



Family and Carer Policy

Policy Type	Non-Clinical
Directorate Policy Owner	Corporate Chief Nurse
Policy Author	Corporate Nursing Team
Next Author Review Date	1 st January 2024
Approving Body	Patient Effectiveness and Safety Sub-Committee
Version No.	0.1
Policy Valid from date	1 st July 2021
Policy Valid to date:	31 st July 2024

'During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups'

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
04/07/21	0.1	04/07/2021	Chief Nurse	First Version	Patient Experience Sub Committee

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

Contents	
Executive Summary	4
Introduction	4
Definitions	4
Scope	5
Roles and Responsibilities	5
Policy detail/Course of Action	6
Consultation	12
Training	12
Monitoring Compliance and Effectiveness	12
Links to other Organisational Documents	12
References	12
Appendices	13

1. Executive Summary

This corporate policy has been developed to ensure families and carers are meaningfully involved in care planning and offered the health and social care support they need to care safely and effectively.

2. Introduction

This is a corporate policy which aims to ensure that the role of families and carers is recognised and that they are seen as being an important part of the support network for people using Isle of Wight NHS Trust services. For the purposes of this policy the term carer will be used to encompass a patient's family members, friends or others holding an informal caring role.

The Trust is committed to ensuring that carers are identified, informed, involved and supported. We recognise that carers provide important support to patients and that working in partnership with them promotes recognition and involvement, and helps them continue in their caring role. When carers are identified, supported and involved, they are better able to continue in their caring roles and to ensure that their own health and wellbeing needs do not suffer as a result of their caring responsibilities.

We recognise that carers can become patients themselves and will then require advice and support regarding their own recovery as well as support and reassurance about the support the person they care for is receiving during their stay in hospital.

This policy aims to improve the experience of carers and ensure that our staff are aware of the importance of working with carers, and are able to support them in accessing appropriate help and support. This includes the identification and support of young carers as outlined in the 2014 Children & Families Act.

The policy incorporates the recommendations of the NHS Five Year Forward View. It also supports the NHS Outcome Framework indicator that seeks to measure the health-related quality of life for carers.

The Francis Report found that 'the provision of the right information to patients and their families at the right time is vital', the policy will support this provision.

Carers must be regarded as full and active partners in care. They need to be recognised for their expertise and knowledge and the fact that they can make an essential contribution to the assessment, treatment and recovery of patients. Listening to carers and providing them with help, advice and support can be one of the best ways of helping people using our services.

Carers should be meaningfully involved in care planning and offered the information and support they need to care safely and effectively. They should not be forced into the position of offering more care than they wish to or can safely provide.

It is acknowledged that whilst Carers will be expert in the preferences, context and disease history of the patient, they will often not be expert in the disease(s), its course and management and how to deal with emerging care giver challenges. Carers may, therefore, still need support from healthcare practitioners to empower them to fully fulfil their role as expert partners.

This is why it is important for carers to be identified and agreement reached with them about how they want to support the care provided.

3. Definitions

The Care Act 2014 defines a carer as: “an adult who provides or intends to provide care for another adult (“adult needing care”)

An adult is not to be regarded as a carer if the adult provides or intends to provide care:

- a) under or by virtue of a contract, or
- b) as voluntary work

However, there may be specific cases in which it may be appropriate for someone in this position to be regarded as a carer for example a family member who receives some payment through a direct payment for providing care. This means they would not therefore be excluded from being regarded as a carer.

Carers can be family members, neighbours or friends. They (excluding those with service users in secure services) provide unpaid support for people with physical or mental health problems. Some people who “care” do not see themselves as “carers”. If someone is involved with and gives significant support to a trust service user, irrespective of whether they live with that person or not, they should be considered to be a carer and be actively engaged by the care team. This applies even if the cared for person is unable, or unwilling to acknowledge the carer’s involvement or chooses someone else to be designated as their nearest relative.

The Trust acknowledges that in some circumstances patients may not be supported by anyone. It also acknowledges that;

- Carers have rights, including the right to refuse to take on or resume the responsibility for caring for someone and the right to independent assessment of their caring role.
- Carers are themselves often in poor health, as a direct result of the physical and emotional stress of being a carer.
- Carers have the right to an assessment of their needs and may be able to get extra help and financial support. They should be able to discuss this with a member of staff who can signpost them appropriately to the Carers Lounge or to the social work team or both.

