COMBINED IMPACT ASSESSMENT

EQUALITY IMPACT ASSESSMENT (EQIA)
FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)
CONSUMER DUTY ASSESSMENT (CDA)
CHILD RIGHTS & WELLBEING IMPACT ASSESSMENT (CRWIA)

ANGUS
Health & Social Care
Partnership

1. INTRODUCTION

Title of policy, practice or project being assessed	Angus Carers Strategy 2026 - 2029

Type of policy, practice or project being assessed: (please mark with a (x) as appropriate)					
	New	**Existing**		**New**	**Existing**
Strategy		X	**Policy**		
Guidance			**Procedure**		
Operational Instruction			**Budget Saving Proposal**		
Service Development Proposal			**Other (Please specify)**		

2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Jillian Richmond - Service Leader – Angus Health and Social Care Partnership, Older Peoples and Community Mental Health Care Management
Date Assessment Started	April 4th 2026

3. BACKGROUND INFORMATION

Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)	The Angus Carers Strategy sets out how Angus Health and Social Care Partnership and its partners will support young and adult unpaid carers over the next three years. It has been informed by engagement with unpaid carers, young carers, professionals and the wider public, with feedback confirming that the existing priorities of **Visibility, Empowerment, Life-balance, Influencing and Equity** remain the right focus for the strategy.

	The engagement highlighted several recurring themes, including financial pressures, carers feeling overlooked or disadvantaged, difficulties accessing clear and timely information, and concerns that Adult Carer Support Plans do not always achieve the outcomes that matter most to carers. Young carers also described the challenges of balancing their caring role with education and emphasised the importance of support that enables them to have a life outside caring. The strategy aims to improve the recognition of unpaid carers, provide earlier access to information, advice and support, strengthen opportunities for carers to influence decisions about their care, and reduce the inequalities associated with caring. It also recognises the importance of ensuring that support is person-centred, accessible and responsive to carers' individual needs, helping them to maintain their own health, wellbeing and quality of life while continuing in their caring role if they choose to do so. **<u>Duty to Produce a Carers Strategy</u>** 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 needs and circumstances of young Carers in Angus. **<u>Aims Of the ACS 2026 - 2029</u>** 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) 2026-2029 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 2026-2029 sets out our Commitments to Carers and prioritises action. Following recent surveys and engagement the information provided evidenced that the priorities should remain unchanged. These five strategic priorities are designed to place Carers at the centre and enable carers to work in equal partnership with AHSCP and partners to develop services to improve their outcomes. They will be our focus for the next 3 years.

Visibility: Carers will be more visible
Empowerment: Carers will be supported and empowered to take full control their caring role
Life-balance: Carers will have a life outside of caring.
Influencing: Carers will be fully involved in the planning and shaping of services
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 actions to be undertaken in relation to each priority, the timescale the actions will be delivered and the measures of success.

There are many active services supporting Carers 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.

Meeting Centres 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 - 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 delivers 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, 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 provides recommendations to the Angus Integration Joint Board. It is also responsible for co-producing and project managing the delivery plan attached to the 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 2025 - 2029 This Equality Impact Assessment (Combined Impact Assessment) was undertaken to record data relating to the ACS 2026-2029 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.
What are the intended outcomes and who does this impact? (E.g. service users, unpaid carers or family, public, staff, partner agencies)	The Angus Carers Strategy sets out the vision, commitments and priorities for adult and (young people) health and social care services which are delegated by Angus Council and NHS Tayside to Angus Heath and Social Care Partnership (HSCP).

Intended Outcomes

The following commitments have been made in relation to the five strategic priorities:

1. **Visibility**: Carers will be more visible. We Will:

- Identify carers early
- Raise awareness of the value & realities of unpaid carers
- Increase carer numbers across Angus
- Diversify offers and supports available to
- carers from all walks of life

2. **Empowerment**: Carers will be supported and empowered to take full control of their caring role. We Will:

- Focus on prevention & proactive care
- Build stronger partnerships to deliver coordinated, person-centred support
- Clear information and guidance
- Ensure carers are supported to achieve their potential
- Improve quality of adult carer support plan

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

- Continue to deliver personalised support and outcomes to meet need
- Continue to create opportunities for meaningful breaks from caring
- Young carers have the right to be children
- Improve access to short breaks
- Improve access to services

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

- Further develop cross sector partnership working across Angus

- Continue to develop carer representation
- Work with partners to involve carers meaningfully in shaping services
- Work with 3rd party organisations to support & advise on referrals and signposting eg welfare rights to improve access to financial supports for carers

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

- Improve support for carers in employment, education and further education & encourage
- uptake of the carer positive award
- Further develop practical and financial supports & make them easier to access and navigate
- Address stigma and barriers that prevent carers from accessing support.

