

Equality Impact Assessment Form

About the function, policy, project or decision being assessed

What is being assessed?	Function
	Policy
	Decision
Title of the function, policy, project, or decision	Wider Own Initiative investigation – accessing complaint procedures for Unpaid Carers
What is this function, policy, project, or decision aiming to achieve?	The investigation aims to examine the accessibility of public service complaint processes for Unpaid Carers in Wales with a view to make recommendations if evidence of maladministration or service failure is found to share learning and drive improvement.
	The investigation will also highlight any evidence of good practice to share such practice across public services in Wales.
	The Wider Own Initiative investigation process involves 3 steps:
	 Defining the focus of the investigation including through public consultations Investigation Formulation of recommendations and the sharing of findings
	This EIA is relevant to step 1.
Who is affected by this function, policy, project, or decision?	Members of the public who are Unpaid Carers or being cared for by Unpaid Carers
	Relevant Bodies – NHS Health Boards, Local Authorities
	Third party stakeholders – Welsh Government, Social Care Wales, Care and Social services Inspectorate, Healthcare Inspectorate Wales, Children's Commissioner, Future Generations Commissioner, Older Peoples Commissioner, Audit Wales, Carers Wales, Charities

Who should be consulted about this function, policy, project, or decision?	All the above stakeholde	rs	
Who is conducting this impact	Sarah Jones – Own Initiative Lead Officer		
assessment?	Ania Rolewska – Head o	f EDI	
	Date: 01/03/2023	Version: 3.0	

Initial screening

Question	Υ	N	If 'YES', briefly explain why
Does this policy, project or decision relate to our functions or areas of work within those functions for which EIA has identified equality impacts?			Each OI is unique and there has been no previous EIA of a similar investigation. However, the suggested focus of this investigation suggests that there may be equality impacts on most groups, including:
			 Children Older people Disabled people People from ethnic minorities Carers (as people at risk of socio-economic disadvantage)
Does this policy, project or decision	\boxtimes		Strategic Aim 1 – Deliver Justice
relate to our Equality Objectives?			Strategic Aim 2 – Promote learning, work to improve public services
			2.3: Ensure that equality is embedded in the planning and implementation of PSOW's new powers
Is there a risk that this policy, project, or decision could disadvantage any group of people?			No – this project seeks to actively identify ways to minimise disadvantage experienced by some groups and to identify ways to maximise positive impact on some groups.

If you answered 'yes' to any of the questions above, proceed to the full impact assessment.

Impact Assessment

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Characteristic	Negative	Neutral	Positive	Please explain this impact	Can this impact be mitigated or enhanced? If so, how?	Negative	Neutral	Positive
Cross-cutting considerations				The focus of the investigation The proposed investigation is explicitly focused on carers and how local authorities and health bodies meet their needs. It considers accessibility and effectiveness of assessment and complaints processes for carers. If the investigation identifies areas for improvement, the investigation is likely to have a positive impact on the quality of life of carer population, as well as groups that were well-represented among that population: People over 45 Disabled people People experiencing socio-economic disadvantage To a small extent, people who identify as female There is less data on the representation of other groups among the carer population (see below). However, the evidence analysis found a number of barriers reported by unpaid carers with one, or a combination, of these protected characteristics. There is a scope to ensure that the investigation benefits more equally also these other populations.	The positive impact on carer population as well as other equality groups can be maximised by targeting local authorities where the relevant populations are well-represented.			
Age				Investigation focus Although research shows that a proportion of very young people undertake caring duties in Wales, carers	To maximise the impact on this population, the investigation could			

