

**Camden Council  
Equality Impact  
Assessment Form**

# Camden Council Equality Impact Assessment Form

Before beginning this equality impact assessment (EqIA) form, you should use the [EqIA screening tool](#) to decide whether you need to complete an EqIA for your activity and read the [EqIA guidance](#).

The term “activities” is used by the Council to mean a range of things, such as policies, projects, functions, services, staff restructures, major developments or planning applications.

Most significant activities that affect Council stakeholders will require an EqIA when they are in the planning stage. Many will also require an EqIA to monitor their impact on equality over time or if there is a significant change that prompts a review, such as in local demographics.

EqIAs help the Council to fulfil its legal obligations under the Equality Act’s public sector equality duty. The duty requires the Council to have due regard<sup>1</sup> to the need to:

- eliminate unlawful behaviour, such as discrimination, harassment and victimisation:
- promote equality of opportunity between those who share a protected characteristic and those who don’t; and
- promote good relations between people who share a protected characteristic and those who don’t.

The way that we demonstrate that we have due regard for these three aims, and therefore that we are complying with the public sector equality duty, is by undertaking an EqIA.

EqIAs will almost certainly be required when a new activity affecting people who share the protected characteristics is being developed and when reviewing or changing such activities.

They will also be likely required before and during any staff re-organisations.

An EqIA should be started at the beginning of a new activity and developed in parallel with it. Activities such as services and projects should also be regularly reviewed for their impact.

An EqIA should be revisited and updated to determine whether any planned positive impacts have been achieved and whether any identified negative impacts have been mitigated. You can indicate the version of the EqIA below.

For more complex enquiries on EqIAs, in the first instance please contact [equalities@camden.gov.uk](mailto:equalities@camden.gov.uk) where you will be able to receive dedicated support.

EqIAs should be signed off by the relevant sponsor, director or Head of Service.

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<sup>1</sup> [Due regard](#) is a legal requirement and means that decision makers have to consider the equality implications of a proposal before a commissioning or policy decision has been made that may affect people who share each of the protected characteristics. Paying ‘due regard’ means giving a proportionate amount of resource to this analytical exercise relevant to the potential impact on equality.

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Title of the activity	
Carers Action Plan and Recommissioning of Carers Services	
Officer accountable for the EqIA (e.g. director or project sponsor)	
Full name:	Chris Lehmann/ Avril Mayhew
Position:	Director of ASC Strategy and Commissioning/ Director of ASC Operations and Deputy DASS
Directorate:	Supporting People Adult Social Care
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Lead person completing the EqIA (author)	
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Person reviewing the EqIA (reviewer)	
Full name:	Karen Timperley / Cynthia Davis
Position:	Head of Adults' Commissioning / Head of Adult Social Care Innovation Supporting People
Directorate:	
Email:	
<b>Version number and date of update: 1.0 30/05/24</b>	

## Step 1: Clarifying aims

### 1.a Is it a new activity or one that is under review or being changed?

- New  
 Under review  
 Being changed

### 1.b. Which groups are affected by this activity?

- Staff  
 Residents  
 Contractors  
 Other (please detail):

### 1.c Which Directorate does the activity fall under:

- Supporting People  
 Supporting Communities  
 Corporate Services  
 More than one Directorate. Please specify:

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**1.d Outline the aims/objectives/scope of the activity. (You should aim for a summary, rather than copying large amounts of text from elsewhere.)**

The aim of suggested activity is the delivery of a strategic Carer Action Plan (CAP) and recommissioning carers services in Camden.

## Carers Action Plan

The aim of proposed activity is the delivery of a strategic Carers Action Plan (which has been co-produced with carers), and to develop a multi-agency carer partnership board that will sit within the Camden borough partnership. The Carers Action Plan will be a public-facing document detailing carers' priority activities and how the Council, Health partners and Voluntary Community Sector (VCS) can meet these. It is envisaged that the action plan will be regularly updated to reflect changing priorities.

Using the action plan, the aim is to work with our stakeholders, partners, providers, and carers to take a "whole system approach" to ensure the needs of carers have been considered when designing, developing and delivering services. In line with our Supporting People Connecting Community Strategy we want carers to feel valued and supported. Through the Carers Action Plan, we will continue to work with carers to raise further awareness and developed a shared understanding of what it means to be a carer.

The Carers Action Plan aim is to enable services to work together to support carers to enjoy and maintain a life where they are safe, healthy, well, feel resilient and independent, and are connected with friends and family.

The Carers Action Plan has been co-produced with carers through a series of focus groups and an ongoing carer working group that meets on a bi-monthly basis. This ensure that our work reflects the voice of carers, their experiences and knowledge.

The Carers Action Plan is for unpaid, or informal, carers. These are carers who are aged 18 years and over who provide care for people who are 16 years and over and are not paid by health and social care services, or the person they are supporting, for their caring role.

The Carers Action Plan is designed to be dynamic and will change over time. It is made up of three parts:

- Part I shows the co-produced principles that should be at the heart of how all services relate to carers.
- Part II details priority areas identified by carers, where all services, but particularly those in health and social care, could make changes to benefit carers.
- Part III is an action tracker, which shows the identified actions that should be looked at first, and the progress to date. The priority areas and the tracker will be updated as the Carers Action Plan progresses, actions are achieved and areas of focus shift, under the direction of the new Carer Partnership Board.

The Carers Action Plan will be launched at a full Council debate in July 2024.

## Recommissioning Carers Services

Alongside the Carers Action Plan, we will commission a holistic carers support service in Camden that is reflective of the co-produced Plan and its priorities.

It is proposed to commission a service that supports Camden's strategic objectives, ensuring carers are valued and supported, a priority within the Councils Supporting People, Connecting Communities Strategy. **The service will include:**

1. **A locally based service.** The provider/s will work in partnership with Adult Social Care, mental health services, housing, health services, and voluntary services to deliver trauma-informed, person-

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centred services that will deliver the following outcomes:

- Through partnership arrangements with statutory services and Third Sector providers, more carers will be able to self-identify as carers and Adult Social Care's knowledge of carers across Camden will increase.
- Carers will be informed and know where to go for easily accessible advice and information.
- Carers will have improved and sustained health and wellbeing that is maintained over time.
- Carers will feel confident in their caring role.
- Carers will have increased choice and control.
- Carers will feel more able to balance their caring role, including increased access to education and employment opportunities.
- Carers will have increased access to social and leisure opportunities that enable them to participate in their local communities.
- Carers will have a voice and be recognised.
- Carers will be involved in policy and decision making and planning of services.

2: **An 18+ online / virtual service.** These services will support carers in Camden through a combination of comprehensive advice, guidance, peer support and active engagement (online and over the phone). The majority of the service (other than the targeted support line) will be available 24 hours a day, seven days a week.

The impact of these activities are lawful in that the Council will be fulfilling its statutory obligations in continuing to support carers to continue in their caring role in line with the Care Act 2014.

## Step 2: Data and evidence

What data do you have about the people affected by the activity, for example those who use a service? Where did you get that data from (existing data gathered generally) or have you gone out and got it and what does it say about the protected characteristics and the other characteristics about which the council is interested? Is there currently any evidence of discrimination or disadvantage to the groups? What will the impact of the changes be?

You should try to identify any data and/or evidence about people who have a **combination, or intersection, of two or more characteristics**. For example, homeless women, older disabled people or young Black men.

### 2.a Consider any relevant data and evidence in relation to all Equality Act protected characteristics:

- Age
- Disability, including family carers<sup>2</sup>
- Gender reassignment<sup>3</sup>.
- Marriage and civil partnership
- Pregnancy and maternity Race
- Religion or belief
- Sex
- Sexual orientation

2 This is the legal term in the Equality Act. In practice there are specific legal protections for a diverse range of people who have physical, mental and sensory impairments, long-term health conditions and/or neurodivergence, as well as carers who provide unpaid care for a friend or

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family member who cannot function without their support. Census and local datasets use the Equality Act definition and will include people who may not use the language of disability to describe themselves.

