

Equality Impact Assessment

Part 1: Background and information

Title of proposal	Carers Strategy for Fife, 2023 – 2026
Brief description of proposal (including intended outcomes & purpose)	<p>The Carers (Scotland) Act 2016 requires that the partnership reviews and publishes the local Carers Strategy at least every three years. This equality impact assessments accompanies the draft carers strategy for Fife 2023 – 2026, for consideration and approval.</p> <p>The strategies outlines how we they intend to support unpaid carers and meet the duties of the Carers (Scotland) Act 2016. It contributes to the wider Fife Strategic Plan and is cognisant of the national and local contexts, including specifically the National Carers Strategy.</p>
Lead Directorate / Service / Partnership	Fife Health and Social Care Partnership
EqIA Lead Person	Fiona Mckay, Head of Strategic Planning, Performance and Commissioning
EqIA Contributors	<ul style="list-style-type: none"> • Commissioned partners • Fife Carers Strategy Group • Carers Census, Scotland, 2021 - 22¹
Date of EqIA	30 March 2023

¹ Carers Census, Scotland 2021-22, <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2022/12/carers-census-scotland-2021-22/documents/carers-census-scotland-2021-22/carers-census-scotland-2021-22/govscot%3Adocument/Carers%2BCensus%252C%2BScotland%252C%2B2021-22.pdf>.

How does the proposal meet one or more of the general duties under the Equality Act 2010? (Consider proportionality and relevance on p.12 and see p.13 for more information on what the general duties mean). If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?)

General duties	Please Explain
Eliminating discrimination, harassment, and victimisation	The strategy and our approach to supporting unpaid carers, particularly through third sector commissioning, requires that our partners commit to support the authority to meet its general duties regarding the Equality Act 2010.
Advancing equality of opportunity	<p>The measures we have included in this refreshed strategy including helping any carers who needs it, to access the support identified in their personal plan. This includes requiring commissioned partners to ensure they consider the reasonable travel and transport requirements carers may have to be able to access the support required, particularly for carers who live and care in more rural parts of Fife or who may not be able to benefit from the support available due to challenges of time commitments. Such initiatives will be within the scope of commissioned services and not additional.</p> <p>Additionally, the support offered to unpaid carers which is already in place, and which we will invest in, includes support specifically for people with protected characteristics including, for example sensory impairment (DB Scotland); Young carers (Fife Young Carers); ethnic minorities (Fife Carers Centre), and mental health (Change Mental Health). Each of these commissioned services, and others, have raising awareness of the available support among specific carer groups and aiding individuals to access that support to ensure equity of access.</p>
Fostering good relations	The strategy and its accompanying delivery plan and investment proposals, and previous investments we have made, contribute to creating local communities which support each other and harness the creativity and ingenuity of people in their own localities and communities. It continues with the investment to support local people to help each other through, for example, the Carers Community Chest. It also supports local connections

	and the establishment of good relations with professionals and third sector organisations through locality-based support workers.
Socio-economic disadvantage	<p>There is unambiguous evidence from the strategic assessment and from external resources that carers are over-represented in the most disadvantaged part of Fife (and Scotland). This strategy recognises that some carers do not have the access to the information resources they might need to make an informed decision, or the financial means to help themselves fully. Carers in the more disadvantaged parts of Fife are more likely to be an unpaid carer, and more likely to provide that care for longer periods of time; this is also true nationwide. Due to these circumstances carers are less likely to have access to the support they need, the breaks from caring they need and the work opportunities from which they might otherwise benefit.</p> <p>This strategy will seek to support carers in these situations where possible including to support carers with better access to information, advice, and support, and help to achieve their own support outcomes through the Adult Carer Support Plan or Young Carers Statement.</p>
Inequalities of outcome	<p>The Carers Act includes a duty that carers are not charged for the costs of the support they receive to meet their personal identified support outcomes.</p> <p>Most of our investments to date, as outlined in the strategy, have been for universal, free to access support that any carers can access at no additional cost. These investments will continue and will be enhanced where possible. The strategy recognises the current cost of living increases that are impacting on every person including every carer.</p> <p>The strategy proposes that we continue to support unpaid carers to meet their personal support outcomes through a wide range of free to access, universally available support services. We will improve this by practical help for carers to access these supports with appropriate travel and transport arrangements provided by commissioned partners where necessary to carers to be able to access the support they need. The strategy also builds on our existing approach to help unpaid carers to access income maximisation support including crisis funding where an emergency need is evident. Further, the investment</p>

	plan includes a universal offer to support carers with a small grant to help them achieve their personal support outcomes as identified and included in their Adult Carer Support Plan when their needs for support cannot be met from their personal assets or the universal supports we have already put in place. This initiative will function as a means of early intervention to prevent crisis. This is in addition to the financial support available to carers in the greatest need that we have already commissioned through our partnership arrangements with third sector partners, as well as through access self-directed support for those carers who qualify for such assistance.
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Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