4. Scope

This policy applies to all Trust staff and volunteers involved in patient care and improving patient and carer experience and has particular relevance and application to nursing and medical staff, emergency services staff, hospital based social workers, therapists, the Discharge Team, Safeguarding Adult and Children’s Leads, and the Patient Experience Team.

This policy is also relevant to all patient carers and is applicable across all services provided by the Trust. It makes clear how we should engage and involve carers in patient care and ensure that they are aware of the support and advice that is available to them.

5. Roles and Responsibilities

Chief Nurse

The Chief Nurse is the responsible Director accountable for the overall implementation of this policy.

Heads of Nursing/Department

The Heads of Nursing/Department in each Directorate have responsibility for coordinating the implementation of this policy across their Divisions.

Matrons and Service Managers

The Matrons are responsible for ensuring that the requirements and standards of this policy are effectively managed across their areas of responsibility and that their staff are aware of and implement them.

Sister/Ward Managers/Team Leaders

Ward Sisters/Managers and team leaders are responsible for ensuring that the requirements and standards within this policy are effectively facilitated and monitored within their clinical areas.

Emergency Care Staff

Emergency care staff are responsible for identifying if a patient admitted to the department is also a carer to a family member or friend. If so, whether an emergency carers plan has been put in place.

All Clinical Staff

All clinical staff are responsible for following the procedures and guidance in this policy to ensure that carers are identified, informed, involved and supported by the appropriate team or agency.

The Patient Experience Team

The Patient Experience team are responsible for providing reports identifying any carers issues arising from the queries and concerns data.

6. Policy detail/Course of Action

6.1 Identification of Carers

- Wherever possible, carers will be encouraged and enabled to self-identify. Information about caring that is made available to carers will help encourage and enable carers to make themselves known to staff. It should be noted that some spouses/partners may not see themselves as a carer when asked, and further discussion about what support they offer the patient may need to take place. If they are assisting the patient with everyday tasks, they are a carer, but may see it as their duty to their partner or spouse.
- In cases where a carer has not been immediately identified staff will routinely ask visitors if they consider themselves to be providing care to the patient.
- When a patient attends an appointment, they should be asked if they have a carer (not a paid care worker) and if they want this person involved in their hospital care.
- If the patient lives in supported housing their support worker may be the best person to provide hands on care in a hospital setting eg: profoundly disabled adults admitted from care homes. Some homes will provide staff to stay with patients. Staff will ensure that this information is recorded in the notes / electronic records. If the patient is unable to indicate who their carer is staff should speak to their visitors, and contact social services / their GP to obtain this information.
- When a patient attends an appointment, staff will also identify if the patient is also a carer.
- When a patient first accesses any Trust service the patient's carer will be given the opportunity to share the patient's history and staff will address and reduce the carer's concerns. In some cases, the 'This is me' booklet will be the most appropriate way of sharing information and copies are available from the Trust intranet;

<http://intranet.iow.nhs.uk/Portals/0/Assets/Nursing/Public/Corporate/Dementia/This%20is%20Me/This%20is%20me.pdf>

- Staff will recognise that some carers are reluctant to discuss their difficulties in front of the patient and therefore all carers should be offered a confidential place in which to talk to staff.
- Consideration should be given to whether an interpreter is needed when holding discussions with carers and the situation assessed according to the carers and patient's needs.
- The confidentiality of both the patient and the carer must be respected at all times. The patient's consent (or otherwise) regarding the disclosure of personal information about his / her diagnosis, treatment and care needs must be documented. If the patient is incapable of making this decision then the Trust has a duty to act in the patient's 'best interests' and this must be documented in the patient's notes. Staff will establish what support is being provided by the carer and will record this in the notes. If there are any difficulties or particular issues, for example the carer being a young carer or with health needs of their own, this will be recorded in the notes and appropriate action taken to ensure individual needs are safeguarded and met.
- The carer should be asked if they are willing and able to take on or continue caring for the patient after discharge.
- Staff need to be mindful that the circumstances of some carers can be negatively impacted by caring responsibilities. For example, the unborn child of a pregnant carer could be placed at risk from lifting and handling a patient. Such issues need to be considered and addressed.
- If a carer has a disability, Trust policies and procedures must be referred to and enforced, to ensure the carer is appropriately supported and involved.
- Staff will establish whether the carer would benefit from further information or support. This is particularly important if the carer has been finding the caring role difficult; if the carer is a young carer; if caring responsibilities are likely to increase upon discharge; if a person is new to the caring role. If there are such difficulties, staff will advise the carer of the appropriate support services.

