

Fair Treatment Assessment (FTA) Form



Part A: Overview			
1 Name of service, policy, strategy, procedure, or function etc Note: to save space services, policies, strategies, procedures and functions will be referred to as “functions” for the rest of this form.			
Carers Strategy 2022-27			
2 Directorate	Adult Care and Support	3 Division/Service	Carers Services
4 FTA lead	Anna Walker	5 Other members of FTA team	
6 Is this a new, existing or revised function?	Revised		
Part B: Background and Context			
7 Why are you completing this FTA?			
<p>The law places a duty on local authorities to support both adult and young carers within their borough. Over the past few years carers in Solihull have faced enormous challenges. Carers Trust Solihull and SMBC social workers reported that the pandemic caused significant difficulties for carers: of increased isolation and breakdowns in the caring relationship, with many of these challenges continuing as we emerge from the pandemic. The 2022-27 Strategy sets out how we will meet our duty and develop our offer to carers over the coming years.</p> <p>This Fair Treatment Assessment is being completed to support the development of SMBC’s strategy to support carers.</p> <p>The Equality Act 2010 requires public sector organisations to have “due regard” to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation • Advance equality of opportunity between people who share a ‘protected characteristic’ and those who do not. ‘Protected characteristics include age, disability, gender reassignment, pregnancy and maternity, race, religion or belief and sex and sexual orientation. It also covers marriage and civil partnerships, but not for all aspects of the duty. • Foster good relations between people who share a protected characteristic and those who do not. <p>Our aim is to ensure that carers from all sections of our communities have equal access to support and services made available by SMBC and its partners.</p>			
8 In terms of equality, what do you already know about this function?			

A Carer is the term for anyone who provides unpaid support to a family member or friend that they require as a result of their disability, frailty or mental ill health. This covers children who support their parents, family members or siblings, parents who care for their disabled children, adults who care for their parents, partners and family.

The 2011 Census found that there were over 24,000 carers in Solihull, representing nearly 12% of the local population. In comparison, just over 10% of England's population are carers. The table below shows the amount of carer provided by carers.

Provision of Unpaid Care in Population 2011				
Provision of Unpaid Care	Solihull Count	% Total Population		
		Solihull	England	West Midlands
Provides no unpaid care	182,561	88.3%	89.8%	89.0%
Provides 1 to 19 hours unpaid care a week	16,084	7.8%	6.5%	6.8%
Provides 20 to 49 hours unpaid care a week	2,896	1.4%	1.4%	1.5%
Provides 50 or more hours unpaid care a week	5,133	2.5%	2.4%	2.7%
Total Population	206,674			
<i>Source: ONS Census 2011</i>				

In terms of the age of carers, the highest percentage of carers are aged between 50 and 64, with those over 65 also making up a large proportion of carers. The 2011 Census showed that in Solihull 58% of carers were female and 42% of carers were male.

Carers are more likely to be disabled than the general population. The 2019 GP Patient Survey found 63% of carers reported a long-term condition, disability, or illness compared to 51% of non-carers. In addition, the 2011 Census suggested that 6% of carers in Solihull say their health is either 'bad' or 'very bad'.

In 2016, 8,400 carers were known to be in full time employment and 4,700 in part time employment in Solihull. A disproportionate amount of people caring for over 50 hours a week live in the more deprived areas of the borough.

As of the 2011 Census, 92.2% of carers in Solihull were White, 4.9% were Asian/Asian British, 1.3% were Black/Black British, 1.0% were mixed race and 0.5% were of another ethnicity.

The 2021 census data is due to be published shortly and the expectation is that the diversity of the local population will have increased over the last 10 years. This is important in making sure that carers support services recognise the potential diversity of need in terms of language, cultural awareness and that there is promotion of the services across all communities.

9 What outcomes are wanted from this function?

Successful carers services support people in their caring role and reduce health and socio-economic inequalities by supporting carers to look after their own health and wellbeing, and to retain employment where they want to do that. They also ensure that individuals are aware of and accessing the support that they are entitled to, including having a Carer's Assessment.

Our vision is that carers in Solihull are able to:

- Recognise that they are performing a caring role;
- Carry on caring if they choose to;
- Have access to good quality information and advice when they need it;
- Live a life of their own alongside being a carer, and after the caring role is over;
- Be able to thrive in work or education alongside their caring role;
- Be supported to remain physically and mentally well;
- Feel safe in their caring role.

10 Are any other departments or partners involved in the delivery of the function? How are they being involved in this assessment?

Other teams across the Council, in Stronger Communities, Children's Services as well as partners in health services and the Carers' Trust, interact with carers and have the opportunity to signpost to support services available and all have been involved in developing the Strategy and gathering the data for this assessment.