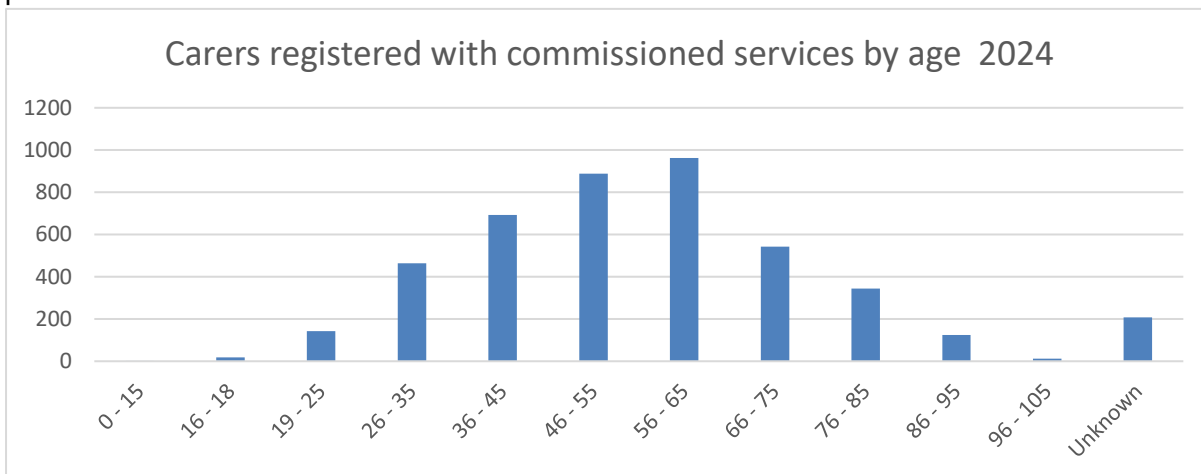
- 3 This is the legal term in the Equality Act. In practice there are specific legal protections for anyone whose gender identity does not match the sex they were assigned at birth. This means, for example, that people who are trans and people who are non-binary or gender fluid are considered a specific protected group under the Equality Act.

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## Age

We anticipate that a significant number of people who access the service will be between 36 -75 This is based on data collected by our incumbent provider see fig 1 below.

Fig 1. Age profile of Carers 2024



However, we know that this is just a snapshot of the number carers in Camden, as data from the last census showed that 14,605 Camden residents identified as carers.

Fig 2.

Provision of Unpaid Care by Age : All usual residents aged 5+					
Age	All usual residents aged 5+	Provides no unpaid care	Provides up to 19 hours unpaid care a week	Provides 20-49 hours unpaid care a week	Provides 50+ hours unpaid care a week
Total	200,105	185,498	7,855	3,192	3,560
0-15	22,197	22,027	111	35	24
16-24	31,972	30,768	790	265	149
25-34	42,543	40,260	1,271	607	405
35-49	44,409	40,259	2,104	1,008	1,038
50-64	34,156	29,596	2,523	870	1,167
65+	24,828	22,588	1,056	407	777

Feedback from carers has identified that being part of older carer groups delivered by our incumbent provider has enabled older carers to feel supported and enabled better communication.

'I belong to an older carers group. We love our group; we help each other using this great communication! I find community centres are a great source of communication. I have recently gone to a Henderson Court group and now Fitzrovia via Age UK'.

There is currently no evidence of discrimination or disadvantage for this group of residents. It is expected that commissioning this service will have a positive impact, as it will allow for improved data collection, which means we can have better awareness of these residents and can make contact to reduce isolation and encourage strengths-based practices.

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## Disability, including family carers.

According to the last census, a significant proportion of residents providing unpaid care are considered to have 'not good health' (please see Figure 3 below). In light of this data, we anticipate that many carers who access the newly commissioned services will have a disability or long-term illness that impacts on their day-to-day life.

Feedback from carers has highlighted the importance of 'emotional wellbeing' in the Mental Health priority within the Carers Action Plan, and there should be a focus on activities that boost social connection and wellbeing.

A significant proportion of people who are out of work in Camden will have a long-term illness. The 2021 Census reports that Camden had a greater proportion of its population with a disability or long-term condition that limited their day-to-day activities (15.2%). Camden had a higher proportion of people in bad or very bad health (5.1%) and ranked 3rd highest in London, while the London average was 4.3%<sup>1</sup>. It is anticipated that some of these residents will be carers or have a carer and that a significant proportion of people who access the service will have physical or mental impairments which may impact on their caring role.

Figure 3.

Provision of unpaid care by General Health by Household with People who have a Disability: All usual residents aged 5+												
Provision of unpaid carer	Total	All usual residents aged 5+			Total	Good Health			Total	Not Good Health		
		No. people disabled under the equality Act in household	1 person disabled under the Equality Act in household	2 or more people disabled under the Equality Act in household		No. people disabled under the equality Act in household	1 person disabled under the Equality Act in household	2 or more people disabled under the Equality Act in household		No. people disabled under the equality Act in household	1 person disabled under the Equality Act in household	2 or more people disabled under the Equality Act in household
Total	192,682	136,304	42,519	13,815	161,925	128,451	26,044	7,430	30,757	7,853	16,475	6,429
Provides no unpaid care	178,243	131,076	36,632	10,535	151,232	123,663	21,739	5,830	27,011	7,413	14,893	4,705
Provides 0-19 hours unpaid care a week	178,243	131,076	36,632	10,535	151,232	123,663	21,739	5,830	27,011	7,413	14,893	4,705
Provides 20-49 hours unpaid care a week	3,179	968	1,341	870	2,253	850	986	417	926	118	355	453
Provides 50+ hours unpaid care a week	3,542	383	1,854	1,305	2,232	316	1,401	515	1,310	67	453	790

The service will specifically work with disability and mental health services, both in terms of generating referrals to the service and in terms of training offer to professionals. There is currently no evidence of discrimination or disadvantage for this group through the proposed commissioning of carers services as outlined above.

## Gender reassignment

The population of Camden is estimated to be 255,500 people in 2019. The borough has an almost even split by gender (49% Female and 51% Male). There is a limited amount of local and national data in relation to trans people. The Government Equalities Office tentatively estimates that around 0.3-0.8% of the UK population are transgender. In Camden, this would equate to between 800 to 2,100 people. Since the Gender Recognition Act came into force, only a small minority have obtained a Gender Recognition Certificate<sup>14</sup>: 0.009% of the UK population (6,010 people across the UK between 2004/05 and 2020/21)

The new services we commission, and the Carers Action Plan will support carers to continue in their caring role and improve the services available to carers in Camden. We will monitor service uptake and develop a marketing and

<sup>1</sup> [Camden Profile latest \(11\).pdf](#)



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communications plan which aims to engage people who have transitioned. No data is currently available in relation to this group, so there is no evidence to demonstrate whether or not this group experiences discrimination or disadvantage disproportionality more as carers in Camden.

## **Marriage and civil partnership**

The percentage of people aged 16 years and over who were married (or in a civil partnership) increased in Camden but fell across England.

In Camden, the percentage of people that said they were married (or in a civil partnership) rose from 30.4% in 2011 to 31.3% in 2021, while across England it fell from 46.8% to 44.7%. During the same period, the regional percentage fell from 40.2% to 40.0%.

The percentage of adults who had never married or registered a civil partnership in Camden increased from 54.9% to 55.7%, while the percentage of adults who had divorced or dissolved a civil partnership decreased from 7.7% to 7.4%.

These figures include same-sex marriages and opposite-sex civil partnerships in 2021, neither of which were legally recognised in England and Wales in 2011. Same-sex marriages have been legally recognised in England and Wales since 2014 and opposite-sex civil partnerships have been recognised since 2019.

It is recognised that people who entered into civil partnership or same sex marriage have experienced negative societal attitudes.

The new services we commission, and the Carers Action Plan will support carers to continue in their caring role and improve the services available to carers in Camden. We will monitor service uptake and develop a marketing and communications plan which aims to engage people who are in a marriage or civil partnership. There is currently no evidence of discrimination or disadvantage to for this group.

## **Pregnancy and maternity**

Data for pregnancy and maternity is not collected for carers and it is noted that the number of carers that fall into this protected group is very low. The new service and the Carers Action Plan will support carers who are pregnant or who are on maternity to continue in their caring role and support services to better work together to improve the services available to carers in Camden. There is currently no evidence of discrimination or disadvantage to for this group.

## **Race**

In the last census the percentage of people who did not identify with at least one UK national identity in Camden decreased by 1.6 percentage points.

More than a third (34%) of Camden's population are from Black, Asian and minority ethnic groups. Camden's largest single Black, Asian and minority ethnic group is the Bangladeshi population, making up who comprise 4.4% of Camden's residents. The borough is also home to a large non-British White Other population (27%), including White Irish (2.9%) and Other White (24.4%) including those from the EU, Eastern Europe and beyond. There are considerable differences in the age profile of Camden's different ethnic groups. The White Irish, White British and Black Caribbean populations have older age profiles: more than a quarter of White Irish residents (28%), around one fifth of White British (19%) and around one in seven of Black Caribbean residents (14%) are aged 65 and over.

Based on the last census data (please see Figure 4 below), carers from Black, Asian and minority ethnic are less likely to identify as carers and are less likely to be in 'good health'.

