

# EQUALITY IMPACT ASSESSMENT (EQIA) and FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)



## 1. INTRODUCTION

<b>Title of policy, practice or project being assessed</b>	Angus Carers Strategy 2023-2026
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<b>Type of policy, practice or project being assessed:</b> (please mark with a (x) as appropriate)					
	<b>New</b>	<b>Existing</b>		<b>New</b>	<b>Existing</b>
<b>Strategy</b>		x	<b>Policy</b>		
<b>Guidance</b>			<b>Procedure</b>		
<b>Operational Instruction</b>			<b>Budget Saving Proposal</b>		
<b>Service Development Proposal</b>			<b>Other (Please specify)</b>		

## 2. GOVERNANCE

<b>Lead Officer Responsible for assessment</b> (Name, designation)	Sally Wilson, Service Manager – Integration, and Chair of the Angus Carers Strategic Partnership Group.
<b>Date Assessment Started</b>	27 <sup>th</sup> June 2024

## 3. BACKGROUND INFORMATION

<b>Provide a brief description of the policy, practice or project being assessed.</b> (Include rationale, aims, objectives, actions, and processes)	Carers in Angus play an incredibly important and often under-appreciated role in supporting loved ones, neighbours and friends, often in very challenging circumstances. This strategy describes how we intend to support both young and adult Carers in Angus over the next three years. It aims to help Carers earlier in their caring role, provide the necessary support they need to continue caring, and provide the necessary financial advice/support to mitigate the impact of poverty and deprivation. In doing so, Carers health and wellbeing should improve.
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Caring for someone who is ill often impacts on the Carers' mental and physical health, their personal relationships and family finances, and the educational attainment of young Carers. Caring can also lead to isolation. This was highlighted during the COVID-19 pandemic when many Carers were supporting people who were advised to shield.

This strategy builds upon our previous Carers Strategy 2019 – 2022 which was extended in response to operational demands brought about by the COVID-19 pandemic. Despite this progress, we recognise that more needs to be done to support Carers in Angus. Through listening to the voice of Carers and working with key stakeholders, the strategy for 2023 - 2026 will build on the work already achieved.

This strategy is for all unpaid Carers of any ages living or caring for someone in Angus. It is both a legal requirement and a business tool to support Angus Health & Social Care Partnership (AHSCP) to achieve the best outcomes for Carers in Angus.

### **Duty to Produce a Carers Strategy**

The duty to prepare the Angus Carers Strategy (ACS) is delegated to Integration Joint Board (IJB) which is responsible for planning health and social care services in Angus. The Carers (Scotland) Act 2016 places a duty on local authorities and health boards to prepare and publish a local carers strategy that details:

- Plans to identify Carers in Angus
- An assessment of the demand for support to relevant carers
- the support available to relevant carers in the authority's area from—
  - (i)the authority,
  - (ii)the relevant health board,
  - (iii)such other persons and bodies as the authority and relevant health board consider

appropriate,

- an assessment of the extent to which demand for support to relevant carers is currently not being met,
- plans for supporting relevant carers.
- plans for helping relevant carers put arrangements in place for the provision of care to cared-for persons in emergencies.
- an assessment of the extent to which plans for supporting relevant carers may reduce any impact of caring on relevant carers' health and wellbeing.
- the intended timescales for preparing adult carer support plans and young carer statements.
- Information relating to the particular needs and circumstances of young Carers in Angus.

(Please see appendix 1 for Table of Reference – ACS 23-26 response to each requirement).

### **Aims Of the ACS 23-26**

The Plan aims to meet the Scottish Government National Health and Wellbeing Outcome 6 “People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing”

The Angus Carers Strategy (ACS) 23-26 aims to deliver better and consistent support for carers and young carers so they can continue to care, if they so wish, in better health acknowledging they are entitled to a life alongside their caring role.

### **Objectives**

The ACS 23 – 26 sets out our Commitments to Carers and prioritises action. There are five strategic priorities that are designed to place

Carers at the centre and enable them to work in partnership with AHSCP to develop services that improve their outcomes. They will be our focus for the next 3 years.

1. **Visibility:** Carers will be more visible
2. **Empowerment:** Carers will be supported and empowered to take full control their caring role
3. **Life-balance:** Carers will have a life outside of caring
4. **Influencing:** Carers will be fully involved in the planning and shaping of services
5. **Equity:** Carers will be free from disadvantage and discrimination due to their caring role

#### Actions

Alongside the Angus Carers Strategy is the Strategic Delivery Plan which provides the detail on the programmes of work and projects to be undertaken in relation to each priority, the timescale within which it will be delivered and the strategic measures.

There are many active services that 'specialise' in supporting Carers in accordance with the types of needs they meet for their supported person, for example:

[Angus Carers Centre](#) have a vision that all carers in Angus will receive appropriate information and support to enable them to feel valued and confident in their caring situation and to develop their own potential.

[Parent to Parent](#) - is a voluntary organisation which supports parents of children with additional support needs.

[Change Mental Health](#) - offer support in Angus for carers who care for someone with a mental health disorder.

[Meeting Centres](#) are dementia support hubs

based in Kirriemuir, Forfar, Arbroath, Montrose and Brechin. They offer help, support and advice to people who are living with dementia and the unpaid carers, family and friends of people with dementia.

[Alzheimer Scotland](#) - is Scotland's national Dementia charity. Their aim is to make sure nobody faces Dementia alone. The [Angus Dementia Resource Centre](#) based in Arbroath, has a number of groups throughout Angus and provides information and advice, community activities for people with dementia and carers, peer support groups and carer support groups.

[Scottish Huntington's Association](#) specialists deliver personalised support directly to families, in addition to advocating on their behalf and liaising with health and social care providers.

Research into the particular needs of differing groups in Angus continues, and in this way we are targeting provision to specific disabilities and associated areas of Carer needs.

#### Processes

The Angus Carers Strategic Partnership Group (ACSPG) oversees funding and commissioning intentions in relation to unpaid carers and makes recommendations in this regard to the Angus Integration Joint Board. It is also responsible for co-producing and project managing the delivery plan contained in this strategy.

