

Equality & Health Impact Assessment for *Carer's Policy*

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	n/a
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	People and OD Claire Sullivan and Janet Mellowship, Co-Chairs of the We Care Staff network
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To provide guidance on support available to working Carers in Public Health Wales
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge 	Carers UK, in their " State of Caring 2022 " report estimates that there are around 10.6 million carers in the UK, which means that 1 in 5 adults are providing care. Of these, <ul style="list-style-type: none"> • 41% are in employment • 27% consider themselves to have a disability • 80% are female

	<ul style="list-style-type: none"> list of stakeholders and how stakeholders have engaged in the development stages comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>In PHW, it would therefore be safe to assume that 20% of colleagues in the organisation also provide unpaid care, which would be in the region of 500 people.</p> <p>The EQHIA has had input from across the organisation, including all diversity networks, and individual colleagues through the formal consultation route. Consultation has included two policy workshops, one with members of the We Care Network, and then with colleagues from the wider organisation. We had fantastic engagement and the policy itself has come about as a direct request from We Care members.</p>																															
<p>5. Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>		<p>Staff Data taken from ESR April 2024</p> <p>Disability</p> <table border="1" data-bbox="943 799 1776 866"> <thead> <tr> <th></th> <th>Disability - yes</th> <th>Disability - no</th> <th>Disability -unspecified</th> </tr> </thead> <tbody> <tr> <td>Percentage</td> <td>11%</td> <td>69%</td> <td>20%</td> </tr> </tbody> </table> <p>Gender and Part time breakdown</p> <table border="1" data-bbox="943 983 1364 1066"> <thead> <tr> <th></th> <th>All Staff</th> <th>Part time</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>72%</td> <td>35%</td> </tr> <tr> <td>Male</td> <td>28%</td> <td>15%</td> </tr> </tbody> </table> <p>Ethnic Origin</p> <table border="1" data-bbox="943 1243 1406 1463"> <thead> <tr> <th>Ethnic Origin</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Asian or Asian British</td> <td></td> </tr> <tr> <td>Black, Black British, Caribbean or African</td> <td>4%</td> </tr> <tr> <td>Mixed or multiple ethnic groups</td> <td></td> </tr> <tr> <td>Not Stated</td> <td>7%</td> </tr> <tr> <td>Other</td> <td></td> </tr> <tr> <td>Unspecified</td> <td></td> </tr> </tbody> </table>		Disability - yes	Disability - no	Disability -unspecified	Percentage	11%	69%	20%		All Staff	Part time	Female	72%	35%	Male	28%	15%	Ethnic Origin	%	Asian or Asian British		Black, Black British, Caribbean or African	4%	Mixed or multiple ethnic groups		Not Stated	7%	Other		Unspecified	
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White	89%
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Religious Belief

Religious Belief	%
Atheism	22%
Buddhism	
Christianity	38%
Hinduism	
Islam	
Judaism	
Not Disclosed	8%
Other	15%
Sikhism	
Unspecified	17%

Sexual Orientation

Sexual Orientation	%
Heterosexual or Straight	68%
Bisexual	3%
Gay or Lesbian	3%
Unspecified	17%
Not Stated	9%

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/mitigation/identified gaps or opportunities
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	Positive impact on health and wellbeing for all staff that are working carers		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment,	Positive impact for those colleagues who have caring responsibilities for people who have either an illness, disability, progressive or degenerative condition.		

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mental health conditions, long-term medical conditions such as diabetes			
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred</p>	<p>stats on staff indicate that we have a higher proportion of female employees. Having a policy in place to support carers, will therefore have a positive impact on a higher number of female colleagues.</p> <p>Carers Wales estimates that 80% of carers are female, therefore this policy will have a positive impact on this demographic group.</p> <p>There is a low level of disclosure around caring status in the organisation along with disclosure of equality characteristics. By setting out the positive way in which the organisation will support carers, we anticipate an increase in</p>		<p>Approval and launch of policy, together with news item to promote new policy. Approach senior leaders to ask if anyone who is a carer could provide a personal story, alongside their encouragement for colleagues to disclose their caring responsibilities.</p>

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to as Trans or Transgender	disclosure rates, which will assist in closing the gap that exists around this.		
6.4 People who are married or who have a civil partner.	Those caring for a spouse/civil partner – we know anecdotally from the We Care Network that there are several colleagues who are supporting a spouse/civil partner with disability and progressive illnesses and conditions. The policy will have a positive impact on these colleagues, who will now be able to access the policy to understand their entitlements and rights, and how to disclose carer status to their manager and/or colleagues, and connect with other carers across the organisation		
6.5 Women who are expecting a baby, who are on a break	Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.		Ensure all line managers are aware of the policy and