An Equality Impact Assessment is required because this is a new strategy that provides a public service and may have an impact on the fair access to the support available for individuals based in protected characteristics, and for other reasons (e.g., isolation and rural contexts). Detailed information and evidence of the characteristics of carers in Fife is not available relating to all protected characteristics, nor is what is available dependable or well understood. The most recent census data for Scotland is the 2011 information which we know clearly underrepresents the number of carers in Fife. The annual national carers census is collected by the Scottish Government. It does not yet provide information at local authority level.

Part 2: Evidence and Impact Assessment

Explain what the positive and / or negative impact of the strategy is on any of the protected characteristics. If there is no impact, please explain why.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
Age (including older people aged 65+)	<p>Nationally we know most unpaid carers fall into the 18 – 64 age range (61%). Twenty-five percent of unpaid carers are 65 or older. Young carers represent 13% of the unpaid carers.</p> <p>This strategy covers carers of any age. The support services available are universal and offered regardless of age.</p>	<p>Young carers are likely to experience disadvantage because of their additional caring responsibilities and the time and opportunity costs they will experience compared with their friends and peers.</p> <p>The increasing number of older carers who will themselves likely have increasing need to health and care support to manage their own lives presents an increasing risk.</p>	<p>The strategy recognises that young carers may have a distinct set of needs due to their age and stage of development and their own personal vulnerabilities due to this. Therefore, additional supports have been commissioned and further are proposed, specifically to help young carers and support their transition to adulthood.</p> <p>We will commission additional supports to meet the needs of carers who have specialist health and care needs in their own right, including support for older carers who may additionally become frail and less able to take on the full caring role they once did.</p>
Disability (Mental, Physical, Sensory, and Carers of Disabled People)	The information available at a national level through the carers census ² shows that carer provide care for people with a	According to the Carers UK State of Caring report 2022, 27% of carers consider they have a disability. There may be unmet	We have put in place and a range of supports to help carers with their own mental health issues, sensory impairment, and for carers who

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	<p>wide range of needs. Most notably this includes dementia (13%), autism (12%), physical disability (9%), and mental health (8%). For young carers, the predominant support is for people with autism spectrum disorder (37%).</p> <p>It is understood that unpaid carers are more likely to have poor mental health than the general population, particularly young carer.</p> <p>We have made investments in a wide range of advocacy support that will help unpaid carers regardless of their situations. As well as this universal support we have made an investment in specific support to help carers secure a Power of Attorney for the person they care for, or guardianship, where capacity is</p>	<p>needs for specific groups of carers with disability. We have identified additional areas of support that we propose for investment. We will add others as they are identified.</p>	<p>provide care for people with a disability. This investment will continue.</p> <p>The strategy proposes additional support to help carers with their own postural care, and specialist help for carer or people with life-limiting illness such as cancer or stroke.</p> <p>We propose to enhance the support for carers seeking an POA/guardianship where personal finances may be an impediment to securing the power. This may include a grant towards legal costs and registration.</p>

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	<p>already failing.</p> <p>Carers of people with a terminal diagnosis are entitled to receive a swifter assessment of their needs for support to better able to manage their caring role.</p>		
Gender Reassignment	There is no reliable evidence available to suggest a high prevalence of carers who have gender reassignment or that they receive unequal access, positive or negative, to support.	There is no reliable evidence available to suggest a high prevalence of carers who have gender reassignment or that they receive unequal access, positive or negative, to support.	<p>The Scottish Carers Census data specification does not include gender reassignment or identity. In future they plan to expand the census to include other options such as transgender or non-binary</p> <p>All services are available to carers regardless of their gender identification. We will continue to ensure all commissioned organisations have an awareness of the requirement that they promote the support available on an equitable basis.</p>
Marital Status (Marriage and Civil	There is no reliable evidence available to suggest marital status results in unequal	There is no reliable evidence available to suggest marital status results in unequal access,	The Scottish Carers Census data specification does not include

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Partnerships)	access, positive or negative, to support.	positive or negative, to support.	marital status data. All services are available to carers regardless of their gender identification. We will continue to ensure all commissioned organisations have an awareness of the requirement that they promote the support available on an equitable basis.
Pregnancy and Maternity	There is no reliable evidence available to suggest pregnancy or maternity results in unequal access, positive or negative, to support.	There is no reliable evidence available to suggest pregnancy or maternity results in unequal access, positive or negative, to support.	The Scottish Carers Census data specification does not include pregnancy or maternity meaning this data is not routinely collected. All services are available to carers regardless of pregnancy or maternity. We will continue to ensure all commissioned organisations have an awareness of the requirement that they promote the support available on an equitable basis.
Race (All Racial Groups including	There is no reliable local evidence available to suggest	There is no reliable local evidence available to suggest	The Scottish Carers Census data

