an inefficient use of funds.

It should be noted that the figure suggesting that over 9,000 carers receive services currently is almost certainly wildly inaccurate and only represents carer contacts in the period covered. The actual number of carers accessing services will be much lower.

Officer comment: ***It is clear from the current arrangement that monitoring information from the existing contracts gives an unclear picture of the current levels of activity. The proposed new model will make it easier for the Council to monitor carer support and will incorporate clearer performance measures that are more outcome focused.***

Meeting Needs

The proposals suggest that this service would be responsible for meeting the needs of any carers, without specifics. It is impossible to comment on this without more specific information, as while there are suggestions as to the priorities for the new service – all of which we currently offer – there is the suggestion that there is more, which is not specified. This suggests that the proposals are incomplete, and we are concerned as to what the reasons may be for this.

Officer comment: ***The final model and therefore the detail has not been decided as it will need to consider the outcome of public consultation.***

However, the term “meet the specific needs of any carers” suggests that the City is delegating responsibility for meeting carers’ **assessed** needs, and also suggesting that there is an expectation on the service to assess those carers who have accessed the service directly, rather than via a referral. We would appreciate some clarity on this point, as the level of resources on offer for this would be insufficient.

Officer comment: ***The City Council will not be delegating responsibility for meeting assessed need. Need in this context relates to the general needs of carers regardless of their Adult Social Care eligibility.***

Links with GP Services

Although we have had some success in our work with GP surgeries, it’s clear that GPs are overloaded and their staff are protective of them. This makes it much harder to reach carers via their GP if they are not currently in crisis. Adding resources to this will not effect a considerable improvement unless the background issues are addressed.

There have been a number of practice closures and we are aware of more GPs taking retirement. This is happening in predominantly less affluent areas, where there is a higher proportion of disabled and elderly people and therefore a higher incidence of carers. These are also the areas where carer identification is most challenging. The current proposals do not address this inequality.

Officer comment: ***We are aware of the challenges faced with working with GPs and are committed to continuing to work with the CCG’s to address this through the development of the City Council’s Carers Strategy Action Plan.***

Another issue is the fact that people coming into caring via a medical emergency are not identified or supported at a time of massive change and crisis. This is an area that requires serious consideration, as all too often families are taking on care at a time of lost income and other issues, at a time when they are trying to understand what is happening medically.

Financial Constraints and Alternatives

It has been suggested that the current proposals are fixed in terms of the finances available, and that the local authority would welcome alternative proposals. This would be at best difficult without access to the detailed budgets and the time to go through them. However, we are of the view that carers have already borne the brunt of the cuts, as laid out above, and that it is unreasonable to add more pressure to carers’ lives by reducing services further.

Officer comment: ***There are strict savings targets within Adult Social Care. We believe that the proposed model is the best fit for balancing a preventative service offer for carers and the challenges of a reduced financial window.***

A particular concern is that of TUPE. The reduction in funding will lead inexorably to the loss of jobs within the current contract holders – potentially, whether or not they retain the new contract. This will not only mean a considerable loss of expertise but it is likely to reduce further the level of service. Usually, the costs can effectively be spread over a three year contract so that the additional costs can be managed without loss. This would be highly unlikely over a two year period.

This means that the tendering process will, effectively, be further biased against smaller organisations which already face a major squeeze against larger organisation that do not have the level of expertise in a specific area but have large economies of scale.

Officer comment: ***The City Council would be seeking to ensure that the contract is awarded to the provider with the appropriate level of skills and knowledge to deliver the service effectively.***

Annex B2: Summary of the feedback from consultations and group meetings completed by The Carers Centre (CLASP).

[Information provided by The Carers Centre (CLASP) on 21st June 2018 – This is a summary of the feedback from consultations and group meetings completed by The Carers Centre (CLASP). No Council Officers were involved in these meetings.]

Feedback from carers from 2 consultations and 3 group meetings where carers were asked questions.

Total consulted: 53 in groups

Breakdown by ethnicity: White British 23, Asian, 28, Black 2

Breakdown by Gender: Male 15 female 38

We sent notification via email and post to well over 400 carers ignoring any notifications of our meetings for other services. The second meeting letter ensured that the survey details were included to encourage anyone who was not able to attend were aware of the website details to use if they were able and wished to do so.

Summary

Of the carers who gave feedback about the Council proposal to create a one-stop service for carers the following information was given:

Carers were most concerned that the cuts would further reduce the support carers receive. Although some of the forms carers filled in said they agreed with the proposal, carers all made it clear verbally that they did not agree with the cuts in funding for carer services.