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 2026-29 describes the vision and key priorities for the next three years, and in doing so supports improvements for Carers in Angus. It describes how Angus HSCP and partners wish 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 2026-2029 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.

6. 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 **ANY** way on the service users and/or public holding any of the protected characteristics? (Please mark (x) as appropriate)								
	Yes	**No**		**Yes**	**No**		**Yes**	**No**
Age	X		**Race**	X		**Gender Reassignment**		X
Disability	X	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 **ANY** way on employees or volunteers holding any of the protected characteristics? 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
Disability		X	**Pregnancy and Maternity**		X	**Marriage and Civil Partnership**		X
Sex		X	**Religion or Belief**		X	**Sexual Orientation**		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.

7. EQIA - SCREENING DECISION

Is a full EQIA required? (Please mark as appropriate)	**YES** - Proceed to full EQIA in section 6 below	**NO** – State the reason below and proceed to section 11.
	X	

FULL EQUALITY IMPACT ASSESSMENT (EQIA)

8. 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. For strategic decisions which may impact 'consumers' e.g. service users and patients, there are example scrutiny questions to consider during the evidence process to ensure the Consumer Duty is met. These can be located on the AHSCP Equalities SharePoint page.	
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 Census 2022 • **1 in 4 people** (approx. 24%) in Scotland have one long-term health condition Scotland Census 2022 • 11149 (approx. 1 in 10) people in Angus are living with a physical disability. • 5554 (approx. 1 in 20) people in Angus have a learning disability • 11716 (approx. 1 in 10) people are likely to have a mental health problem at any one time in Angus

	Numbers of Carers in Angus Scotland Census 2022 • Identified 12,283 Adult Carers in Angus, equivalent approx. 10% of the population of Angus. • As of March 2026, 1639, Adult Carers were registered with Angus Carer Centre. This suggests that (approx.) 10,644 adult carers are not known to services in Angus. • Scotland Census 2022 Identified 215 Young Carers (3-15) and 639 Young adult carers (16-24) in Angus • As of March 2026, 352 Young Carers were registered with Angus Carer Centre. This suggests that approx. 502 young and young adult carers are not known to services in Angus.
Other evidence (please detail)	Engagement and feedback provided a wealth of qualitative evidence from Carers, staff and carers with lived experience in Angus. Full details are available in the Statement of Engagement report and summarised below. Engagement with staff across AHSCP and 3rd sector organisations informed of operational issues to address. Full details are available in the Statement of Engagement report and summarised below.

	This strategy has been informed by National and Local data gained from multiple sources: • Scotland Census 2022 • Angus Health and social care partnership profile March 2023 • Health and Care experience survey 2023/24 • Unpaid Carer Survey • General Public Survey • Scottish Health Survey • National Carers Strategy 2022 • Scotland's Carers • National Records of Scotland • Scottish Surveys Core Questions (2015 • The Scottish Transgender Alliance: transgender experience in Scotland 2008 • Carers (Scotland) Act 2016 • National Health and Wellbeing Outcomes • Equal Partners in Care • Statutory Guidance • The Independent Review of Adult Social Care in Scotland • The Tayside Strategy for Parents • Core Suite of Integration Indicators (www.gov.scot) • Social Work (Scotland) Act 1968 • Community Care and Health (Scotland) Act 2002 • Social Care (Self-directed Support) (Scotland) Act 2013 • Public Bodies (Joint Working) (Scotland) Act 2014 • Getting It Right For Every Child (GIRFEC) • The Promise • The Independent Review of Adult Social Care in Scotland • Social Security (Scotland) Act 2018

	• National Care Service (Scotland) Bill 2022 • Delivering Value Based Health & Care • United Nations Convention on the Rights of the Child • Angus Health and Social Care Partnership Workforce Plan 2025 - 2029
What gaps in evidence/research were identified?	Short Breaks. Short Breaks Statement will be reviewed to reflect the Unpaid Carers Right to a Break as part of the Care Reform (Scotland) Bill
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 place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)	No

9. ENGAGEMENT

Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project. For strategic decisions which may impact 'consumers' e.g. service users and patients, there are example scrutiny questions to consider during the engagement process to ensure the Consumer Duty is met. These can be located on the AHSCP Equalities SharePoint page.