6.2 Involvement of Carers

- Carers will be recognised as expert care partners. They will be treated with dignity and their knowledge and experience will be respected and valued.
- With the patient's consent carers will be included in discussions for current and future care.
- If consent cannot be gained for sharing specific information staff will continue to support carers wherever possible and refer to the Carers Lounge.
- Where possible patients will be encouraged to plan, when well, for what they would like to happen if or when they become unwell for example developing an Advance Care Plan. This includes involvement of family members and consent to share information.
- Patients will be encouraged to recognise the benefits of sharing relevant and appropriate information with carers. These benefits can be both personal and practical.
- If a carer shares information with Trust staff, it should only be shared as appropriate and with their consent. Carers have the right to their own confidentiality with limitations according to Trust Safeguarding and Confidentiality Policies.
- Carers will be asked if they wish to be involved in supporting the patient whilst services are being accessed. For example, in a hospital setting, some carers may wish to be involved in assisting the patient at mealtimes. If necessary, and if the patient also wishes this, carers should be involved in this way.
- Carers will be invited to attend medical reviews and appointments providing consent has been given by the patient.
- Carers will be included on the patient's care plan and, where possible, they should be involved in the development of the plan along with the patient. Treatments and medications, and their management, will be explained to carers.

- Carers will be consulted about all aspects and at all stages of discharge planning and need to be involved in decisions around discharge dates. Carers will also be informed about any longer-term support needs of the patient.
- Carers will be invited to contribute to discussions around service developments, and encouraged to provide feedback about services.

6.3 Support for Carers

- Carers will be asked about the extent to which they want to be involved in the patients care whilst they are in hospital. In order to provide support, recognised carers will need flexible access to the ward and should be offered drinks at regular intervals and encouraged to take breaks.
- Staff can signpost carers to The Carers Lounge for provision of a Carers Card, this will enable the person to be fully involved in the patients care.
- They will be given information about the hospital and the ward, including routine, staff and facilities as well as information about the service / treatment and what can be expected.
- All carers will be supported to be involved in key decisions and to express any fears and concerns that they may have in maintaining their caring role.
- All carers will be provided with information on where to obtain support and advice.
- Carers should be offered opportunities to meet with members of the multidisciplinary team members to discuss concerns or to obtain support.
- All carers who themselves have a disability or specific needs will have reasonable adjustments made in order that they can be fully involved and informed about a patients care. This may include a carer with a learning disability or a physical disability or both.
- Appropriate interpreting services will be available as required.
- Open or flexible access to wards by carers will inevitably be restricted due to ward activities, protected mealtimes, and infection control. However, carers should be advised that other arrangements may be possible in certain circumstances (for example working families) if agreed with the nurse in charge.
- Requests from carers to stop overnight on a ward should be assessed by the nurse in charge. It is recognised that in some wards this is not possible. Where it is possible, carers should be offered a side room if available, but otherwise a relative's room or day room.
- The Carers Lounge is a facility for carers to be able to get a drink and a quiet place for them to take a break.
- The Carers Lounge has a bed and a room for a carer to sleep overnight if needed. With the exception of mental health wards, this bed can also be taken to individual wards, with the agreement of the ward sister or charge nurse.
- Referral or signposting to carers organisations and the Carers Lounges within St Marys Hospital and Sevenacres Unit should form part of routine discussion with carers. The Carers Lounge is an information and advice service within St Mary Hospital and Sevenacres. It is a place that Carers can receive emotional support, gain information on services and benefits available. They can also issue carers cards along with concessionary or free parking in line with Trust guidance.
- The Carers Lounge acts as a main point of contact for the carers assisting them to feel included and part of the decision-making process. The Carers Lounge helps carers to understand hospital discharge processes and why certain decision are made.
- The Carers Lounge is part of Carers IW and can be contacted by telephoning 552568 and 532401 for Sevenacres or by email carerslounge@carersiw.org.uk

6.4 Young Carers

- Young carers are particularly vulnerable. Young carers take on responsibilities that would normally be given to adults, which can limit the time they spend being children and young people.