In terms of a one-stop service: some carers felt that it removed choice, others felt it might work, all felt carer services required sufficient funding, which the cuts would not give.

When taking the larger picture, about carer services and the consultations that are taking place, it was clear that the one-stop service for carers would not include support they are currently receiving. This automatically meant that the one-stop carer service would either not be a one-stop service, and /or would not meet the needs the services currently provide.

The majority of carers spoken with said they felt:

- they were not listened to,
- they were not valued,
- they were not respected,
- they were not informed about their rights,
- that their needs were not being met,

by social services and therefore Leicester City Council.

It is important to look at why they feel this:

1. City carers no longer receive a carer's grant, which they used to receive on completing a separate Carers Assessment dependent upon their needs.

2. The number of separate carers' assessment being completed has declined by almost 50% since the loss of the grant.

3. Since the loss of the grant carers are receiving less support to meet their own needs and responsibilities that caring impacts on, such as: help with domestic tasks, decorating (person to do it not the actual materials), and gardening (again it did not include materials).

4. The cuts in support packages: it means that those who are providing care have to pick up the short-fall: namely carers. Whilst we recognise that people who are on their own are also struggling this document is about carers and what is happening to them.

5. Carers have told the Carers Centre some things that social care staff have said to them such as: "You can't have a paper copy of a carer's assessment to complete you can go on line", "You can use your PIP/DLA to cover that cost," (to a disabled carer and similarly to a multi-caring carer who asked for her son to have support to take him out). In other cases, "a carer's assessment won't change anything," "We're only talking about this person you are caring for, we don't need to know about the others," "We only do one carer's assessment." This was for a caring situation where there were two people providing substantial care to an individual, as well as it being a multi-caring situation. These sorts of phrases help to explain why carers ask for advocacy support in their own right.

A number of carers have said that they do not feel they would have got the support from social services, and therefore the council, that they did receive without advocacy. If this is the case then it is further evidence that carers are not being listened to and their needs are not being supported.

6. Consultancy is being taken away from carer specific services in this proposal, despite it being part of the current contracts.

7. Care Act, IMCA and IMHA advocacy are the only types of advocacy support services that are being proposed in the current Leicester City Council advocacy consultation, rather than the broader advocacy support (which includes carer specific advocacy) allowed in the current advocacy contracts. This is seen as a separate consultation by the City Council, but for carers it is seen as intricate to the services they currently receive. The proposed provisions will mean that virtually all carers are going to lose the right to advocacy support commissioned by Leicester City Council.

In the consultation on 12th June 2018, it was said that if the successful service for carers, wins the advice, information and training contract, they can provide advocacy if they have capacity. The funding is already being halved ignoring the financial addition for advocacy that is being lost and it is totally ignoring the fact that the Council are refusing to actually pay for advocacy for carers. If there is a reprieve and carers are given support within a new advocacy service, then they will still not have a one-stop carers' service as identified as being the vision in the carer service provision. It also supports, from a carer perspective, the carer viewpoint that their views and needs are not important to Social Services, and therefore Leicester City Council.

8. The number of cuts taking place makes many carers feel that they are being forced to carry the brunt of the loss of care support to the people they care for. The cuts in services are at a time where many carers are trying to support the person they care for to deal with massive benefit changes. The impact of these benefit changes also affects family carers as some people are struggling to change from DLA to PIP, when this happens any carers still have to provide care but may lose Carers Allowance. Universal Credit makes it even worse for carers and disabled people. This adds to the pressure and feeling of being ill-treated that many carers have. Whilst recognising that this is not caused by the City Council, from a carer perspective it is yet another burden they have to deal with.

9. The severity of cuts in all directions may well make it that fewer carers, especially those who are at the most difficult end of caring, will actually be able to leave their caring role to enjoy the social aspect of carer services. If this happens, it is seen by some carers that this will be seen as indicating a lack of need, and carers will again lose out if the support is further cut.

10. A carer services is seen as a preventative service by social care. This may be true, but it doesn't feel like it, especially at 7o'clock at night when a carer contacts one of the out of hours phone numbers for the Carer Centre and requires support. Examples of support required out of hours can include: Support to ensure that they have appropriate care in place the next morning, a carer who had been physically threatened, or, a carer who needs reminding to contact the mental health crisis team, a carer being reminded to go to the hospital for their own needs, helping a carer to gain support in hospital for a disabled person who cannot be left unattended so that they can go home to deal with their own needs. The service is not generally available, and any non-urgent calls are dealt with during office hours. It is made available to carers who are seen as most likely to need this additional support. In addition the Managers mobile number is always advertised in the newsletter, so that it is openly available if someone needs support and the office is closed.

