

## **PART B – Equality Analysis Form**

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

### This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title		
Equality Analysis title: The Borough That Cares All-Age Carers Strategy 2026-31		
Date of Equality Analysis (EA): 20 Octol	ber 2025	
Directorate: Adult Care, Housing and Public Health	Service area: Strategic Commissioning	
Lead Manager: Jacqueline Clark	Contact number:  Jacqueline.Clark@rotherham.gov.uk	
Is this a:		
x Strategy / Policy Service / Function Other		
If other, please specify		

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance		
Name	Organisation	Role (eg service user, managers, service specialist)
Katy Lewis	RMBC	Carers Strategy Manager

### 3. What is already known? - see page 10 of Equality Screening and Analysis Guidance

Aim/Scope (who the Policy/Service affects and intended outcomes if known) This may include a group/s identified by a protected characteristic, others groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

The Unpaid Carers Strategy will progress a range of key priorities that will address the inequalities that impact unpaid carers in the community. Unpaid carers are recognised as having a protected characteristic under the Equality Act 2010 and the Council holds a firm commitment to the Public Sector Equality Duty.

In addition to holding the responsibility of delivering the outcomes of the Carers Strategy, the Prevention and Early Intervention Commissioning Team commission various services that also support unpaid carers, adding strength to the strategy.

### RMBC commission:

- Crossroads care for those with eligible needs under the Care Act, where they also have an unpaid carer that would benefit from advice, information and additional support. Crossroads provide a homecare service and promote information sharing.
- Boroughwide Dementia Cafés and Dementia Support Worker Service provided by Making Space.
- The Carers Emergency Service provided by The Rotherham NHS Foundation Trust, providing support for carers facing an emergency.
- Rotherham Sight and Sound for individuals with a hearing or sight impairment and support for their carers.
- Advocacy support provided by Absolute Advocacy.
- In addition to commissioned services there are a range of voluntary and community organisations supporting carers in Rotherham.
- During a small grant programme for carer health and wellbeing, 19 small-medium VCS groups were awarded funding. This identified 3 groups who support carers from BAME background, 1 LGBTQ+ group, and 3 groups who support carers of people with specific health conditions.
- Other community groups include the Carers Forum, the Parent-Carers Forum and the BAME carers group.

Under the 2010 Equality Act, the Council has a responsibility to eliminate unlawful discrimination, indirect discrimination, harassment and victimisation. Within the umbrella of carers', is a diverse population who have other protected characteristics which will change fluidly as they experience life changes. Therefore, the unpaid carer support generated by the strategy will impact on several minority groups.

The intended outcome is that the strategy will meet the needs of all members of the community, ensuring that minority groups have equal access to support, and the support provision is appropriate to the needs of all service users.

### What equality information is available? (Include any engagement undertaken)

#### Internal data:

- Rotherham Data Hub.
- Insight.
- Information gained through the co-production discussions.
- Intelligence of VCS groups identified through a small grant programme for carer health and wellbeing.
- Equality data for people accessing commissioned services (Dementia Cafes, Sight & Sound and Crossroads Dementia support services).

### Information from external sources:

- Unpaid Care Dashboard | the Centre for Care
- Unpaid Carers Statistics ONS Census 2021
- <u>Unpaid care by age, sex and deprivation, England and Wales Office for National</u> Statistics
- Unpaid Care and Protected Characteristics ONS Census 2021
- Caring About Equality | Carers UK (2025)
- State of Caring 2024: the impact of unpaid caring on finances | Carers UK
- bitc-gender-report-whocares-march2022.pdf
- Gender Work and Care Report Women's Budget Group 2020
- Adult Carer Survey Report Carers Trust 2023
- Carers Factsheet Improving Support for BAME Carers, Carers UK
- Supporting Black, Asian and Minority Ethnic Carers Report Carers UK
- Caring as a social determinant of health: review of evidence GOV.UK

### Results of the 2023-24 Survey of Adult Carers in England (SACE):

The survey is undertaken every two years and seeks the opinions of carers aged 18 or over (caring for a person aged 18 or over) on topics that are considered indicative of a balanced life alongside their unpaid caring role.

205 (35.2%) carers returned a completed survey. 155 carers responded to the initial postal survey and 50 to the follow up reminder.