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Characteristic	Negative	Neutral	Positive	Please explain this impact	Can this impact be mitigated or enhanced? If so, how?	Negative	Neutral	Positive
				in Wakes appear to be more likely to be 45-74, with people over 55 best represented.	 target areas where older population (over 65) is well-represented: Powys, Conwy, and Anglesey. include attention to specific barriers faced by older carer population that are within direct control of the Local Authorities to address, e.g. steps to mitigate a lack of trust, concerns over financial insecurity and loss of independence 			
Disability				Investigation focus Carers in Wakes appear to be more likely to be suffering from health conditions.	focus on the following LAs: Blaenau Gwent, Neath Port Talbot, Merthyr Tydfil, Rhondda Cynon Taf and Caerphilly include attention to specific barriers faced by disabled carer population that are within direct control of the Local Authorities to address, e.g. attention to support for carers with their own health conditions (including by provision of reasonable adjustments, for example for carers with sensory loss); financial advice and support.			
Gender (sex)				Investigation focus Carers in Wakes appear to be more likely to be female. However, with the proportion of female to male carers is not significantly different (4 percentage points). It means that an investigation focused on				

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Characteristic	Negative	Neutral	Positive	Please explain this impact	Can this impact be mitigated or enhanced? If so, how?	Negative	Neutral	Positive
				carers would be likely to have only slightly more positive impact on female population overall. However, this impact may be more significant in ethnic minority populations (see below)				
Gender reassignment				We found no data on the gender identity profile of carers in Wales.				
Marriage & civil partnership				We found no evidence pointing to a specific impact of this equality characteristic on unpaid carers.				
Pregnancy & maternity				We found no evidence pointing to a specific impact of this equality characteristic on unpaid carers.				
Race				Investigation focus We found no up-to-date data on the ethnic profile of carers in Wales. According to the 2011 Census, Black, Asian or minority ethnic carers in Wales represented 2.5% of all carers in Wales. People from 'Gypsy or Irish Traveller' communities represented 0.09% of the unpaid carer population. However, research pointed to numerous and detailed barriers negatively affecting the experiences of ethnic minority carers in Wales. This means that the investigation has a potential to have a positive impact on that group.	 To maximise the impact on ethnically diverse population, the investigation could focus on the following LAs: Cardiff, Newport and Vale of Glamorgan. To maximise the impact on people from diverse nationalities, the investigation could focus on the following LAs: Cardiff, Wrexham, Merthyr and Flintshire (Polish), Conwy (Irish), Newport and Flintshire (Romanian) and Cardiff (Indian and Chinese) Overall: include attention to specific barriers faced by the ethnically diverse population that are within direct control of the Local Authorities, e.g. steps to ensure that diverse 			

	Potential impact				Impact afte actions			
Characteristic	Negative	Neutral	Positive	Please explain this impact	Can this impact be mitigated or enhanced? If so, how?	Negative	Neutral	Positive
					communities are aware of the support available; steps to mitigate language barriers, cultural awareness and unconscious bias training etc.			
Religion or belief				We found no recent and Wales-only data on the religious profile of carers in Wales. However, research pointed to some barriers facing carers following diverse religions.	To maximise the impact on people following diverse religions, the investigation could include attention to specific barriers faced by this population that are within direct control of the Local Authorities, e.g. training on cultural awareness of needs and cultural understanding of caring.			
Sexual orientation				We found no data on the sexual orientation profile of carers in Wales. However, there was data on the barriers that may face people from LGB+ community when accessing support.	To maximise the impact on this population, the investigation could include attention to specific barriers faced by this population that are within direct control of the Local Authorities, e.g. steps to unconscious bias training, tackling lack of trust, training on specific issues that may stop people in this community to access support etc			
Welsh language				Investigation focus We found no data on the Welsh language use of carers in Wales. The public consultation on this investigation did not point to clear impacts on the Welsh language and how the impacts can be mitigated or enhanced, beyond	The investigation can dedicate attention to the availability and use of carer needs assessment process in Welsh.			

