Equality & Poverty Impact Assessment 00482 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Social Work Adult Services None	**Lead Officer Name:**	Liz Beattie
		Team:	PMO
		Tel:	07483960619
		Email:	liz.beattie@falkirk.gov.uk
Proposal:	**Home Care Remodelling Project** This programme will transform the operational delivery model of the Care at Home Service, to offer a refocused range of appropriate Care services. The project will embrace the Home First approach, with a greater reablement focus, by the establishment of dedicated reablement teams and strengthened further by the creation of an urgent response provision in each locality. The model for maintenance Care Provision currently delivered in–house will be commissioned to our external providers. The project will redesign the current Care at Home Service, building the skills and workforce to support the development of the roles. The benefits will include service efficiency, financial opportunities and an increase in customer satisfaction.	**Reference No:**	

What is the Proposal?	**Budget & Other Financial Decision**	**Policy (New or Change)**	**HR Policy & Practice**	**Change to Service Delivery / Service Design**
	Yes	Yes	Yes	Yes

Who does the Proposal affect?	**Service Users**	**Members of the Public**	**Employees**	**Job Applicants**
	Yes	Yes	Yes	Yes

Other, please specify:	

Identify the main aims and projected outcome of this proposal (please add date of each update):	
30/11/2023	To offer a refocused range of appropriate Care services that embrace the Home first approach, with greater reablement focus, be establishment of dedicated reablement teams. Building upon each locality to introduce dedicated reablement teams and a reablement focus, while achieving optimum independence, impacting positively on people's quality of life.
30/11/2023	Design and implement an Urgent response provision
30/11/2023	Review current Care at Home maintenance packages and recommissioning of maintenance care to the external market. Optimising the commissioning to the external market.
30/11/2023	Build on the skills and capacity of the Workforce to support the development of their role.

SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this service (£'0000s)	Total:		
Reduction to this service budget (£'0000s)	Per Annum:		
Increase to this service budget (£'000s)	Per Annum:		
If this is a change to a charge or concession please complete.	Current Annual Income Total:		
	Expected Annual Income Total:		
If this is a budget decision, when will the saving be achieved?	Start Date:		
	End Date (if any):		

SECTION THREE: EVIDENCE	**Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups.)**

A - Quantitative Evidence	**This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.**

Falkirk Demographics

A comparison of care at home and supported living services, in terms of number of services users and hours provided, was taken from the Council's data for the last week of fiscal period 2022/23, which identified the following.

- There were more services users receiving care at home (n=1702) compared to supported living services (n=958), however with supported living providing a larger number of hours (supported living 22305 hours to care at home 14200 hours), see charts 2 and 3, which demonstrate this, and figure 1 with average weekly planned hours. There were 258 services users receiving a combination of both care at home and supported living.

- The majority of service users receiving supported living were receiving non-personal care (75%) and compared to 25% being personal care. While care at home service users were receiving 97.5% personal care.

- Care at home predominantly providing care for service users with physical or sensory disabilities or older persons. Supported living predominantly for clients with learning disabilities or with physical or sensory disabilities. Both care at home and supported living services have been providing care for similar amounts of clients with mental health needs, see Chart 1 below.

- Supported living provided care for a people over a large range of ages and larger number of males. Care at home provided care to people generally over the age of 50 and a larger number of females.

- Supported living is predominately carried out by external providers, around 98%. Care at home is around 70% external providers and 30% provided internally. See Chart 2 and 3 below.

It is estimated that the population of Falkirk will increase by 6% between 2018 and 20

Population projections anticipate an 80% increase in the 75+ population between 2018-2043 at the same time as the proportion of working age people is decreasing. Older people are generally high users of services such as care and support at home. This means that at the same time as demand for services could be increasing it could be more challenging to employ the workforce to meet this demand.