Has engagement taken place? Yes	Carers are 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. 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 and equality. The EPiC principles are: Carers are identified Carers are supported and empowered to manage their caring role Carers are enabled to have a life outside of caring Carers are fully engaged in the planning and shaping of services Carers are free from disadvantage or discrimination related to their caring role Carers are recognised and valued as equal partners in care. The principles reflect both national priorities and what is important to Carers in Angus.
If No, why not?	N/A
If Yes, please answer the following questions:	
Who was the engagement with?	To develop this strategy, we worked collaboratively with Carers, health and social care professionals, and third sector and voluntary organisations that support and work with Carers, drawing on both lived and professional expertise. Engagement also included young and adult carer influencers, as well as members of the public, including individuals with lived experience of caring.

Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	Yes. Unpaid Carers including those with lived experience have been included.
How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	**Informing the new strategy:** A programme of engagement was undertaken to inform the development of the Angus Carers Strategy 2026–2029 and the accompanying Equality Impact Assessment (EQIA). Engagement took place between February and April 2026. Separate surveys were developed for adult carers, young carers and members of the wider public and staff. The surveys were available online through the Angus Health and Social Care Partnership ENGAGE platform, promoted through social media and third sector partners, and made available in paper format on request. Posters were displayed across Angus in health centres, leisure centres, schools, supermarkets and pharmacies to encourage participation. Face-to-face engagement also took place at a range of carer groups and events across Angus, including Carer Cuppy groups, parent carer groups, Adult and Young Carer Influencer Groups, Meeting Centres and Alzheimer Scotland carer events. These conversations provided valuable insight into carers' experiences, including the barriers they face, what matters most to them, and what support would make the greatest difference. The engagement demonstrated broad support for the proposed vision and priorities, confirming that they remain the right focus for the next three years. Feedback also highlighted the importance of improving access to information, being aware of financial pressures, ensuring carers feel recognised and supported, and strengthening the delivery of meaningful, person-centred support. This feedback has informed the final Angus Carers Strategy 2026–2029 and will continue to shape its implementation

What were the results from the engagement?	**Thematic Analysis** When all responses were considered collectively, a cross section of key themes emerged: • Financial stress • Carers feeling disadvantaged or overlooked. • The need for clear and timely information • Support plans that meet carers' needs These findings reinforce the priorities of the Angus Carers Strategy, confirming the continued focus on improving visibility, empowerment, life balance, influencing and equity for unpaid carers. **Carers feeling financially disadvantaged.** Many carers described the financial impact of their caring role, highlighting increased household costs, reduced opportunities to work, and the pressure of balancing caring responsibilities with financial commitments. Some felt they were financially disadvantaged because of the support they provide, while others were unsure what financial assistance or benefits, they were entitled to. These responses highlight the importance of ensuring carers can access timely financial advice, information and support. **Carers feeling overlooked.** Many carers told us they feel overlooked and undervalued in their caring role. They described not always being recognised as equal partners in care or being asked about their own wellbeing and support needs. Carers highlighted the importance of being listened to, recognised for the contribution they make, and involved in decisions that affect both themselves and the person they care for.

	Clear and timely information Many carers highlighted the challenges created by a lack of continuity in Care Managers. Frequent changes in staff meant carers often had to repeatedly explain their circumstances, caring role and support needs to different professionals. This was described as frustrating and time consuming, with some carers feeling that the lack of consistency made it more difficult to build trusting relationships and delayed access to the support they needed. **Adult Carer Support Plans meeting outcomes** Many carers told us that their Adult Carer Support Plan did not always help them achieve the outcomes that matter most to them. Some felt their plan did not fully reflect their individual needs or circumstances. Carers emphasised the importance of plans being person centred, outcome focused and resulting in meaningful support that enables them to continue in their caring role. **Staff Feedback** Staff feedback supported the feedback received from Carers, staff recognised the importance of earlier identification and recognition of carers, the need for simpler access to support, and clearer referral pathways. The staff recognised the challenges surrounding access to replacement care and short breaks.
How did the engagement consider the protected characteristics of its intended cohort?	The engagement collected information on protected characteristics, including age, sex, ethnicity, religion or belief, sexual orientation and disability. It showed that some groups, including male carers and carers from ethnic minority communities, remain under-represented. The strategy includes actions to improve awareness, continue targeted engagement and reduce barriers to access.
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	Yes. The strategy has been revised using the views and experiences of carers, with feedback from carers and Angus Health and Social Care Partnership staff informing the final strategy and its priorities.