Development of the ACS is reinforced by the Angus Strategic Commissioning Plan (SCP) which makes a commitment to support Carers in their caring role and enable them to have a fulfilling life outside their caring role. The vital contribution of Carers within AHSCP is also recognised with [Angus Health and Social Care](#)

#### [Partnership Workforce Plan 2022 – 2025](#)

This Equality Impact Assessment was undertaken to record data relating to the ACS

	<p>23-26 for different protected characteristic groups and will be used to inform ongoing strategy development to ensure compliance with AHSCP's legal obligation in respect of their Public Sector Duty.</p>
<p><b>What are the intended outcomes and who does this impact?</b> (E.g. service users, unpaid carers or family, public, staff, partner agencies)</p>	<p>The Angus Carers Strategy sets out the vision of Angus IJB and our ambitions for the adult health and social care services which are delegated by Angus Council and NHS Tayside to Angus Health and Social Care Partnership (HSCP).</p> <p><u>Intended Outcomes</u></p> <p>The following commitments have been made in relation to the five strategic priorities:</p> <ol style="list-style-type: none"> <li>1. <b>Visibility:</b> Carers will be more visible. We Will: <ul style="list-style-type: none"> <li>• Identify carers early</li> <li>• Raise profile and awareness of caring</li> <li>• Increase numbers of registered carers across all localities of Angus</li> <li>• Diversify offers and supports available to carers from all walks of life</li> <li>• Change perceptions around carers and caring roles</li> </ul> </li>   <li>2. <b>Empowerment:</b> Carers will be supported and empowered to take full control of their caring role. We Will: <ul style="list-style-type: none"> <li>• Focus on early intervention and crisis prevention</li> <li>• Develop more targeted and collaborative services</li> <li>• Focus on consistency of relationships</li> <li>• Simplify communication</li> <li>• Support young carers</li> </ul> </li> </ol>

3. **Life-balance:** Carers will have a life outside of caring: We Will:

- Deliver personalised support
- Provide just and fair services
- Create opportunities for meaningful breaks from caring
- Young carers should be children first
- Provide age and stage appropriate activities
- Create conditions for consistent services

4. **Influencing:** Carers will be fully involved in the planning and shaping of services. We Will:

- Develop stronger cross-sector partnerships across Angus
- Improve carers representation
- Improve accountability and ownership
- Put the voice of carers at the centre of decision-making

5. **Equity:** Carers will be free from disadvantage and discrimination due to their caring role. We Will:

- Improve supports for carers in employment
- Ensure welfare rights are accessible across all areas of Angus
- Develop a suite of practical and financial supports
- Improve ways of how supports are

provided

#### Intended Beneficiaries

This Strategy aims to benefit all Carers in Angus and confirms the IJB's commitment to support and improve people's health and wellbeing. The ACS 23-26 describes the vision and key priorities for the next three years, and in doing so supports planning for Carers in Angus. It describes how Angus HSCP wishes to support Carers to continue in their caring roles if they wish to do so, and to have a fulfilling life alongside their caring role.

AHSCP employ the Carers (Scotland) Act 2016 definition of a carer: you are a Carer if you provide (or intend to provide) care for another person, but not:

If this is only because of that person's age (where they are under 18), or

If a person is caring because they have a contract or as voluntary work.

#### **Adult Carer**

An adult Carer is someone over the age of 18 who provides or intends to provide unpaid care to a relative or friend. This could be caring of someone who is ill, frail, disabled or has poor mental health or substance use issues.

#### **Young Carer**

A young Carer is a person under the age of 18, who provides or intends to provide care for an adult or child needing care, except where the child needs care solely due to their age

#### **Kinship Carer**

A kinship Carer (usually a relative or close friend looking after a child in place of their parents) can be an adult Carer under the Carer (Scotland) Act 2016, even where they have a kinship Carer agreement with the local authority. This is only for kinship Carers who



meet the other requirements of the meaning of 'adult Carer' above, so not where the care is simply because of the child's age.

As per the requirements of the Equality Act 2010, every effort will be made in the delivery of the ACS 23-26 to ensure equitable access to Carer support and services is inclusive of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

#### 4. EQIA PROTECTED CHARACTERISTICS SCREENING

Impact on Service Users, Unpaid Carers or the Public								
Does the policy, practice or project have a potential to impact in <b>ANY</b> way on the service users and/or public holding any of the <a href="#">protected characteristics</a> ? (Please mark (x) as appropriate)								
	Yes	No		Yes	No		Yes	No
Age	X		Race	X		Gender Reassignment		X
Disability	X		Pregnancy and Maternity		X	Marriage and Civil Partnership		X
Sex	X		Religion or Belief	X		Sexual Orientation		X

Impact on Staff or Volunteers								
Does the policy, practice or project have a potential to impact in <b>ANY</b> way on employees or volunteers holding any of the <a href="#">protected characteristics</a> ? This includes employees and volunteers of NHS Tayside, Angus Council, 3rd Sector organisations or any other organisation contracted to carry out health or social care functions on behalf of the Angus Health and Social Care Partnership. (Please mark (x) as appropriate)								
	Yes	No		Yes	No		Yes	No
Age		X	Race		X	Gender Reassignment		X

<b>Disability</b>		X	<b>Pregnancy and Maternity</b>		X	<b>Marriage and Civil Partnership</b>		X
<b>Sex</b>		X	<b>Religion or Belief</b>		X	<b>Sexual Orientation</b>		X

**PLEASE NOTE:** If you have answered yes to any of the above protected characteristics in section 4 then please mark yes in the screening decision and proceed to a full EQIA below.

**5. EQIA - SCREENING DECISION**

<b>Is a full EQIA required?</b> (Please mark as appropriate)	<b>YES</b> - Proceed to full EQIA in section 6 below	<b>NO</b> – State the reason below and proceed to FSDA screening in section 10-12 then complete sections 14-16 to conclude.
	X	

## FULL EQUALITY IMPACT ASSESSMENT (EQIA)

### 6. EVIDENCE

**Evidence: Please provide detailed evidence (e.g. statistics, research, literature, consultation results, legislative requirements etc.) or any other relevant information that has influenced the policy, practice or project that this EQIA relates to.**

Quantitative evidence  
(numerical/statistical)

Qualitative evidence  
(narrative/exploratory)

Our health and care system in Angus rely heavily on unpaid Carers and the value of the commitment and levels of expertise of Carers cannot be overstated.