A number of carers have also said that they do not see the service provided by the Carers Centre as preventative services. They see it as a service that supports them in a crisis. N.B. This is usually linked to carers who require advocacy support or a lot of emotional support, or who simply feel they have nowhere else to turn to.

11. Many carers are feeling overloaded with caring and their other responsibilities and issues they are dealing with and don't feel that the pressures they have are understood by social services.

The above information is to help explain to social care staff and the Council why most carers we have engaged with feel that social services and therefore the Leicester City council do not care about carers.

The remainder of this document is based on how carers feel about the consultation and also how they feel they are treated as carers. The appendix is there to give some background information to support the feedback from carers.

The main concerns carers rose about the consultation process and social and health services in general are as follows:

1. Listening

Most of the carers consulted either stated or indicated that they feel social services and by association the whole of Leicester City Council do not understand, or do not want to understand the needs and the issues carers face. Many carers also raised the fact that health services do not understand their needs either. See appendix 1 about carers.

Most of the carers who were consulted felt that their needs and views are actually ignored, or side-lined as unimportant. Carers in the meetings either stated or gave agreement by head nodding or murmurs of agreement, to what others said about them feeling that they do not feel valued or respected by social services and therefore Leicester City Council.

Many carers gave information that caring is damaging their health and emotional well-being but that they still felt these needs have been ignored or down-played in decision making processes.

N.B. This is a generalised statement, and there are some workers who are very good, but overall the feeling was that the carers who took part in these consultations felt they had received poor treatment from social services. We should note here that carers rarely contact us when they feel they have been appropriately supported by statutory services, and so to some extent this will skew the results.

N.B. Consultation has been removed from the details of the proposal for the new carer service, although it is part of the current carer services contracts.

If this is correct, then carers are being deprived of being able to use their groups for actual consultation and engagement, in the sense that Leicester City Council is not funding a carer specific service to support carer consultation. It also means that carers may be being deprived of support to be part of Partnership Board’s taking a carer perspective on the issues to the Boards. Some carers also advised me that they feel consulted out, in that there have or will be a number of consultations in a very short space of time that affect them either directly or indirectly.

Consultations are going more and more towards computer surveys. By being asked to go online to engage creates a number of issues for some carers, for instance:

- Carers who are not very computer literate or have no easy access to computers will lose out.
- Carers often do not have time to search out current computer surveys. This is becoming more of an issue from all support services, but it still makes some carers feel they are receiving less support from the council.
- Unless you are involved in delivering or commissioning services it is very hard for someone who receives a service to see the links when consultations are done piecemeal. This is why many carers feel frustrated and struggle with consultations. Some carers and service users need the opportunity to meet in groups to look at the immediate consultation they are looking at and have an overview of what is happening.

If you are a carer who is at the difficult end of caring, it is highly unlikely that you will have time to make these links unless you have a background in the type of work, where you are used to looking for themes and trends. The majority of carers are struggling enough to cope with everyday issues.

- Carers felt being able to get together to discuss consultations enabled them to share ideas and concerns and try to understand what is happening, how it will actually.

- Carers felt that social services and the current wave of consultations failed to understand carers and what carers actually need. Carers felt they were not being looked at in a holistic way and carers found this ironic considering the selling point in this consultation was supposed to be to provide a one-stop service rather than a fragmented service to carers.

- Carers felt that the current consultations do not really give any choice - just “this is what we are going to do”. The word proposal is not trusted by many carers, they felt that a decision had already been reached and that they were being told this was what would happen.

2. The one-stop service

Carers pointed out that the Council are proposing a one-stop service for carers. Carers pointed out that the consultations that are happening are piecemeal and designed to further erode support for carers. Currently carers have support from services who have built up a lot of knowledge about the needs of carers both collectively and as individuals.

Carers felt that the proposal being discussed around the one-stop service is not providing a one-stop service for carers.

The reasons for this are as follows:

a) The current contracts providing carer specific services include: advice, information, consultation, social inclusion and training. This consultation only includes: Advice, information, social inclusion and training, with an emphasis on peer support. Please note: Consultation has been removed from this contract although it formed part of the original carer contracts.

b) In the consultation that is now happening around advocacy, the proposal is that there is a one-stop service for Care Act advocacy. As previously stated this removes another layer of support for most carers.

Please see appendix 2 regarding what the criteria are for receiving Care Act advocacy.

N.B As previously stated most carers are not aware how contracts are split up for carers’ services. Therefore it is very difficult for them to know what is provided, why it is provided and why it is thought it is no longer necessary to provide some of the support they receive from the council’s point of view.

