

NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool for Frontline Patient Services

It is essential to follow the EQIA guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

- Carers Joint Planning, Performance and Implementation Group - Renfrewshire Community Health Partnership
- (work streams relating to respite services, consultation with carers, provision of information/training)

Please tick box to indicate if this is: Current Service Service Development Service Redesign

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

- Membership of the JPPIG Carers includes representatives from Renfrewshire Community Health Partnership and Renfrewshire Council Social Work Services, third sector staff including Renfrewshire Carers Centre, and unpaid carers.
- The JPPIG Carers has an overarching pan-Renfrewshire strategic and developmental focus on services that support carers.
- There are 6 JPPIGs within the RCHP. Each JPPIG has a lead responsibility. The six lead responsibilities are for carers, learning disabilities, older people, mental health, addictions and palliative care.

- Services to support carers include services that operate 24hrs a day. Carers issues cut across all health and social care services and across all 6 JPPIG's.
- The majority of carers are aged over 50. Twice as many carers are women than men. Carers are economically disadvantaged as many carers give up work to care or reduce their hours of work. Disability impacts on carers as the family members they care for can have a range of different disabilities. Carers from BME communities are proportionately under represented in accessing services.
- This Equality Impact Assessment is therefore carried out in the context of a backdrop where issues of age, gender, ethnicity, disability and economic status are particularly relevant.
- The JPPIG Carers is committed to promoting equalities and addressing inequalities across health and social care services whenever an intervention by the JPPIG Carers can be influential or instrumental.

Who is the lead reviewer and where based?

- Richard Kingston – Member of JPPIG (Carers) – Renfrewshire House, Cotton St, Paisley.

Please list the staff groupings of all those involved in carrying out this EQIA
(when non-NHS staff are involved please record their organisation or reason for inclusion):

- Members of the Carers Joint Planning Performance and Implementation Group.
This includes unpaid carers, health and social work staff, and staff from third sector agencies, including the Renfrewshire Carers Centre.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p style="text-align: center;">Gender</p>	<ul style="list-style-type: none"> • Respite services are commissioned for single room occupancy to promote privacy. • Same gender staff to assist with personal care is generally available to women and on request to men whenever possible. • Membership of carers' development working groups reflect a gender balance. • Consultation exercises achieve a good balance of responses from male and female carers. • There are plans underway to extend the range of specific local information available to carers in leaflet form, (by client group), about respite services which disproportionately benefit women as they form the majority of carers in Renfrewshire/Scotland (5 leaflets). 	<ul style="list-style-type: none"> • 70% of carers are women and many give up work to care, reduce their working hours, and suffer the knock on effect of reduced pension benefits. Carers regularly request additional respite services, including more home based and overnight respite. Unmet respite needs disproportionately disadvantage women seeking work and thus maintaining a higher income. • Choice of same gender personal care is not always available. • Unpaid carers are not paid for attending working groups (as health and social work staff are) which adds to their unpaid caring role. • Carers are not paid to attend training (as health and social work staff are) which limits carer's expertise and contribution to service developments.

	<ul style="list-style-type: none"> • Each leaflet will be congruent with the carers 'brand' thus will dovetail with the stand-out existing carer self assessment design. • There have been 2 recent major consultation exercises in 2008/9 to design the remit for training to be provided to carers and to inform the content of the recently launched Renfrewshire Carers Strategy 2009 – 2012, with an extensive response both in numbers and content from female and male carers. A carers training officer is now recruited to. • Provision of training in caring skills for unpaid male carers will contribute to reversing societal expectations of male roles both in society in general and more specifically within the family structure, thus promoting equality. Provision of training in caring skills for unpaid female carers will reduce carer stress and enable carers to be more confident in their caring role. 	<ul style="list-style-type: none"> • Lack of information about services available to carers disadvantages women as there are twice as many women carers as men. • Charging policies reduce the take up of respite services by unpaid carers which disproportionately impacts on female carers. • Many carers, (majority women) try to juggle their caring roles, while supporting their family and maintaining employment without adequate support and thus experience ongoing stress. • Equal opportunities training in employment and service delivery in relation to gender have not yet been available to all JPPIG members.
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	<ul style="list-style-type: none"> • There are a number of respite services that indirectly help reduce carer stress, anxiety and depression, which address the needs of women given the majority of unpaid carers are female. A Renfrewshire specific booklet informing carers of agencies across Renfrewshire, by area, that help to maximise benefits and better deal with debt, is now available. 	
<p>Ethnicity</p>	<ul style="list-style-type: none"> • There are about 2100 people from BME communities living in Renfrewshire <u>which is 3 times higher than in Inverclyde and West Dunbarton, but many times less than Glasgow.</u> • Carer self assessment booklet launched in the 5 most common languages in Renfrewshire (Urdu, Arabic, Cantonese, Polish, and Punjabi) to encourage availability and take up by black and minority ethnic communities. • English language classes are available from Adult Education to carers for whom English is not their first language. 	<ul style="list-style-type: none"> • Carers self assessment and other information for black and minority ethnic communities is not always available in the community facilities they use. Acknowledge that (contrary to myth) black and minority ethnic communities do not necessarily 'look after their own' and those who do may require support to do so. • Insufficient representation of black and minority ethnic carers in planning groups and as service recipients. • Insufficient representation of black and minority ethnic carers on JPPIG Carers

