

Equality Impact Assessment / Equality Analysis

(Version 4)

Item name	Details
Title of service or policy	Co-produced Carers Strategy
Name of directorate and service	Adult Social Care Commissioning
Name and role of officers completing the EqIA	Callum Graham Robertson, Programme and Project Manager
Date of assessment	28/08/2025

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on people and different groups within our community. The main aim is to identify any adverse impacts (i.e. discriminatory or negative consequences for a particular group or sector of the community, and to identify areas where equality can be better promoted). Equality impact Assessments (EqIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EqIA) or Equality Analysis. **Not all sections will be relevant – so mark N/A any that are not applicable.** It is intended that this is used as a working document throughout the process, and a final version will be published on the Council’s website following relevant service lead approval.

1.1 Identify the aims of the policy or service and how it is implemented

Key questions	Answers / notes
<p>1.1 Briefly describe purpose of the service/policy e.g.</p> <ul style="list-style-type: none"> • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes 	<p>The development of the Co-produced Carers Strategy will be led by Adult Social Care Commissioning on behalf of the directorate. The delivery of the strategy will be directorate wide. It will facilitate closer partnership working with carer related support services in health and the third sector.</p> <p>The document will outline key areas of focus to ensure carers are effectively supported, highlight how the local authority meets its statutory requirements, and include an activity plan.</p> <p>The Adult Social Care Commissioning team intend to learn from the coproduction process undertaken for the Young Carers Strategy, as they embark on their own activities.</p> <p>It should be noted that co-production has been highlighted as a key area for development in the ASC peer review conducted in summer 2023. We expect that this work will pave the way for further co-production activity, and create a map for others embarking on the process.</p>
1.2 Provide brief details of the scope of the policy or service being reviewed, for example:	Having a Carers Strategy is a statutory requirement for local authorities as laid out in The Care Act 2014. With the existing strategy scheduled for renewal,

<ul style="list-style-type: none"> • Is it a new service/policy or review of an existing one? • Is it a national requirement?). • How much room for review is there? 	<p>B&NES are taking the opportunity to not just refresh, but find a new co-production approach, to the writing of this document.</p> <p>It will be a living document, reviewed and updated regularly as the activity plan is completed and new priorities are identified.</p>
1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	<p>This activity aligns with the co-production workstream for adult social care commissioning. It also aligns with the council's approach to Giving residents a bigger say in how services are planned and delivered.</p>

2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
2.1 What equality focussed training have staff received to enable them to understand the needs of our diverse community?	The programme manager has completed the local authority EQIA training. Additionally, he has completed anti-racist training, and has experience of delivering co-production with adults with physical and learning disabilities.
2.2 What is the equality profile of service users?	<p>The 2023 bi-annual Carers Survey reached 1025 carers and had a response rate of 336 carers (33%). Key findings are:</p> <ul style="list-style-type: none"> - 62% of identified carers were 65+, with 5.8% 85+. - 74% were female - 1.2% of respondents identified as 'mixed/multiple' ethnicities, 1.8% identified as 'Asian/Asian British' - 50% of respondents identified as having a physical disability, mental ill health or long-term illness - 12.5% of respondents were not in paid work because of their caring responsibilities - 30% of carers highlighted that caring had led to financial difficulties 'to some extent' in the last 12 months. 7% said they had experienced 'a lot' of financial difficulties.
2.3 Are there any recent customer satisfaction surveys to refer to?	The 2023 bi-annual Carers Survey highlighted:

<p>What were the results? Are there any gaps? Or differences in experience/outcomes?</p>	<ul style="list-style-type: none"> ○ Of those who had received support in the last 12 months there was an upward trend in satisfaction. For instance, 'I am very satisfied' increased from 12.5 (2021-22) to 18.7%. ○ 60% of carers felt that they had 'some control of their daily life, but not enough' (down from 62% in 2021-22). ○ 29% of carers felt that 'sometimes they cannot look after themselves', with 14% feeling they 'neglect' themselves (changing from 28.5% and 17% respectively for 2021-22). ○ Of those who sort advice in the last 12 months, 55% found advice 'fairly easy to find' (25% 'fairly difficult to find'), and 57% found the advice 'quite helpful'. 34% of carers found the advice 'very helpful'. ○ 126 respondents said that they would be happy to be invited to take part in further research.
<p>2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</p>	<p>The following activity has been undertaken:</p> <p>Introductory conversations have been had with:</p> <ul style="list-style-type: none"> ○ The Carers Centre ○ Developing Health and Independence (DHI) ○ AWP ○ Parent Carer Forum ○ Project 28 ○ BEMSCA <p>During these conversations we outlined the premise of our work and invited organisations to take part in the process.</p> <p>We then attended introductory sessions with the following Carer Forums:</p> <ul style="list-style-type: none"> ○ Carers Voice (Carers Centre) ○ Care and Share Café (AWP supported) ○ KS2 (AWP affiliated) <p>Through this process we engaged with 30 carers. The carers and groups spoken with highlighted the need for the strategy to be reviewed, a keenness to take part, and highlighted</p>

	the need to ensure a diverse group of carers were engaged. The information gathered will form the basis for on going carer strategy specific conversations with a working group of carers.
2.5 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equality considerations within this?	We intend for this strategy and activity plan to be a living document, updated regularly. To do this we will maintain a core group of carers, who will hold the local authority accountable. Equality will be considered in the formation and maintenance of this group, to ensure a wide range of individuals are included.