- The [National Carers Strategy 2022](#) estimates that the economic value of the contribution made by unpaid carer in Scotland is £13.1 billion a year.
- The role and contribution of carers is likely to be even more critical as a result of the increasing demand for health and social care which is predicted to grow by 25% by 2031. Without their Carers, many people would not be able to live their lives as they do.

[Scotland's Census 2011](#) data provides a range of additional evidence to inform demand, for example:

- 1 in 10 people living in Angus has two or more long term conditions.
- 7,489 people in Angus are living with a physical disability.
- 5/1,000 people in Angus have a learning disability.
- We also know that 1 in 6 people are likely to have a mental health problem at any one time in Angus ([Scottish Health Survey 2022](#)).

Numbers of Carers in Angus

- [Scotland's Census 2011](#) identified 10,582 Carers in Angus, equivalent to 10% of population of Angus. The Scottish Health Survey (2022) indicates that 13% of the Angus population are unpaid Carers (15,096).

	<ul style="list-style-type: none"> <li>• As of 31 March 2023, 1924 Adult Carers were registered with Angus Carers Centre. This suggests that there are 8658 adult Carers not known to services.</li> <li>• Carers in Angus are supporting people with a variety of physical and mental health conditions. The highest number of Carers support people with a learning disability followed by people living with Dementia.</li> </ul> <p>Health and Wellbeing of Carers</p> <ul style="list-style-type: none"> <li>• The more hours a Carer provides, the more likely they are to report poor health. <a href="#">Scotland's Census 2011</a></li> <li>• In 2019/20 35% of Carers in Angus (34% in Scotland) felt supported to continue in their caring role compared to 30% in 21/22 (30% in Scotland) (Health and Care Experience Survey)</li> </ul>
Other evidence (please detail)	<p>Engagement gave a wealth of qualitative evidence from Carers in Angus. Full details are available in the Statement Of Engagement report, and summarised below.</p> <p>Engagement with staff across AHSCP informed of operational issues to address. Full details are available in the Statement Of Engagement report, and summarised below.</p> <p>This strategy has been informed by National and Local data gained from multiple sources:</p> <ul style="list-style-type: none"> <li>• <a href="#">Scotland's Census 2011</a></li> <li>• <a href="#">Scottish Health Survey 2022</a></li> <li>• <a href="#">National Carers Strategy 2022</a></li> <li>• <a href="#">Scotland's Carers 2015</a></li> <li>• <a href="#">National Records of Scotland</a></li> </ul>

	<ul style="list-style-type: none"> <li>• <a href="#">Scottish Surveys Core Questions (2015)</a></li> <li>• <a href="#">The Scottish Transgender Alliance: transgender experience in Scotland 2008</a></li> <li>• <a href="#">Carers (Scotland) Act 2016</a></li> <li>• <a href="#">National Health and Wellbeing Outcomes</a></li> <li>• <a href="#">Equal Partners in Care</a></li> <li>• <a href="#">Statutory Guidance</a></li> <li>• <a href="#">The Independent Review of Adult Social Care in Scotland</a></li> <li>• <a href="#">The Tayside Strategy for Parents</a></li> <li>• <a href="#">Core Suite of Integration Indicators (www.gov.scot)</a></li> <li>• <a href="#">Social Work (Scotland) Act 1968</a></li> <li>• <a href="#">Community Care and Health (Scotland) Act 2002</a></li> <li>• <a href="#">Social Care (Self-directed Support) (Scotland) Act 2013</a></li> <li>• <a href="#">Public Bodies (Joint Working) (Scotland) Act 2014</a></li> <li>• <a href="#">Getting It Right For Every Child (GIRFEC)</a></li> <li>• <a href="#">The Promise</a></li> <li>• <a href="#">The Independent Review of Adult Social Care in Scotland</a></li> <li>• <a href="#">Social Security (Scotland) Act 2018</a></li> <li>• <a href="#">National Care Service (Scotland) Bill 2022</a></li> <li>• <a href="#">Delivering Value Based Health &amp; Care</a></li> <li>• <a href="#">United Nations Convention on the Rights of the Child</a></li> <li>• <a href="#">Angus Health and Social Care Partnership Workforce Plan 2022 – 2025</a></li> </ul>
What gaps in evidence/research were identified?	Short Breaks. Work is on-going to establish an up-to-date Short Breaks Statement
Is any further evidence required? Yes or No (please provide reasoning)	No. This strategy has been informed by consideration of all National and Local policy and legislation and in consultation with Carers in Angus and professionals who support them. The final draft has been consulted upon. No further evidence required.
Has best judgement been used in	No

place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)	
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## 7. ENGAGEMENT

<b>Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project.</b>	
Has engagement taken place? Yes	<p>Carers are continuously involved in shaping practice, ensuring that what is being provided is designed around the outcomes carers identified as being important to them. We have built our strategy on the foundation of the Equal Partners in Care (EPiC) principles. Being Equal Partners in Care means that providers of health and social care services and other relevant organisations should listen to and involve Carers in planning and decision-making for the person they care for; creating an environment of mutual respect.</p> <p>The EPiC principles are:</p> <ul style="list-style-type: none"> <li>Carers are identified</li> <li>Carers are supported and empowered to manage their caring role</li> <li>Carers are enabled to have a life outside of caring</li> <li>Carers are fully engaged in the planning and shaping of services</li> </ul>

	<p>Carers are free from disadvantage or discrimination related to their caring role</p> <p>Carers are recognised and valued as equal partners in care.</p> <p>The principles reflect both national priorities and what is important to Carers in Angus; and are ambitious but achievable.</p>
If No, why not?	N/A
If Yes, please answer the following questions:	
Who was the engagement with?	To develop this strategy we worked with Carers, health and social care professionals and voluntary organisations that support and work with Carers and asked for their opinions in order to draw upon their lived and expert knowledge.
Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	Yes, Unpaid carers have been included.
How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	<p><b>Informing the new strategy:</b></p> <p>A specific period of engagement was conducted to inform the new strategy.</p> <p>An initial engagement exercise was undertaken in October 2022 which invited feedback on the Carers in Partnership: A Strategy for unpaid Carers in Angus 2019-2022 and invited critique of current service provision. An online survey ran for 6 weeks from 25<sup>th</sup> October 2022, and we met with Carers in Angus in person to ask about what is important to them; barriers and enablers.</p> <p><b>Gaining feedback on the final draft:</b></p> <p>A period of engagement in relation to the draft ACS 2023-2026 took place from 23<sup>rd</sup> January to</p>