- If a young carer is carrying out tasks inappropriate for a child of their age, additional support should be considered for the adult in need of care. Trust staff should also consider child safeguarding processes.
- All young carers under the age of 18 have a right to a young carer's assessment on the appearance of need, regardless of who they care for, what type of care they provide or how often they provide it. A referral can be made to Isle of Wight Council Children's Services to undertake such an assessment.
- Where the caring responsibilities that a child undertakes has an impact on their health and well-being, the child should be referred to Isle of Wight Council Children's Services as a child in need, to enable a full and holistic assessment of their needs
- In consultation with the young person, and with their consent, Trust staff need to ensure that any educational establishment that a young person is attending is made aware of their caring responsibilities.
- Young carers need information and support to help them in their caring role. Information for young carers support on the Isle of Wight can be found at the link below;

<https://ymca-fg.org/young-carers-service-iow/>

- No health care / community package should rely on the caring role of a young person under the age of 18. All services have a role to play in identifying young carers and ensuring that they are supported and able to make informed choices about the level of caring that they take on. This reflects the Trusts commitment in meeting the requirements of the 2014 Children and Families Act.

6.5 Parents as Carers

- Staff should ascertain if the parent's caring responsibilities are new or well established and ensure that they are made aware of their right to a carer's assessment on the appearance of need.
- Personal health information including a realistic assessment of continuing needs can usually be given to parents or carers of children under 16 years.
- Exceptions to this may be a child seeking confidential care or advice where they are deemed to be Gillick competent. (Gillick competence is the principle we use to judge capacity in children to consent to medical treatment). This wish should be considered with regard to the overall safety and wellbeing of the child. The child's wishes should be respected if this would not result in them coming to significant harm.
- Parents as carers for their child need information about their child's care requirements to successfully plan managing their caring responsibilities at home. Well-informed staff and good communication between the various parties can normally resolve any conflict between the young person and his or her carers.
- 16- and 17-year-olds should usually be asked for their consent to share health information with their parents or carers. The transition to requesting consent should be handled sensitively with involvement of parents.
- In cases of young adults with learning difficulties the carers still need information. Every effort must still be made to involve the patient in decisions about the disclosure of their personal health information to their parents / guardian. (Check that the parents do have formal parental authority if the young adult has limited capacity to make decisions. An unmarried father usually does not have legal parental authority).
- Where both parents have parental responsibility for a child but do not live together it is important to ensure that both are included in any discussions or decisions about their child's care.

6.6 Carers and the Mental Capacity Act

The Mental Capacity Act 2005 (MCA) seeks to protect individuals' rights to make decisions for themselves as much as they are able and to enable others to make decisions on behalf of those who lack the mental capacity to do so. The following principles must be applied in practice:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

The following aspects of the MCA will be particularly relevant in the context of carers:

- Carers may be able to assist in communicating with a person who has a mental impairment, to assist their understanding of the decision and relevant issues.
- Carers must be consulted on any decision made in the best interests of the person who lacks mental capacity to make the decision themselves.
- Decisions on sharing relevant information with a carer must be made in the best interests of a person who lacks mental capacity to consent to such sharing of information. It may also be appropriate to override any refusal of consent by a person who lacks the relevant mental capacity, if consultation is in the person's best interests.
- If there is a disagreement between clinicians and carers as to what is in the service user's best interests, it may be necessary to apply to the Court of Protection for a decision.
- Clinicians must check whether a person lacking mental capacity has expressed any advance wishes about their care and treatment and consider those wishes in making a best interests decision.
- Clinicians must check with carers if they are aware that the service user who lacks mental capacity has made an Advance Decision to Refuse Treatment.
- Clinicians must check whether a carer has been given a Lasting Power of Attorney by the service user. A carer with an LPA for health and care decisions has the authority to make decisions for and give or withhold consent for any decisions for which the service user lacks mental capacity. The Attorney must provide documentary evidence of the LPA, to confirm that the decision is within the scope of the LPA.
- If carers are thought to be acting other than in the service user's best interests a referral to adult safeguarding must be considered.