Within the sessions there has been a mixed response regarding a one-stop service.

Some carers felt that if it truly was a one-stop service and included all the support a carer would need, with real understanding about the different issues and aspects of caring and being a carer, along with being able to actually reach carers, it might work. The carers were all very clear that to do this a cut in the budget was not viable.

Other carers felt that it removed choice. They felt that some carers would lose out because a one-stop service for carers would not provide support in the way they preferred and felt they needed.

Some carers discussed the issue of having satellite services and those who discussed this felt that this would be expensive as there would be a lot of hiring of rooms. The cuts do not factor this cost in. A carer stated that the cuts would make it very difficult to actually meet: Transfer of Undertakings (Protection of Employment requirements 2006) within the budget offered (take on staff from other services for the work if one agency got the contract).

But, all carers involved in helping to shape this consultation response stated having to go to different places for help added to their caring pressures.

3. Valued and supported by the council.

A carer gave a brief potted list of how carers have lost support from the council over the last few years, in order to save the council money.

It was pointed out that carer's assessments no longer carry a grant and that this has already saved the council a lot of money at the expense of carers.

The current budget for the proposed new service is going to be virtually half what is currently being paid out for the current services.

The budget does not include the additional money allowed currently for carer advocacy, which is being proposed to be cut as most will not qualify for Care Act advocacy.

It was pointed out that the mathematical calculations done by the council showed that the current budget proposal meant further cuts to carer services, no matter how it was presented. A number of carers said they had not been informed about what carer services were available by Social service or Health staff, or what help they could be given. Carers felt if the service was actually identified properly by Health and Council staff even more carers would be likely to contact the service and the service would not be able to meet demand, especially with the cut in funding.

A carer picked up on the concept of peer group support and pointed out that they had been involved in such a group in the past via telephone links, but that caring made it that the service could not be sustainable as different issues kept coming up for them and the group folded.

N.B. If a telephone or internet support for carers is being considered as a way of supporting carers, there needs to be close monitoring how, Data Protection laws and carers being protected from abusive, inaccurate, or unlawful communications will be met. There is already concern how some people are using these forms of communication especially on the internet as the media points out on a regular basis. The internet would need messages being monitored 24 hours a day to try to keep it safe. There are already national services such as Carers UK who run an internet link. To run them requires people who are both trained and insured to run them.

N.B. In my experience of working with carers over the last 30 years, peer support is difficult for carers to sustain, especially those who are providing high levels of caring, without support from paid workers. This is because of the time and energy required to provide the infrastructure and the additional emotional pressure it places on the carers who take on the brunt of the work organising the group requires. It often falls on one or two individuals who carry the load: when their circumstances change, the groups often collapse.

Carers pointed out that they have enough pressures already to deal with; they want groups to provide peer support but not have to run them. It was pointed out that the self-help group run by the Carers Centre have a worker present to ensure that all information and ideas shared are legal. Safeguarding and all of the issues around safeguarding can come up in carer meetings, as well as a lot of emotional issues and carers felt that these need to be supported by someone other than the carers attending the group; they did not want this responsibility.

Carers made it very clear that they need workers who understand what it is like to be a carer. They felt that their needs are not understood by services that are not carer focused.

Carers feel that they are already shouldering the brunt of the cuts the council makes to services as they are the ones who have to pick up any unmet needs.

See appendix 1

Compiled on behalf of carers who engaged in the Carer Centre consultation process on carer services.

Appendix 1

Carers.

Who is a carer?

Informal carers (also called unpaid carers) are people who look after children and other family members, friends, neighbours because of physical or mental ill health or disability, or care needs related to old age, enabling them to continue to live as independently as possible at home and in the community.

Taken from: SCIE https://www.scie.org.uk/carers

How many carers are there?

About 1:10 of the population are carers. In Leicester the estimate of the population in 2016 was 383,300 (http://ukpopulation2016.com/population-of-leicester-in-2016.html) and rising.

This means using the 2016 figure, that approximately 38,330 people in Leicester are carers. Many of these carers are not known to statutory services. A lot of Leicester's carers are not receiving support through statutory bodies or even carer services.

There may be a number of reasons for this. It may be because:

1. They do not recognise or identify themselves as carers.

In the UK the term carer relates to someone as described in the SCIE definition. There is not a similar description in most other languages or cultures. The nearest is in America who use the term caregiver to describe a non-paid carer. In most languages the concept of what is legally classed in this country as a carer is what is expected of family and friends. The reality is that often the title paid care workers are given is abbreviated to “carers” by just about everyone. This makes it very difficult for those who actually meet the legal definition to see themselves as carers.