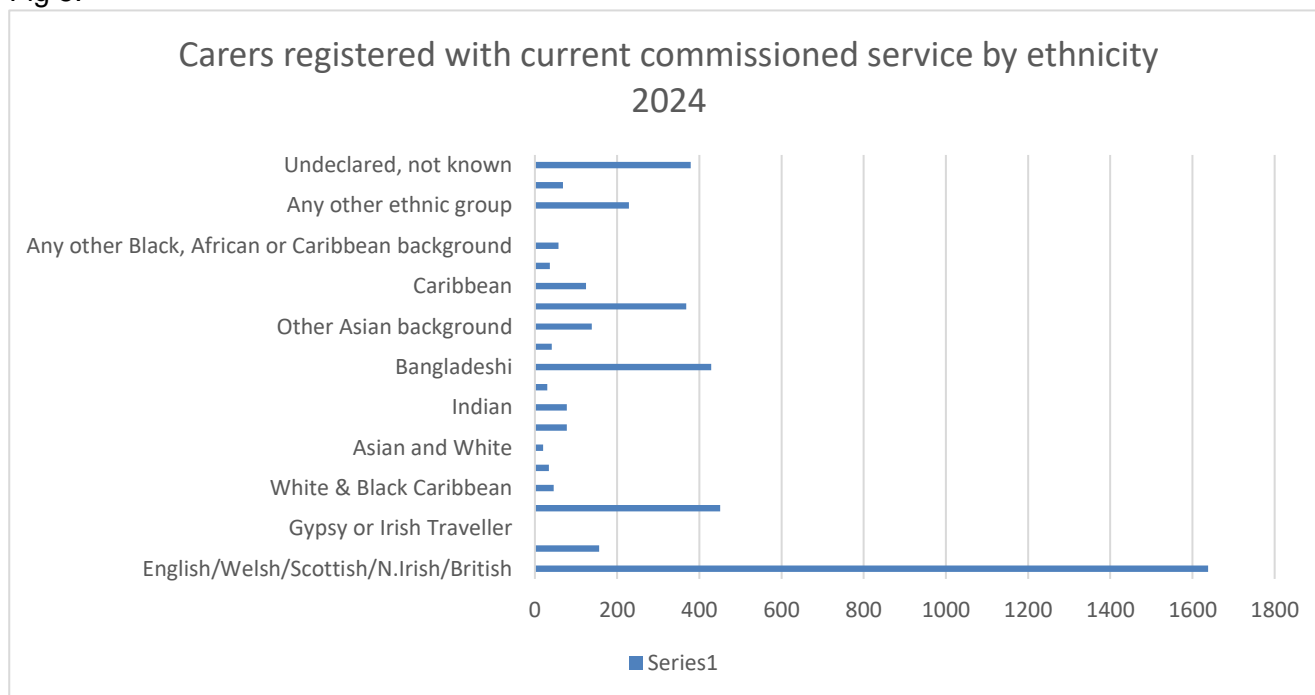
Figure 4.

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Ethnic Group by Provision of Unpaid Care by General Health : All usual residents aged 5+															
Ethnic group	All health categories					Good health					Not good health				
	Total	Provides no unpaid care	Provides 19 or less hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week	Total	Provides no unpaid care	Provides 19 or less hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week	Total	Provides no unpaid care	Provides 19 or less hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Total	200,105	185,498	7,856	3,191	3,560	168,510	157,681	6,323	2,264	2,242	31,595	27,817	1,533	927	1,318
Asian, Asian British or Asian Welsh	36,060	33,272	1,221	744	823	30,160	28,180	962	523	495	5,900	5,092	259	221	328
Black, Black British, Black Welsh, Caribbean or African	17,846	16,350	697	430	369	14,785	13,585	570	351	279	3,061	2,765	127	79	90
Mixed or Multiple ethnic groups	12,295	11,414	543	183	155	10,780	10,128	425	125	102	1,515	1,286	118	58	53
White	120,321	112,072	4,827	1,513	1,909	101,804	95,671	3,916	1,056	1,161	18,517	16,401	911	457	748
English, Welsh, Scottish, Northern Irish or British	71,437	65,638	3,451	1,027	1,321	58,356	54,116	2,774	693	773	13,081	11,522	677	334	548
Irish	5,238	4,780	239	91	128	3,732	3,417	185	61	69	1,506	1,363	54	30	59
Gypsy or Irish Traveller, Roma or Other White	43,646	41,654	1,137	395	460	39,716	38,138	957	302	319	3,930	3,516	180	93	141
Other ethnic group	13,583	12,390	568	321	304	10,981	10,117	450	209	205	2,602	2,273	118	112	99

Data provided by the incumbent providers also highlights that carers from Black, Asian and minority ethnic communities are less likely to access carer support services in Camden. This is a significant consideration due to the fact that Black, Asian and minority ethnic groups make up over a third of Camden’s population, suggesting that we are not reaching these groups of residents effectively through our current work with carers.

Fig 5.



The new service and the Carers Action Plan will support carers to continue in their caring role and enable services to work together to improve the offer available to carers in Camden.

Through data collected from the last census and the incumbent provider, it has been identified that Black, Asian

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and minority ethnic groups are less likely to identify as a carer and less likely to access services within our current service provision.

The redesigned commissioned carers support service will have an understanding of cultural competency, having the ability to understand, respect, and effectively interact with Carers from diverse cultural backgrounds. Enhancing cultural competency will be crucial for improving outcomes for Carers and enabling equitable access to support for carers.

Black, Asian and minority ethnic groups are representative of the Borough demographic. We will monitor service uptake and develop a marketing and communications plan which maximises uptake by people from different races and ethnicity. This will include awareness-raising across the borough, including with Voluntary Community Sector groups and other professionals who work with Black, Asian and minority ethnic communities.

For both the newly commissioned carers services and the Carers Action Plan, we will ensure these activities publicity reflect the Black, Asian and minority ethnic populations in Camden and services are developed in line with the themes highlighted within Memorandum of Understanding for Zero Tolerance of Racist Abuse in Adult Social Care Settings in Camden. 'There is no place for hate in Camden' and the Building Equal Foundations report ([Building equal foundations – Camden Council](#))

This will include:

Inclusive Representation:

- Use of diverse imagery and languages in all promotional materials to represent Black, Asian and minority ethnic communities in Camden. Ensure that information is accessible and culturally relevant.
- Success Stories: Sharing case studies from Black, Asian and minority carers to highlight their experiences and the support available.

Coproduction/ engagement:

- Engage with Black, Asian and minority communities to understand their specific needs and preferences. Use focus groups, surveys, and Carer forums to gather input.
- Involve Black, Asian and minority carers in the design and implementation of services to ensure they are culturally appropriate and effective.

Aligning services with the integrated neighbourhood teams, reaching seldom heard from groups, simplifying access to information, and enhancing service delivery, working towards a comprehensive and responsive support network that is made of commissioned services and health and social care services working together to support carers in Camden.

There is currently no evidence of discrimination or disadvantage to for this group. However, this does not mean that discrimination or disadvantage has not been experienced by carers who have accessed current carers support services in Camden.

## Religion or belief

In 2021, 34.6% of Camden residents reported having "No religion", making it the most common local response (up from 28.9% in 2011). The census question about religious affiliation is voluntary and has varying response rates.

Across London, the percentage of residents who described themselves as having "No religion" increased from 21.0% to 27.1%, while across England the percentage increased from 24.8% to 36.7%.

In 2021, 31.4% of people in Camden described themselves as Christian (down from 38.6%), while 16.1% described themselves as Muslim (up from 13.8% the decade before).

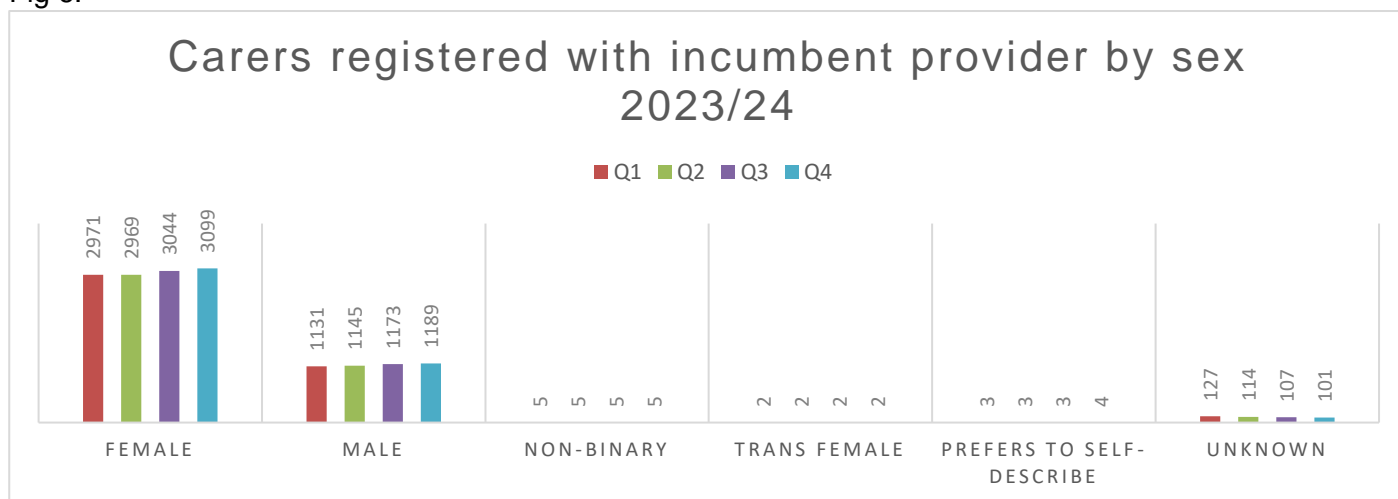
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There is no religion-specific data for carers available in Camden for this group currently. However, the new service and the Carers Action Plan will support carers to continue in their caring role and enable services to improve carer provision in Camden. We will monitor service uptake and develop a marketing and communications plan which meaningfully engaged people from religious and/or faith communities. This will include awareness raising across the borough, including with groups and organisations who work with people from religious and/or faith communities. There is currently no evidence of discrimination or disadvantage to for this group.