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Characteristic	Negative	Neutral	Positive	Please explain this impact	Can this impact be mitigated or enhanced? If so, how?	Negative	Neutral	Positive
				only a few references to some shortages of Welsh- speaking assessors (ydy hwn yn gywir?)				
 Socio-economic characteristics rurality low/no income caring duties 				Investigation focus The investigation should target areas with a high proportion of carer population.	To maximise the impact on carer population, the investigation could focus on Neath Port Talbot, Caerphilly, Torfaen, Blaenau Gwent and Merthyr Tydfil.			
				Investigation focus Carer population appears to be affected by inequalities deriving from socio-economic disadvantage – location in most deprived areas of Wales, living in social housing and being unemployed or economically inactive.	To maximise the impact on socio-economically deprived population, the investigation could focus on Denbighshire, Caerphilly, Rhondda Cynon Taf, Bridgend, Merthyr Tydfil, Wrexham, Newport and Cardiff.			
				The investigation could target areas where these populations are well-represented.	To maximise the impact on people living in social housing, the investigation could focus on Torfaen Blaenau Gwent, Neath Port Talbot, Swansea and Wrexham. To maximise the impact on unemployed people, the investigation could focus on Denbighshire, Swansea, Neath Port Talbot, Caerphilly, Newport and Wrexham.			

Please record the evidence that you used to assess impact:

Carer population

Statistics

Health, disability and provision of unpaid care in Wales (Census 2021) | GOV.WALES

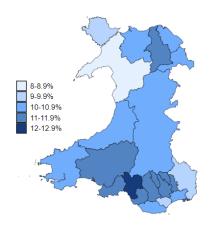
In Wales, the age-standardised proportion of people who provided any amount of unpaid care was 10.5%, a decrease from 13.0% in 2011. About one third of this population provided 50 or more hours of unpaid care a week (107,000 people).

The local authority with the highest proportion of people who provided any amount of unpaid care was **Neath Port Talbot** (12.3%), which also reported the joint highest proportion of disabled people. Neath Port Talbot also had the highest proportion of people who provided 50 or more hours of unpaid care a week (4.5%) and people who provided 20 to 49 hours of unpaid care a week (2.9%).

Other LAs with high proportion of carer population were Bridgend, RCT, Merthyr Tydfil, Caerphilly, Blaenau Gwent, Torfaen, Carmarthenshire and Denbighshire.

The age-standardised proportion of people who provided any amount of unpaid care was higher in Wales (10.5%) than it was in England (8.9%).

Figure 6: Age-standardised proportions of usual residents aged 5 years and over providing unpaid care by local authority in Wales, 2021



 $\frac{https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021#:~:tex t=On%20Census%20Day%202021%20(21,over%2C%20in%20each%20country%2Orespectively.}$

In 2021, in Wales, the highest percentage of unpaid carers was in individuals aged between 55 and 59 years for females and between 55 and 64 years for males. The older age groups provided the highest hours of unpaid care. Young people (under 25) represented 7% of all female carers and 6.8% of all male carers. There were approximately 8,200 young unpaid carers (aged between 5 and 17 years) in Wales (1.8% of 5- to 17-year-olds).

According to the 2011 Census, there were 9,076 Black, Asian or minority ethnic carers in Wales. This represents 2.5% of all carers in Wales (<u>Strategy for Unpaid Carers EIA - Welsh Government</u>)

According to the 2011 Census, there were also approximately 320 unpaid carers who are from 'Gypsy or Irish Traveller' communities. This represented 0.09% of the unpaid carer population.

Barriers

Barriers for older carers (Strategy for Unpaid Carers EIA - Welsh Government)

- Older people may be less likely to identify with the term 'unpaid carer'.
- The initial wait for an assessment was a concern for some older people, while others have felt that they were rushed or that professionals asked the wrong questions.
- Some older people fear letting statutory agencies into their lives because they
 worry that they will lose control and independence; that they will be forced to
 go into a care home, or that they will be evicted from their home.
- Older people from ethnic minority communities faced specific barriers related to access to advice and information, finances and tenure, privacy, dignity, culture and care; and links to the ethnic minority community.