Providers

In June 2023 the Care Inspectorate had 1183 registered locations under the heading of Support Services, Care at Home. This represents a 7.9% increase compared to the June 2022 figure. This confirms an expanding market and opportunities to attract new provision to the area to help address the additional pressures on services likely to flow from changing demographics.

The Scottish Social Services Council (SSSC) reported that in December 2021 there were 1,630 people employed in the housing support/care at home sector. This is a 25% decrease from 2,170 in 2020.

B - Qualitative Evidence	**This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.**

Social - case studies; personal / group feedback / other

- Falkirk Health and Social Care Partnership gathered feedback on the support offered to people within their own homes. An online survey was published on Falkirk Council's Citizen Space and was open for responses.

37 people participated in this consultation and told us about their views on the support they want to receive at home. Their comments will help us to ensure that the support we provide is suited to the needs and wants of the people who use it.

Regular consultation continues through the SLWG with providers. As well as this, key stakeholder views across Adult Services, service users and carers and the private, independent, and voluntary sectors has been taken into consideration.

Support at Home Consultation

A survey was designed to gather views from service users on the support they receive at home. The survey asked a series of statements to determine what was important and not important when receiving support at home. Participants could also provide comments on what was working and not working well. We asked participants the same questions in an online survey and at a face-to-face consultation event.

The online survey was published on Falkirk Council's Citizen Space and was open for responses between 22 July and 16 August. The survey received a total of 16 responses. 56% (n=9) of responders were family members or carers of someone who receives support at home and does not live with them. 25% (n=4) of responders were family members or carers of someone who receives support at home and lives with them. 13% (n=2) of responders receive support at home, and one person didn't provide any details.

A face-to-face consultation was held on Friday 13 August at the Sensory Centre. There were three sessions during the day with a total of 21 service users in attendance. Five carers, including one parent carer attended the first session, eight service users attended the second session, and another eight service users attended the third session.

Consultation Findings

The key themes that emerged from participant comments were:

- **Consistency:** Providers and practice
- **Communication:** Between provider and family and between provider and other services (SW)
- **Choice and control:** Person-centred care that suits service user and carer
- **Covid-19:** Most services stopped. Worry that services may not reopen.

- **Capacity:** Services short of staff.
- **Duration:** Tight timescales. Length of visits should be increased.
- **Trust:** Important to develop a trusted relationship. Getting to know the person is important.
- **Continuity:** Too many carers. Too frequent changes. Need to view rota.
- **Support**: Carers provide support with daily activities that service user enjoys.
- **Independence:** Enable the person to stay as independent as possible
- **Record-keeping:** Handover notes are important. Important for family to view notes.

Question 1) It is important to me that...

We asked participants to consider a set of twelve statements and tell us which statements were important or not important to them.

1. The support I get at home meets my needs and wants.
2. The support I get at home helps me to manage my own health and wellbeing.
3. The support I get at home helps me stay healthy and well.
4. I continue to take part in my daily routines, such as setting up activities and mealtimes.
5. I get the same level of care each time, and I can get to know my carers.
6. People take time to care for me and listen when I tell them my needs and wants.
7. People respond quickly when I ask for help.
8. I know who will be providing my care, and when.
9. The support I receive helps me feel safe and comfortable at home.

10. I have a say in how my support is provided.
11. If something isn’t right, I am comfortable with telling someone.
12. If my needs or wants change, the service can change quickly.

For most statements, 100% of participants said the statements were important to them. There were five statements where one or two people said that it wasn’t important to them.

Statement

Not Important

I continue to take part in my daily routines, such as setting up activities and mealtimes.

2 people

The support I receive helps me feel safe and comfortable at home.

2 people

I have a say in how my support is provided.

1 person

If something isn't right, I am comfortable with telling someone.

1 person

If my needs or wants change, the service can adapt quickly.

1 person

At the consultation event, participants provided additional comments on each of the statements.

The support I get at home meets my needs and wants.