## Sex

It has been identified that these services are more likely to be accessed by women with over 70% of carers registered identifying as female. This is based on data collected from our incumbent provider. Feedback from a male carer focus group found that some male carers feel that carers services are focused on women and that there is a lack of tailored support for male carers. However, when asked if they felt supported to access carers services was available, male carers responded that they felt supported to access services and experienced no discrimination due to their sex. There is currently no evidence of discrimination or disadvantage for this group. However, this does not mean that discrimination or disadvantage has not been experienced by men who have used current services available for carers.

Fig 6.



## Sexual orientation

There is no data available for this group currently. However, the new service and Carers Action Plan will support carers to continue in their caring role and enable services to improve carer provision in Camden. We will monitor service uptake and develop a marketing and communications plan which maximises engagement with people from LGBTQ+ communities. This will include awareness-raising across the borough, including with voluntary and community sector groups and other professionals who work with LGBTQ+ communities. There is currently no evidence of discrimination or disadvantage to for this group. However, this does not mean that discrimination or disadvantage has not been experienced by LGBTQ+ people who have used current carers services.

## Intersectional Groups

We expect that many carers who access the service will have a number of protected characteristics that intersect, which could mean they could experience more significant discrimination or disadvantage. There is evidence that carers from some Black, Asian and other minority ethnic backgrounds are less likely to access support through traditional channels (source: local VCS partner feedback and some indications from our local data). Bengali Workers' Association have reported that "social isolation is a concern for older people who find it hard to access social media and online tools. This is due to lower levels of digital literacy and language barriers in both reading and writing. There is currently no evidence of discrimination or disadvantage for groups with multiple protected characteristics. However, this does not mean that discrimination or disadvantage has not been experienced by carers accessing current carer services.

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## 2.b Consider evidence in relation to the additional characteristics that the Council is concerned about:

- Foster carers
- Looked after children/care leavers
- Low-income households Refugees
- and asylum seekers.
- Parents (of any gender, with children aged under 18) People
- who are homeless.
- Private rental tenants in deprived areas
- Single parent households
- Social housing tenants Any
- other, please specify.

### Foster carers

It is unlikely that a foster carer will be providing significant unpaid care for another cared-for resident. However, foster carers will be supported by fostering services in Camden who will ensure foster carers have access to a variety of support provided by their fostering service, such as formal supervision, peer support, out-of-hours support, respite care services and access to independent support.

### Looked after children/care leavers.

N/A

### Low-income households

We anticipate that a significant proportion of people who access this service will be from a low-income family. About one in ten people aged 16 to 64 years are claiming an out-of-work benefit in Camden (8%). Camden has the 9<sup>th</sup> highest proportion of out-of-work claimants in London (7%). However, the new service and Carers Action Plan will support carers to continue in their caring role and enable services to improve carer provision in Camden, signposting carers to financial support services, delivering carers assessments that may result in additional financial support and supporting carers to access grants.

### Refugees and asylum seekers

This data is not currently collected. Persons who typically have 'no recourse to public funds' can access social care services as these are not considered a 'public fund'.

### Parents (of any gender, with children aged under 18)

This service is available to carers, caring for people over the age 18, the key focus of the service and Carers Action Plan is to support carers to improve or maintain their health and wellbeing to continue in their caring role. It will increase identification of carers, improve access to support for harder to reach carers, facilitate partnership working around the needs of carers and provide breaks and activities.

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There is currently no evidence of discrimination or disadvantage to for this group. However, 27% of Camden children aged under 16 are estimated to be living in low-income households and this is significantly higher compared to England and London. Children who provide unpaid care in Camden are supported by the children's commissioned carers support services and we will continue to work together to support these carers as they transition to adulthood.

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## People who are homeless

N/A

## Private rental tenants in deprived areas

We expect that a significant proportion of people who access this service will be private renters in deprived areas. About one in ten people aged 16 to 64 years are claiming an out-of-work benefit in Camden (8%). Camden has the 9<sup>th</sup> highest proportion of out-of-work claimants in London (7%). The new service and Carers Action Plan will support carers to continue in their caring role and enable services to work better together to improve carer provision in Camden.

## Single parent households

There is no data available in relation to single parent households and the proposed service. However, in Camden there are 6,228 single parents of whom 5,828 are women. In 2020/21, it was reported that 31.87% of children were living in poverty<sup>2</sup>. It has also been identified that women's access to sustainable incomes and resources is often inadequate.

## Social housing tenants

It is predicted that a high proportion of residents who use this service will live in social housing. There is currently no data collected about this group in relation to carers services. However, a robust contract monitoring process will be developed to collect specific data about carers in social housing to ensure improved equalities for this population.

## Any other, please specify

### **2.c Have you found any data or evidence about intersectionality. This could be statistically significant data on disproportionality or evidence of disadvantage or discrimination for people who have a combination, or intersection, of two or more characteristics.**

As noted above it is anticipated that a high proportion of residents who use this service will fall into two or more of the protected characteristic groups. Please see Figures 7 and 8, which highlight carers who have accessed carers services throughout 2023/24. When examining this data, it is clear that many carers who have accessed carers service will fall into at least two of the protected groups.

[Profile of carers 2023/24](#)

Figure 7.

<sup>2</sup> Camden Women's Forum - Cost of Living Crisis Inquiry Report: "it's becoming a luxury to live"



# Camden Council Equality Impact Assessment Form

Protected Characteristic	Subcategory	2023-24				2023-24											
		All Registered Carers				Carers Conversations & Reviews				Health and Lifestyle Consultations				Counselling			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Gender	Female	2971	2969	3044	3099	71	74	96	95	42	27	31	37	24	20	16	40
	Male	1131	1145	1173	1189	24	24	28	36	12	4	13	7	9	1	2	8
	Non-binary	5	5	5	5	0	0	0	0	0	0	0	0	0	0	0	0
	Trans Female	2	2	2	2	0	0	0	0	0	0	0	0	1	0	0	0
	Prefers to self-describe	3	3	3	4	0	0	0	0		1	0	1	0	0	0	1
	Unknown	127	114	107	101	0	0	0	0		0	0	0	0	0	0	0

Figure 8.

Protected Characteristic	Subcategory	2023-24															
		All Registered Carers				Carers Conversations & Reviews				Health and Lifestyle Consultations				Counselling			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
White	English/Welsh/Scottish/N. Irish/British	1567	1610	1638	40	27	41	44	17	13	13	13	14	6	9	22	
	Irish	151	154	156	3	3	4	6	1	0	2	2	0	1	1	1	
	Gypsy or Irish Traveller	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Any other White background	419	431	451	6	15	24	18	3	7	7	5	6	3	1	6	
Mixed/multiple	White & Black Caribbean	43	46	46	2	0	3	3	1	0	2	0	0	0	0	1	
	White & Black African	31	33	34	1	4	0	1		1	1	2	0	0	0	0	
	Asian and White	19	19	20	3	0	1	0	1	0	0	0	1	0	1	1	
	Any other mixed/multiple ethnic background	77	75	78	0	0	4	3		0	2	1	0	3	1	2	
Asian/Asian British	Indian	78	78	78	1	2	1	2	1	0	0	0	0	0	0	0	
	Pakistani	30	30	30	0	3	1	2		1	0	1	0	0	0	2	
	Bangladeshi	408	419	429	9	21	14	15	8	1	8	5	1	0	0	4	
	Chinese	40	40	41	1	0	0	2	1	0	0	0	0	0	0	0	
	Other Asian background	127	136	138	4	4	6	11	1	2	3	4	2	0	0	0	
Black, African/Caribbean/Black British	African	359	365	368	7	7	10	11	7	3	3	6	5	3	1	6	
	Caribbean	122	124	124	3	3	5	1	2	1	1	1	2	3	1	2	
	Somali	31	33	36	2	1	3	0	0	0	0	1	0	0	0	0	
Other Ethnic Groups	Any other Black, African or Caribbean background	56	56	57	4	1	2	0	3	0	1	1	1	0	2	1	
	Arab	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
No data	Any other ethnic group	218	225	229	6	5	4	7	6	2	1	1	0	1	0		
	Prefers Not To Say	64	67	68	2	2	1	4	2	1	0	1	2	1	1	1	
	Undeclared, not known	398	393	379	1	0	0	0	0	0	0	0	0	0	1	0	

As part of the Carers Action Plan and recommissioning of services, a robust contract monitoring process will be developed to continue to look at intersectionality in more detail.