	<p>2<sup>nd</sup> June. Carers and other relevant stakeholders were asked their opinions about the vision, priorities and the Plan On A Page as a summary of the strategy. This involved an online survey and attendance at Carer events.</p> <p>A number of methods were used including:</p> <ul style="list-style-type: none"> <li>• Online survey</li> <li>• Presentations to Locality Improvement Groups, <ul style="list-style-type: none"> <li>• Attendance at Carer support groups</li> <li>• Circulation of the Plan On A Page amongst AHSCP team leaders.</li> <li>• A summary of the draft plan has been shared with NHS Tayside, Angus Council, Angus Community Planning Partnership, all of whom were invited to provide comment.</li> <li>• An easy read version of the draft summary was shared with a range of groups who were invited to provide feedback.</li> <li>• The feedback has been used to inform the final version of the Plan. A report will be produced detailing the consultation and engagement work.</li> </ul> </li> </ul>
<p>What were the results from the engagement?</p>	<p>Thematic analysis of Carer feedback revealed the following themes: Communication, Continuity of Care, Capacity and clarity.</p> <p><b>Communication</b></p> <p>Uncertainty about where to find information</p> <p>Difficulty in contacting case managers and a system absent of human contact or facility to leave a message.</p> <p>Frustration with supports being agreed with case managers and then challenged later on in the process.</p> <p>Frustration with the terminology used when discussing the impact of their caring roles. Meeting</p>



the needs of someone who has complex health conditions and needs can easily exceed the capabilities of one person, and the need for support in such circumstances is blatant. Yet Carers reported that they feel they have to declare an inability to cope in order to secure support.

### **Continuity Of Care**

Multiple comments complained of having too many different case managers and Carers feeling that they must repeat their story each time.

### **Capacity**

Carers in Angus informed of their frustration with accessing 'replacement care' from care providers due to limited capacity and long waiting lists.

### **Clarity**

Several responses detailed confusion around the types of supports available and called for more information. A lack of clarity around services that are chargeable and how a Carer budget can be utilised was also a common theme.

Interestingly, staff feedback mirrored the same issues and could also be themed into the same categories:

### **Capacity**

Overwhelmingly staff reported concerns that a lack of care capacity from providers is resulting in Carers having to continue to deliver levels of care that are unsustainable for them. Staff described frustration with long waiting lists for carer respite provision as personal care is prioritised. Other services for Carers are time limited and are missed by Carers when their involvement ends and a replacement service cannot be sourced. Staff gave some suggestions for future improvements such as overnight care to increase respite opportunity and replace care home admission. Another improvement measure proposed is 'grouping' supported people according to their interests and establishing a safe carer ratio to increase capacity and provide

	<p>socialisation.</p> <p><b>Communication</b></p> <p>The complexities of having to negotiate with multiple professionals and case managers is identified by staff as a challenge for carers, and they share the dissatisfaction of the current system of reaching case managers.</p> <p><b>Continuity Of Care</b></p> <p>High levels of staff turnover and large caseloads are preventing staff from maintaining therapeutic relationships with families and the impact that this has on Carers is appreciated by staff.</p> <p><b>Clarity</b></p> <p>Staff report uncertainty around what is available for Carers within eligibility criteria and personal Carer SDS budgets, particularly as identified outcomes can sometimes be difficult to meet due to aforementioned capacity issues. This then causes complications for balancing Carer expectations and entitlements which impacts on how staff feel about their job.</p> <p>Many workers in the health and social care industry have a strong sense of social justice and empathy for others as illustrated by their further reporting feeling demoralised and experiencing decreased job satisfaction due to this.</p> <p>A similar theme is repeated in staff responses to highlighting the main challenges for them when planning to meet the needs of Carers.</p>
<p>How did the engagement consider the <a href="https://www.equali">Protected Characteristics</a><a href="https://www.equali">https://www.equali</a></p>	<p>Analysis of data found that male Carers and ethnic minority Carers in Angus are under-represented when Carers registered with Angus Carers Centre were considered. Numbers of</p>

<a href="http://tyhumanrights.com/en/equality-act/protected-characteristics">tyhumanrights.com/en/equality-act/protected-characteristics</a> of its intended cohort?	<p>Young Carer Statements are also low. Deliberate action is being taken to address these findings as we make efforts to reach such groups and gain assurance that they are aware of the support available to them, to support them in their caring roles.</p>
<p>Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.</p>	<p>Yes, the strategy has been shaped by Carers as we have responded to all issues raised from engagement activity with them and AHSCP staff.</p>
<p>Is further engagement required? Yes or No (please provide reasoning)</p>	<p>No. This strategy has been shaped by consultation with over 140 Carers in Angus and 23 staff across AHSCP. Feedback on the final plan on a page and vision was poor with only 2 public respondents to the survey.</p>

## 8. PROTECTED CHARACTERISTICS

This section looks at whether the policy, practice or project could disproportionately impact people who share characteristics protected by the Equality Act (2010). Please use the following link to find out more about the: [protected characteristics](#). Please specify whether impact is likely to be neutral, positive or negative and what actions will be taken to mitigate against any negative impacts or discrimination. When considering impact, please consider impact on: health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council, AHSCP or 3rd sector social justice.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age		X		<p><u>National Outlook</u></p> <p>The Scottish Health Survey 2012/2013 shows that nationally 17% of the adult population and 4% of children (4-15yrs) are Carers (<a href="#">Scotland's Carers 2015</a>). Most people will experience caring for someone at some point in their lives and the age that this is most likely to occur is between 55-64yrs. In the 65-74yr age bracket men and women undertaking a caring role is equally balanced at 19%. In the younger age brackets there is a higher prevalence of women caring. As men enter the 75yrs+ bracket their likelihood of caring increases as 12% identify as Carers as opposed to 9% of women (<a href="#">Scotland's Census 2011</a>).</p> <p><a href="#">Scotland's Census 2011</a> shows that children who live with a lone parent are much more likely to be a carer (6.6% are carers) than a child who lives with two parents (2.5% are carers). Children who live with a lone parent are also much more likely to have substantial caring responsibilities (35 hours or more a week) than children living with two parents. <a href="#">Scotland's Census 2011</a> shows that nearly 3% of children living with a lone parent are caring for 35 hours a week or more while only 0.5% of children living with two parents provide this level of care.</p>