2. The amount of caring they do may not be impacting on their lives in a noticeably significant way, so they are not feeling the need for additional support.

3. Some carers feel shame that they are not meeting their “duties” as family members. To ask for help means that you are not honouring your parents, partner, or child etcetera by asking for help. This can mean that when some carers ask for help they are already feeling at crisis point.

Issues which are important to understand about carers whether or not they identify themselves as carers:

1. That most carers do not see themselves as carers. This does not mean that they do not recognise that they are doing more than most families it is simply that many feel that what they are doing is culturally (irrespective of ethnicity) expected of them. This makes them feel like they are failing when they ask for help, despite some of them facing really difficult situations in many cases.

2. To have their caring situations understood. Many carers have a number of caring or family responsibilities. When services talk to them they tend to only listen about the caring situation around the service user the services are actually considering supporting. With Contact and Response this seems to be a particular issue and some carers have been turned down for help because they have said they are providing care without the officer digging deeper to find out why they are actually calling.

3. Carers frequently struggle to explain what it is they need that fits within the provisions of statutory services. Some carers need to be able to tell their story, which involves a lot of time and patience as well as understanding and an ability to filter out the key points. This isn’t available from statutory services.

4. Emotional support given in an appropriate way is very important to carers. It is easy to understand when someone has just had an injury for instance or stroke the emotional trauma that person goes through in terms of something obvious like the loss of the ability to walk. It is harder to understand the personal and intimate changes that happen, these are rarely spoken about. Caring can place a lot of strain on both the carer and the person they are caring for. Relationships change in a caring situation and the impact this has on a carer can be lost, but the impact can shape the way a carer manages the caring situation.

5. When services say carers have chosen to care for an adult, in the strictest legal sense they have, but the reality is that if we look at societal pressure carers face be it from: government, statutory services, cultural, community, other family members, or the disabled person(s), many carers feel they do not have a choice.

6. There is a myth that carers can find support from within their communities, or families. This may be true for some, but for many carers caring for a person who is disabled can be very isolating and cuts you off from the main community, irrespective of your ethnicity and faith.

They also do not automatically get help from other family members. In essence many carers can be hit by the same issues affecting a disabled person by being associated to a disabled person, but this is often not recognised.

5. Carers are still in general seen by services from the disabled person's perspective. That is, if the disabled person does not qualify for help services may not identify the carer as requiring help. This can happen even when the only reason a person may not be requiring help is because of the carer. This may also explain why multi-caring or other dependent needs placed on a carer are not understood or identified by some workers.

We believe evidence of this might be found by looking at the amount of individual carer assessments completed when a grant was in payment compared to the number completed last financial year, and the help given:

a) How many individual carers' assessments have been completed (rather than shared assessments with the disabled person) since the carers grant has ceased?

b) How much help with cleaning, decorating and gardening for carers' has been allowed since the grant ceased compared to when it was in payment? If carers provide the personal care for someone then that is classed as no need for the disabled person, because the carer is doing it. The actual impact providing the personal care is not being taken into account for the carer because they are not being given the support to manage their other responsibilities, e.g. gardening, cleaning decorating etcetera.

c) In the Carers Centre and other carer services it is quite normal to see a carer who has multi-caring or dependents to support as well as meeting the needs for an individual identified by social services as possibly requiring social care, but each time it is raised we hear professionals thinking of it as complex a situation. This infers that the actual carer's situation has not been explored; only what they do for the person who has identifiable needs.

6. Carers are all individuals. Some may be commencing their caring role from a very young age. Some may become carers for a disabled child, some for a partner, and some for their parents as they become older. Some may be: parents, children, siblings, partners, more distant relatives, friends or neighbours. Some may live: with, nearby or some distance away from the person(s) they care for. The perspective that each carer comes from and the history they have needs to be understood when working with them. Working with a sibling carer, carer of a parent, carer of a partner or carer of a child can be very different and the knowledge around this is important when helping carers.

For example, when looking at the needs of Asian carers, who are a significant minority group of carers, to help me to understand their needs I asked a small group of Asian carers what they saw the issues as being why they might need specific groups. I was informed:

Many Asian carers feel more comfortable speaking in Gujarati, Hindi, Punjabi, or Bengali etcetera rather than in English. Asian carers can usually find a shared Asian language to speak.

When talking about translating to share information, I was told that if someone explains it and speaks reasonably slowly it is usually ok. This raises the issue of recognising the need to use language that everyone can understand. It also raised the issue of people feeling comfortable to say they do not understand. This is something that is not restricted to Asian carers but to all carers when working with and for them.