Due to lack of data, there is no evidence currently available demonstrating that people have experienced disproportionality or evidence of disadvantage or discrimination for people who have a combination, or intersection, of two or more characteristics.

The pandemic had a disproportionate impact on residents in many ways, including affecting employment, health and education. Camden has a relatively high proportion of social housing and those in social housing are more likely to be on a low income, though increasingly households in the private rented sector are struggling, as wages have not kept up with the cost of living. Both social and private sector tenants who have moved to Universal Credit have seen increased levels of debt. Council research supports findings nationally that certain groups are more likely to have disproportionately impacted by COVID-19 such as Black, Asian and Minority Ethnic, the elderly including those shielding, young people particularly those living in large households, and those with mental ill health.



# Camden Council Equality Impact Assessment Form

## Step 3: Impact

Given the evidence listed in step 2, consider and describe what potential **positive and negative impacts** this work could have on people, related to their **protected characteristics** and the **other characteristics** about which the Council is interested.

Make sure you think about all three aims of the public sector equality duty. Have you identified any actual or potential discrimination against one or more groups? How could you have a positive impact on advancing equality of opportunity for a particular group? Are there opportunities within the activity to promote “good relations” – a better understanding or relationship between people who share a protected characteristic and others?

### 3.a Potential negative impact on protected characteristics

Protected Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Age	Yes, potential but mitigated	<p>A high number of people over the age of 80 will have a dementia diagnosis. Dementia affects cognitive function, memory, thinking, and behaviour, and can make it difficult for individuals to perform daily activities and maintain their independence. This can lead to a loss of identity and self-worth, as well as feelings of frustration, confusion, and anxiety.</p> <p>To support this specific group, the aim for the new service will include a dementia officer to work with carers providing care for people with dementia. In addition to this service, providers will work with the family, carers and social workers to deliver a service that improves the wellbeing and safety of both the carer and the cared-for residents.</p>
Disability including carers	Yes, potential but mitigated	<p>The new service involves professionals interacting with carers who may have a physical or a learning disability, and it is expected that many disabled people have experienced discrimination in their day to day lives. This interaction could be triggering to those who have experienced past traumas.</p> <p>Feedback from an equalities impact assessment workshop highlighted ‘People with learning disabilities becoming carers for their parents might not have the skills / might need more support and carers with disabilities not always seen as carers’.</p> <p>To mitigate potential negative impacts, commissioners will ensure a robust tender process, including training about mental health, physical and learning disabilities are undertaken by the successful provider.</p> <p>Adult Social Care professionals will work jointly with the family and the commissioned provider/s to reduce any potential negative impacts, ensuring that carers with disabilities have the tools to continue in their caring role.</p>

# Camden Council Equality Impact Assessment Form

Gender reassignment	Yes, potential but mitigated	<p>It has been reported that people who have undergone gender reassignment are more likely to experience the following:</p> <ul style="list-style-type: none"> <li>• Emotional and psychological abuse.</li> <li>• Physical and sexual violence.</li> <li>• Sexually transmitted infections.</li> <li>• Substance misuse.</li> <li>• Mental ill health, such as depression, anxiety and thoughts of suicide.</li> </ul> <p>The new service involves professionals interacting with carers who may be from this protected group, and it is understood that the new service will need to have a trauma-informed approach to reduce any additional negative impacts on the carer. In addition, Adult Social Care professionals who work with this group will use a 'Team Around Me' approach, be experienced in trauma-informed care and will work jointly with the family, carers and commissioned provider/s to reduce any potential negative impact.</p>
Marriage/civil partnership	Yes, potential but mitigated	<p>It has been reported that individuals have experienced negative impacts on daily lives as a result from public debates on marriage, the legalisation of same-sex relationships and related factors.</p> <p>The 2011 Census provided a snapshot of the marital status of Camden residents. At this time, 30% were married and 0.9% were in a same-sex civil partnership. The remainder were either single (55%) or separated, divorced or widowed (15%). The proportion who were in a civil partnership in Camden (0.9%) was higher than the London average (0.4%) and the England average (0.2%).</p> <p>It is recognised that some societal attitudes can be triggering, and comments and opinions could have a negative impact on this group.</p> <p>To mitigate these risks, professionals who work with this group will be experienced in trauma-informed approaches, and will work jointly with the family, carers and commissioned provider/s to reduce any potential negative impact.</p>

# Camden Council Equality Impact Assessment Form

Protected Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Pregnancy/ maternity	Yes, potential but mitigated	<p>Almost two thirds of births in Camden in 2019 were to women born outside the UK (61%) - this is the 12th highest proportion in England and Wales, higher than the average for London (57%) and double the rate for England &amp; Wales (29%). A fifth of all births in Camden were to mothers who were born in countries in Asia and the Middle East (19%), while around a sixth (16%) were to mothers born in European Union countries. 11% of births were to African-born mothers.</p> <p>Nationally it has been reported that three in four mothers (77%) said they had a negative or possibly discriminatory experience during pregnancy, maternity leave, and/or on return from maternity leave.</p> <p>Around one in nine mothers (11%) reported they felt forced to leave their job<sup>3</sup>.</p> <p>The data above highlights intersectionality and many possible negative impacts of perceived stereotypes on this group. It is also known that the loss of employment can lead to development of a hoarding disorder.</p> <p>To mitigate this possible negative impact, professionals will be experienced in trauma informed care and will work jointly with the family, carers and commissioned services to reduce any potential negative impacts.</p>
Race	Yes, potential but mitigated	<p>More than a third (34%) of Camden's population are from Black, Asian and other communities. Camden's largest single minority ethnic group is the Bangladeshi population – who comprise 4.3% of residents, though the borough is also home to a large non-British White population (25%), including Irish and others originating from the European Union, Eastern Europe and beyond.</p> <p>It is well documented that prejudice and stereotyping continue to impact negatively on minority ethnic groups, including a person's mental and physical health.</p> <p>This new service will involve services/professionals interacting with carers who may be from this protected group, often dealing with issues that are of a sensitive nature.</p> <p>Professionals who work with this group will be experienced in trauma informed approaches, and will work jointly with the family, carers and commissioned services to reduce any potential negative impacts.</p>

<sup>3</sup> Pregnancy and Maternity Related Discrimination and Disadvantage – Equality and Human Rights Commission - 2016

# Camden Council Equality Impact Assessment Form

Religion or belief	Yes, potential but mitigated	<p>Camden's three largest religious groups are Christian (38%), Muslim (14%) and Jewish (5%). Other religions include Hindu (2%) and Buddhist (1%). Overall, 61% of residents stated they had a religion, while 29% stated they had had no religion<sup>4</sup>.</p> <p>The data above highlights the wide variety of beliefs held within in Camden. This may affect how the service is delivered as the new service will involve services/ professionals interacting with carers to provide support with issues where carers are looking to prioritise their faith first.</p> <p>There is a potential negative impact from services interacting with carers.</p> <p>To mitigate this possible negative impact, the new carers service and the Carers Action Plan have been developed with carers to improve the way they are supported in Camden. In addition, professionals who work with this group will be experienced in trauma informed approaches, and will work jointly with the family, and commissioned services to reduce any potential negative impacts.</p>
Sex	Yes, potential but mitigated	<p>As the new service will involve services/ professionals interacting with carers and dealing with often sensitive issues, there is a potential negative impact from this interaction.</p> <p>To mitigate this possible negative impact, the new service and the Carers Action Plan will work in a trauma informed way to support carers and improve how services work together. In addition, professionals who work with this group will be experienced in trauma informed approaches and will work jointly with the family, and commissioned services to reduce any potential negative impacts.</p>
Sexual orientation	Yes, potential but mitigated	<p>As the new service will involve services/ professionals interacting with carers from this protected group and dealing with issues that carers often feel are difficult to deal with, there is a potential negative impact from the new service interacting with this group.</p> <p>Feedback from an EQIA workshop highlighted the following 'there is a need for specialist groups for specific groups of carers, e.g., male, LGBTQIA+, ethnicity etc'.</p> <p>It is envisioned that the new service will increase the number of specific peer support groups delivered as part of the contract and will support the carer partnership board. Professionals who work with this group will be experienced in trauma informed approaches and will work jointly with the family, and commissioned services to reduce any potential negative impacts.</p>