Is further engagement required? Yes or No (please provide reasoning)	No. The revised strategy has been informed by consultation with unpaid carers, the wider public and staff in Angus Council, Angus Health and Social Care Partnership and third sector. The engagement confirmed that the existing priorities remain the right focus for the next three years while identifying areas where further improvement is needed.

10. 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, 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		National Outlook The Scottish Health Survey 2012/2013 shows that nationally 17% of the adult population and 4% of children (4-15yrs) are Carers (Scotland's Carers 2015). 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 (Scotland's Census 2011).

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.**
				National Outlook **Adult Carers** According to the Scottish Health Survey 2022, 14% of adults reported providing unpaid care, with a higher prevalence among women (16%) compared to men (11%) . This represents a slight decrease from the 17% reported in 2012/2013. Additionally, the 2022 Scottish Census found that 11.9% of individuals aged 3 and over were providing unpaid care, highlighting a significant increase in the total number of unpaid carers in Scotland—from 492,200 in 2011 to 627,700 in 2022, a rise of 27.5% . Scotland Census 2022 **Young Carers** The Carers Census 2022–23 shows that young carers (under 18) comprised 15% of the individual carers identified by local services. However, it's important to note that this figure pertains to those supported by services and does not represent the total population of young carers

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<table><tr><td>Age Bracket</td><td>Angus Residents</td></tr><tr><td>0 – 15yrs</td><td>18,259</td></tr><tr><td>16 – 24yrs</td><td>9,857</td></tr><tr><td>25 – 44yrs</td><td>24,733</td></tr><tr><td>45 – 64yrs</td><td>33,003</td></tr><tr><td>65 – 74 yrs</td><td>15,198</td></tr><tr><td>75 + yrs</td><td>13,610</td></tr><tr><td>Total Population</td><td>114,660</td></tr></table>
Sourced from: National Records of Scotland

The Scottish Health Survey (2022) indicates that 13% of the Angus population are unpaid Carers (15,096).
Sourced from Scottish Census 2022
According to Scotland's 2022 Census, there were 627,700 unpaid carers across the country. This marks a significant increase of 27.5% (135,500 people) since the previous census in 2011 .</td></tr>
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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.**
				Young Carers: Nationally 4% of Scottish children under 16yrs are Carers (National Records of Scotland 2021). 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 2026, Angus Carers Centre supported 352 young Carers . Nationally, 2% (13652) of Scottish Children between the age of 3-15 and 7% (38690) of young adults between the age of 16-24 are young carers. An estimated 52342 young carers living in Scotland. (Scottish Census 2022). In Angus the comparison with the National data, 2% of Young Carers between 8 – 10 and 10% between 11 – 13. 5% of Young Adults between the age of 18 – 24. Adult Carers: The Census 2022 reports that there are 13,198 living in Angus (age 3 and over), this is an increase from the 2011 Census of 22%, indicating that 10% of the Angus population are unpaid carers.

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.**
				The average age of carers in Angus is 52.2 and national data suggests the typical carer is in mid to late adulthood, with most unpaid carers of working age. The most elderly of Carers in Angus are delivering the most hours of care per week. 1264 Carers over the age of 65 are delivering more than 50 hours of care per week. Over 200 more than in 2011 Scotland's Census 2022 Impact of this strategy This Carers Strategy relates to both young and adult Carers. Improvement Actions: Age & Stage Appropriate Services Engagement confirmed that the needs of young carers continue to vary according to their age and stage of life. Feedback highlighted the importance of age-appropriate support, opportunities for respite and social activities, and support to balance caring with education and family life. Young carers also valued the support provided by Angus Young Carers, including regular contact with Young Carer Workers, opportunities to influence services through the Young Carer Influencers Group, and activities that promote health, wellbeing and peer support. These findings have informed the revised strategy and will continue to shape service development for young carers across Angus. Angus Carers Centre have changed service design to enable different resources for the following groups: • Carers aged 11years and under