I am also aware some find it easier to hear English than to speak English. Written English is even more difficult for a number of Asian carers who speak and understand verbal English. There are still some primarily in the older age group who do not read or write in any language. This is particularly true of some women. When looking at historical and societal issues it is easy to understand why this has happened. Literacy is an issue for a number of people who live in a city, irrespective of ethnicity.

Using translators is not popular with many carers. The three main reasons being:

i) That you feel singled out in a group,

ii) That some of the translators do not accurately translate;

iii) It takes away the flow of the discussion and makes it harder to follow.

It is still very hard for many carers of people who have a disability, specifically certain disabilities, regardless of their ethnicity, to feel welcome within the wider community. There are still a lot of prejudices around, and for carers who are from communities where being part of their wider community is very important, the only way that some can have any experience of this community feeling, is to have groups that are carer and possibly even care specific and local. There is an issue around wanting services very close to where they live. Better attended meetings by Asian carers seem to be those that are very local to Asian families live.

It was also pointed out that as with traditional White British people Asian families live in the whole of Leicester not just Highfields and Belgrave. It has also been recognised by carers that there are over 70 different languages spoken in Leicester.

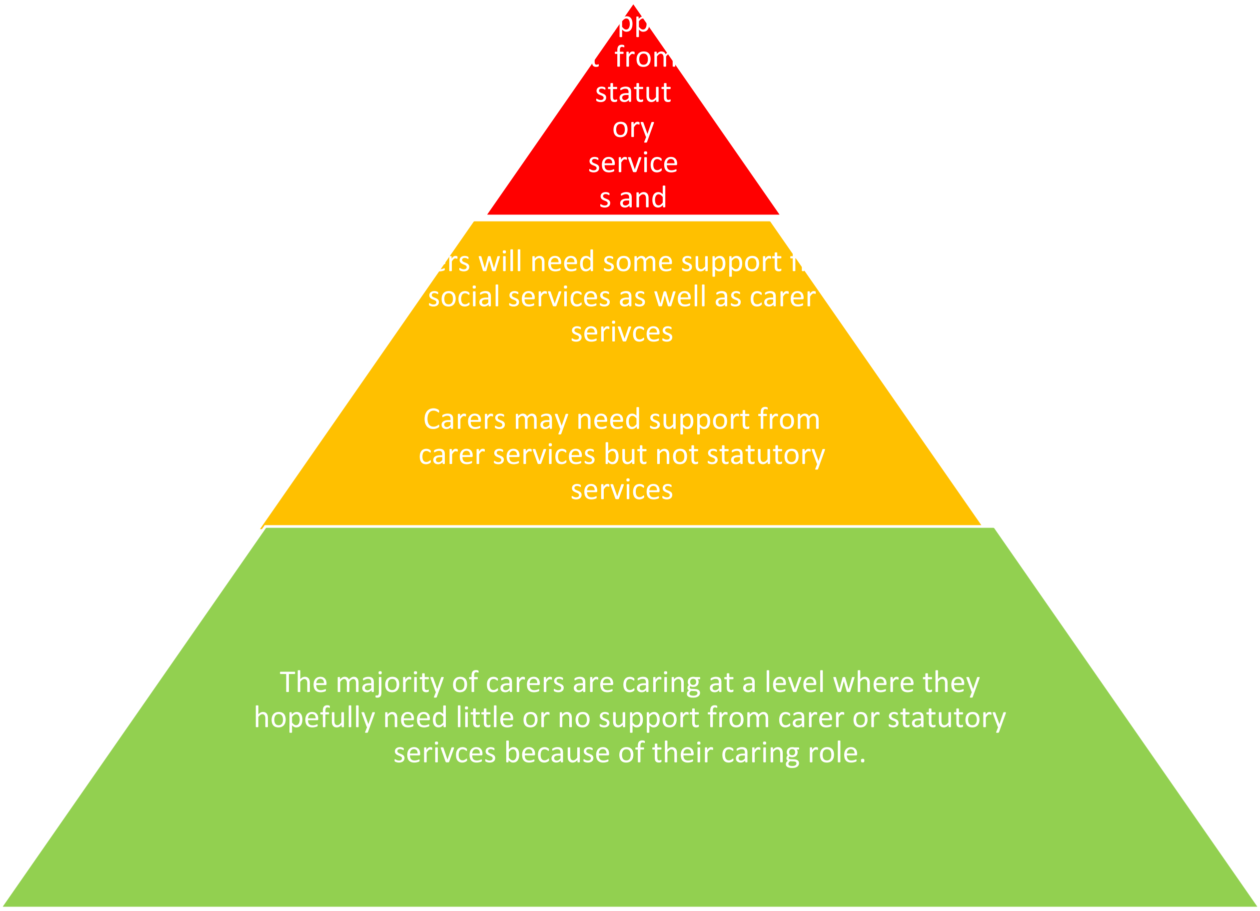
Another carer said that they feel impolite speaking in another language rather than English when an English only speaking person is present.