# Camden Council Equality Impact Assessment Form

## 3.b Potential positive impact on protected characteristics

Protected Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Age	Yes	<p>A high number of people over the age of 80 will have a dementia diagnosis, and this will be considered when developing the service.</p> <p>There is no upper age limit so this service is accessible for all adults who meet the eligibility criteria and will provide an opportunity for adults, irrespective of age, to draw on support to live well within the local community, promoting a strengths-based approach and provide opportunities for improved overall wellbeing.</p> <p><u>Positive impact</u></p> <ul style="list-style-type: none"> <li>• Improve overall physical and emotional wellbeing.</li> <li>• Signpost to Disabled Facilities Grants to help people live independently.</li> <li>• Identify and tackle economic abuse for this group.</li> <li>• Reduce delayed discharge.</li> <li>• Reduce social isolation.</li> <li>• Signpost to handyperson services.</li> <li>• Use MECC to link carers in with other services that provide support to improve health and wellbeing.</li> </ul>
Disability including carers	Yes	<p>The aim of the Carers Action Plan will identify and resolve issues through the newly developed Carer Partnership Board, resulting in a positive impact for carers accessing carer support services in Camden. In addition to this, the newly commissioned carers service will work in conjunction with the Board to support carers to be independent and connected to their community.</p> <p>The personalised, strengths-based nature of these services will offer a positive impact on disabled carers, offering alternative support allowing the carer to take a break from their caring role, enabling carers to feel refreshed to continue supporting the people that they care for. Providing support to carers impacts positively on independence and wellbeing. Furthermore, as carers services are being recommissioned, we will aim to use this opportunity to highlight inequalities raised in this EQIA with providers around male carers, LGBTQIA+, autism and other groups to ensure services can better meet their needs.</p> <p><u>Positive impact</u></p> <ul style="list-style-type: none"> <li>• Use the newly developed Carers Action Plan and Carer Partnership Board to improve joint working between services with the aim of improving</li> </ul>

# Camden Council Equality Impact Assessment Form

		<p>outcomes for carers.</p> <ul style="list-style-type: none"> <li>Continued exploration of available data on the connection between carers and health, including mental health, to continue to improve the way we deliver services.</li> <li>Improve overall wellbeing.</li> <li>Signpost to Disabled Facilities Grants to help carers better support the people that they care for.</li> <li>Identify and tackle economic abuse for this group.</li> <li>Reduce delayed discharge.</li> <li>Reduce social isolation.</li> <li>Signpost to handyperson services to support the carer improve overall home environment.</li> <li>Use MECC to link carers in with other services that provide support to improve health and wellbeing.</li> </ul>
Gender reassignment	Yes	<p>As noted above, evidence about the number of carers in this protected group is limited. However, based on statistics and the local Camden population, it is likely that a trans carer will benefit from this service and will enable the carer to be supported in their caring role.</p> <p><u>Positive impact</u></p> <ul style="list-style-type: none"> <li>Use the newly developed Carers Action Plan and Carer Partnership Board to improve joint working between services with the aim of improving outcomes for carers.</li> <li>Continued exploration of available data on the connection between carers and health, including mental health, to continue improve the way we deliver services.</li> <li>Improve overall wellbeing.</li> <li>Signpost to Disabled Facilities Grants to help carers better support the cared for.</li> <li>Identify and tackle economic abuse for this group.</li> <li>Reduce delayed discharge.</li> <li>Reduce social isolation.</li> <li>Signpost to handyperson services to support the carer improve overall home environment.</li> <li>Use MECC to link carers in with other services that provide support to improve health and wellbeing.</li> </ul>
Marriage/civil partnership	Yes	<p>These services support carers to be independent in their home regardless of marital or civil partnership status. Whilst these services do not directly impact on partnership status, the aim is to maximise independence and promote connections to the community and personal networks. The emphasis on both physical and mental wellbeing of the carer, with reference to any family or network, is likely to have a positive impact on all relationships.</p> <p><u>Positive impact</u></p> <ul style="list-style-type: none"> <li>Use the newly developed Carers Action Plan and Carer Partnership Board to improve joint working</li> </ul>

# Camden Council Equality Impact Assessment Form

		<p>between services with the aim of improving outcomes for carers.</p> <ul style="list-style-type: none"> <li>• Continued exploration of available data on the connection between carers and health, including mental health, to continue improve the way we deliver services.</li> <li>• Improve overall wellbeing.</li> <li>• Signpost to Disabled Facilities Grants to help carers better support the cared for.</li> <li>• Identify and tackle economic abuse for this group.</li> <li>• Reduce delayed discharge.</li> <li>• Reduce social isolation.</li> <li>• Signpost to handyperson services to support the carer improve overall home environment.</li> <li>• Use MECC to link carers in with other services that provide support to improve health and wellbeing.</li> </ul>
Pregnancy/ maternity	Yes	<p>Should a carer who is pregnant draw on these services, they would benefit from personalised support to enable them to continue in their caring role.</p> <p><u>Positive impact</u></p> <ul style="list-style-type: none"> <li>• Use the newly developed Carers Action Plan and Carer Partnership Board to improve joint working between services with the aim of improving outcomes for carers.</li> <li>• Continued exploration of available data on the connection between carers and health, including mental health, to continue improve the way we deliver services.</li> <li>• Improve overall wellbeing.</li> <li>• Signpost to Disabled Facilities Grants to help carers better support the cared for.</li> <li>• Identify and tackle economic abuse for this group.</li> <li>• Reduce delayed discharge.</li> <li>• Reduce social isolation.</li> <li>• Signpost to handyperson services to support the carer improve overall home environment.</li> <li>• Use MECC to link carers in with other services.</li> <li>• Provide support to staff who are pregnant i.e. they may need to be assigned to other duties if it is unsafe to work in their usual role. Subject to a risk assessment.</li> </ul>



# Camden Council Equality Impact Assessment Form

Protected Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Race	Yes	<p>The new service and the Carers Action Plan will support carers to continue in their caring role and enable services to work together better in order to improve the services available to carers in Camden, regardless of race.</p> <p>As part of the commissioning/ procurement process, the services will develop and implement an equality policy in line with Camden's Adult Social Care Memorandum of Understanding on Zero Tolerance. A robust monitoring process will be developed, enabling the provider to monitor the protected characteristics for their staff teams and allow the service to recruit a diverse workforce that is representative of the Camden population.</p> <p>Providers will be required to sign the Adult Social Care Memorandum of Understanding on Zero Tolerance, which supports the development of safe spaces to discuss and report racial abuse. We anticipate that this will support both carers and providers.</p> <p><u>Positive impact</u></p> <ul style="list-style-type: none"> <li>• Improve overall wellbeing.</li> <li>• Direct, targeted engagement with communities, such as those from Black, Asian and Minority Ethnic backgrounds.</li> <li>• Signpost to Disabled Facilities Grants to help people live independently.</li> <li>• Identify and tackle economic abuse for this group.</li> <li>• Reduce delayed discharge.</li> <li>• Reduce social isolation.</li> <li>• Signpost to handyperson services.</li> <li>• Use MECC to link residents in with other services that provide support to improve health and wellbeing.</li> <li>• Provide an opportunity to review the offer to ensure they are suitable and inclusive for everyone.</li> </ul>
Religion or belief	Yes	<p>The new service and the Carers Action Plan will support carers to continue in their caring role and enable services to work together better in order to improve the services available to carers in Camden, regardless of religion. There are no exclusions based on religion or belief.</p> <p><u>Positive impact</u></p> <ul style="list-style-type: none"> <li>• Improve overall wellbeing.</li> <li>• Direct, targeted engagement with communities, such as those from a range of religious backgrounds and beliefs.</li> <li>• Signpost to Disabled Facilities Grants to help people live independently.</li> <li>• Identify and tackle economic abuse for this group.</li> <li>• Reduce delayed discharge.</li> <li>• Reduce social isolation.</li> </ul>