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.**
				• Carers aged 12-17 years • Carers aged 18-24 years This allows the development of support options that meet their different needs. 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.
1Sex		X		<u>National Outlook</u> Scotland provide unpaid care, with caring responsibilities becoming more common with age and peaking among those aged 55–64, where around one in five people provide unpaid care. The prevalence of unpaid caring is also high among people aged 45–54, reflecting the age profile of carers who responded to the Angus consultation. Women are more likely than men to provide unpaid care across most age groups, although this difference narrows in older age. The Census also recognises that many children and young people provide unpaid care, highlighting the importance of identifying and supporting young carers as early as possible. **National Outlook**

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.**
				Adult Carers According to the Scottish Health Survey 2022, 14% of adults reported providing unpaid care, with a higher prevalence among women (16%) compared to men (11%). This represents a slight decrease from the 17% reported in 2012/2013. Additionally, the 2022 Scottish Census found that 11.9% of individuals aged 3 and over were providing unpaid care, highlighting a significant increase in the total number of unpaid carers in Scotland—from 492,200 in 2011 to 627,700 in 2022, a rise of 27.5% . Scotland Census 2022 **Young Carers** The Carers Census 2022–23 shows that young carers (under 18) comprised 15% of the individual carers identified by local services. However, it's important to note that this figure pertains to those supported by services and does not represent the total population of young carers

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</table>

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.**
				The Carers Census 2022–23 shows that young carers (under 18) comprised 15% of the individual carers identified by local services. However, it's important to note that this figure pertains to those supported by services and does not represent the total population of young carers As of March 2026, 352 Young Carers were registered with Angus Carer Centre Adult Carers: Nationally, 2% (13652) of Scottish children between the age of 3 – 15 and 7% (38690) of young adults between the age of 16 – 24 are young carers. An estimated 52342 young carers living in Scotland (Scottish Census 2022). The most elderly of Carers in Angus are delivering the most hours of care per week. 1264 Carers over the age of 65 are delivering more than 50 hours of care per week. Over 200 more than in 2011 Scotland's Census 2022 Impact of this strategy This Carers Strategy relates to both young and adult Carers.

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.**
				This strategy aims to have a positive impact for young carers. It builds on work already undertaken to redesign and trial the Young Carer Statement and seeks to improve access to services for young carers across Angus. Feedback from young carers confirmed that support needs vary depending on age and stage of life. In response, Angus Carers Centre has developed age-appropriate support and activities for young carers aged 11 years and under, 12–17 years, and 18–24 years, ensuring services better reflect their differing needs and experiences. Young carers also highlighted the importance of opportunities to socialise, have a break from caring and spend time with peers. In response, Angus Carers Centre has expanded its programme of age-appropriate activities and experiences, including outdoor pursuits and wellbeing opportunities delivered in partnership with local organisations. These activities help young carers build friendships, reduce isolation and support a healthy balance between their caring role and everyday life. 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.
Disability		X		National Outlook

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.**
				There is a requirement under the Equalities Act 2010 not to discriminate on the basis of disability. The Scotland Census 2022 showed that 21% of Scottish people report as being limited by a long term health problem or disability in their day to day activities. Local Outlook The Scottish Census 2022 showed that 24% of residents in Angus report as being limited by a long term health problem or disability in their day to day activities. This is an increase of around 5% since 2011. The ACS 2026-2029 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.
Race				National Outlook The Scottish Census 2011 tells us that ethnic minority Carers make up 4% of all Carers in Scotland. Local Outlook

<table>
<tr><th colspan="5">Service Users, Public or Unpaid Carers with Protected Characteristics</th></tr>
<tr><th>Protected Characteristic</th><th>Potential Neutral Impact (X)</th><th>Potential Positive Impact (X)</th><th>Potential Negative Impact (X)</th><th>Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.</th></tr>
<tr><td></td><td></td><td></td><td></td><td>As of March 31st 2026, there were 34 Carers registered with Angus Carers Centre who are of an ethnic minority.