We have engaged with carers through several workshops inviting them to comment on what they thought of services. This information has been used to inform the development of the Strategy.

Part C: Assessment

11 What key information, results of consultation or data have you collected and used to inform this assessment?

Engagement with carers was carried out with a series of focus groups with adult and young carers. The information obtained helped create the strategy and coproduce the vision within it. It was used to establish the areas which matter most to carers in Solihull to and determine the priorities for this Strategy. These priorities were then validated with the Carers Partnership Board and Health and Social Care Scrutiny.

Data from 2011 Census, national research by Carers UK; Caring Behind Closed Doors, and Caring Behind Closed Doors (6 months on), discussion with Carers Partnership Board, soft intelligence from frontline social workers about the impact of daycare restrictions and residential respite impacts of Covid-19 on carers, as well as input from the Carers Trust on the pressures they have seen through Covid-19, have all been gathered to inform this assessment.

12 What does your information tell you about the impact of your function on different groups of people? Are there any specific differences (positive or negative) between their experiences of interacting with this function?

The council has a duty to eliminate discrimination/harassment and victimisation, as well as duties to promote equality of opportunity, and foster good relations between groups of people. In assessing the effects of your function on different groups of people, you should think about how your function achieves these three aims.

Note: You should consider barriers to equal access, equality of outcomes, human rights and the ten dimensions of equality for the different groups of people listed

	Are any of these positive impacts? How could you better promote equality? How could you improve relations between groups of people? Note: If any actions are identified insert these into Part D	Are any of these negative impacts? How can you reduce/eliminate these? Note: If any negative impacts are identified put actions to address these in Part D	What evidence has informed this assessment?
*Age	<p>2% of carers in Solihull are children under 15. This strategy will support young carers by enabling them to continue in their education during their formative years and enable them to have breaks and enjoy their childhood.</p> <p>The 2011 Census shows that 30% of carers are aged between 16 and 49, many of whom will want to lead their own lives whilst caring for others. We will support them to have regular breaks which will have a positive impact on their wellbeing and enable them to enjoy a family life.</p> <p>A quarter of carers are aged 65+. We know from other research that those over 65 often begin to get frailer and acquire disabilities, and often need care themselves. This strategy will have a positive impact of identifying their needs so that both them and people they provide care to are well supported.</p>	No negative impacts identified	As in box 11
Carers	This strategy is focused on carers – aiming to support them to be able to carry on in their caring role and reducing the impact of their caring role on their health and wellbeing.	No negative impacts identified	As in box 11

<p>*Disability</p>	<p>63% of carers have a disability or long-term condition, compared with 51% of non carers. 6% of carers in Solihull say their health is either 'bad' or 'very bad'.</p> <p>Identifying the needs of carers who are disabled and ensuring that they are appropriately supported, for example with physical aids and adaptations, enabling carers to continue to fulfil their caring roles and at the same time enjoy independent lives.</p> <p>We will ensure that communication barrier due to disabilities, such as hearing and visual impairment, are tackled.</p>	<p>No negative impacts identified</p>	<p>As in box 11</p>
<p>*Gender reassignment</p>	<p>We will ensure equal access to information about the service and equal treatment to carers regardless of their own gender identity or that of the person receiving care.</p> <p>There are no specific positive impacts identified.</p>	<p>No negative impacts identified</p>	<p>There is insufficient data to make a full assessment</p>
<p>Looked after children/care leavers</p>	<p>Improved access to respite care and short breaks will benefit looked after children who are carers (e.g. they foster siblings who have a disability)</p>	<p>No negative impacts identified</p>	<p>There is insufficient data to make a full assessment</p>
<p>*Marriage/civil partnership</p>	<p>Partners of married people and civil partners who are carers will have the same benefits of breaks as other groups. Supporting carers also helps to reduce the likelihood that the cared for person will need to leave the family home to receive care.</p>	<p>No negative impacts identified</p>	<p>As in box 11</p>
<p>*Pregnancy/ maternity</p>	<p>There will be positive impacts where a carer is pregnant or caring for a young</p>	<p>No negative impacts identified</p>	<p>There is insufficient data to make a full assessment</p>

	child as they will be able to access support.		
*Race/ ethnicity	<p>Fewer people from ethnic minorities report themselves as carers (8%) than the general population of Solihull (12%) however this could be due to people under-reporting their caring role, and is something we need to understand further to ensure that people from all communities have equal access to information and the service. We will ensure that language barriers to the service are reduced by offering information in alternative languages.</p>	No negative impacts identified	As in box 11
*Religion/ belief/ faith	<p>Supporting carers supports their ability to participate in religious observance or activities that they engage in. We recognise that many carers get additional support from religious communities they are a part of and that getting good information and advice into faith groups supports getting support to everyone who needs it. Respite and other short breaks will also support carers with their ability to undertake religious observances for example pilgrimages.</p>	No negative impacts identified	As in box 11
*Sex/Gender	<p>The caring population of Solihull is 58% female and 42% male. 13% of women in the Borough provide unpaid care compared with 10% of men.</p> <p>The provision of support for carers will bring positive benefits to all genders but especially women, who are also more likely to have primary care for young children.</p>	No negative impacts identified	As in box 11