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		<ul style="list-style-type: none"> <li>• Signpost to handyperson services.</li> <li>• Use MECC to link residents in with other services that provide support to improve health and wellbeing.</li> <li>• Provide an opportunity to review the offer to ensure they are suitable and inclusive for everyone.</li> </ul>
Sex	Yes	<p>The new service and the Carers Action Plan will support carers to continue in their caring role and enable services to work together better in order to improve the services available to carers in Camden. There are no exclusions based on sex. As this service involves going into resident's homes, there may need to be gender-specific services, particularly where carers are survivors of domestic violence or sexual assault.</p> <p><u>Positive impact</u></p> <ul style="list-style-type: none"> <li>• Use the newly developed Carers Action Plan and Carer Partnership Board to improve joint working between services with the aim of improving outcomes for carers.</li> <li>• Continued exploration of available data on the connection between carers and health, including mental health, to continue improve the way we deliver services.</li> <li>• Improve overall wellbeing.</li> <li>• Signpost to Disabled Facilities Grants to help carers better support the cared for.</li> <li>• Identify and tackle economic abuse for this group.</li> <li>• Reduce delayed discharge.</li> <li>• Reduce social isolation.</li> <li>• Signpost to handyperson services to support the carer improve overall home environment.</li> <li>• Use MECC to link carers in with other services.</li> </ul>
Sexual orientation	Yes	<p>The new service and the Carers Action Plan will support carers to continue in their caring role and enable services to work together better in order to improve the services available to carers in Camden.</p> <p>A robust contract monitoring process will be developed, which will include collecting data about sexual orientation to ensure services are inclusive.</p> <p><u>Positive impact</u></p> <ul style="list-style-type: none"> <li>• Use the newly developed Carers Action Plan and Carer Partnership Board to improve joint working between services with the aim of improving outcomes for carers.</li> <li>• Continued exploration of available data on the connection between carers and health, including mental health, to continue improve the way we deliver services.</li> <li>• Improve overall wellbeing.</li> </ul>

# Camden Council Equality Impact Assessment Form

		<ul style="list-style-type: none"><li>• Signpost to Disabled Facilities Grants to help carers better support the cared for.</li><li>• Identify and tackle economic abuse for this group.</li><li>• Reduce delayed discharge.</li><li>• Reduce social isolation.</li><li>• Signpost to handyperson services to support the carer improve overall home environment.</li><li>• Use MECC to link carers in with other services.</li></ul>
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# Camden Council Equality Impact Assessment Form

## 3.c Potential negative impact on other characteristics

Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Foster carers	Yes	As noted above, it is unlikely that a foster carer will be providing significant unpaid care for another cared for resident. However, if this scenario should arise, foster carers will be supported by fostering services in Camden who will ensure the carers have access to a variety of support provided by their fostering services, such as formal supervision, peer support, out-of-hours support, respite care services and access to independent support.
Looked after children/care leavers	No	N/A
Low-income households	Yes	As the new service will involve services/ professionals interacting with carers and dealing with often sensitive issues, there is a potential negative impact.  Professionals will work in a person-centred and trauma informed way to support carers from low income households.
Refugees and asylum seekers	Yes	Same as above
Parents (of any gender, with children aged under 18)	No	This service supports carers caring for persons aged 18+.

# Camden Council Equality Impact Assessment Form

Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
People who are homeless	No	N/A
Private rental tenants in deprived areas	Yes, potential but mitigated	<p>As the new service will involve services/ professionals interacting with carers to provide support with an issue that may be of a sensitive nature, including issues about housing, there is a potential negative impact.</p> <p>To mitigate this possible negative impact, the new service will work in a trauma informed way to support carers and improve the way services work together. Professionals who work with this group will be experienced in trauma informed approaches and will work jointly with the family, and commissioned services to reduce any potential negative impacts.</p>
Single parent households	Yes, potential but mitigated	<p>As the new service will involve services/ professionals interacting with carers to provide support with an issue that may be of a sensitive nature, including issues about housing, there is a potential negative impact from services going into a resident's home to deliver this service.</p> <p>To mitigate this possible negative impact, the new service will work in a trauma informed way to support carers and improve the way services work together. Professionals who work with this group will be experienced in trauma informed approaches and will work jointly with the family, and commissioned services to reduce any potential negative impacts.</p>
Social housing tenants	Yes, potential but mitigated	<p>As the new service will involve services/ professionals interacting with carers to provide support with an issue that may be of a sensitive nature, including issues about housing, there is potential negative impact from services going into a resident's home to deliver this service.</p> <p>To mitigate this possible negative impact, the new service will work in a trauma informed way to support carers and improve the way services work together. Professionals who work with this group will be experienced in trauma informed approaches and will work jointly with the family, and commissioned services to reduce any potential negative impacts.</p>
Any other, please specify		

# Camden Council Equality Impact Assessment Form

## 3.d Potential positive impact on other characteristics

Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Foster carers	No	N/A
Looked after children/care leavers	No	N/A
Low-income households	Yes	<p><u>Positive impact</u></p> <ul style="list-style-type: none"> <li>• Use the newly developed Carers Action Plan and Board to improve joint working between services and outcomes for carers.</li> <li>• Continued exploration of available data on the connection between carers and health, including mental health, to continue improve the way we deliver services.</li> <li>• Improve overall wellbeing.</li> <li>• Signpost to Disabled Facilities Grants to help carers better support the cared for.</li> <li>• Identify and tackle economic abuse for this group.</li> <li>• Reduce delayed discharge.</li> <li>• Reduce social isolation.</li> <li>• Signpost to handy person services to support the carer improve overall home environment.</li> <li>• Use MECC to link carers in with other services.</li> </ul>
Refugees and asylum seekers	No	N/A
Parents (of any gender, with children aged under 18)	Yes	<p><u>Positive impact</u></p> <ul style="list-style-type: none"> <li>• Use the newly developed Carers Action Plan and Board to improve joint working between services and outcomes for carers.</li> <li>• Continued exploration of available data on the connection between carers and health, including mental health, to continue improve the way we deliver services.</li> <li>• Improve overall wellbeing.</li> <li>• Signpost to Disabled Facilities Grants to help carers better support the cared for.</li> <li>• Identify and tackle economic abuse for this group.</li> <li>• Reduce delayed discharge.</li> <li>• Reduce social isolation.</li> <li>• Signpost to handy person services to support the carer improve overall home environment.</li> <li>• Use MECC to link carers in with other services.</li> </ul>

# Camden Council Equality Impact Assessment Form

Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
People who are homeless	No	N/A
Private rental tenants in deprived areas	Yes	<p><u>Positive impact</u></p> <ul style="list-style-type: none"> <li>• Use the newly developed Carers Action Plan and Board to improve joint working between services and outcomes for carers.</li> <li>• Continued exploration of available data on the connection between carers and health, including mental health, to continue improve the way we deliver services.</li> <li>• Improve overall wellbeing.</li> <li>• Signpost to Disabled Facilities Grants to help carers better support the cared for.</li> <li>• Identify and tackle economic abuse for this group.</li> <li>• Reduce delayed discharge.</li> <li>• Reduce social isolation.</li> <li>• Signpost to handyperson services to support the carer improve overall home environment.</li> <li>• Use MECC to link carers in with other services.</li> </ul>
Single parent households	Yes	<p><u>Positive impact</u></p> <ul style="list-style-type: none"> <li>• Use the newly developed Carers Action Plan and Board to improve joint working between services and outcomes for carers.</li> <li>• Continued exploration of available data on the connection between carers and health, including mental health, to continue improve the way we deliver services.</li> <li>• Improve overall wellbeing.</li> <li>• Signpost to Disabled Facilities Grants to help carers better support the cared for.</li> <li>• Identify and tackle economic abuse for this group.</li> <li>• Reduce delayed discharge.</li> <li>• Reduce social isolation.</li> <li>• Signpost to handyperson services to support the carer improve overall home environment.</li> <li>• Use MECC to link carers in with other services.</li> </ul>
Social housing tenants	Yes	<p><u>Positive impact</u></p> <ul style="list-style-type: none"> <li>• Use the newly developed Carers Action Plan and Board to improve joint working between services and outcomes for carers.</li> <li>• Continued exploration of available data on the connection between carers and health, including mental health, to continue improve the way we deliver services.</li> <li>• Improve overall wellbeing.</li> </ul>

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		<ul style="list-style-type: none"> <li>• Signpost to Disabled Facilities Grants to help carers better support the cared for.</li> <li>• Identify and tackle economic abuse for this group.</li> <li>• Reduce delayed discharge.</li> <li>• Reduce social isolation.</li> <li>• Signpost to handy person services to support the carer improve overall home environment.</li> <li>• Use MECC to link carers in with other services.</li> </ul>
Any other, please specify		

**3.e Consider intersectionality.**<sup>4</sup> Given the evidence listed in step 2, consider and describe any potential **positive and negative impacts** this activity could have on people who have a **combination, or intersection, of two or more characteristics**. For example, people who are young, trans and homeless, disabled people on low incomes, or Asian women.

Research shows that people who have an intersection of two or more protected characteristics are more likely to experience barriers to accessing services, including health and social care. Because of the diversity of Camden's local population, it is anticipated that many carers eligible for this service will have a combination of two or more protected characteristics. The current model is working well, delivering services that have a positive impact on unpaid carers in Camden.

All providers that work with Camden are expected to deliver unconscious bias training to ensure staff have a working understanding of equalities issues and an awareness of the steps required to overcome their unconscious bias.