Carers noted that respite terms didn’t always suit i.e., the time and form was decided by the provider rather than being to suit the service user/carers needs.

Care should be delivered in a more person-centred way.

Carers noted that some providers can’t complete tasks appropriately due to pressure to move on to the next service user. Pressure from management. This pressure is not helpful, and staff often leave as a result. Carers perceive provider terms and conditions as being an issue for staff retention.

SDS – there was a mixed knowledge and understanding of SDS within the group. Some noted that SDS provided more options, but some had not been offered this as an option. It was felt that SW communication should be more consistent re SDS.

One carer noted that they felt that they were ‘blamed’ for choosing a provider over £17 cap. E.g., if you had let us arrange the provider you wouldn’t have to be paying extra.

People found it important that their support enabled them to socialise with their neighbours and friends, but it was noted that COVID has prevented this recently.

The support I get at home helps me to manage my own health and wellbeing.

Most services stopped during Covid. Carers are worried that some may not open.

Carers centre has been a great support throughout.

The support I get at home helps me stay healthy and well

Two carers in the group highlighted concerns that although medication was given the provider doesn’t always check that service user actually takes it.

Carers help to provide support to deal with diabetes and other long-term conditions.

Carers help people to prepare healthy meals and meal planning helps management of conditions (such as diabetes).

I continue to take part in my daily routines, such as setting up activities and mealtimes

It’s important to be able to communicate with care provider e.g., what food service user has eaten, changes noticed, medication taken.

Mealtime calls are too short.

Travel time is sometimes included within hours of support, which was felt to be unfair.

Support to go to the bingo.

Covid has caused some disruption to normal routines and would like to return to the activities that happened pre-Covid (bingo, football, snooker, gardening at Stoneywood).

Some liked to cook and have had cooking classes or help.

Some activities have been moved outside due to Covid.

Would like more outside activities throughout localities – such as Stenhousemuir outside spaces and Strathcarron Hospice events.

“The trouble isn’t trying to get access to activities its about not being allowed to because of COVID”.

I get the same level of care each time, and I can get to know my carers

Handover notes in book are important. Provider noted in book ‘notes on phone’. This is not helpful as carer doesn’t have update re provision. Electronic recording system particularly not helpful for people with dementia.

Provider doesn’t always get note left by carer e.g., don’t check their phone or book before providing care. Suggested that carer leave note in key box for provider.

Systems should be developed around the service user and carer/family needs rather than the organisation.

Consistency in practice and process is important.

People would prefer consistency in terms of their carer, but Covid has caused some disruption.

Service users understood the need for some flexibility.

People find it useful to be able to view the rota and like that there is a mix of people to help – it is more social as means you are not always talking to the same person.

People take time to care for me and listen when I tell them my needs and wants

Some noted that there is a general lack of capacity across system. SW assess needs but then aren’t always able to provide package in line with needs. SW can’t respond quickly.

Communication between services needs to improve.

Care workers have kept in touch when service users have been on holiday. To go on holidays or short breaks, people often have to rely on the support of family or friends.

People respond quickly when I ask for help

Very important. Some felt that Covid is now being used as an excuse.

Service users noted that this wasn’t always the case with the doctor and dentist, but their carers did respond quickly.

People said that without support at home, they would not be able to access external help such as the GP or dentist.

I know who will be providing my care, and when

All agreed that consistency in carer is important. There was an acknowledgement that this is not always possible, but carer feels more confident if they feel that the know and trust provider.

One carer had knowledge of a service user who had 20 carers providing their package. This is very disorientating for service user.

Covid had caused a lot of changes to rotas.

Quite a few staff have retired and all services are short of staff.

Service users have been involved in the recruitment process.

Some people were involved in the recruitment of their support workers. People noted good involvement with Stirling University and helping to match students with the right placement.

The support I receive helps me feel safe and comfortable at home

It is important to be able to develop a trusted relationship with providing staff. Frequent changes mean that this isn’t always possible. Continuity is required.