	<ul style="list-style-type: none"> • A booking system for interpreters is available. 	<ul style="list-style-type: none"> • Limited numbers of bi-lingual staff. (including english) • Guidance to staff on how to deliver culturally specific care, including hair care and skin care, is not always readily available. • Take up of services by BME communities is disproportionately low. Relevant information is not always available in places that BME carers use — community shops, mosques, temples, churches, community centres, libraries and GP surgeries. Respite providers are not always able to clearly demonstrate their ability to deliver culturally competent services to BME communities. • There is no specific RCHP post to help staff and service providers to promote culturally sensitive practice and help address inequalities. • Equal opportunities training in employment and service delivery in
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		<p>relation to ethnicity have not yet been available to all JPPIG members.</p>
<p>Disability</p>	<ul style="list-style-type: none"> • Respite services commissioned to offer barrier free environments/ level access. • Discussion on a more consistent/fairer charging policy for home based respite across day centres, day opportunities and overnight, is ongoing. • Disability aids such as hoists are provided. • Specialist transport is available to respite service users with disabilities. • New day centres In Paisley and Renfrew designed for people with disabilities. • Staff with manual handling training. • Information can be made available in audio tape, compact disc, large print, or Braille. 	<ul style="list-style-type: none"> • Carers have difficulty accessing information about disabilities and progressive illnesses that increase disability. • Equal opportunities training in employment and service delivery in relation to disability not available to all JPPIG members. • Some doors in Renfrewshire House are not disability friendly, do not open automatically or are not held open on magnets. Public access ramp is too lengthy to negotiate. Where doors do open automatically they often lead to the next door that does not.

	<ul style="list-style-type: none"> • Some carers are offered places on moving and handling training to improve their caring skills. 	
Sexual Orientation	<ul style="list-style-type: none"> • Staff are aware to respect different sexual orientations, report any discrimination and to use the term 'partner'. • Health and social work policies value diversity and different sexual orientations. • Staff are aware of the Civil Partnership Act. 	<ul style="list-style-type: none"> • Equal opportunities training in employment and service delivery in relation to sexual orientation have not yet been available to all JPPIG Carers members.
Religion and belief	<ul style="list-style-type: none"> • Respite service providers are contracted to respect and facilitate services for a diverse range of religions and beliefs. • Equality policies and statements value diversity of religion and belief. • Respite services are contracted to provide a range of diets to support diverse religions and beliefs. 	<ul style="list-style-type: none"> • Respite services may not have the necessary services available to meet needs arising from religion and belief needs. • Respite services may not have adequate staff training to provide culturally sensitive knowledge and skills to staff.

	<ul style="list-style-type: none"> • Respite services are contracted to provide culturally sensitive personal care and culturally sensitive care at times of death and dying. 	<ul style="list-style-type: none"> • Equal opportunities training in employment and service delivery in relation to religion and belief have not yet been available to all JPPIG Carers members.
Age (children/Young People/Older People)	<ul style="list-style-type: none"> • There has been significant consultation with older carers regarding their training needs and needs in general. • Majority of carers completing the new Carers Self Assessment booklet are older carers. • In 2008/9 there are 19 contracted respite bedrooms for older people across 3 care homes for older people and their carers. • Two new day centres have been built to support older people and older carers. • Young carers are supported by a range of respite and support services from the Renfrewshire Carers Centre. • Older carers will benefit from the new information leaflets about respite services to be published in 2009/10. 	<ul style="list-style-type: none"> • Carers of older people need access to more home based respite than is currently available. • Carers of older people need access to more diverse care models for providing respite. • Young carers need a specific assessment tool that is appropriate to their needs and uses graphics suitable for young people. • Equal opportunities training in employment and service delivery in relation to age needs to be available to JPPIG Carers members.

