

Appendix 1

Equality, Diversity, Cohesion and Integration Screening



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

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions. Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate: Adults and Health	Service area: Integrated Commissioning
Lead person: Ian Brooke-Mawson	Contact number: 0113 378 1843

1. Title
Community Based Short Break Service
Is this a:
<input type="checkbox"/> Strategy / Policy <input checked="" type="checkbox"/> Service / Function <input type="checkbox"/> Other
If other, please specify

2. Please provide a brief description of what you are screening
<ul style="list-style-type: none"> • Authority to proceed with a procurement process to appoint a suitable provider or providers to deliver community based short break services from 1st November 2019. • Waiver of CPRs 8.1, 8.2, 9.1 and 9.2 using the authority set out in CPR 1.3. in order to award new interim contracts for a period of 6 months commencing 1st May 2019

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies/policies, services/functions affect service users, employees or the wider community – city wide or more local. These will also have a greater/lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?	✓	
Have there been or likely to be any public concerns about the policy or proposal?	✓	
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	✓	
Could the proposal affect our workforce or employment practices?		✓
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations 	✓	

If you have answered **no** to the questions above please complete **sections 6 and 7**

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

How have you considered equality, diversity, cohesion and integration?

(think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

- Anyone can become a carer, carers come from all walks of life, all cultures and can be of any age. Many carers feel that they are doing what anyone else would do in the same situation – looking after a parent, a child, a spouse, a friend – and just getting on with it.
- The provision of unpaid care is an important policy issue because it not only makes a vital contribution to the supply of care, but can also affect the health and wellbeing, employment opportunities, finances and social and leisure activities of those providing it.

Key findings

(think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

- The most recent census (2011) indicated that there were 71,598 carers living in Leeds. This means that around 1 in 10 of the population of Leeds are providing unpaid care which is broadly in line with both regional and national averages. However, many people do not identify themselves as a carer and the figure in the 2011 census is probably lower than the true number of carers in Leeds. The latest projections provided by Carers UK suggest there are now around 74,000 unpaid carers in Leeds. Based on national projections we can predict that around 24,000 people a year (65 people per day) in Leeds will take on a caring role with a similar number ceasing their caring role.
- The table below shows that most carers in Leeds provide between 1 and 19 hours of unpaid care per week. However, the number of carers providing this level of care has reduced since 2011 while the numbers of carers providing more intensive levels of care have both increased. In 2011, 36.2% of all carers were providing more than 20 hours of unpaid care per week compared to 31.2% in 2001.

Census	1-19 hrs	20-49 hrs	50+ hrs	Total
2011	45,684	9,473	16,441	71,598
2001	48,446	7,631	14,369	70,446

- Carers from black and minority ethnic (BAME) communities in Leeds tend to provide higher levels of care than carers from white British backgrounds. This is particularly true for carers from Irish and Asian communities. Around 15% of all referrals to Carers Leeds in 2016/2017, where ethnicity was known, were from BAME communities.
- Women are more likely to be carers than men with 57% of all carers in Leeds being female. 70% of all referrals to the current service in 2016 were female.
- Around 70,000 carers in Leeds are adults and that the majority (around 76%) of carers in Leeds are working age while around 20% are aged 65 and above. If you are a carer aged 65 or above, you are more than twice as likely to be caring for 50 hours or more per week than any other age group.

Actions

(think about how you will promote positive impact and remove/ reduce negative impact)

- The procurement exercise will require potential providers to demonstrate how they will advance equality of access for carers with protected characteristics
- A waiver is required to ensure that existing service-users continue to receive their community based short break service without disruption while the procurement process takes place

5. If you are **not already considering the impact on equality, diversity, cohesion and integration you **will need to carry out an impact assessment**.**

Date to scope and plan your impact assessment:

Date to complete your impact assessment

Lead person for your impact assessment
(Include name and job title)

6. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening

Name	Job title	Date
James Woodhead	Head of Commissioning (Integration)	20 th December 2018

7. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given. If you are not carrying out an independent impact assessment the screening document will need to be published.

If this screening relates to a **Key Delegated Decision, Executive Board, full Council** or a **Significant Operational Decision** a copy should be emailed to Corporate Governance and will be published along with the relevant report.

Date screening completed 19/12/2018

If relates to a Key Decision - **date sent to Corporate Governance**

Any other decision – **date sent to Equality Team (equalityteam@leeds.gov.uk)**