

Equality Impact Assessment

Directorate: People (Adults) Directorate
Service: Carers Support Service/ Adult Carers Strategy
Name of Officer/s completing assessment: Ramandeep Gogna- Cares Support and Development Officer
Date of Assessment Review: 21 10 25 Diana Balsom, Interim Commissioning Manager – Prevention and Carers
Name of service/function or policy being assessed: Carers Support Service/ Adult Carers Strategy
<p>1. What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?</p> <p>The Slough Adult Carers Strategy 2023-26 was approved at Cabinet in September 2023. The Strategy sets out how the Council, working with its partners and carers, will support and encourage carers to manage their own health and wellbeing, and ensure that the right support is known about and available at the right time.</p> <p>The aim of the strategy is to ensure that Slough is a place where adult carers can balance their caring roles with achieving a desired quality of life. Importantly, the Strategy seeks to minimise the negative impacts of caring upon health and wellbeing and prevent carer breakdown, and this will be achieved through a range of initiatives set out within the Carers Strategy Action Plan.</p> <p>The Strategy sets out key priorities for Adult Carers, aligned to intended Corporate Objectives (which went out to consultation). The priorities are to:</p> <ul style="list-style-type: none">• Priority 1: Enable carers to access information and guidance to identify and recognise carers at an early stage• Priority 2: Promote carer awareness – including the valuable role they play and the challenges they face.• Priority 3: Provide person centred support – to enable carers to manage their own health and wellbeing and to access the right support at the right time.• Priority 4: Ensure that carers are viewed and listened to by professionals as experts in care.• Priority 5: Support effective integration and partnership work – including co-production and ensuring that carer voice is central to any service development.

	<p>Slough Carers Support aims to provide free independent information and advice to carers. Carers are also supported to access financial assistance and apply for carers assessments and carers allowance. Digital support is also provided so that carers can access online resources. Carers events and workshops are held regularly to raise the awareness of carers rights and highlight challenges that carers face. The carers forum also provides an opportunity for carers groups across the Slough Borough to network and share their experiences. "Slough in-house support for carers" also aims to empower carers to balance their caring roles with their desired quality of life. "Slough in-house support to carers" aims to minimise the negative impacts of caring on health and wellbeing and prevents carer breakdown. Carers are signposted to various services and local carer groups in Slough. The Adults Carers Strategy 2023/6 sets out how Slough Borough Council, working with partners will support and encourage carers to manage their own health and wellbeing and meet the vision that Slough is a place where carers can balance their caring roles and maintain their desired quality of life. The Carers Steering Group (comprising carers, Council Officers, members of the Co-production Forum and professional stakeholders) will oversee the implementation of the Adults Carers Strategy 2023/6 and monitor progress.</p> <p>The role supports the actions arising from the Adult Carers Strategy which as the following aims:</p>
2.	<p>Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners.</p> <p>The Strategy has been informed by engagement and co-production with carers. The engagement confirmed that the carer's voice should be central to service development. Delivery of the Carers Strategy Action Plan contained within the Strategy is being overseen by a Carers Steering Group comprising carers, volunteers, the Co-production Network, Council officers and professional stakeholders including representatives from Frimley ICB.</p> <p>SBCs in-house Carers Support service supports the actions arising from the strategy, in conjunction with SBC ASC Operational Teams.</p>
3.	<p>Who will be affected by this proposal? For example, who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic.</p> <p>The strategy affects Carers and indirectly the person who they care for. Both groups can comprise people from all equality groups; however, some groups are more likely to be over-represented as carers. These are explored further below based on current data on carers known to SBC.</p>

The Carers Support services along with ASC data analysis develops data sets to understand carer demographics, promoting better understanding of the different impacts a caring role may have on groups with protected characteristics

Age:

Traditionally marries or cohabiting carers fall into older age categories due to the nature of aging and frailty. This also applies to Parent Carers, who will have supported a disabled child from birth into adulthood. There is a recognised need to support parent carers as they age to ensure that any burden of caring is minimised, and that fears about their adult child's welfare should they no longer be able to care are addressed and plans are in place for that eventuality.

It also acknowledges that carers across the different age groups might not be able to access the same opportunities, including social and employment, as their peers who do not have caring responsibilities due to the additional pressures related to their caring role. The support currently provided points to initiatives designed for different age groups which aim to overcome such challenges.