**Service Users, Public or Unpaid Carers with Protected Characteristics**

Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.																
				<p><a href="#">(Scotland's Carers 2015).</a></p> <p><u>Local Outlook</u> Angus Population (2021):</p> <table border="1" data-bbox="891 655 1453 1158"> <thead> <tr> <th>Age Bracket</th> <th>Angus residents</th> </tr> </thead> <tbody> <tr> <td>0-15yrs</td> <td>18,639</td> </tr> <tr> <td>16-24yrs</td> <td>10,644</td> </tr> <tr> <td>25-44yrs</td> <td>25,280</td> </tr> <tr> <td>45-64yrs</td> <td>33,093</td> </tr> <tr> <td>65-74yrs</td> <td>15,410</td> </tr> <tr> <td>75yrs+</td> <td>13,054</td> </tr> <tr> <td>Total population</td> <td>116120</td> </tr> </tbody> </table> <p>Sourced from: <a href="#">National Records of Scotland</a></p> <p>The Scottish Health Survey (2022) indicates that 13% of the Angus population are unpaid Carers (15,096).</p>	Age Bracket	Angus residents	0-15yrs	18,639	16-24yrs	10,644	25-44yrs	25,280	45-64yrs	33,093	65-74yrs	15,410	75yrs+	13,054	Total population	116120
Age Bracket	Angus residents																			
0-15yrs	18,639																			
16-24yrs	10,644																			
25-44yrs	25,280																			
45-64yrs	33,093																			
65-74yrs	15,410																			
75yrs+	13,054																			
Total population	116120																			

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p><u>Young Carers:</u></p> <p>Nationally 4% of Scottish children under 16yrs are Carers (<a href="#">National Records of Scotland 2021</a>). If we apply this to Angus we can estimate that there are 746 young Carers in Angus. As of May 2023 the Scottish Schools database SEEmis had 98 young carers recorded in Angus. As of 31 March 2023, Angus Carers Centre supported 68 young Carers. This suggests that there are 648 young Carers not known to services.</p> <p><u>Adult Carers:</u></p> <p>The Census 2011 identified 10,582 unpaid Carers in Angus (around 1 in 10 of the whole population) 21.7% were aged 65+, 2.5% were aged under 16. This data is now outdated and more recent data from the Census 2021 is yet to be fully published.</p> <p>The most elderly of Carers in Angus are delivering the most hours of care per week. 1026 Carers over the age of 65 are delivering more than 50 hours of care per week (<a href="#">Scotland's Census 2011</a>).</p>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>The average age of Carers in Angus is 52.2 years (<a href="#">Scotland's Census 2011</a>).</p> <p><u>Impact of this strategy</u></p> <p>This Carers Strategy relates to both young and adult Carers. Feedback from engagement told us that the current structure of young Carer services</p> <p>This strategy aims to have a positive impact for young Carers. We are building upon work undertaken to redesign and trial the young Carer Statement and hope to improve access to services for young Carers across Angus. Via</p> <p><u>Improvement Actions:</u></p> <p>Age &amp; Stage Appropriate Services</p> <p>Needs differ significantly in accordance with age for young Carers and feedback from engagement highlighted the need for different types of activities across ages and stages. AHSCP are supporting quality improvement that will impact upon the social and physical environment for young Carers:</p> <p>Angus Carers Centre are changing service design to enable different resources for the following groups:</p> <ul style="list-style-type: none"> <li>• Carers aged 12 years and under</li> <li>• Carers aged 13-17 years</li> <li>• Carers aged 18-24 years</li> </ul>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>This will allow us to develop support options that meet their different needs.</p> <p>Outdoor Pursuits for 13-17yrs</p> <p>A test of change has been commissioned for ACC to partner with ANGUSalve and operate a voucher scheme for young carers aged 13-17yrs to access outdoor pursuits together. Supporting socialisation between peers helps to create natural support networks and friendships. This age group was selected as engagement had highlighted a shortage of interest in current activities and a need to extend provision for this group.</p> <p>This strategy and the priorities and commitments contained, intend to provide information and support to Carers of all ages, evidencing equality in opportunity and access.</p>
Sex		X		<p><u>National Outlook</u></p> <p>Overall, 59% of Scottish Carers are women and 41% men (<a href="#">Scotland's Carers 2015</a>). The Scottish Health Survey shows Data suggests a trend for men and women to experience caring at different stages. Around 12% of women in their 20's and early 30's are Carers. Throughout the working years women are more likely to be carers than men particularly for the 35-44 age group. This increases to nearly a third of women being Carers in their late 50's / early 60's. Upon entering retirement years the caring role balances with 19% of men and women in the 65-74 age group providing care.</p> <p>Around 9% of men in their 20's and early 30's are Carers. Throughout the</p>



Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>working years men are much less likely to undertake roles than women but for in their late 50's / early 60's over a fifth of men are Carers. In older age men become more likely to be a Carer, as 12% of men say they are Carers compared to 9% of women (<a href="#">Scotland's Carers 2015</a>).</p> <p><u>Local Outlook</u> 60% of Carers in Angus are women (Scottish Census 2011). As of June 2022 three quarters of Carers registered with ACC were women.</p> <p>This strategy and the priorities and commitments contained, intend to provide information and support to both men and women, evidencing equality in opportunity and access.</p>
Disability		X		<p><u>National Outlook</u></p> <p>There is a requirement under the Equalities Act 2010 not to discriminate on the basis of disability.</p> <p>The <a href="#">Scottish Census 2011</a> showed that 20% of Scottish people report as being</p>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>limited by a long term health problem or disability in their day to day activities either a “little” or a “lot”.</p> <p><u>Local Outlook</u></p> <p>The <a href="#">Scottish Census 2011</a> showed that 19% of residents in Angus report as being limited by a long term health problem or disability in their day to day activities either a “little” or a “lot”.</p> <p>The ACS 23-26 and the priorities and commitments contained, intend to provide information and support to all residents of Angus regardless of disability, evidencing equality in opportunity and access.</p>
Race		X		<p><u>National Outlook</u></p> <p>The <a href="#">Scottish Census 2011</a> tells us that ethnic minority Carers make up 4% of all Carers in Scotland.</p> <p><u>Local Outlook</u></p> <p>As of June 2023, there were 17 Carers registered with Angus Carers Centre who are of an ethnic minority.</p>