a. Safeguarding Adults and Children

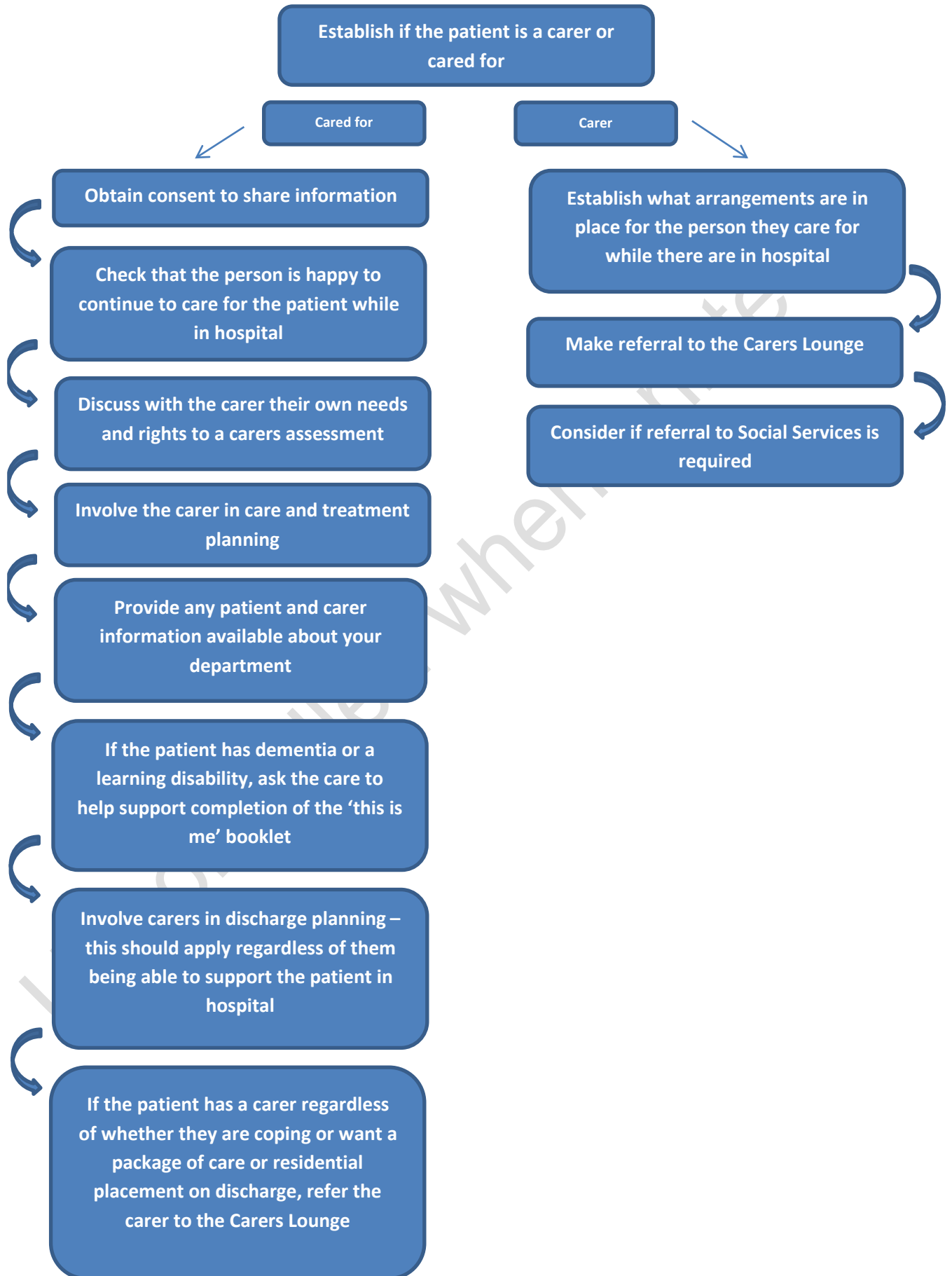
All professionals need to avoid focussing ONLY on the individuals to whom they have a responsibility to offer support. When children's services staff know of adults in need of care and support in the families or linked to the children with whom they have contact, they should be liaising with colleagues in Adult Services about the Adult's needs. Similarly, when Adult Services staff know of children who live with or are in regular contact with adults with care and support needs and who may benefit from an assessment of their own needs or the risks they might face, then they should liaise with Children's services colleagues about the child's needs.

Staff can access more information about the Family Approach at;

<https://www.hampshirescp.org.uk/wp-content/uploads/2019/11/4LSCP-and-4LSAB-Proposal-A-Family-Approach-V11.1-November19.pdf>

Report to the safeguarding team any concerns in relation to carers/patients being subject to abuse - See the Trust Safeguarding Adults at Risk and Childrens Safeguarding policies.

Carer Support Quick Guide



7. Consultation

Consultation on the content of this policy has been undertaken with all Divisional Nursing Leads, Carers support agencies, the Isle of Wight Council, Healthwatch IW and any other identified stakeholders.