There was a higher percentage of people providing unpaid care in the most deprived areas (quintile 1, 11.5%) compared with the least deprived areas (quintile 5, 9.7%)

Barriers for disabled carers (Strategy for Unpaid Carers EIA - Welsh Government)

- For disabled carers, their own disabilities can be overlooked, or the care they are providing for those whom they care for is not always recognised.
- In addition to people with existing disabilities taking on caring responsibilities, carers frequently report developing mental and physical health conditions during and as a result of caring.
- Evidence points to a combination of financial disadvantage for disabled carers and those in poor health: they are significantly less likely to be in work or in a

- household with income from paid work, much more likely to miss out on financial support with caring and more likely to be facing greater debt and financial hardship as a result
- In response to our consultation, carers with sensory loss were identified as needing additional support to ensure they are included in conversations and decisions being made regarding the person they care for.

Barriers for trans carers (Strategy for Unpaid Carers EIA - Welsh Government)

 Evidence was limited. Consultation replies provided evidence of the experiences of transgender carers, which indicate services can be unfamiliar with treating transgender patients, that staff can ask inappropriate questions or display a lack of confidence when supporting a transgender person

Barriers for LGB+ carers (Strategy for Unpaid Carers EIA - Welsh Government)

- According to a 2015 Stonewall report, one in twenty (5%) staff in the social care profession have witnessed other colleagues discriminate against or provide a patient or service user with poorer treatment because they are lesbian, gay or bisexual in the last five years
- Privileging familial relationships can neglect differences in caring relationships and ignores the social reality that older LGB people may not have disclosed their sexual orientation to family members and therefore may not regard biological family as potential care providers
- Some individuals have encountered normative assumptions from healthcare staff about their assumed capacity to provide care for same-sex partners because of their intimate relationships
- The anxiety that overshadows the disclosure of same-sex relationships to health and social care professionals is a fundamental concern for LGB carers that can hamper fair access to services

Barriers for carers based on their religion:

The consultation responses highlighted that for religion or belief, services can
fail to be culturally aware of differing needs; unpaid carers may not be widely
recognised in some communities and there can be cultural barriers preventing
some communities from accessing services in general.

Barriers for ethnic minority carers <u>Research into unpaid carers in Wales who are</u> <u>from an ethnic minority</u> (research results <u>here</u>)

- The overarching theme is a 'lack of fit' between the support and services available and the needs of unpaid carers from Black and minority ethnic communities.
- Practical barriers include a lack of awareness of support, language barrier, a
 lack of reliable support at home, challenges around meeting the cultural
 needs of individuals concerned (such as ensuring time was set aside for
 prayer or meals were made using halal food), a lack of understanding of the
 service provider (to the manner in which the family live their lives can lead to
 misalignment and a breakdown in communication)
- A lack of self-identification as a carer means that many carers do not access support. There are also different perceptions and understandings of illnesses and conditions e.g. dementia and autism. These may be understood as a part of the natural life cycle or behavioural rather than a medical issue.
- Different cultural understandings and expectations such as perception among some communities of care as a 'family responsibility', community pressure to undertake care work without complaint, gendered roles and responsibilities (with the majority of the work still undertaken by females)
- A lack of trust in service providers to offer appropriate support and concerns over pre-assumptions being made about background and availability and willingness of individuals from minority ethnic background to be able to provide care.

Caring (National Survey for Wales): April 2019 to March 2020

https://www.gov.wales/caring-national-survey-wales-april-2019-march-2020-html

In 2019-20, 29% of people provided unpaid help or support to others; with half of this group doing so for more than five hours a week.

The following factors are independently associated with people who care for others (for more than 5 hours per week):

- being aged 45 and over
- being female (31% female compared to 27% male)
- living in social housing rather than being an owner-occupier
- living in the 20% most deprived areas of Wales
- feeling low levels of satisfaction with life
- having a limiting long-term illness
- being unemployed or economically inactive

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Population overall

Age

https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimateswales/census2021#:~:text=The%20areas%20of%20Wales%20with,over%20was%20Conwy%20(1.5%25).