	ASCOF	Rotherham 2023-24 2021-23 (last surv						
	Measure	2021- 22	2023- 24	Change	DOT	Preliminary Analysis	Y&H Avg.	England Avg.
1D	Carer reported quality of life score	7.5	7.1	-0.4	•	Decline of 0.4 to 7.1. Now below the previous national and regional benchmarking data from 2021/22.	7.4	7.3
112	Proportion of carers who reported that they had as much social contact as they would like	30.2%	26%	-4.20 %	<b>y</b>	Decline of 4.20% to 26%. Now below the previous national and regional benchmarking data from 2021/22.	31.2	28.0
3В	Overall satisfaction of carers with social services	42.7%	41.5%	-1.20 %	¥	Decline of 1.20% to 41.5%. Still above both the previous national and regional benchmarking data from 2021/22.	37.7	36.3
3C	Proportion of carers who report that they have been included or consulted in discussions about the person they care for	71.7%	74.4%	2.7 %	<b>^</b>	Improvement of 2.7% to 74.4%. Significantly above both the previous national and regional benchmarking data from 2021/22.	64.7%	64.7%
3D2	Proportion of carers who find it easy to find information about support	61.8%	59.5%	-2.30 %	¥	Decline of 2.3% to 59.5%. Remains above both the previous national and regional benchmarking data from 2021/22.	56.3%	57.7%

### **Analysis of Rotherham Carers**

- 53% of carers were 65 and over, 59% were 75 and over.
- 49.8% of those cared for have Dementia.
- 65.8% of carers in addition to their caring role, are retired.
- 42.6% carers spend 100 or more hours looking after or helping the person they care for.
- 80.3% carers live with the adult they care for.
- 33.3% of carers were able to access a break from their caring role for more than 24 hours.
- 31% of the adults cared for, access day care or day activities.

- 45% of carers are getting enough sleep or eating well due to the impact of their caring roll.
- 53.3% of carers have some encouragement and support but not enough.
- The top 3 impacts on the carer's health due to their caring role continues to be: feeling tired, disturbed sleep and general feeling of stress.
- 37.5% of carers stated their caring role caused some financial difficulties.
- 32.9% of carers felt information and advice received had been very helpful.
- 68% of carers whose gender was known were female.
- By known ethnic group 88% of carers were white and 3% non-white, nationally the largest ethnic group were white at 76% white and 11.5% non-white

### **Co-production**

Co-production events have taken place:

Activity / host organisation	Date	Target audience	Number consulted
Adult Social Care (ASC) Staff	08/04/25	ASC frontline staff	13
ASC Learning Disability Joint Provider Forum	06/06/25	Providers	13
Beacon S.Y. Carer Group	18/06/25	Carers of people with poor mental health & addiction	10
The Borough that Cares Network	04/02/25	Carer representative organisations	11
Carers Forum	08/05/25	Carers	12
Carer Link Officers, Community connectors & Social Prescribers	17/06/25	VCS & ASC Information Navigators	27
Community Occupational Therapists	03/07/25	ASC frontline staff	24
Crossroads Carer Group	09/04/25	Carers and cared for	39
Dementia Cafés	March 2025	Carers and cared for	20
Domiciliary Care Provider Forum	24/07/25	Providers	18
Dementia Review Event	23/07/25	ICB health professionals	58

Headway	12/03/25	Brain injury carers and cared for	26
Kashmiri & Yemeni Older Peoples Group	28/05/25	BAME Carers and cared for	33
RDaSH Swallownest Hospital Friends & Family Group	03/07/25	Carers of people with severe mental health illnesses	9
Rotherham Hospice	12/06/25	Carers of people at end of life	5
Rotherham Recovery Forum	10/04/25	Frontline professionals and Carers of people with addiction	10
Sight & Sound	01/08/25	Carers and cared for with visual impairment	12
VAR VCS Community Network	23/05/25	VCS carer small grant recipients	11
Wah Hong	23/06/25	Carers and cared for with Hong Kong origins	40
Young Carers – Family Action	31/07/25	Young Carers	8

### Are there any gaps in the information that you are aware of?

Many of the Borough that Cares Network and the voluntary organisations that received small grants in the summer of 2023 are reluctant to collect data surrounding the protected characteristics of their service users. Consequently, there remains uncertainties as to whether minority groups are being reached and supported by these services. The groups who target specific minority groups provide assurance that support services are in place for these groups of the community.

The SACE Survey saw a low number of carers returning a completed survey (205), confirming that the NICE standard of identifying carers needs to be a high priority in the new strategy.

# What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

There are 2 network groups linked to the strategy, the Unpaid Carer Multi-Agency Strategic Group and the Borough That Cares Network, members of these groups can provide the equality monitoring data of carers accessing their services where applicable.

Equality and Diversity will be requested from the Borough That Cares Network and Multi-Agency Group. It will be added to co-production action plans to ensure that conversations about equality and diversity continue. This will support the identification of any arising challenges and ensure that best practice can be shared between organisations.

We also specify the need to monitor equality data within the contracts for commissioned services and these service providers routinely collect data around the protected

characteristics of people accessing the services, as trend data enables them to consider demand and age gaps in delivering the service to people with protected characteristics.

# Engagement undertaken with customers. (date and group(s) consulted and key findings)

### Key findings:

To identify carers earlier in their journey and ensure timely access to advice, support, and preventative services before needs escalate into crisis.