Service Users, Public or Unpaid Carers with Protected Characteristics																		
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.														
				<p>Angus has a relatively low number of residents who identify as ‘other than’ Scottish, as detailed below:</p> <table border="1"> <tr> <td>White Scottish</td> <td>88.2%</td> </tr> <tr> <td>White – other British</td> <td>7.7%</td> </tr> <tr> <td>White Irish</td> <td>0.5%</td> </tr> <tr> <td>White – Polish</td> <td>0.9%</td> </tr> <tr> <td>White - other</td> <td>1.5%</td> </tr> <tr> <td>Asian, Asian Scottish, Asian British</td> <td>0.8%</td> </tr> <tr> <td>Other Ethnic groups</td> <td>0.5%</td> </tr> </table> <p>Source: <a href="#">Scottish Census 2011</a>  Source: Scottish Census 2011</p> <p>The ACS 23-26 and the priorities and commitments contained, intend to provide information and support to all residents of Angus regardless of race, religion or belief evidencing equality in opportunity and access.</p>	White Scottish	88.2%	White – other British	7.7%	White Irish	0.5%	White – Polish	0.9%	White - other	1.5%	Asian, Asian Scottish, Asian British	0.8%	Other Ethnic groups	0.5%
White Scottish	88.2%																	
White – other British	7.7%																	
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White - other	1.5%																	
Asian, Asian Scottish, Asian British	0.8%																	
Other Ethnic groups	0.5%																	
<b>Sexual</b>		X		The Scottish Surveys Core Questions (2015) tells us that in 2015, 1.8% of Scottish														

Service Users, Public or Unpaid Carers with Protected Characteristics																		
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.														
<b>Orientation</b>				<p>adults (aged 25-75+) and 3.7% of young people (aged 16-24) identified their sexual orientation as LGBTI.</p> <p>The ACS 23-26 and the priorities and commitments contained, intend to provide information and support to all residents of Angus regardless of sexual orientation, evidencing equality in opportunity and access.</p>														
<b>Religion or Belief</b>		X		<p>In 2011 Angus residents identified themselves as the following faiths:</p> <table border="1"> <tbody> <tr> <td>Church of Scotland</td> <td>40.8%</td> </tr> <tr> <td>Roman Catholic</td> <td>6.7%</td> </tr> <tr> <td>Other Christian</td> <td>5.1%</td> </tr> <tr> <td>Muslim</td> <td>0.3%</td> </tr> <tr> <td>Other religions</td> <td>0.5%</td> </tr> <tr> <td>No religion</td> <td>39.9%</td> </tr> <tr> <td>Not stated</td> <td>6.6%</td> </tr> </tbody> </table> <p>Source: <a href="#">Scottish Census 2011</a></p> <p>The ACS 23-26 and the priorities and commitments contained, intend to provide information and support to all residents of Angus regardless of race, religion or belief evidencing equality in opportunity and access.</p>	Church of Scotland	40.8%	Roman Catholic	6.7%	Other Christian	5.1%	Muslim	0.3%	Other religions	0.5%	No religion	39.9%	Not stated	6.6%
Church of Scotland	40.8%																	
Roman Catholic	6.7%																	
Other Christian	5.1%																	
Muslim	0.3%																	
Other religions	0.5%																	
No religion	39.9%																	
Not stated	6.6%																	

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Gender Reassignment		X		<p>Of the <a href="#">protected characteristics</a>, transgender people are one of the most marginalised in society. <a href="#">The Scottish Transgender Alliance: transgender experience in Scotland 2008</a> tells us that 25% of respondents had to move from a family home due to family reactions. This often results in homelessness. Transphobic abuse in relationships had been experienced by 46%, and 62% had experienced transphobic abuse from strangers in public places. Mental health problems were reported by 96% of young trans people with 63% experiencing suicidal thoughts.</p> <p>The ACS 23-26 and the priorities and commitments contained, intend to provide information and support to all residents of Angus regardless of sexual orientation, evidencing equality in opportunity and access.</p>
Pregnancy and Maternity	X			<p>If a Carer or Cared for person was pregnant then this would be acknowledged within Carer Support Planning and appropriate support provided.</p> <p>The ACS 23-26 and the priorities and commitments contained, intend to provide information and support to all residents of Angus regardless of pregnancy status, evidencing equality in opportunity and access.</p>
Marriage and Civil Partnership		X		<p>Carer support planning would acknowledge the relationship between the Carer and supported person.</p> <p>The ACS 23-26 and the priorities and commitments contained, intend to provide information and support to all residents of Angus regardless of marital status, evidencing equality in opportunity and access.</p>

<b>Service Users, Public or Unpaid Carers with Protected Characteristics</b>				
<b>Protected Characteristic</b>	<b>Potential Neutral Impact (X)</b>	<b>Potential Positive Impact (X)</b>	<b>Potential Negative Impact (X)</b>	<b>Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.</b>
<b>Any other relevant groups i.e. unpaid carers (please specify)</b>		X		This strategy focuses on unpaid Carers. Monitoring of Carer demography is continuous and required to evidence the performance and efficacy of the strategy and associated delivery plan. Any trends or issues highlighted will be used to support AHSCP to better support people with protected characteristics.