I was informed that it is very central to Asian culture to have food at a meeting. Lots of carers feel more relaxed when eating together. The main issue then would be having appropriate food, and how it is funded. The other issue is that having authentic Asian food to feel welcome. This was evidenced when we were talking about having food for a meeting and the interest this raised when we talked about “proper Asian tasting food” and where to obtain it.

In essence in talking with the carers it highlighted the need to understand different carers need different things as well as having underlying similar needs. This needs to be considered when looking at carer services. Carers may need short-term support or long-term support, to enable the carer to receive the help they need and for them to continue to provide effective caring support. The discussion with Asian carers also highlighted the need to understand that the age of the carer can impact on the type of support they need.

I was informed that the main carers who attend the Asian carer meetings are primarily over the age of 50. This means that any carer service has to ensure that they meet the needs of different age groups. It is crucial to understand the differing needs of each age group of carers.

Carers access of services:



All services statutory and independent, need the majority of carers not to require support, it would not be sustainable to provide all carers with support.

But, the more pressure placed on carers by: Government pressure (retirement age changes, pressure to resume work, benefit changes) as well as cutbacks in support, financial pressures, and housing pressures, etcetera the greater the likelihood is that the balance of who can manage without support may change. This could result in more carers requiring support to care or more carers finding they are unable to continue caring. There is also an increased risk of carers requiring more help from Health services or risking their own health more by not seeking or delaying receiving help when they need it.

Carer services are often seen as preventative services. What is often not understood is that carer preventative services, sometimes involve quite complex work to sustain the caring role. It can also take a long time to deal with the issues. A carer who read this document stated that they do not see the Carer Centre as a preventative service but as a needs led and often from a carer perspective as a crisis support service.

Appendix 2

Advocacy;

1. Care Act advocacy: who qualifies for it?

To qualify for Care Act advocacy you require the following:

i) A referral by a social worker for the advocacy support.

The social worker has to determine that you require and meet the criteria of Care Act advocacy. You cannot self-refer; the agency delivering the service cannot determine that you require it.

ii) To meet the Care Act advocacy requirement you need to show a social worker that they are **unable** after reasonable steps to engage them have been taken to:

- Understand relevant information;
- Retain information,
- Use or weigh up information,
- Communicate their views, wishes or feelings. In essence you have to demonstrate that even after reasonable steps have been taken you cannot really understand the process that is happening. It is very similar to Mental Capacity Act advocacy in how it is assessed as being needed. It severely limits the amount of people who actually qualify for advocacy. Please note English as a second language does not count toward meeting these criteria as interpreters are used to deal with this issue.

iii) The areas in which a carer can obtain Care Act advocacy support if they are unable to meet the criteria set above are when:

- A needs assessment is being undertaken
- A carers assessment is being undertaken
- A care and support or support plan is being completed
- There is a review of a care and support or support plan being undertaken
- There is a child's needs assessment being undertaken
- There is a young carer's assessment being undertaken
- There is a safe-guarding enquiry
- There is a safe-guarding adult review
- There is an appeal against a local authority decision under Part 1 of the Care Act (this is still subject to further consultation)

Adapted from the Social Care Institute for Excellence was the source of this information. https://www.scie.org.uk/care-act-2014/advocacy-services/commissioning-independent-advocacy/duties/independent-advocacy-care-act.asp

2. What is carer advocacy and how does it differ from ordinary advocacy?

Carer advocacy requires the advocate to support the carer in the following ways:

a) To support the carer to say what the cared-for's views are to enable the carer to provide advocacy for the cared-for: This means the advocate needs to understand if what the carer wants is the same as what the person they care for wants. If they are not then they have to consider if the disabled person requires separate advocacy support.

b) What care the carer is providing and why, this is to help carers explain why the care they give and the way they give it is necessary care. c) What the carer wants and needs for their self.

d) In addition, by hearing the holistic situation from the carer's perspective they are also able to fill in gaps when there are a number of issues the care is dealing with that can be missed when they are answering questions.