Young carers (9% in Slough) are supported and protected from inappropriate caring and negative impacts on their education, social lives, and future opportunities. Young adult carers (26% in Slough) are supported when moving from education to training and work while balancing an ongoing caring role. For older carers (36% in Slough) the use of non-digital and translated forms of communication helps them to access information and support. There is also a dedicated telephone Service as some older carers find it easier to call. Employee Carers networks within Slough Organisations will also be established for working age carer (78% in Slough) to facilitate information sharing and support for staff members who are also carers. **Outcome – Positive**

Disability:

Many caring relationships are between disabled and non-disabled people. Both strategy and service provision aim to improve outcomes for carers and ensure carers are supported fully in a joined up and cohesive way means that carers who support people with disabilities will be better placed to do so. This means carers should be able to access the relevant support when they require it. For example, having access to short breaks and other respite services will improve carers' mental health and well-being and the quality of care provided. This should support good relations between the carer and the disabled person they care for. Disabled carers own disabilities can be overlooked so we will involve the Adult Social care team for needs assessments and provide benefits advice and information. Disabled carers would also have the right to have reasonable changes made in the workplace so that they can use services and facilities or go to work. **Outcome – Positive**

Gender Reassignment:

The strategy and the carers support services aim to benefit all carers including those who have undertaken gender reassignment. However, whilst this question is asked many leave it blank. More work is needed to link in with specialist support groups to promote awareness of support services, many of which have digital support options to maintain anonymity where this is a concern,

Marriage and Civil Partnership:

Many carers support a partner. "Slough in-house support to carers" is likely to have a benefit upon those who are married or in a civil partnership as it will support carers within their caring roles. Outcome – Positive

Pregnancy and maternity:

The strategy and support services aim to have a positive benefit on carers who are pregnant or who have recently had a baby. This data is not formally measured; however, person-centred assessments ensures that any needs relating to pregnancy or maternity are addressed and replacement care identified where necessary. Outcome – Positive

Race:

In Slough 44.6% of unpaid carers are from Asian ethnic groups and 40.4% are from White ethnic groups. 6.7% of unpaid carers are from Black ethnic groups and 5.6% are from other ethnic groups. Language and digital exclusion may be an issue for carers from this group. Not accessing resources due to cultural expectations is also possible. Carers in these groups may experience prejudice or discrimination. To address these issues, strong links with carers support groups exist to ensure the right information can get to Slough many diverse communities. For example, a number of support services speak multiple languages, and there are a number of carers wellbeing support groups that are aimed at different ethnic groups or provide culturally sensitive provision. These efforts help overcome barriers and promote a more inclusive approach to caregiving within the diverse communities of Slough. Translated materials are part of the action plan and are seen as essential to providing greater reach. The use of interpreters at carer events and workshops is planned to make them as accessible as possible. We also aim to improve accessibility of online content by using translation services such as Reach Desk. We will take care to consider timing and location of events so that we are able to reach all ethnic groups. Steps will be taken to strengthen the early identification of carers from Slough's diverse community including underrepresented groups so that their particular needs can be more fully understood. This aligns with the fact that "Slough in-house support to carers" is embedded within the Wider Adult Social Care Operational Team.

Demographic data from registered Carers indicates improvement in representation from Indian and Sikh communities. However, members of Pakistani communities are lower. More reach into South Asian communities is part of the current action plan.

Outcome – Positive

Religion and Belief:

33.4% of unpaid carers in Slough are Christian and 27.1% are Muslim. 12.2% are Sikh and 6.3% are Hindu. Cultural barriers can prevent some communities from accessing support services in general. The strategy aims to link with faith group Leaders from across the Borough via the Carers Support service and provide targeted support for carers from different faith groups. We will also provide culturally sensitive materials and information.

Demographic data from registered Carers indicates improvement in representation from Hindus Muslims and Sikhs.

Outcome – Positive**Sex:**

With gender stereotypes and expectations still surrounding caring, there is a risk that women feel more pressurised than men to undertake caring roles. This pressure can negatively impact on a woman's career path and be a key driver of the gender pay gap. The strategy and service provision acknowledges that women are disproportionately affected by the negative impacts of unpaid care and identifies initiatives for carers generally. This contributes towards mitigating negative impacts as more women are carers and therefore more likely to benefit. This will improve outcomes for female carers (73% in Slough) by supporting them to have a balanced life and equal access to opportunities. In Slough there is a low percentage of male carers being identified and accessing support available to them. To ensure inclusivity Slough we will make efforts to amplify the voices of male carers through the establishment of a dedicated male carers group.