<b>Employees or Volunteers with Protected Characteristics</b>				
<b>Protected Characteristic</b>	<b>Potential Neutral Impact (X)</b>	<b>Potential Positive Impact (X)</b>	<b>Potential Negative Impact (X)</b>	<b>Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.</b>
<b>Age</b>	X			
<b>Sex</b>	X			
<b>Disability</b>	X			
<b>Race</b>	X			
<b>Sexual Orientation</b>	X			
<b>Religion or Belief</b>	X			

<b>Employees or Volunteers with Protected Characteristics</b>				
<b>Protected Characteristic</b>	<b>Potential Neutral Impact (X)</b>	<b>Potential Positive Impact (X)</b>	<b>Potential Negative Impact (X)</b>	<b>Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.</b>
<b>Gender Reassignment</b>	X			
<b>Pregnancy and Maternity</b>	X			
<b>Marriage and Civil Partnership</b>	X			
<b>Any other relevant groups i.e. unpaid carers (please specify)</b>	X			

## 9. EQIA FINDINGS AND ACTIONS

<b>Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.</b>	
<b>Option 1 - No major change required</b> (where no impact or potential for improvement is found and no actions have been identified)	EQIA has established that any impact that the ACS 23-26 may have on protected characteristic groups is either positive or neutral. Monitoring of the impact will be continuous and for some characteristics deliberate bias is being placed upon increasing their representation, and several performance measures reflect this, for example:

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
	Increasing the diversity of Carers represented via Caring Influencers Increasing numbers of registered Carers from ethnic minority backgrounds Increasing numbers of male registered Carers.
<b>Option 2 - Adjust</b> (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)	
<b>Option 3 - Continue</b> (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)	
<b>Option 4 - Stop and review</b> (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved)	

Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.	Date for Completion	Who is responsible (initials)
Action 1 - Action 2 - Action 3 - etc.		



## 10. FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

The Fairer Scotland Duty (FSD) places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. FSD assessments are only required for strategic, high-level decisions. There are clear links between socio-economic disadvantage and Equality considerations and the protected characteristics so you may find it beneficial to complete the FSD assessment regardless of whether your policy, practice or project is strategically important or not. In broad terms, 'socio-economic disadvantage' means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socioeconomic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion. To read more information please visit: [Fairer Scotland Duty Guidance - Scottish Government](#)

## 11. FSDA- SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No?	YES - Proceed to section 12. Full Fairer Scotland Duty Assessment (FSDA) below	NO – Provide reasoning below and proceed to sections 13 onwards to conclude.
	YES	

## 12. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence	
<p>What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this strategic decision? Is it possible to gather new evidence, involving communities of interest?</p>	<p><u>National Outlook</u></p> <p><a href="#">The Fairer Scotland Duty</a> (the Duty) came into force on 1 April 2018 and placed a legal responsibility on named public bodies in Scotland to actively consider ('pay due regard to') how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Fairer Scotland Duty means we should actively consider how we can reduce inequalities of outcome caused by socioeconomic disadvantage in Angus.</p> <p><a href="#">Carers UK</a> report that the Cost of Living Crisis is exacerbating the difficulties faced by Carers with many already unable to work due to their caring role, or being of pensionable age. Rising debts and struggles to make ends meet are prevalent and pose a risk to caring.</p> <p><a href="#">The Scottish Government Equality Outcomes; disability evidence review</a>, found that people who live with a disabled adult in their family are more likely to be in relative poverty than those who do not. <u>Local Outlook</u></p> <p>The Census 2011 identified 10,582 unpaid Carers in Angus (around 1 in 10 of the whole population) of whom 60% were female, 21.7% were aged 65+, 2.5% were aged under 16 and 52.5% were employed.</p>

Carers living in Angus are less likely to be employed than those living across Scotland and are more likely to be aged 65+ or under 16. The average age of Carers living in Angus is 52.2 years.

ACC reported that 82% of financial awards were given to carers were due to financial hardship in 2021-22.

#### Deprivation in Angus

Scotland is split up into 6976 individual zones each with a population of approximately 700 to 800 and each is ranked based on its deprivation relative to all other zones. [The data map Scotland](#) produced in 2020 found that 18% of the data zones in Angus were in the three most deprived deciles.

Angus has small towns and rural areas. Poverty and deprivation is more likely to be dispersed than in urban areas and therefore less likely to be highlighted by the Scottish Index of Multiple Deprivation (SIMD).

[The Carers Census Scotland 2021](#) tells us that nationally, impacts on carers' finances were reported for 35% of carers in all SIMD deciles, but were reported for 44% of carers living in areas within the most deprived SIMD decile. 16% of young carers in the Carers Census lived in areas within the most deprived Scottish Index of Multiple Deprivation (SIMD) decile compared to 4% who lived in areas in the least deprived SIMD decile.

[The Rural Deprivation Evidence Summary \(2016\)](#) found that people living in rural areas experience deprivation differently from those living in towns and cities. Issues in rural areas include:

- higher consumption of fuel for heating and transport
- less accessible key services including healthcare, childcare and broadband
- limited opportunities to earn adequate income compared to urban areas.

#### Impact of this strategy

The main way in which this strategy will impact on Carers in Angus in regard to the given categories will result from our commitment to identify Carers and build a relationship with them. It is this relationship that enables Carers to become aware of all supports available to them.

This strategy has a **potentially positive impact** on Carers in Angus and supporting them to access grants and be informed of their rights and entitlements. Angus Carers Centre offers support and advice around benefits and rights for Carers and refer to more specialist support when required: Citizens Advice Bureau, Welfare Rights, Scottish Welfare Fund etc.

Via the AHSCP Contributions Policy and Waiving Of Charges Policy, no

	<p>carer will be charged for a support that is designed to enable them to continue in their caring role.</p> <p>Commitment to improving Carer representation and enabling to influence practice and shape future developments is contained within the strategy. This will be achieved via development of a group called 'Caring Influencers' and they will help us to understand the issues of importance to Carer in Angus. It is also planned to have carers representatives participating in Locality Improvement Groups that will support our understanding of differing needs in different areas. The Delivery plan contains an action to seek to better understand and mitigate the barriers to support for Carers in rural Angus.</p> <p>Carer Positive Accreditation Scheme – Carer positive accreditation is awarded to businesses for having systems in place that support Carers to balance their caring roles with their working lives and includes opportunities to work flexibly and recognition of the need for additional leave on occasions. We will work with local businesses and increase membership of this scheme to create better working conditions for Carers. We will start with reaching out to the larger local employers in Angus. In this way we hope to support Carers to remain in work.</p> <p>Any proposed changes to service delivery would be subject to consideration under the Fairer Scotland Duty and meaningful engagement and consultation with Carers in Angus to ensure we capture specific issues relating to any socio-economic disadvantage/inequality issues so that mitigating actions can be put in place where possible. This would be conducted via the ACSPG.</p>
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**Please state if there is a potentially positive, negative, neutral impact for each of the below groupings:**