Example provided of equipment being provided but then not used as required 2 providing staff, but package is only provided by 1.

Good advice received from carers.

I have a say in how my support is provided

All felt that they had little/no say or control in packages of care and are unable to request changes. There is often no notification re changes of provider or times of support. Carers feel unable to plan as they don't always have access to a rota.

Carers felt that provider organisations can 'hold court' rather than care being adapted to the need or the service user/carer.

Carers noted that power of attorney means very little in real terms. Example – address on prescription changed without discussion with daughter meant missed medication for service user without capacity.

Some felt that there was little choice in care and that care was not individual. Example – service provider aged 45 with no mobility or ability to independently toilet. Tuck down visit is between 9pm – 10pm. Often before 9pm. Get up visit can be after 9am. More than 12 hours in bed – very isolating.

If something isn't right, I am comfortable with telling someone

Some noted that if they, or service user don't like the carer, they wouldn't say anything in case the package is withdrawn completely.

There was a sense that the care offered is not secure and so carers don't want to 'rock the boat'. People feel they have to 'bite their tongues'.

Service users knew about the complaints process.

If my needs or wants change, the service can change quickly

Provider can be helpful re change, but communication not good between SW and provider.

Question 2) What is good about the support at home service?

Communication

“Good care workers engage with and listen to the person they are caring for, but sometimes they are not given enough time to allow them to do the job they want to do. Notes in the clients file is important to allow the family to know what is going on. This is particularly important where the cared for person has dementia. I notice that this is moving to electronic notes. If this is the case, there has to be some way of ensuring the family are able to read the electronic notes as well.”

Independence

“My Dad and late Mum's care was outsourced to provider by the council. They were very good at recognising the different types of care that my parents needed (dementia & long-time palliative care for terminal kidney cancer respectively) and when those needs did change (often at short notice), I was reassured that I would the added worry about the service keeping up. The carers my Mum and Dad receive are really good at working with them to figure out what they can do (e.g., wash hair) and can't do (e.g., dry feet), all the while keeping their independence. The carers going in would spend time with my parents and got to know them, so they got to learn how to read them and know when my parents needed help but didn't let on. I would make my parents meals and freeze them, so all my parents had to do was decide what they wanted and take them out for the carers going to heat up. While I can't be there all the time it is reassuring to know that someone is making sure my parents were eating, and when my parents weren't but said they were the carers would always let me know. I know I can trust them with my parents physical and mental well-being (letting us know if there is going to be a change so I can let my dad know and calm and reassure him).”

“To enable the person to stay as independent as possible.”

“Regular carers coming into the house and ensuring that mother-in-law is able to live alone as she wishes.”

Trust

“My Mum receives her care from a provider who provide excellent care.”

“I find support at home very helpful. The carers are very caring, kind and understanding.”

“I like the support workers I get on with them and I wouldn't change them.”

“I am happy with the services I receive.”

“The support my father receives means he has been able to remain at home with my mother. The staff are a very professional dedicated group of individuals and I can’t praise them enough. Provider has also been excellent, and my father has forged very good meaningful relationships with his support workers.”

Safety and well-being

“I help look after a family member who has Vascular Dementia and at the moment she is cared for at home and is seen and attended to by provider four times a day. My family member has been assessed as NOT having capacity. Everything is important for us regarding her safety and well-being. However, it can be difficult for the cared for person to make informed decisions on their own behalf, therefore part of the survey I felt was more Not relevant than Not important or Don’t know.”

Duration

“Some staff are really passionate about providing good care but seem to be curtailed by tight timescales.”

Support

Care workers help people do what they want to do and listen to what people want. This provides purpose to activity/care.

Examples provided included:

- Provider taking service user out and sharing photos of experience
- Help to do jobs around the house which helps people to live independently.
- Carers have helped service users to get involved in volunteering (e.g., at the food bank).
- Playing games (e.g., pool, draughts).
- Listening to records.