The new service will work with Camden, friends and families across all protected characteristics, with the aim to:

- Improve overall wellbeing.
- Have direct, targeted engagement with communities, such as residents from Black, Asian and Minority Ethnic backgrounds.
- Identify and tackle economic abuse for this group.
- Reduce delayed discharge.
- Reduce social isolation.
- Use MECC to link residents in with other services that provide support to improve health and wellbeing.
- Provide an opportunity to review the offer to ensure they are suitable and inclusive for carers.

<sup>4</sup> Intersectionality refers to the interconnected nature of social categorisations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

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## Step 4: Engagement - co-production, involvement or consultation with those affected

### 4.a How have the opinions of people potentially affected by the activity, or those of organisations representing them, informed your work?

List the groups you intend to engage and reference any previous relevant activities, including relevant formal consultation? <sup>5</sup>	If engagement has taken place, what issues were raised in relation to one or more of the protected characteristics or the other characteristics about which the Council takes an interest, including multiple or intersecting impacts for people who have two or more of the relevant characteristics?
Carers and Camden Carers Voices - carer led forum	<p><b><u>Areas noted for improvement.</u></b></p> <ul style="list-style-type: none"> <li>• Websites that deal with health conditions should signpost to carer support.</li> <li>• Training for staff. Feedback should be encouraged and welcomed for social workers to hone behaviour and identify training.</li> <li>• Advertising carers week – posters, bus stops, community centres, hospitals, TV advertising, libraries.</li> <li>• Carers organisations to hold celebrations and social workers to be in attendance.</li> <li>• Faith groups/places to speak to carer groups and identify carers.</li> <li>• Services talking to each other- sharing responsibility.</li> <li>• Offer talks at each community centre and talk about support available for carers. This might uncover carers not known already or who don't realise they are carers. Include tasty refreshments.</li> <li>• Quicker response to carers</li> <li>• National Carers Week – more posts on Facebook. Camden Carers can do more on social media. Ask carers to repost.</li> <li>• Stalls or leaflets at community events.</li> <li>• Carers/'carer' register for card + put info onto system in case of emergency – e.g. Contact, and second contact.</li> <li>• Approach HR companies of big organisations to highlight in their monthly newsletters for more visibility.</li> <li>• Advertising rehab and clean houses in Camden.</li> <li>• More community events. Well-publicised. Approach places of worship. Target neighbours who might know an isolated carer.</li> <li>• Reablement support widened for people not discharged from hospital.</li> <li>• 24-hour support carers available (over the phone as well as online).</li> <li>• Response time to carers to improve, including waiting times on the phone and over email (when contacting Camden). We need targets attached to this – answer phone within 6 rings, email response back within 48 hours. Communication standards/expectations across the organisation/professionals that you work alongside.</li> <li>• More community events to raise profile of carers and support available for carers.</li> </ul>



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	<ul style="list-style-type: none"> <li>• Improved Engagement with faith groups and places of worship to help reach unknown carers and increase identify support areas.</li> <li>• Training of Camden staff practitioners to improve communication – this will improve empathy and helping carers to be connected to support more quickly areas. Identify training areas for partners of organisations that you work alongside.</li> </ul> <p><u>Ideas of what good looks like and how we measure this:</u></p> <ul style="list-style-type: none"> <li>• Ask carers for feedback after phone call + surveys.</li> <li>• Create targets for phone handlings. Make calls recorded. Make phone numbers visible and easy to find. Make online friendly place to navigate.</li> <li>• Monitor how many carers attending events. Promoting events online and in-person. Quarterly events, planning in advance. Create events where carer and cared for person can attend.</li> <li>• Communicate with faith leaders to promote events regularly. Make sure to hold stalls in religious events.</li> </ul>
<p>In response to our market engagement exercise we had a response from four providers:</p> <ul style="list-style-type: none"> <li>• Camden Carers Centre</li> <li>• Mobilise</li> <li>• Bridges Outcomes Partnership</li> <li>• Health Assured Limited</li> <li>• Your Voice in Health and Social Care</li> </ul>	<p><u>Provider Feedback</u></p> <ul style="list-style-type: none"> <li>• Providers are committed to Equality Diversity and Inclusion.</li> <li>• Believing that asking the experts is the right approach, providers would seek to talk to members of various communities to find out what works for them.</li> <li>• We know that many people providing unpaid care do not culturally consider themselves to be carers, so an audit of the language used around providing care is essential to enable us to reach those who may need support but do not wish to be labelled as carers.</li> <li>• We are currently working on a project using AI video generation meaning that important information can be provided in every possible language via video format, meaning important updates can be placed on the website with just a few clicks.</li> <li>• Equality and Diversity could be promoted through upfront Equality, Diversity and Inclusion discussions/forums, offering everyone an opportunity to discuss any concerns etc. From our experience, proactiveness is key, and it goes hand-in-hand with Equality, Diversity and Inclusion accreditations.</li> <li>• Our commitment to collaboration comes from the provider’s experience of working across 6 diverse London Boroughs over the last 10 years of operation. Cultural competence is embedded within the organisation and employees have a strong ability to understand and interact effectively with people from other cultures.</li> <li>• Camden is a diverse borough, and the carers service could raise the profile of equality and diversity across the borough promoting inclusion for all.</li> <li>• Our other service, which has a very similar diversity makeup to Camden, runs themed coffee mornings to help carers learn more about other cultures or religious festivals, we have celebrated festivals such as Eid, Ramadan and Diwali, which has empowered some carers to run sessions to talk about their</li> </ul>

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	<p>own diversity, which has included Burns night and Scottish culture, Persian culture and a polish food tasting session. This has supported carers to be better informed and more aware which has created an environment of trust where carers feel supported and able to share.</p>
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- 5 This could include our staff networks, advisory groups and local community groups, advice agencies and charities.

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**4.b. Where relevant, record any engagement you have had with other teams or directorates within the Council and/or with external partners or suppliers that you are working with to deliver this activity. This is essential where the mitigations for any potential negative impacts rely on the delivery of work by other teams.**

Adult Social Care  
Camden Carers  
Mobilise

## Step 5: Informed decision-making

**5. Having assessed the potential positive and/or negative impact of the activity, what do you propose to do next?**

Please select one of the options below and provide a rationale (for most EqIAs this will be box 1). Remember to review this and consider any additional evidence from the operation of the activity.

<b>1. Change the activity to mitigate potential negative impacts identified and/or to include additional positive impacts that can address disproportionality or otherwise promote equality or good relations.</b>	No
<b>2. Continue the work as it is because no potential negative impacts have been found</b>	No
<b>3. Justify and continue the work despite negative impacts (please provide justification – this must be a proportionate means of achieving a legitimate aim)</b>	Yes
<b>4. Stop the work because discrimination is unjustifiable and there is no obvious way to mitigate the negative impact</b>	No

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## Step 6: Action planning

**6. You must address any negative impacts identified in steps 3 and/or 4. Please demonstrate how you will do this or record any actions already taken to do this.**

Please remember to add any positive actions you can take that further any potential or actual positive impacts identified in step 3 and 4.

Make sure you consult with or inform others who will need to deliver actions.

Action	Due	Owner
Develop robust contract monitoring process	01 April 2025	Shanta Joseph/Stephen Bahooshy
To mitigate any possible negative impacts, Adult Social Care professionals will be experienced in trauma informed approaches and will work jointly with the family, carers and commissioned services.	Ongoing	Adults Commissioning Team Adult Social Care
Ensure providers sign up to Camden's Adult Social Care Memorandum of Understanding on Zero Tolerance.	Ongoing	Adults Commissioning Team Adult Social Care
Ensure providers continue to provide regular equalities training and support staff to discuss equalities in supervisions and team meetings.	Ongoing	Adults Commissioning Team Adult Social Care
Support providers to work with partners/ stakeholders in a joined-up way to share learning.		Adults Commissioning Team Adult Social Care

## Step 7: EqIA Advisor

Ask a colleague, preferably in another team or directorate, to 'sense check' your approach to the EqIA and ask them to review the EqIA form before completing it.

They should be able to clearly understand from what you have recorded here the process you have undertaken to assess the equality impacts, what your analysis tells you about positive and negative actual or potential impact, and what decisions you have made and actions you have identified as a result.

They may make suggestions for evidence or impacts that you have not identified. If this happens, you should consider revising the EqIA form before completing this version and setting a date for its review.

If you feel you could benefit from further advice, please contact the Equalities service at [equalities@camden.gov.uk](mailto:equalities@camden.gov.uk)

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## Step 8: Sign-off

<b>EqIA author</b>	Name: Shanta Joseph Job title: Commissioning Manager Date: 31/05/24
<b>EqIA advisor / reviewer</b>	Name: Stephen Bahooshy Job title: Strategic Commissioner Date: 02/08/24
<b>Senior accountable officer</b>	Name: Chris Lehman Job title: Director of ASC Strategy and Commissioning Date: 02/09/24