Angus has a relatively low number of residents who identify as ‘other identity only’ Scottish, as detailed below:
Scottish Census 2022
<table>
<tr><td>Scottish identity only</td><td>72%</td></tr>
<tr><td>British identity only</td><td>13%</td></tr>
<tr><td>Scottish and British identities only</td><td>8%</td></tr>
<tr><td>English identity only</td><td>2%</td></tr>
<tr><td>Any other combination of UK identities (UK only)</td><td>1%</td></tr>
<tr><td>Other identity only</td><td>3%</td></tr>
<tr><td>Other identity and at least one other identity</td><td>0.1 %</td></tr>
</table>
The ACS 2026-2029 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.</td></tr>
</table>

<table>
<tr><th colspan="5">Service Users, Public or Unpaid Carers with Protected Characteristics</th></tr>
<tr><th>Protected Characteristic</th><th>Potential Neutral Impact (X)</th><th>Potential Positive Impact (X)</th><th>Potential Negative Impact (X)</th><th>Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.</th></tr>
<tr><td>Sexual Orientation</td><td></td><td>X</td><td></td><td>Scottish Census 2022
The Scottish Census 2022 tells us that 4% of Scottish Adults over the age of 16 identified their sexual orientation as LGBTQ+
The ACS 2026-2029 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.</td></tr>
<tr><td>Religion or Belief</td><td></td><td></td><td></td><td>In 2022 Angus residents identified themselves as the following faiths:<table><tr><td>Church of Scotland</td><td>26%</td></tr><tr><td>Roman Catholic</td><td>6%</td></tr><tr><td>Other Christian</td><td>4%</td></tr><tr><td>Muslim</td><td>1.4%</td></tr><tr><td>Other religions</td><td>0.2%</td></tr><tr><td>No religion</td><td>57%</td></tr><tr><td>Not stated</td><td>5%</td></tr></table>ACS 2026-2029 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.</td></tr>
</table>

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				Evidence shows that transgender people can experience discrimination, poorer mental health outcomes and barriers when accessing public services. These experiences may make it more difficult for trans carers to identify themselves as carers or seek support. The Angus Carers Strategy promotes an inclusive approach to engagement and service delivery, ensuring that support is accessible to all unpaid carers regardless of their gender identity
Pregnancy and Maternity				If a Carer or Cared for person was pregnant then this would be acknowledged within Carer Support Planning and appropriate support provided. The ACS 2026-2029 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.
Marriage and Civil Partnership				Carer support planning would acknowledge the relationship between the Carer and supported person. The ACS 2026-2029 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.

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.**
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. care experienced, unpaid carers, current & former Armed Forces personnel (please specify)				In considering the implementation of the ACS 2026-2029 no negative impacts on any of the protected characteristics have been identified. 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. Currently, Angus statistics for all protected characteristics are not robust and many people in this group are unwilling to disclose their status due to fear of discrimination or a desire for privacy.
Human Rights (Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and				ACS 2026-2029 seeks to uphold the human rights of unpaid carers and those they support. The strategy recognises that carers have the right to be treated with dignity and respect in all interactions with health, social care, and public services. It acknowledges that caring responsibilities can significantly impact an individual's right to a private and family life (Article 8 of the Human Rights Act) and therefore seeks to ensure appropriate support is provided to maintain personal relationships and well-being. The strategy also recognises carers' right to education and employment. It includes measures aimed at enabling carers to balance their caring role with educational or employment opportunities where possible, addressing the

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.**
the right to free elections).				potential conflict between caring responsibilities and the right to personal development and economic participation. Respecting carers' privacy and ensuring they are informed and involved in decisions that affect their lives and the lives of those they care for is central to the strategy. The approach taken also supports carers' right to participate in public life, including influencing policies and decisions that affect them, aligning with the principles of participation and accountability.

Employees or Volunteers 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			
Sex	X			
Disability	X			
Race	X			
Sexual Orientation	X			

Employees or Volunteers 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.**
Religion or Belief	X			
Gender Reassignment	X			
Pregnancy and Maternity	X			
Marriage and Civil Partnership	X			
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. care experienced, unpaid carers, current & former Armed Forces personnel (please specify)	X			

11. EQIA FINDINGS AND ACTIONS

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.	
Option 1 - No major change required (where no impact or potential for improvement is found and no actions have been identified)	EQIA has established that any impact that the ACS 2026-2029 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: Increasing the diversity of Carers represented via young and adult Carer Influencers Increasing numbers of registered Carers from ethnic minority backgrounds Increasing numbers of male registered Carers.
Option 2 - Adjust (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)	
Option 3 - Continue (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)	
Option 4 - Stop and review (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 - NA Action 2 - NA Action 3 – NA		

12. EVIDENCE OF DUE REGARD - EQUALITY ACT

Public Sector Equality Duty: 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.	
	Please mark with an (X) in the relevant boxes.
Eliminate unlawful discrimination, victimisation and harassment.	X
Advance equality of opportunity	X

Foster good relations between any of the Protected Characteristic groups	X

13. FAIRER SCOTLAND DUTY ASSESSMENT (FSDA) – STRATEGIC DECISIONS ONLY

The Fairer Scotland Duty (FSD) places a legal responsibility on 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 where there is likely to be socio-economic impact.