- Being taken out to activities and things like the cinema.
- The carers ensure that service users can go shopping and pay their rent / bills.
- Help with going to watch the football.
- Helps to maintain a routine and some structure.
- Helped to decorate a room in the flat.
- Service user likes to go on the bus and the train into town.
- Likes visits to the park.
- Service user can pick things for their own house with support from the carer to do shopping.
- Likes to sing – the carer supports the service user to attend this activity.

People enjoyed the social aspect of their support service – they knew others who also received help and had opportunities to socialise together.

"I can say what I want to do and workers set out what we will do to achieve it".

Question 3) What could be improved about the support at home service?

Duration

The length of time afforded should be increased - 20 minutes per person not enough to meet the needs of individual.

"Enough time should be given to allow the carer to engage with the cared for person. A 10-minute med prompt call never allows the care worker to learn to know the cared for person. The cared for person needs to be given enough time to talk with the care worker exchange a few words about how they are feeling and have a little social interaction. They need to feel they are being treated with patience and that the worker has time for them."

“Too large a gap in the afternoon.”

Trust

“Getting to know the person you are caring for is so important. Respecting that person and treating them with the dignity that they deserve - remembering that this is someone's mum/dad/brother/sister/parent/child/friend.”

Communication

“Up until the beginning of last year I also cared for my elderly neighbour who was disabled, had vascular dementia, legally blind and deaf. Her care wasn't outsourced and was provided by the council itself. While she did have carers that did many of the same things as provider did for my parents, there was many things that were done worse and weren't ever really solved. This includes home helps being redirected or cancelled at the last minute with no communication whatsoever and having to call the main office to figure out why no-one has turned up. Sometimes this includes no-one turning up for several hours and being told by the home helps that they were told alternative care has been organized when it hadn't. A notice was put against my husband (who also provide care) for sorting my neighbour's dinner, her morning call was 3.5/4 hours late causing her to have a late breakfast which messed up her medication, her lunch call was cancelled after several home helps were redirected which was only found out by her daughter after multiple attempts to get through to the main office, however it turned out that home helps where still coming in to do the lunch only it was close to nine hours pass the lunch time call. I don't believe this was down to the fault of the home helps but upper management. During a 6-week period my neighbour had 81 different home helps, luckily my neighbour's dementia was controlled and as long as she knew their name and heard their voice she could remember them. However, in no way should that amount of different home helps be put into an elderly woman who is legally blind, deaf, disabled and has dementia. When complaints were raised my neighbour's daughter was told its management decision and we aren't allowed to raise our concerns about how this would affect the clients. While these may be the extreme examples, much milder version was the norm. But it only got better when the council was told by the doctors that more care was needed, and the Care Commission said that the care being provided was unacceptable. It got better because the council outsourced the care privately. I think if the council wants to improve their care, they need to do more than just change managers every so often. They need to listen to those getting the support and care, to the carers, to the home helps and other involved parties. They need to support home helps by reducing the pressures of getting through the amount of client in the quickest time possible, support to prevent burn out and support through it, hiring more home helps so when situations will arise then the knock-on effect on others is minimised.”

Consistency

Some service users that their carers had changed, and they would have preferred them to stay as they were.

“Reduce number of carers into home on a weekly/monthly basis. Provides good relationships with same persons.”

“At times there is no support at short notice due to staff holidays, there seems to be no cover for this.”

“I would prefer the times I see them the same every week not changing every week.”

Capacity

Some felt that providers need to make sure that staff are well trained and better experienced.

“There should be more capacity in the system. If there is any issue e.g., provider needs to all ambulance for service user and wait for arrival, then there is no back-up provider.”

“There have been times that no cover has been in place by provider for holidays etc. and its often very short notice when we find out. We have been very lucky that other carers have managed to step into the breach.”