<p style="text-align: center;">Social Class/Socio-Economic Status</p>	<ul style="list-style-type: none"> • Advice works provides a comprehensive benefits advice service to support carers to take up welfare benefits and to maximise existing benefits. • Carers week has targeted carers with a carer specific surgery to increase benefit take up. • A booklet has been produced by 'Advice Works' to provide information to carers on where to access benefits advice. • Responsibility for setting carers benefit entitlements rests with the UK government. 	<ul style="list-style-type: none"> • Carers Allowance remains set at a relatively low value, and this is for the Scottish/Westminster Governments to resolve. • Carers have to give up or reduce working hours to care, as well as taking lower paid work, and missing out on promotion. This leads to reduced income and pension entitlements. Day centre respite and home based respite can not offer many carers a 5 day a week service if they wish to continue in employment. • Equal opportunities training in employment and service delivery in relation to social class/socio-economic status have not been available to all JPPIG Carers members.
<p style="text-align: center;">Additional marginalisation</p>	<ul style="list-style-type: none"> • Carers JPPIG practices in a non-discriminatory and anti oppressive manner. JPPIG Carers would challenge any discrimination/oppression identified. 	<ul style="list-style-type: none"> • No negative impact identified.

Actions

	Date for completion	Who is responsible (initials)
Cross Cutting Actions		
<ul style="list-style-type: none"> To use existing legislation to encourage the recruitment of same gender staff where same gender personal care is an issue. 	Ongoing	WB/MM
<ul style="list-style-type: none"> To consider paying unpaid carers to attend working groups/training (as health and social work staff are paid), to increase their contribution, and to minimise the impact of attending on their caring role. Carers are affected adversely financially due to their caring role, and if not paid to attend training (as health and social work staff are) this limits carer's expertise and ability to make 'equal' contributions to proposed service developments and national issues. 	2010	WB/MM
<ul style="list-style-type: none"> To consider including in all RCHP/SW information leaflets a standard statement in the main minority languages spoken in Renfrewshire, how to obtain a translated copy. 	2010	SM/JP
<ul style="list-style-type: none"> To consider if recruitment of bi-lingual staff (including english) in larger services such as home care/community nursing would be advantageous to improving service take up by carers/clients/patients within BME communities. 	2010	SM/JP

<ul style="list-style-type: none"> • To consider if a post with specific responsibility for assisting to develop services sensitive to BME carers/communities is needed within RCHP/RSW. • To consider improving disability access to, and within, Renfrewshire House so as not to discourage carer and client involvement/access. Currently an automatically opening door can lead to the next door that does not open automatically and there is no operational external lift to assist in managing exterior stairs. 	2010	SM/JP
	2010	SM/JP
<p>Specific Actions</p> <ul style="list-style-type: none"> • Information about respite services and health conditions to be published in 2009/10. • Integrated Children's Framework staff to progress a specific assessment tool for young carers that is appropriate to their needs and uses graphics suitable for young people. • To arrange Equal Opportunities training to all Carers JPPIG members. • JPPIG chairs requested to arrange completion of an EQIA on respite services for their client specific groups. • Helping carers back into employment by providing additional respite services (subject to funding availability), which will disproportionately benefit women. There is a particular need to further develop home based respite and home based overnight respite. 	2009/10	DG/RK
	2010/11	RK
	2009/10	WB/MM/RK
	2010	MM/WB
	2009/11	WB/MM/JP

<ul style="list-style-type: none"> • To review consistency and fairness of charging policies that reduce the take up of home based respite services by unpaid carers, and which disproportionately affect female carers and carers of older people with dementia. 	2010	JP/RK
<ul style="list-style-type: none"> • Ensure that relevant information on carers' services is made available in places that BME carers use—community shops, mosques, temples, churches, community centres, libraries and GP surgeries. 	2009/10	RK/DG
<ul style="list-style-type: none"> • Ensure BME carers are represented on Carers JPPIG. 	2009/10	RK/WB/MM
<ul style="list-style-type: none"> • Ensure respite services have staff trained in the specific cultural needs of BME communities and that a cultural guide is available to staff. 	2010	WB/RK
<ul style="list-style-type: none"> • Consider offering carers with a significant caring role an annual health check. 	2010	RK/MM

Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:

April 2010

Lead Reviewer: Name: Richard Kingston

Sign Off: Job Title: Senior Resource Officer/JPPIG Carers

Signature: *Richard Kingston*

Date: July 2009

Please email a copy of the completed EQIA form to irene.mackenzie@ggc.scot.nhs.uk

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