	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence on your selection
Low and/or no income (those living in relative poverty.)		X		By raising the profile of caring in Angus, Carers access to supports will be improved which will have a positive impact in this area.
Low and/or no wealth (those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.)		X		As Above
Material Deprivation (those		X		Via association with support

unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, life insurance, leisure and hobbies.)				services Carers in Angus will be provided information and advice relevant to their circumstances to help them meet their needs.
Area Deprivation (where people live e.g. rural areas, or where they work e.g. accessibility of transport. Living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.)		<b>X</b>		An action of the delivery plan is to better understand the barriers for Carers living in rural areas.
Socio-economic Background (social class including parents' education, people's employment and income)		<b>X</b>		By raising the profile of caring in Angus, Carers access to supports will be improved which will have a positive impact in this area.
Unpaid Carers		<b>X</b>		Unpaid Carers are the focus of the strategy
Homelessness, Addictions and Substance Use	<b>X</b>			
Children, Family and Justice	<b>X</b>			
Other (please specify)				

### 13. EVIDENCE OF DUE REGARD

<p><b>Public Sector Equality Duty:</b> The responsible officer should be satisfied that the group, service or organisation behind the policy, practice or project has given ‘due regard’ to the below duties. Please evidence which parts of the General Equality Duty have been considered. To ‘have due regard’ means that AHSCP have a duty to consciously consider the needs of the general equality duty: eliminate discrimination; advance equality of opportunity and foster good relations. How much regard is 'due' will depend on the circumstances and in particular on the relevance of the needs in the general equality duty to the decision or function in question in relation to any particular group. The greater the relevance and potential impact for any group, the greater the regard required by the duty.</p>	
Eliminate unlawful discrimination, victimisation and harassment.	Evidence of due regard has been demonstrated by AHSCP via intention to better understand barriers to accessing Carer support services for certain groups: Carers living in rural areas, ethnic minority Carers etc.
Advance equality of opportunity	Via the priorities contained the ACS 23-26 aims to achieve equitable access to Carer support services in Angus.
Foster good relations between any of the Protected Characteristic groups	Meeting Centres across Angus and Angus Carers Centre support carers and cared for. Carers with protected characteristics including those with a disability are welcome to attend.

### 14. ASSESSING CHILDREN’S RIGHTS

**\*Please Note:** There is a new requirement in 2024 to carry out a children’s rights assessment under the United Nations Convention on the Rights of the Child for young people aged up to 18.

We should encourage children and young people’s participation in decision-making; champion their interests, and think about what we can do to place children and young people at the centre of our policies/proposals. You need to:

- identify, research, analyse and record the anticipated impact of any proposed policy, service or other measure on children's human rights and wellbeing.
- think about the means of involving children and young people in the development of your policy/measure.
- ensure decisions are necessary and proportionate when balanced against any impact on children’s rights.

There are four articles in the [United Nations Convention on the Rights of the Child](#) (UNCRC) that are seen as special. They’re known as the “General Principles”. They help to interpret all the other articles and play a fundamental role in realising all the rights in the Convention for all children. Please answer the following questions below:

<b>Which of the general principles apply to your proposal? Select all that apply:</b> (please mark with a (x) as appropriate)			
<b>1. Non-discrimination (Article 2)</b>	X	<b>2. Best interest of the child (Article 3)</b>	X
<b>3. Right to life, survival and development (Article 6)</b>	X	<b>4. Right to be heard (Article 12)</b>	X
<b>None</b>			

<b>What impact will your proposal have on children's rights, i.e. positive, negative or neutral?</b>	Young Carers were involved in the development of the Carers Strategy 2023 – 2026 which aims to make a positive impact on all 4 areas.
<b>How will the proposal give better effect to the UNCRC in Scotland?</b>	Angus Carers Strategy 2023-26 aims to improve outcomes for young carers with the aim that they have a life outside of caring.  For example, the Angus Carer Centre Primary and Secondary school development officers work in local schools to identify and support young carers in their caring role.
<b>How will the impact be monitored?</b>	We work closely with Angus Carers Centre to collect feedback from Young Carers. Each young carer is offered a Young Carer Statement which is reviewed and amended annually as required. Young Carers are invited to provide feedback on the support they receive,
<b>How will you communicate to children and young people the impact of the proposal on their rights?</b>	We work with Angus Carer Centre's Young Carer Service Manager who liaises with Young Carers and schools development workers to share how the Angus Carer Strategy 2023 - 26 and relevant improvement actions contribute to their rights. We will also seek input from young carers as we work on specific actions relevant to this specific cohort.  Work remains on going with Angus Carers Centre to raise awareness of the Young Carers Role. <a href="#">Young Carers short film</a>

## 15. PUBLICATION

Is the corresponding IJB/Committee paper exempt from publication?	No
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## 16. SIGN OFF and CONTACT INFORMATION

Lead Officer Responsible	
Name:	Sally Wilson
Designation:	Service Manager Integration
Date:	

Lead Equalities Officer Responsible	Service Leader Responsible
I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.	I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.
Name:	Name:
Designation:	Designation
Date:	Date:

For further information on this EQIA and FSDA, or if you require this assessment in an alternative format, please email: [tay.angushscp@nhs.scot](mailto:tay.angushscp@nhs.scot)

## 17. EQIA REVIEW DATE

A review of the EQIA should be undertaken 6 months later to determine any changes. (Please state planned review date and Lead Reviewer Name)	
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## 18. EQIA 6 MONTHLY REVIEW SHEET

Title of policy, practice or project being reviewed	
Lead Officer responsible for review	

<b>Date of this review</b>		
<b>Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.</b>	<b>Status of action (with reasoning)</b> <ul style="list-style-type: none"> <li>• Complete</li> <li>• Outstanding</li> <li>• New</li> <li>• Discontinued etc.</li> </ul>	
<b>Action 1 -</b>		
<b>Action 2 -</b>		
<b>Action 3 etc. -</b>		