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Section One: Introduction

The Equality Act 2010

In order to meet equality legislation public bodies have to consider Section 149 of the Equality Act 2010:

A public authority must, in the exercise of its functions, have due regard to the need to –

- (a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Protected Characteristics

Equality Law (Equality Act 2010) is clear that there are particular characteristic intrinsic to an individual against which it would be easy to discriminate. Section 149 (the Public Sector Equality Duty) lists the goals of the act and the characteristics, known as 'protected characteristics' against which we have to test for discrimination. These characteristics are gender, race/ ethnicity, religion and belief, sexual orientation, age, gender reassignment, pregnancy and maternity and disability.

Tackling Inequalities

The <u>Marmot review</u>; 'Fair Society, Healthy Lives', published in 2010, confirmed that health inequalities result from social inequalities and that action is required across all the wider determinants. The review identified the need for action to focus on reducing the gradient in health by focusing on those most in need.

In Sefton we have a strong commitment to promoting equality, tackling disadvantage and improving the life chances of our residents. We are aware that many factors combine to affect the health and wellbeing of individuals and communities. While health care services have an impact, other factors such as where people live, income, education, life experiences, behaviours and choices, along with relationships with friends and family, all have a considerable impact.

Sefton's Carers Strategy 2014 - 2019

The Carers Strategy must show due regard to the Equality Act 2010 and demonstrate through the process of producing, publishing and updating both the Carers Strategy National and Local Context and the Sefton Carers Strategy show how it meets the Public Sector Equality Duty. This equality analysis report is part of that process.

How we developed the Carers Strategy for Sefton

The draft strategic objectives in the Carers Strategy were co-produced following a wide range of engagement and consultation events with carers and the people they care for including young carers, local communities, partners, voluntary, community and faith sector and other stakeholders.

This engagement and consultation informed the setting of the overall strategic priorities outlined in the Draft Sefton Carers Strategy.

A full report on the outcomes of the consultation and engagement will be made available at www.sefton.gov.uk

Strategic Objectives

Five Strategic Objectives for Carers in Sefton have been identified, these have been developed through both understanding the needs of the population and what carers and the people they care for including young carers, the public, community organisations and groups, commissioners and providers of services told us during the consultation and engagement process.

The strategic objectives for Carers in Sefton are:

Carer Involvement – Carers in Sefton are involved in all stages of the planning of care for the person they care for ensuring that they have a voice and that care plans meet their needs.

Joined Up & In Partnership – Organisations providing information and support to carers in Sefton and those that they care for are joined up to ensure that they deliver more consistent care and avoid duplication. Where organisations talk to each other, talk and listen to carers and those who they care for, promoting independence, allowing carers to help themselves and those that they care for.

Information – Carers in Sefton and those that they care for know where to go for help and can access information. That the information is accessible, up to date and is provided in a timely manner to enable carers and those they care for to be self sufficient, independent and take responsibility for their own health.

Whole Life Course – Carers and those that they care for are supported during transitions of major life events including young people to adults, college to employment, pregnancy or family changes, retirement and bereavement.

Young Carers - Young carers are identified and supported so that they can live fulfilling lives and progress with their education, career and life aspirations.

Section Two: Identifying Impacts across Protected Characteristics

In considering the impact of the Carers Strategy, the following analysis has been undertaken across the Strategic objectives:

The analysis has been carried out using both Office of National Statistic (ONS) Census 2011 data and responses to the Sefton Carers strategy; both of these data sets are created through self identification and therefore show an approximate representation.

Protected characteristic	What the Consultation and the National and Local Context told us	Linked Strategic Objective(s)	Next Steps and Action
Gender	 From ONS 2011 Females were notably more likely to be unpaid carers than males; 57.7 per cent of unpaid carers were females and 42.3 per cent were males in England and Wales. In England, 116,801 men (1.0%) and 81,812 women (1.2%) were in fulltime employment while providing 50 hours or more unpaid care; in Wales the equivalent numbers were 9,320 (1.6%) and 5,068 (1.8%) respectively. Economically active women in both full-time and part-time employment provided a greater share of the unpaid care burden than men; in England 12.1% of women working full-time provided unpaid care, and in Wales it was 15.3% From Sefton Consultation Of those who responded to the consultation and identified themselves as carers 74% were women and 26% were men. 	 Carer Involvement Whole Life Course Information 	Feedback from the consultation and engagement process has been provided to the Carers Subgroup, Health and Wellbeing Board, Adult Forum Steering group and Early Life Forum to be considered when developing Strategies and planning for the future
Protected	What the Consultation and the National and Local	Linked Strategic Objective(s)	Next Steps and