3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.
- Could have a negative or adverse impact for any of the equality groups

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1 Issues relating to all groups and protected characteristics	We have engaged with a broad range of carer related organisations in order to develop the carers co-production working group for the strategy.	we recognise that with further action diversity of the group could be increased further. Deeper engagement with community leaders will support more diverse recruitment into the group.
3.2 Sex – identify the impact/potential impact of the policy on women and men.	Carers are statistically more likely to be women than men. We have made the group accessible to both males and females, resulting in a mixed group.	N/A
3.3 Pregnancy and maternity	N/A	N/A

3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people	N/A	N/A
3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration of physical, sensory and mental health needs/differences)	The Carers Survey highlights that carers are likely to have a disability. We have promoted the working group to carer groups including people with disabilities, and held sessions in accessible venues. We also asked carers what access requirements they might have, in order to implement reasonable adjustments as required (e.g. in planning the time and length of sessions, ways to present information, etc).	N/A
3.6 Age – identify the impact/potential impact of the policy on different age groups	Most carers who have engaged with the carers strategy work have been older adults. We have encouraged working age and younger adult carers to join sessions. We have held meetings at a variety of times/days of the week to make the sessions as accessible as possible for those who work.	Further work will be done to target working age, and younger adult carers. This will be done in conjunction with the carer support service, which is contracted by adult social care to support carers in B&NES.
3.7 Race – identify the impact/potential impact on across different ethnic groups	Communities identify with or understand the role of a carer differently. Through initial engagement the project team have used a variety of approaches to ensure that diverse residents can relate to the general role of 'caring', regardless of whether they identify with the term carer.	N/A

3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual, questioning people	Communities identify with or understand the role of a carer differently. Through initial engagement the project team have used a variety of approaches to ensure that diverse residents can relate to the general role of 'caring', regardless of whether they identify with the term carer.	N/A
3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	N/A	N/A
3.10 Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	Communities identify with or understand the role of a carer differently. Through initial engagement the project team have used a variety of approaches to ensure that diverse residents can relate to the general role of 'caring', regardless of whether they identify with the term carer.	N/A
3.11 Socio-economically disadvantaged* – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances (this is not a legal requirement, but is a local priority).	We are aware that carers come from all walks of life, and caring can have a significant impact on employment status. All carers were paid to provide their lived experience as experts. We also engaged with a broad range of carer groups reflecting the wide demographic of B&NES residents.	we recognise that with further action diversity of the group could be increased further. Deeper engagement with community leaders will support more diverse recruitment into the group.
3.12 Rural communities* identify the impact / potential impact on people living in rural communities	Sessions have been held at times and in locations easily accessible by public transport.	N/A

<p>3.13 Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).</p>	N/A	The project team will specifically engage with armed forces community groups during continued carer engagement for the live strategy.
<p>3.14 Care Experienced *** This working definition is currently under review and therefore subject to change:</p> <p>In B&NES, you are 'care-experienced' if you spent any time in your childhood in Local Authority care, living away from your parent(s) for example, you were adopted, lived in residential, foster care, kinship care, or a special guardianship arrangement.</p>	N/A	N/A

*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

** The Equality Act does not cover armed forces community. However, the Armed Forces Bill (which came in on 22 Nov 2022) introduces a requirement to pay 'due regard' to make sure the Armed Forces Community are not disadvantaged when accessing public services.

***The Equality Act does not cover care experienced people. B&NES adopted this group as a protected characteristic in March 2024 alongside over 80 other Local Authorities. Although we have data for care leavers and children/young people who are currently in the care of B&NES we do not have wider data on disadvantage experienced through being in care.

4. Bath and North East Somerset Council Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Low representation in co-production group from diverse ethnic, age and veteran community members	Closer engagement with community leaders required to support increased engagement		Callum Graham Robertson	November 2025
Ensure the EQIA remains updated and relevant to the work on the Carers strategy	Review and update the assessment at regular intervals	Align to strategy development milestones	Callum Graham Roberston	November 2025

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equality Team (equality@bathnes.gov.uk), who will publish it on the Council's website. Keep a copy for your own records.

Signed off by: Natalia Lachkou, Assistant Director of Commissioning
(Divisional Director or nominated senior officer)

Date: 2nd September 2025