8. Training

This Family and Carer Policy does not have a mandatory training requirement or any other training needs however it is recommended that staff visit the Carers Lounge and ensure that they know how to access support for carers.

This Policy will be disseminated via Trust Managers including Matrons, Ward and Team Leaders and via staff updates on the intranet.

9. Monitoring Compliance and Effectiveness

The Trust Patient Experience Team will undertake an annual audit to determine compliance with policy and to identify improved outcomes for patients and carers, through patient and carer experience metrics.

Monitoring and compliance will be reported to the Patient Experience and Safety Sub-Committee and to the Trust Board annually.

10. Links to other Organisational Documents

Isle of Wight NHS Trust the Mental Capacity Act Policy

Isle of Wight NHS Trust Safeguarding Vulnerable Adults Policy

Isle of Wight NHS Trust Safeguarding Children and Young People Policy

Isle of Wight NHS Trust Consent to examination or treatment Policy

Isle of Wight Health and Social Care System Discharge Policy

11. References

The Care Act 2014

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

2014 Children & Families Act

<http://www.legislation.gov.uk/ukpga/2014/6/section/97/enacted>

NHS Five Year Forward 2015

<http://www.england.nhs.uk/ourwork/forward-view/>

The Francis Report 2013

<http://www.midstaffpublicinquiry.com/report>

The Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

NHS Outcomes Framework (2014/15)

<https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015>

A Family Approach Protocol 2018

<https://www.hampshirescp.org.uk/wp-content/uploads/2019/11/4LSCP-and-4LSAB-Proposal-A-Family-Approach-V11.1-November19.pdf>

Patient experience in adult NHS Services: improving the experience of care for people using adult NHS services (Clinical Guideline 138)

<https://www.nice.org.uk/guidance/cg138/resources/patient-experience-in-adult-nhs-services-improving-the-experience-of-care-for-people-using-adult-nhs-services-pdf-35109517087429>

An integrated approach to identifying and assessing carer health and wellbeing
NHS England 13 May 2016

<https://www.england.nhs.uk/wp-content/uploads/2016/05/identifying-assessing-carer-hlth-wellbeing.pdf>

Gillick Competency and Fraser Guidelines

<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	Family and Carer Policy
-----------------------	--------------------------------

Totals	WTE	Recurring £	Non Recurring £
Manpower Costs		0	0
Training Staff		0	0
0		0	0

Summary of Impact: The policy will ensure improved experience of patients and carers.

Risk Management Issues: Individual risks will be managed within patient care plans

Benefits / Savings to the organisation: The expectation of the policy is that involving carers in the carepathway of patients. This may involve supporting individuals in personal care or feeding, however negligible saving would be made, the focus being improved experience and quality of care.

Equality Impact Assessment

- Has this been appropriately carried out? YES
- Are there any reported equality issues? YES

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs		0	0
Totals:		0	0

Staff Training Impact	Recurring £	Non-Recurring £
	0	0
Totals:	0	0

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed	0	0
Building alterations (extensions/new)	0	0
IT Hardware / software / licences	0	0
Medical equipment	0	0
Stationery / publicity	0	0
Travel costs	0	0
Utilities e.g. telephones	0	0
Process change	0	0
Rolling replacement of equipment	0	0
Equipment maintenance	0	0
Marketing – booklets/posters/handouts, etc	0	0
Totals:	0	0

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

Equality Impact Assessment (EIA) Screening Tool

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

Document Title:	Family and Carer Policy
Purpose of document	To ensure families and carers are meaningfully involved in care planning and offered the health and social care support they need to care safely and effectively.
Target Audience	All Trust clinical staff
Person or Committee undertaken the Equality Impact Assessment	Corporate Nursing Team

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	x		<i>Will support engaging families and carers in providing person centred care tailored to individual need</i>
	Women	x		<i>As above</i>
Race	Asian or Asian British People	x		As above
	Black or Black British People	x		As above
	Chinese people	x		As above
	People of Mixed Race	x		As above
	White people (including Irish people)	x		As above
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	x		As above

Sexual Orientation	Transgender	x		As above
	Lesbian, Gay men and bisexual	x		As above
Age	Children	x		As above
	Older People (60+)	x		As above
	Younger People (17 to 25 yrs)	x		As above
Faith Group		x		As above
Pregnancy & Maternity		x		As above
Equal Opportunities and/or improved relations		x		As above

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	