Outcome – Positive

Demographic data from registered Carers indicates improvement in representation a substantial increase in numbers of Carers who are women.

Sexual orientation:

Slough in-house support to carers" will work with Carers Age UK who have produced several guides for older Carers who identify themselves as being Lesbian, Gay, Bisexual or Trans. Several LGBT Carer support groups exist to inform and advise LGBT Carers about the support available to them and we will work with commissioners in representing the views and interests of LGBT Carers in Slough. We will also work with the organisation Brighter Futures together on the Spectrum project in Slough to further support carers from this group.

Demographic data from registered Carers indicates that no one identified as being a member of the LGBTQ+ community. However, with a large number of people not answering, this could point to concerns regarding perceived stigma for this group, requiring better in reach into specialist support groups to ensure they are accessing all the support available to them.

Outcomes: positive

4.	<p>What are any likely positive impacts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the background information.</p> <p>The direct purpose of the Carers Strategy and the Carers support service is to improve the health, financial and social care support for carers. It will also improve the way in which carers are recognised and listened to in decisions about support. This will directly improve outcomes for carers as it will help ensure they are aware of relevant services and how to access all the support and benefits to which they are entitled. The focus on promoting choice and flexibility means that support can be tailored to individual circumstances. This is particularly important given the diversity of caring situations and carers' needs. The delivery of this support ensures that carers can input into decisions that affect them and promotes equality of access to support to account for carers with diverse protected characteristics who may be disproportionately affected by the negative impacts of caring</p>
5.	<p>What are the likely negative impacts for the group/s identified in (3) above? If so, then are any particular groups affected more than others and why?</p> <p>Whilst seeking to ensure the impact of the Strategy and the support provision produces equitable outcomes across different groups; we acknowledge the need to improve our reach into specific groups to make information more accessible. This assessment has sought to highlight the aims of the Strategy, whilst the reviews of current data indicate the groups that are less well represented. The actions arising from this are highlighted within the action plan, the review of which is being presented to Cabinet in December 2025.</p> <p>Additional potential negative impacts identified include lack of transport, lack of flexible respite, access to carers from intergenerational families and lack of diversity in materials. There is still further work to be done to achieve links to all faith and community groups and true co-production across more diverse groups.</p>
6.	<p>Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn (e.g. survey results, customer complaints, monitoring data etc).</p> <p>There has been extensive engagement with carers to support the development of "both the strategy and the in-house carers support service. There is a strong commitment to gather further information on the needs of carers from diverse communities in order that carer identification can be improved. Evidence and data sources used include, a carers survey carried out in July 2023, Slough CVS 5-year report, unpaid care in Slough 2021 Census data.</p> <p>As part to the year 2 review, the most recent demographic reporting of carers registered with the support service is listed below, showing changes in representation from year 1 to year 2:</p>

Changes in representation as a % of all registered carers:

		Jul-23	Oct-25
area		from %	to %
Sex	Male	14%	19%
	Female	65%	81%
Ethnicity	Black African/Caribbean	12%	8%
	Asian (not specified)	7%	10%
	Indian	5%	17%
	Pakistani	9%	13%
	Mixed Heritage (not specified)	5%	2%
	White British	32%	34%
	White European	5%	4%
	White Gypsy	2%	1%
	not answered	23%	11%
Faith	Christian	40%	33%
	Hindu	2%	8%
	Muslim	14%	18%
	Sikh	0%	5%
	Jewish	2%	1%
	Other	2%	4%
	None	7%	9%

		Not answered	33%	22%	
	Sexuality	Heterosexual	70%	73%	
		Not answered	30%	27%	
	Disability	Yes	33%	29%	
		No	37%	55%	
		Not answered	30%	16%	
	Working Carer	Yes	26%	21%	
		No	51%	43%	
		Retired	0%	3%	
		not answered	23%	33%	
7.	Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g. have the staff forums/unions/ community groups been involved?				
	<p>Slough carers were involved in developing the new model including the job description for the Carer Support and Development Officer. A series of task and finish groups (which include carers and professional stakeholders) have been established to meet the identified actions within the Slough Adult Carers Strategy 2023 – 2026 which will determine how the service is delivered. A Steering Group has also been established comprising carers, the co-production network, council officers, and other professional stakeholders including representatives from Frimley ICS. The Carers Forum has also been re-established which will also allow carers to be involved in shaping the Slough Carers Support Service.</p>				
8.	Have you considered the impact the policy might have on local community relations?				