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. Socio-economic 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

14. FSDA - SCREENING DECISION

12 a) Is your policy, practice or project strategically important? Yes or No?	**YES** - Proceed to question 12 b)	**NO** – FSDA not required, please provide reasoning below and proceed to sections 14 onwards to conclude.
	YES	
12 b) Is it likely that your strategic policy, practice or project will have socio-economic impact? Yes or No?	**YES** - Proceed to section 13. Full Fairer Scotland Duty Assessment (FSDA) below	**NO** – FSDA not required, please provide reasoning below and proceed to sections 14 onwards to conclude.
	YES	

15. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence	
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?	National Outlook The Fairer Scotland Duty (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. Carers UK 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. The Scottish Government Equality Outcomes; disability evidence review, 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. Local Outlook Scottish Census 2022 Identified 12,283 Adult Carers in Angus, equivalent approx. 10%, of whom 60% were female. 25% were 65+. 16% were Young Carers under the age of 18 who are supported by local services. 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. There is an element of Hardship funding out with the provision of short breaks. This amounted to 8% of the Shared Care Scotland funding in 25/26. There was an anticipation that this was not to be funded in the new financial year however we are pleased to have received confirmation it is continuing for 26/27 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. Poverty in Rural Scotland Impact of this strategy The main way in which this strategy will impact on Carers in Angus regarding 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. The Waiving of Charges Policy will be implemented following detailed analysis of current support and charging arrangements, ensuring carer supports are classified correctly and aligned to outcomes identified through assessments. The strategy includes a strong focus on reducing the impact of financial disadvantage experienced by unpaid carers. Engagement highlighted financial stress as a key theme, alongside the need for better access to information, timely support and services that meet carers' needs. The strategy is committed to ensuring unpaid carers have opportunities to influence the planning, delivery and development of services through ongoing engagement with Adult and Young Carer

	Influencer Groups and the Angus Carers Strategic Planning Group. The delivery plan also includes actions to improve awareness of support; address barriers experienced by under-represented groups and promote equitable access to services across Angus. The strategy continues to support the Carer Positive Accreditation Scheme, encouraging employers to adopt flexible and carer-friendly workplace practices. An information session delivered to local employers has resulted in nine businesses becoming involved in the scheme, with further engagement planned to encourage additional employers to participate and help carers remain in, or return to, employment. Implementation of the strategy will continue to be informed by engagement with unpaid carers and partner organisations to identify and respond to any socio-economic barriers that may affect access to support or lead to inequalities in outcomes.

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		**X**		As above

living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.)				
Material Deprivation (those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, life insurance, leisure and hobbies.)		**X**		Via association with support 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.)		**X**		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)		**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.
Unpaid Carers		**X**		Unpaid Carers are the focus of the strategy
Homelessness, Addictions and Substance Use	**X**			
Children, Family and Justice	**X**			
Other e.g. current & former Armed Forces personnel (please specify)	**X**			

16. CONSUMER DUTY ASSESSMENT (CDA) – STRATEGIC DECISIONS ONLY

The **Consumer Scotland Act 2020 Duty** came into force on 1 April 2024. The Act requires that a relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, consider the impact of those decisions on consumers in Scotland, and the desirability of reducing harm to them. Angus Health and Social Care Partnership must comply with the obligations and duties set out in the 2020 Act:

Duty to have regard to consumer interests
(1) A relevant public authority must, when making decisions of a strategic nature

about how to exercise its functions, have regard to:
(a) the impact of those decisions on consumers in Scotland, and
(b) the desirability of reducing harm to consumers in Scotland.

The definition of 'consumer' for the purposes of the 2020 Act is an individual or small business who buy, use or receive goods or services in Scotland, or could potentially do so, supplied by a public authority or other public body. For example, a service user or patient accessing services through the IJB would meet the definition as a consumer.

There are also the seven consumer principles which must be taken into consideration: Access, Choice, Safety, Information, Fairness, Representation and Redress.