*Sexual orientation	The service will be equally accessible for people regardless of their sexual preferences.	No negative impacts identified	There is insufficient data to make a full assessment
Socio-economic disadvantage	Provision of services for carers will benefit all those who take on the caring role and especially people who are unable to work because they care for someone. Carers who are in paid employment will also benefit from support so that they can continue to have careers.	No negative impacts identified	As in box 11
Other – please specify	It is positive that the Council as an employer has a fully implemented Carers Leave Policy for staff to support their caring responsibilities for loved ones or people they are connected to who need caring support.		

13 How does this function contribute towards people’s human rights? Note: refer to the guidance document for information on human rights. If any actions are identified insert these into Part D

This function supports right to a family life and good quality services for carers ensures that they and the people they care for are treated with dignity and respect.

14 How does this function contribute towards safeguarding children and vulnerable adults? Note: refer to the guidance document for information on safeguarding. If any actions are identified insert these into Part D

All SMBC Adult Social Care commissioned care providers, including those not regulated by CQC, are subject to contractual checks. The Council’s market oversight responsibilities under the Care Act 2014 includes quality and safeguarding intervention where needed for all providers in the borough to protect those who may be vulnerable to abuse, neglect or exploitation.

Part D: Actions

15 List any actions required to address negative impacts identified or to better promote equality, good relations, human rights, and safeguarding issues. Do you need to collect any additional data, conduct equality monitoring, or undertake further consultation to be able to take account of the impact on particular groups?

Action	Outcome	Lead	Timescale	How will progress be monitored?
Publish the Carers Strategy 2022-2027 and implement Delivery Plan	Deliver on the outcomes which have been identified to have a positive impact	Strategy & Planning Manager	2022-2027	Monitoring of delivery plan through ASC Transformation Board
Ensure that systems and processes are in place to carry out comprehensive diversity monitoring of carers so that we can analyse service	Carers from all backgrounds will receive information and support services	Carers Lead Officer	2022-23	Monitoring of delivery plan through ASC Transformation Board

take up by different communities and take any remedial action				
Extensively publicise the strategy and the availability of support both internally and through our partners so that all communities have equal access to information	Wider dissemination of information should lead to more people recognising they are carers and accessing information and support	Strategy & Planning Manager	2022-27	Monitoring of delivery plan through ASC Transformation Board

Part E: Summary

16 a Summary for Publication Note: this should include the key findings and impacts identified in this assessment – refer to the guidance document


Services for carers are important in enabling them to live the highest quality lives possible, the Carers Strategy 2022-27 aims to ensure these services are provided to the highest standard. To do this the strategy gathers an evidence base which is used in order to tailor appropriate services according to what is seen as important by the services users, in order to provide the best level of support. The strategy should have a positive impact in reducing health and socio-economic impacts of caring, reducing inequalities on that basis. As carers are more likely to be over 50 and female, there will be a larger impact for these two groups.

b Please indicate which of the following best describes the outcome of your FTA

<input type="checkbox"/>	Only negative impacts have been identified for this function
<input type="checkbox"/>	No different impacts have been identified for this function
<input type="checkbox"/>	A mixture of positive and negative different impacts have been identified for this function
<input checked="" type="checkbox"/>	Only positive different impacts have been identified for this function
<input type="checkbox"/>	There wasn't enough information to be able to reach a conclusion at this point in time

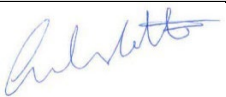
Part F: Sign off

17 This FTA has been completed by

Signed (Lead for FTA)	
Name and job title (please print)	Anna Walker, Strategy and Planning Manager
Date	27/9/22

18 This FTA has been reviewed by the directorate equality & diversity group and its completion will be reported to the corporate equality & diversity group

Signed (on behalf of group)	
-----------------------------	---

Name and job title (please print)	Head of Equality & Diversity
Date reviewed	28/09/22
19 This FTA has been approved by Head of Service	
Signed	
Name and job title (please print)	Caroline Potter, Strategic Commissioner, Strategy and Planning
Date	27/09/2022