	<p>A demonstrable commitment to delivering the Slough Adults Carers Strategy 2023/6 and Slough Carers Support service is expected to have a positive impact upon community relations.</p>
9.	<p>What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example, what plans, if any, will be put in place to reduce the impact?</p> <p>Specific plans are included within the Carers Action plan.</p>
10.	<p>What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below.</p> <p>Monitoring the impact on protected characteristic groups will be a continuous process and where any unintended consequences are identified steps will be taken to rectify them. Ongoing stakeholder engagement with key organisations will also provide us with an opportunity to monitor the impact of this function. Implementation of the Action Plan and oversight by the Steering Group will also be key in monitoring the impact.</p>

What course of action does this EIA suggest you take? More than one of the following may apply	<input checked="" type="checkbox"/>
Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	
Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments would remove the barriers identified? (Complete action plan).	
Outcome 3: Continue the policy despite potential for adverse impact or missed opportunities to promote equality identified. You will need to ensure that the EIA clearly sets out the justifications for continuing with it. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see questions below). (Complete action plan).	
Outcome 4: Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination. (Complete action plan).	

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Action Plan and Timetable for Implementation

At this stage a timetabled Action Plan should be developed to address any concerns/issues related to equality in the existing or proposed policy/service or function. This plan will need to be integrated into the appropriate Service/Business Plan.

Action	Target Groups	Lead Responsibility	Outcomes/Success Criteria	Monitoring & Evaluation	Target Date	Progress to Date

Name: Ramandeep Gogna

Signed: (Person completing the EIA)

Name:

Signed: (Policy Lead if not same as above)

Date: 22 07 24- Reviewed by Diana Balsom 21 10 25

Unpaid Care in Slough

The following data is all from the 2021 Census. The census did not ask children aged under 5 if they provide unpaid care, so this data only applies to those aged 5 and over.

In the 2021 census, 10,143 residents answered that they provide unpaid care each week – this is 6.9% of Slough's total population aged 5 and over.

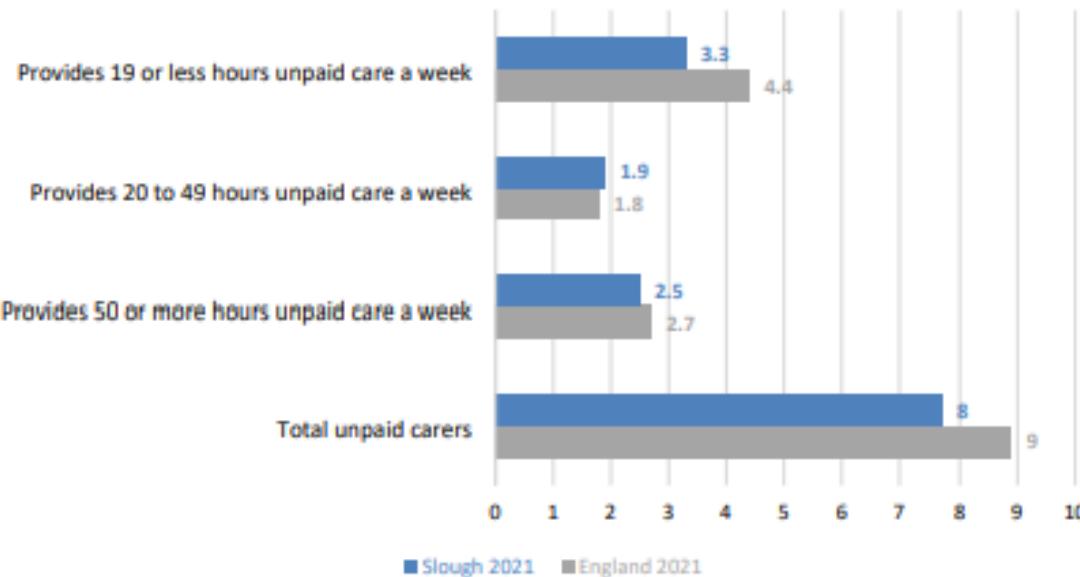
Of those that provide unpaid care, 44.4% provide 19 or less hours of unpaid care each week, 26.1% provide 20 to 49 hours, and 29.5% provide 50 or more hours.