Carers raised concerns about health inequalities, sharing that they often delay seeking treatment for their own health issues due to caring responsibilities.

Carers in employment, said that low-level needs often go unrecognised and unsupported, yet these can quickly escalate, forcing a reduction in hours or leaving the workplace altogether.

# Engagement undertaken with staff (date and group(s)consulted and key findings)

### Key findings:

There was a need to increase practitioner confidence in supporting carers to access information, advice and support, utilising universal services, the VCS and commissioned services to meet need and achieve identified outcomes.

We need to regularly analyse feedback and data to understand carers' experiences and outcomes post Care Act assessment and identify gaps between assessed needs and actual support received.

# **4.** The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)

How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance)

Areas of possible impact	Impact	Level of impact
Age	Positive	Medium
Disability	Positive	Low
Sex	Positive	Low
Gender Reassignment	Neutral	-
Race	Positive	Low
Religion	Neutral	-
Sexual Orientation	Positive	Low

Civil Partnerships and Marriage	Neutral	-
Pregnancy and Maternity	Neutral	-
Carers	Positive	High

#### Narrative:

As outlined in Part A, specific groups have a higher prevalence of caring, including women, individuals with disability, those experiencing deprivation, and older members of the population.

Part A outlines how certain protected characteristic groups have greater difficulties in receiving support and accessing services, with a lack of support provisions that meet specific cultural needs. These groups include BAME communities, LGBT+ communities and older members of the population.

The commissioned services, carers forum, and the volunteer and community organisations who accessed the small grants for carers health and wellbeing, are supporting unpaid carers and all are working to improve the service provision for carers.

Strengthening networks and the VCS sector through the strategy allows the groups to widen their reach and have a positive impact on all carers, but specifically older carers, those with disabilities, LGBT+ carers and BAME carers. Carers belonging to minority groups will have access to a volunteer or community organisation providing targeted support, knowledge and activities.

# Does your Policy/Service present any problems or barriers to communities or Groups?

No, the strategy proposed increases choice and options.

## Does the Service/Policy provide any positive impact/s including improvements or remove barriers?

The strategy places an emphasis on co-production and information sharing between organisations. With support from the carer's strategy manager, the commissioned services and the volunteer and community organisations will be better co-ordinated to reduce gaps in service provision.

Through greater co-production there will be opportunities for information sharing to ensure that volunteer and community organisations have a holistic view of the service offer in Rotherham and can signpost carers to relevant services.

Communication of the services available to carers will be improved, reducing barriers identified in Part A.

There will be targeted groups for BAME communities and LGBT+ communities so carers can receive support from an organisation that has a greater understanding of the barriers and challenges that carers may face.

### Appendix 3

What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another)

The key priorities of the strategy will aim to identify carers and provide early intervention, support carers and ensure their voice is heard, support carers through time of change and take an integrated approach to providing services.

It is anticipated that the partnership working required to deliver the outcomes of the strategy will improve community relations and strengthen diversity in the universal offer of unpaid carer support.

Co-production remains at the heart of the strategy; this combined with a robust governance and route of communication ensures senior management and Cabinet Members are aware of the achievements and challenges faced by the unpaid carer community and unpaid carers have assurance that their views are listened to.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

## 5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

Title of analysis: The Borough That Cares All-Age Carers Strategy 2026-2031

Directorate and service area: Strategic Commissioning, Adult Care, Housing and Public Health

Lead Manager: Katy Lewis

### **Summary of findings:**

The Borough That Cares Strategic Framework improved services for unpaid carers and identified community groups who support people with various protected characteristics as well as unpaid carers. The commitments in the refreshed strategy will aim to identify carers and ensure their voices are heard, focus on early intervention and prevention, support carers through time of change and support carers through an integrated approach so further increase support to people with protected characteristics who live in the borough.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Any services developed or policies changed as a result of work undertaken to achieve the commitments will each be subject to an equality analysis to ensure people with protected characteristics are not disadvantaged.	A,D,S,GR,RE,SO.C	Ongoing
Continue to collect monitoring data from commissioned services and from groups supporting carers when appropriate	A,D,S,GR,RE,SO.C	Ongoing

# \*A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups

## 6. Governance, ownership and approval

Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.

Job title	Date
Commissioning, Adult Care, Housing and	23 October 2025
	Assistant Director, Strategic

## 7. Publishing

The Equality Analysis will act as evidence that due regard to equality and diversity has been given.

If this Equality Analysis relates to a **Cabinet**, **key delegated officer decision**, **Council**, **other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy should also be sent to <a href="mailto:equality@rotherham.gov.uk">equality@rotherham.gov.uk</a> For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date Equality Analysis completed	20/10/25
Report title and date	The Borough That Cares All-Age Carers Strategy 2026-31
Date report sent for publication	
Date Equality Analysis sent to Performance,	24/10/25
Intelligence and Improvement	
equality@rotherham.gov.uk	