Carer advocacy covers a lot more than a simple attending a carer's assessment or supporting a carer to give input into a needs assessment. It involves having a lot of understanding of the caring situation. Advocacy can involve working with a carer to work with an agency. This doesn't require a social worker unless things break down. It can involve helping a carer to work out what evidence they need and help them to access it. This can involve working with a number of services. It does not always result in direct work with a social worker, but can sometimes reduce the need for social work intervention. The carer advocate can often be the cohesive element needed for a carer, in a caring situation that involves a number of services to enable the carer to obtain the support needed and to assist them in making all of the salient points to enable their voice to be heard.

Enabling a carer to self-advocate effectively requires understanding what it means to be a carer and the huge emotional impact caring has on the carer. It can involve:

- helping the carer to look at how they are presenting information
- helping a carer to actually separate what their and the person they care-for's needs.
- helping carers to understand legal issues
- understanding that it can sometimes take time for a carer to step back and look at their caring situation, and what they actually need not want.
- helping carers to understand the importance of gathering evidence
- helping carers to understand different perspectives
- trying to support carers to handle the emotional issues they are dealing with, to enable them to present information effectively.
- helping carers to prepare for meetings

Advocacy and self-advocacy for carers is not simply a case of supporting someone to say what they want and need. It supports the carer in their role as providing the person they care for. A carer said that helping them to get their points across when they are under emotional and other pressure difficulties is essential to them.

Appendix 3.

Valued and Supported.

Issues which are important to understand about carers:

1. That most carers do not see themselves as carers. This does not mean that they do not recognise that they are doing more than most families it is simply that many feel that what they are doing is culturally (irrespective of ethnicity) expected of them. This makes them feel like they are failing when they ask for help, despite some of them facing really difficult situations in many cases.

2. To have their caring situations understood. Many carers have a number of caring or family responsibilities. When services talk to them they tend to only listen to their caring situation around the service user they are actually supporting. On contact and response this seems to be

a particular issue and some carers have been turned down for help because they have said they are providing care without the officer digging deeper to find out why they are actually calling.

3. Carers frequently struggle to explain what it is they need that fits within the provisions of statutory services. Some carers need to be able to tell their story, which involves a lot of time and patience as well as understanding and an ability to filter out the key points.

4. Emotional support given in an appropriate way is very important to carers. It is easy to understand when someone has just had an injury for instance or stroke the emotional trauma that person goes through in terms of the loss of the ability to walk for example. It is harder though to understand the personal and intimate changes that happen, these are rarely spoken about. Caring can place a lot of strain on both the carer and the person they are caring for. Relationships change.

Annex B3 Email from The Carers Centre 21.6.18

From: []
Sent: 21 June 2018 15:44
To: ASCConsultations
Subject: Carers Services Review

Following further discussion, I'd like to add the following:

1. Parent Carers: currently there are few services that can support parent carers regarding Carers Assessments and support services that can assist them to take care of themselves, yet the fact remains that these carers are the most likely to care for many years, with all the attendant health risks that entails. We consider this to be short-sighted and would ask that this be considered as part of the Carers Services Review.
2. Many carers first come into caring via secondary care services – usually hospital – following a traumatic incident such as an accident or sudden illness. These carers go through a major shock and are often in a situation where income is severely affected and/or the prognosis is uncertain. Often they are not in a situation to consider their own needs: this then sets the trend for what follows. Consideration needs to be given to addressing this issue as a prevention matter.

Appendix C

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	22nd June 2018
Decision maker	Assistant City Mayor Councillor Vi Dempster
Date decision taken	

EIA sign off on completion:	**Signature**	**Date**
Lead officer	Nic Cawrey	22/06/2018
Equalities officer	Surinder Singh	03/08/2018
Divisional director	Tracie Rees	03/08/2018

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

	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. 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.
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).	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

	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.
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?	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. 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. 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

	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 service 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.
Age[1]	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	• As there is an equal proportion of working age carers and people aged over 65+ accessing current	• Make sure new service is promoted across all health and social care areas who

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[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

	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.	service provision, the reduction of funding will impact on people of any age equally.	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 • 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.

Disability[2]	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.	• Very likely given that carers are more susceptible to poor mental health	• 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

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[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 Reassignment[3]	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**
Race[4]	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.	• 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.	• 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 exploring communities where representation could be improved. • It is essential that any new provider has an adequate understanding of their duties

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[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.

			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.
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.	- Male carers should be highlighted as a priority group of carers for the new service.

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[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 Orientation[7]	Not known	**N/A**	**N/A**

Summarise why the protected characteristics you have commented on, are relevant to the proposal?

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.

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.

Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?

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,

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[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	• Meaningful public consultation with proposal	Nicola Cawrey	29th June 2018
Ensure effective referral pathways are put in place across relevant services.	• 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

	- Carry out the necessary work to join the dots to ensure established referral pathways are put in place		