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Gypsy/Travellers)	<p>race results in unequal access, positive or negative, to support.</p> <p>Fife Carers Centre are commissioned to provide an equality support service to ensure people any race are able to access the same support.</p>	<p>race results in unequal access, positive or negative, to support.</p> <p>However, research undertaken by Carers UK and reported through their State of Caring³ report suggest that BAME carers are marginally more likely to feel their needs are not met and therefore less likely to seek support including an Adult Carer Support Plan; they are more likely to struggle financially as a carer and much less likely to be retired, i.e. more likely to be working age.</p> <p>BAME carers are one of the most difficult groups to reach as evidenced by MECOPP – women in south Asian communities may not speak English and rely on other family members for communication, including those they provide</p>	<p>specification does not include race.</p> <p>All services are available to carers regardless of their religion, belief, and non-belief. We will continue to ensure all commissioned organisations have an awareness of the requirement that they promote the support available on an equitable basis.</p> <p>We will ensure all commissioned services include a specific action to improve promotion and access to support by carers who consider themselves from a BAME origin. Where appropriate we will commission specific support and communications to ensure carers from these groups feel equally able to access support.</p>

³ State of Caring 2022, November 2022, Carers UK, <https://www.carersuk.org/reports/state-of-caring-2022-report/>, accessed 25 April 2023.

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		unpaid care for.	
Religion, Belief, and Non-Belief	<p>There is no reliable evidence available to suggest religion, belief, or non-belief results in unequal access, positive or negative, to support.</p> <p>Fife Carers Centre are commissioned to provide an equality support service to ensure people of all religion, belief and none can access the same support.</p>	<p>There is no reliable evidence available to suggest religion, belief, or non-belief results in unequal access, positive or negative, to support.</p>	<p>The Scottish Carers Census data specification does not include religion, belief, and non-belief.</p> <p>All services are available to carers regardless of their religion, belief, and non-belief. We will continue to ensure all commissioned organisations have an awareness of the requirement that they promote the support available on an equitable basis.</p>
Sex (Women and Men)	<p>There is strong data from the Carers Census, to report that females make up the majority of unpaid carers with 73% of carers of all carers identifying as female. This general trend is true in all age bands although there is a more equal position for young carers with 58% identifying as female and 42%</p>	<p>Those unpaid carers who identify as female are in the majority. This may result in a detrimental impact on their life chances and access to other more general opportunities.</p> <p>There is clear evidence that the majority of carers are female (80%) but that they are less likely</p>	<p>We will consider what work we can do to identify and raise awareness of the role of unpaid carers among men/males and what support is available to them as part of the universal offer that is available to all carers.</p> <p>We will consider what additional support we can offer to female</p>

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	as male. The working age profile is significantly imbalanced with 79% identifying as female.	to immediately recognise their caring role. Female carers also report slightly less favourably about their mental health. These factors result in female carers being significantly more likely to give up work opportunities. A significant and greater proportion of female carers say said the worry about combining work and their caring role (76%) which is a significant impediment to returning to work. Female carers are more likely to be working age than their male equivalents.	carers to help those that wish to, to return to or stay in paid work. Work to secure Carer Positive Status will lead to greater aware of caring roles particularly within female majority workforces such as in health and care settings.
Sexual Orientation (Heterosexual, Gay, Lesbian and Bisexual)	There is no reliable local evidence available to suggest sexual orientation results in unequal access, positive or negative, to support.	There is no reliable local evidence available to suggest sexual orientation results in unequal access, positive or negative, to support. At the national level there is a minor difference in the proportion of lesbian, gay and bisexual carers who have an ACSP (19%)	The Scottish Carers Census data specification does not include sexual orientation. All services are available to carers regardless of their sexual orientation. We will continue to ensure all commissioned organisations have an awareness of the requirement that they

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		than heterosexual carers (25%).	promote the support available on an equitable basis.