Unpaid Care	Number	Percent of total population aged 5+	Percent of unpaid carers
Provides 19 or less hours unpaid care a week	4,505	3.1%	44.4%
Provides 20 to 49 hours unpaid care a week	2,644	1.8%	26.1%
Provides 50 or more hours unpaid care a week	2,994	2.0%	29.5%
Total unpaid carers in Slough	10,143		6.9%

Comparison with England

Slough has a slightly smaller proportion of residents providing unpaid care than the England average.

Unpaid Care (Age Standardised %)



The data in this graph are [age standardised proportions](#). Age standardisation allows for comparison between areas with different aged populations (Slough has a younger than average population). This is only the graph/table in this document that uses age standardised data.

Protected Characteristics

The following data is focused only on those who answered that they provide unpaid care (10,143 residents). It does not include those who do not provide care or those aged under 5.

Age

32.2% of unpaid carers in Slough are aged 35-49 and 29.9% are aged 50-64.

Age	Number	% of unpaid carers
5-15	192	1.9%
16-24	667	6.6%
25-34	1,500	14.8%
35-49	3,269	32.2%
50-64	3,036	29.9%
65 and over	1,479	14.6%

Sex

58.1% of unpaid carers in Slough are female and 41.9% are male.

Sex	Number	% of unpaid carers
Female	5,896	58.1%
Male	4,247	41.9%

Disability

21.1% of unpaid carers in Slough are disabled (under the Equality Act).

Disability	Number	% of unpaid carers
Disabled under the Equality Act	2,136	21.1%
Not disabled under the Equality Act	8,007	78.9%

Ethnic Group

Broad Ethnic Group

44.6% of unpaid carers are from Asian ethnic groups and 40.4% are from White ethnic groups.

Broad Ethnic Group	Number	% of unpaid carers
Asian, Asian British or Asian Welsh	4,527	44.6%
Black, Black British, Black Welsh, Caribbean or African	679	6.7%
Mixed or Multiple ethnic groups	273	2.7%

White	4,093	40.4%
Other ethnic group	565	5.6%

Detailed Ethnic Group

33% of unpaid carers are White: English, Welsh, Scottish, Northern Irish or British, 22.1% are Asian: Pakistani, and 17.8% are Asian: Indian.

Detailed Ethnic Group	Number	% of unpaid carers
Asian, Asian British or Asian Welsh: Bangladeshi	35	0.3%
Asian, Asian British or Asian Welsh: Chinese	31	0.3%
Asian, Asian British or Asian Welsh: Indian	1,808	17.8%
Asian, Asian British or Asian Welsh: Pakistani	2,237	22.1%
Asian, Asian British or Asian Welsh: Other Asian	416	4.1%
Black, Black British, Black Welsh, Caribbean or African: African	365	3.6%
Black, Black British, Black Welsh, Caribbean or African: Caribbean	230	2.3%
Black, Black British, Black Welsh, Caribbean or African: Other Black	84	0.8%
Mixed or Multiple ethnic groups: White and Asian	67	0.7%
Mixed or Multiple ethnic groups: White and Black African	32	0.3%
Mixed or Multiple ethnic groups: White and Black Caribbean	97	1.0%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	77	0.8%
White: English, Welsh, Scottish, Northern Irish or British	3,345	33.0%
White: Irish	126	1.2%
White: Gypsy or Irish Traveller	26	0.3%
White: Roma	9	0.1%
White: Other White	587	5.8%
Other ethnic group: Arab	112	1.1%
Other ethnic group: Any other ethnic group	453	4.5%

Religion

33.4% of unpaid carers are Christian and 27.1% are Muslim.

Religion	Number	% of unpaid carers
Buddhist	64	0.6%
Christian	3,385	33.4%
Hindu	636	6.3%

Jewish	8	0.1%
Muslim	2,749	27.1%
Sikh	1,242	12.2%
Other religion	56	0.6%
No religion	1,445	14.2%
Not answered	555	5.5%