characteristic	Context told us		Actions
Age	 The share of unpaid care provision fell most heavily on women aged 50-64; but the gender inequality diminished among retired people, with men slightly more likely to be providing care than women. From Sefton Consultation Of those who responded to the consultation and identified themselves as carers, the largest age group (43%) of people who stated they were carers was 40-59, closely followed by those aged 60-75 (34%). Additionally 17% of carers were aged 74+ and 6% were in the age group 25-39. Parent Carers were identified as a gap in the strategy consultation process. The transition between being a young carers and an adult carer was identified as a gap in the strategy consultation process. What happens when carers die was identified as a gap in the strategy consultation process 	 Carer Involvement Whole Life Course Information Young Carers 	Feedback from the consultation and engagement process has been provided to the Carers Subgroup, Health and Wellbeing Board, Adult Forum Steering group and Early Life Forum to be considered when developing Strategies and planning for the future
Protected characteristic	What the Consultation and the National and Local Context told us	Linked Strategic Objective(s)	Next Steps and Actions
Disability	 From ONS 2011 10% of people (5.8 million) provide unpaid care for someone with an illness or disability - the same percentage as in 2001 (5.2 million). The general health of unpaid carers deteriorated incrementally with increasing levels of unpaid care provided, up to the age of 65; the burden of 	 Carer Involvement Joined up & In Partnership Information Whole Life Course Young Carers 	Feedback from the consultation and engagement process has been provided to the Carers Subgroup, Health and Wellbeing Board, Adult Forum

	Of those who completed the survey 69% White British, 26% White English, 0.25% White Polish, 0.75% Welsh, 1.50% Irish, 0.50% Scottish, 0.75% Other White, 0.25% Black Caribbean, 0.75% Asian & White, 0.25% Other Asian Background	InformationWhole Life CourseYoung Carers	be sought to enhance our understanding of the needs of carers from our diverse communities
Race/ Ethnicity	From Sefton Consultation	Carer Involvement	Further feedback will
Protected characteristic	What the Consultation and the National and Local Context told us	Linked Strategic Objective(s)	Next Steps and Actions
	 providing 50 hours or more unpaid care per week appears to have the greatest impact on the general health of young carers in the age group 0-24. From Sefton Consultation Adults with a disability or limiting long term illness are identified as the main group that people care for (64%), closely followed by Frail Elderly People (23%). The percentage of carers who look after a child with a disability or limiting long term illness is 12%. The general health of unpaid carers deteriorated incrementally with increasing levels of unpaid care provided, up to the age of 65; the burden of providing 50 hours or more unpaid care per week appears to have the greatest impact on the general health of young carers in the age group 0-24. Carers for people with Learning disabilities especially those with multiple complex needs was identified as a gap in the strategy consultation process. 		Steering group and Early Life Forum to be considered when developing Strategies and planning for the future.

Protected characteristic	What the Consultation and the National and Local Context told us	Linked Strategic Objective(s)	Next Steps and Actions
Religion or Belief	From Sefton Consultation Of those who completed the survey 77% Have a Religion, 95% are Christian, 3% are Buddhist, 0.5% is Hindu, 0.5% is Jewish, 1% are Sikh	Carer InvolvementInformationWhole Life CourseYoung Carers	Action will be taken to gather further information to enhance our understanding of the contribution faith communities can make supporting carers in Sefton.
Sexual Orientation	From Sefton Consultation Of those who completed the survey 97% Heterosexual, 2% Gay, 0.25% Lesbian, 0.75% Bisexual	 Carer Involvement Information Whole Life Course Young Carers 	Action will be taken to gather further information to enhance our understanding of the caring needs of gay, lesbian and bi-sexual people and additional support will be sought through the VCF sector to help with this understanding
Protected characteristic	What the Consultation and the National and Local Context told us	Linked Strategic Objective(s)	Next Steps and Actions
Gender Re- assignment	From Sefton Consultation Of those who completed the survey 99% Live in the gender assigned at birth	Carer InvolvementInformationWhole Life CourseYoung Carers	Action will be taken to gather further information to enhance our understanding of the caring needs of transgendered

			people and additional support will be sought through the VCF sector to help with this understanding
Protected characteristic	What the Consultation and the National and Local Context told us	Linked Strategic Objective(s)	Next Steps and Actions
Pregnancy and Maternity		 Carer Involvement Joined up & In Partnership Information Whole Life Course Young Carers 	Further feedback will be sought to enhance our understanding of the caring needs and support required by people using pregnancy and maternity services.

Section Three: Advancing equality of opportunity and fostering good relations between people and communities

The National and Local context document identifies key messages relating to the prevalence of need by gender, disability, age and other identified characteristics including disability. This information, combined with the feedback from the consultation and engagement process, has informed the setting of the strategic objectives within the Sefton Carers Strategy. This information will help partners to tailor services to address the needs of carers and those cared for in communities by providing information and signposting that advance equality of opportunity and foster good relations between people and communities.

Section Four: Conclusion

The Sefton Carers Strategy - National and Local Context Document and the consultation and engagement feedback reports contain evidence and insight relating to different groups of people within the community. They have informed the development of the Sefton Carers Strategy and Action Plan. Partners will seek to gather further evidence relating to specific characteristics where there are current gaps in our understanding.

Section Five: Action Plan

What	When	Who
Communications Plan for launch of Carers Strategy	June 2014	All Partners
Publish Final Equality Analysis Report	June 2014	Sefton Council
Gather further feedback or evidence on the gaps of our understanding as identified in the Equality Analysis Report and identify how relevant evidence has been used to understand the potential equality impacts and update the Equality Analysis Report.	June 2014 – May 2015	All Partners
Annual review of the Strategy and Equality Analysis Report.	May 2015	All Partners