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from work after having a baby, or who are breastfeeding.	One of the biggest issues is ensuring access to information		relevance to colleagues covered in description 6.5 through actions described on page 23
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	<p>There is no specific evidence to suggest the policy will have a negative impact on people in relation to race, nationality, culture or ethnic origin.</p> <p>The policy and EQHIA has been shared with our REACH colleagues.</p>		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	<p>There are over 4,000 recognised religions worldwide and as such it is difficult to ensure we have captured this information. However, if staff bring their needs to the attention of POD colleagues, this EQIA can be updated as necessary.'</p>		

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6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	<ul style="list-style-type: none"> • What we know from Carers Wales report into LGBTQ+ Carers https://www.carersuk.org/media/obdieeb3/lgbt-2023-eng-final.pdf is that 16% of those who reported themselves as LGBTQ+ also declared themselves to be a carer. This policy will support this group to be aware of their entitlements, and to signpost them to the organisations We Care network, where they can gain support and advice. 		
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are	<ul style="list-style-type: none"> • We do not have any PHW Statistics, however we know that the majority of carers report that their caring responsibilities have an adverse impact on their earnings as they have had to reduce their hours = https://www.carersuk.org/policy-and-research/state-of-caring- 		

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unable to work due to ill-health	survey/ so supporting people to stay well and working whilst being a carer will positively impact on the financial stresses of carers, and make the organisation an attractive employer to those with caring responsibilities.		
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	The policy addresses economic disadvantage by offering support and flexibility to colleagues with caring responsibilities, which can mitigate the financial pressures that often accompany such roles. Flexible working options, including part-time working, job sharing, adjusted hours and Work How it Works Best allow carers to continue their employment whilst acknowledging and accommodating their needs, and where possible avoiding the need to take unpaid leave. Additionally, this helps to prevent situations where carers might have to leave their employment, or reduce their hours, which would negatively impact their income.		

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	<p>In the main (not all cases) carers are in the lower bands so we recognise there's financial implications. It also often prevents people from being able to pursue career options in the same way others without caring responsibilities might and therefore they suffer a detriment</p> <p>By supporting our colleagues with caring responsibilities to stay in PHW, the policy benefits not only the individuals, but also the organisation, by preventing financial loss for example, in relation to losing experienced staff members and the additional financial burden of recruiting and retraining new colleagues.</p>		
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	None identified		

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6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language			
Treating the Welsh language no less favourably than the English language	The policy will be published in Welsh and English simultaneously.		

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
None Identified	

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
<p>7.2 Lifestyles</p> <ul style="list-style-type: none"> • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 	<p>Positive impact on people who are caring for others, and for those being cared for, as it will address wellbeing and work arrangements for the carer, and support them in their caring responsibilities</p>	<p>Low levels of disclosure of caring responsibilities</p>	<p>Colleagues and wider community</p>	<p>Launch of policy with senior leadership endorsement will increase confidence around disclosure of caring responsibilities</p>
<p>7.3 Social and community influences on health</p> <ul style="list-style-type: none"> • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 	<p>Enabling carers to continue working in a flexible, supportive environment will promote sense of belonging, prevent social isolation, will provide for a regular, secure income and will enable them to undertake the caring responsibilities to the best of their ability.</p>		<p>Colleagues and wider community</p>	
<p>7.4 Mental Wellbeing</p> <ul style="list-style-type: none"> • Does this proposal support sense of control? 	<p>Enabling our carers to remain in worthwhile employment whilst</p>			

<ul style="list-style-type: none"> • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 	<p>signposting them to relevant policies, entitlements and help and support them to earn a good wage.</p>			
<p>7.5 Living/ environmental conditions affecting health</p> <ul style="list-style-type: none"> • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality 	<p>None identified</p>			
<p>7.6 Economic conditions affecting health</p> <ul style="list-style-type: none"> • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S 	<p>Retaining the considerable & transferable skills, knowledge and experience that colleagues who are carers possess from their caring roles will prevent unemployment, reduce the likelihood of them falling into debt, and will help to</p>			

	create a workplace culture that is supportive of all			
<p>7.7 Access and quality of services</p> <ul style="list-style-type: none"> • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services • Transport including parking, public transport, active travel 	Further to point above, retaining colleagues who are carers, and encouraging them to participate in any and all relevant training and education will help them to have a career that is both worthwhile and rewarding			
<p>7.8 Macro-economic, environmental and sustainability factors</p> <ul style="list-style-type: none"> • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration 	Work How it Works Best has enabled more choice around where work happens and has given lots of colleagues the opportunity to work from home – this has contributed to a reduction in the need to travel, and therefore individuals’ carbon footprints			

Stage 3

Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
Disclosure rates of colleagues who are carers	Approval and launch of policy, together with news item to promote new policy. Approach senior leaders to ask if anyone who is a carer could provide a personal story, alongside their encouragement for colleagues to disclose their caring responsibilities.	We Care Network/ Exec Sponsor SLT Colleagues		

Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).