The areas of Wales with the highest percentages of people aged 65 years and over were **Powys** (27.8%), **Conwy** (27.4%) and the Isle of Anglesey (26.4%), and the area with the highest percentage of people aged 90 years and over was Conwy (1.5%).

Disability

Health, disability and provision of unpaid care in Wales (Census 2021) | GOV.WALES

In 2021, across Wales, the proportion of disabled people was 21.1% (670,000 people).

The local authorities with the highest proportions of disabled people are concentrated in the South Wales valleys (**Blaenau Gwent, Neath Port Talbot, Merthyr Tydfil, Rhondda Cynon Taf and Caerphilly**). These are also the areas of high proportion of carer population.

Ethnicity and national identity

https://www.gov.wales/ethnic-group-national-identity-language-and-religion-wales-census-2021-

html#:~:text=90.6%25%20of%20the%20population%20identified,to%202.3%25%20in%202011

Ethnic group, England and Wales - Office for National Statistics (ons.gov.uk)

The proportion of people in Wales who identified as "White" was 93.8% (95.6% in 2011. 0.1% (4000) identified with a "Gypsy or Irish Traveller" ethnicity within the high-level "White" category.

- 2.9% identified as Asian. Asian Welsh or Asian British.
- 1.6% identified with the high-level ethnic group category "Mixed or Multiple ethnic groups"
- 0.9% identified within the high-level ethnic group category "Black, Black Welsh, Black British, Caribbean or African"
- 0.9% of usual residents in Wales (26,000) identified with an ethnicity not encompassed within the other high-level ethnic group categories

Diverse ethnic groups were best represented in Cardiff and Newport.

Diverse nationalities were best represented in Swansea, Ceredigion and Wrexham.

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Socio-economic deprivation

https://www.gov.wales/welsh-index-multiple-deprivation-full-index-update-ranks-2019

LAs in Wales with a high proportion of localities classified as most deprived areas include Swansea, Blaenau Gwent, Neath Port Talbot, Merthyr Tydfil, Rhondda Cynon Taf, Caerphilly and Bridgend.

However, the most deprived areas in Wales were found in Denbighshire, Caerphilly, Rhondda Cynon Taf, Bridgend, Merthyr Tydfil, Wrexham, Newport and Cardiff.

Unemployment

https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Employment/Persons-Employed/employmentrate-by-welshlocalarea-year

LAs in Wales with a high proportion of unemployed people are Denbighshire, Swansea, Neath Port Talbot, Caerphilly, Newport and Wrexham.

Social housing

https://www.gov.wales/housing-wales-census-2021-html

In 2021, Torfaen had the highest percentage of households in the social rented sector (23.8%). Other LAs with high proportion of this population were Blaenau Gwent, Neath Port Talbot, Swansea and Wrexham.

Profile of our complaints

Location (based on closed complaints 2021/22)

The location of our closed complaints in 2021/22 suggests that the highest concentration of complainants come from the Cardiff, Newport, Swansea and Bridgend areas, and around Mold in Flintshire and Wrexham city.

There were smaller pockets of higher concentration of complainants around several towns, such as Caerphilly and Merthyr Tydfil.

The concentration of our complainants is overall low further away from towns / cities and very low in rural areas, particularly mid Wales.

Please record any consultation and engagement undertaken

Engagement with Carers Wales	
Public consultation (9/01 – 6/02/2023)	

Carers Wales focu	us group (8/02/2023)						
Outcomes report							
EIA stage	☐ Initial screening						
completed	Full assessment						
Summary of negative impacts identified							
Decision	Proceed – no changes						
	Proceed – actions need	ded					
	Do not proceed						
Action plan	If actions are needed to proceed with the policy, project or decision, please specify here the actions, who is responsible for them and who will monitor how they are implemented.						
	Authorised by	Date					