Please also consider the impact of the policy change in relation to:

	Positive impact	Negative impact	No impact
Armed Forces Community	There is no reliable evidence available to suggest membership of the armed forces communities results in unequal access, positive or negative, to support.	There is no reliable evidence available to suggest membership of the armed forces communities results in unequal access, positive or negative, to support.	We will consider what work we can do to identify and raise awareness of the role of unpaid carers among men/males and what support is available to them as part of the universal offer that is available to all carers.
Looked After Children and Care Leavers	Not applicable.	Not applicable.	This strategy does not relate to paid carers.
Privacy (including information security, data protection, and human rights)		There are significant data gaps which may have an impact on our understanding of the effects of the policy. This risk is low. The data specification has been developed by the Scottish Government and is used in the preparation of the Carers Census. The information collected and available is proportionate and appropriate to the need.	
Economy	We have put in place a range of measures to ensure carers who are otherwise economically disadvantaged remain able to access the support available including	Caring is understood to have a negative impact for many unpaid carers finances, both from the cost of the caring activities and the opportunity cost of accessing paid work.	This strategy and investment plan proposed an increased in the income maximisation support available to unpaid carers, and others, delivered more locally through the Wells.

	assistance with travel, crisis grants and a universal service to support carers to ensure they are in receipt of the all benefits available to them, and have the best information available to support their own decisions regarding income maximisation.	The income maximisation service we commission on a universal basis ensures carers in receipt of all benefits available to them, and have the best information available to support their own decisions regarding income maximisation.	
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- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.
- Any evidence gaps can also be highlighted below.

Evidence used	Source of evidence
Carers Census, Scotland, 2021 - 22	https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2022/12/carers-census-scotland-2021-22/documents/carers-census-scotland-2021-22/carers-census-scotland-2021-22/govscot%3Adocument/Carers%2BCensus%252C%2BScotland%252C%2B2021-22.pdf .
State of Caring 2022, November 2022, Carers UK	https://www.carersuk.org/reports/state-of-caring-2022-report/
Evidence gaps	Planned action to address evidence gaps
1. There are significant gaps in the data available at the local level for carers who received support or advice through the partnership.	The implementation of the LiquidLogic management system will require we record the key characteristic information for every person contacting the services. This information will be available for reporting in the future and will significantly improve the intelligence upon which we are able to make decisions and determined the equality impact of services for unpaid carers. The service should focus on identifying data error and missing data points as part of a data cleansing exercise as soon as practicable. This may take time to complete but should be completed no later than the anniversary of every case review.
2. There are significant gaps in the protected	There are no plans to address these evidence gaps. It is not clear what impact the personal characteristics will have on a carer's access to the

characteristics data available. This includes gaps at the national level through the Carers Census data.	universal support.
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Part 3: Recommendations and Sign Off

(Recommendations should be based on evidence available at the time and aim to mitigate negative impacts or enhance positive impacts on any or all the protected characteristics).

Recommendation	Lead Person	Timescale
1. Reinforce the requirement for every colleague to complete in full the protected characteristics within management systems.	Service Managers	Throughout 2023
2. Report on protected characteristics in 2023 annual census return.	Performance team	May 2024
3. Review this Equality Impact Assessment once local data is reported in 2024	Change & Improvement Manager	July 2024

Sign off

(By signing off the EqIA, you are agreeing that the EqIA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice, and the recommendations are proportionate.

Date completed: 26 June 2023	Date sent to Community Investment Team: Enquiry.equalities@fife.gov.uk 26 June 2023
Senior Officer Name:	Designation:

Fiona Mckay	Head of Strategic Planning, Performance & Commissioning Manager
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FOR COMMUNITY INVESTMENT TEAM ONLY

EqIA Ref No.	2023.004.
Date checked and initials	28/06/23 AS and CH

Equality Impact Assessment Summary Report

(To be attached as an Appendix to the committee report or for consideration by any other partnership forum, board, or advisory group as appropriate)

Which Committee report does this IA relate to (specify meeting date)?

- Carers Strategy Group, 21 March 2023.
- Senior Leadership Team, 12 April 2023.
- Quality and Communities Committee, 3 May 2023.
- Strategic Partnership Group, 5 May 2023.
- Integration Joint Board, 26 May 2023.
- Children's Partnership Group Board, date TBC.

What are the main impacts on equality?

Support for unpaid carers is available on a universal basis, free of charge, delivered locally where possible and in line with the requirements of the Carers (Scotland) Act 2016 and the Equality Act 2010. There is no evidence of negative impacts on carers because of this strategy. Some specialist services are available to ensure support is equally available for carers with protected characteristics.

In relation to a strategic decision, how will inequalities of outcome caused by economic disadvantage be reduced?

The Carers Strategy will not in itself result in economic disadvantage. The strategy, and our previous actions, have put in place a range of additional supports to address the economic disadvantage known result from (or contribute to by) caring roles.

What are the main recommendations to enhance or mitigate the impacts identified?

Significant improvements in the data collected, reported, and used in decision making, where these are relevant, appropriate and proportionate.

If there are no equality impacts on any of the protected characteristics, please explain.

Not applicable.

Further information is available from: Name / position / contact details:

Scott Fissenden, Change & Improvement Manager, scott.fissenden@fife.gov.uk