17. CONSUMER DUTY– SCREENING DECISION

Is your policy, practice or project strategically important? Yes	**YES (X)** - Proceed to question 16 below	**NO (X)** – Provide reasoning below and proceed to sections 17 onwards to conclude.
	YES	

18. EVIDENCE OF DUE REGARD – CONSUMER DUTY

If this strategic decision impacts consumers e.g. service users and patients, you have a duty to give regard to consumer interests. Please confirm that throughout this combined impact assessment you considered and evidenced the following two requirements:	
	Please mark with an (X) in the relevant boxes.
The impact of the strategic decision on consumers and the desirability of reducing harm to consumers have been considered throughout the process.	X
An outcomes-based approach has been taken to achieve the best outcomes for consumers.	X

From the previous document re Due Regard

Eliminate unlawful discrimination, victimisation and harassment.	Targeted engagement has been undertaken with unpaid carers to better understand the barriers experienced by underrepresented groups. The strategy includes actions to improve access to support for carers living in rural communities, carers from ethnic minority communities, and other groups who may experience inequalities in accessing services. Ongoing engagement will continue to inform service improvement and help ensure support is accessible and inclusive.
Advance equality of opportunity	Through its strategic priorities, the Angus Carers Strategy 2026–2029 aims to improve

	equitable access to information, support and services for unpaid carers across Angus.
Foster good relations between any of the Protected Characteristic groups	Meeting Centres across Angus, together with Angus Carers Centre and Alzheimer Scotland, provide support for both unpaid carers and the people they care for. These services are open and accessible to all carers, including those with protected characteristics, and aim to provide inclusive support that meets a range of individual needs.

19. CHILD RIGHTS & WELLBEING IMPACT ASSESSMENT (CRWIA) - ASSESSING CHILDREN'S RIGHTS

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.

*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.

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:

Which of the general principles apply to your proposal? Select all that apply: (please mark with an (x) as appropriate)

1. Non-discrimination (Article 2)	X	**2. Best interest of the child (Article 3)**	X
3. Right to life, survival and development (Article 6)	X	**4. Right to be heard (Article 12)**	X
None			

What impact will your proposal have on children's rights, i.e. positive, negative or neutral?	Young carers were actively involved in the development of the Angus Carers Strategy 2026–2029. Their feedback has helped shape the strategy and its priorities, ensuring it reflects the issues that matter most to young carers and supports improved outcomes across all four wellbeing indicators.
How will the proposal give better effect to the UNCRC in Scotland?	The Angus Carers Strategy 2026–2029 aims to improve outcomes for young carers by enabling them to have a life outside of their caring role. Working in partnership with Angus Carers Centre, the strategy supports the early identification of young carers, access to appropriate support, opportunities for respite and social activities, and involvement in decisions that affect them. Feedback from young carers has also informed the strategy, ensuring that their experiences and priorities continue to shape the development of services across Angus.
How will the impact be monitored?	We work closely with Angus Carers Centre to gather feedback from young carers and ensure their views inform service development. Every young carer is offered a Young Carer Statement, which is reviewed regularly to ensure it continues to reflect their needs and personal outcomes. Young carers are also encouraged to provide feedback on the support they receive and are involved in shaping services through ongoing engagement, including participation in the Young Carer Influencers Group and consultation on the Angus Carers Strategy.
How will you communicate to children and young people the impact of the proposal on their rights?	The strategy has been developed in partnership with Angus Carers Centre, including the Young Carer Service and the Young Carer Influencers, whose feedback helped shape the strategy and ensure it reflects the experiences of young carers. Ongoing work with Angus Carers Centre will continue to raise awareness of the role of young carers, promote their rights, and ensure they have opportunities to influence the development and delivery of services that affect them.Young Carers short film **Schools Policy and** YC eligibility criteria

20. PUBLICATION

Is the corresponding IJB/Committee paper exempt from publication?	**NO**

21. SIGN OFF and CONTACT INFORMATION

Lead Officer Responsible	
Name:	Jane Hallam
Designation:	Planning Officer (Carers)
Date:	9.07.2026

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:	Jane Hallam	Name:	Jillian Richmond
Designation:	Planning Officer (unpaid carers)	Designation	Service Leader
Date:	9/7/26	Date:	9/7/26

For further information on this Combined Assessment, or if you require this assessment is an alternative format, please email: tay.angushscp@nhs.scot

22. 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)	**February 2027**

23. EQIA 6 MONTHLY REVIEW SHEET

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

Date of this review	

Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.	**Status of action (with reasoning)** • **Complete** • **Outstanding** • **New** • **Discontinued** **etc.**
Action 1 -	
Action 2 -	
Action 3 etc. -	