“Some people wanted to have more involvement in the recruitment of their support workers – noting that they didn’t have the same level of involvement as others (e.g., help with Stirling Uni placement process).”

Support

“During the last few months my mother in laws care has significantly deteriorated. Examples are leaving her on a commode in the house alone. Leaving food and drink out of reach. Forcing a lifting contraption on her, despite her saying it is hurting her. Her being left crying, alone after having an accident. Blocking the toilet and causing a flood due to careers putting plastic gloves down the toilet. I could go on.”

“This has been our first encounter with provider and there have been a lot of positives in the care of our family member in these challenging times and we are grateful for the support on a daily basis however the multi-agency involvement left us trying to pull things together for ourselves.”

When it comes to young people, a parent carer explained that there is not enough support available around transition and planning for future care, e.g., independent living (son aged 16). The parent highlighted that care and support should be parent led, not professional led as parents know the needs of their own child better than professionals.

There is a need to re-start activities that were stopped due to Covid. Some service users valued trips to the Camelon Centre, which has now closed. Other named activities included the City Nightclub (dates n mates), Elgin Park, Stoneywood, and the Bainsford Centre.

“Would like more help to find volunteer opportunities.”

Best Judgement:	
Has best judgement been used in place of data/research/evidence?	Yes
Who provided the best judgement and what was this based on?	As part of this process, a report was issued to the Integration Joint Board (IJB), 19 March 2021, and was subsequently approved. Following this, a task and finish group was established which included staff, trades union, HR and procurement and management representation. The group examined key performance data in relation to budgeted hours compared with hours spent delivering direct care, workforce profile, staff absence, financial costs of service and service ability to truly meet the objectives of the Care Standards, the strategic priorities of the IJB and the promotion of good outcomes for our citizens in line with the strategic ambitions of the partnership. The outcomes from this work were presented to a workshop of Integration Joint Board (IJB), the Strategic Planning Group (SPG) and the Joint Staff Forum (JSP) on 4 February 2021, where overall support for the preferred model was expressed by members.

What gaps in data / information were identified?	The redesign model, still needs to determine what the operational model will look like. To progress this, established workstreams, sub-groups and working groups will determine how we fill the gaps.
Is further research necessary?	Yes
If NO, please state why.	

SECTION FOUR: ENGAGEMENT

Engagement with individuals or organisations affected by the policy or proposal must take place

Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?	Yes
If YES, please state who was engagement with.	As part of the Home Care retendering process with the independent providers future sustainability is considered, specifically around environmental and social characteristics.
If NO engagement has been conducted, please state why.	

How was the engagement carried out?		**What were the results from the engagement? Please list...**
Focus Group	Yes	A face-to-face consultation was held on Friday 13 August at the Sensory Centre. There were three sessions during the day with a total of 21 service users in attendance. Five carers, including one parent carer attended the first session, eight service users attended the second session, and another eight service users attended the third session.
Survey	Yes	A survey was designed to gather views from service users on the support they receive at home. The survey asked a series of statements to determine what was important and not important when receiving support at home. Participants could also provide comments on what was working and not working well. We asked participants the same questions in an online survey and at a face-to-face consultation event. The online survey was published on Falkirk Council's Citizen Space and was open for responses between 22 July and 16 August. The survey received a total of 16 responses. 56% (n=9) of responders were family members or carers of someone who receives support at home and does not live with them. 25% (n=4) of responders were family members or carers of someone who receives support at home and lives with them. 13% (n=2) of responders receive support at home, and one person didn't provide any details.
Display / Exhibitions	No	
User Panels	No	

Public Event	Yes	During the development of the Care and Support at Home contract strategy, which includes the current and future model and delivery methods of Home Care. A provider consultation event took place, 8 June 2023, following a Prior Information Notice (PIN) being advertised on Public Contracts Scotland. A post survey was then undertaken by most current and potentially new providers which gathered experiences and views.
Other: please specify	Support and Care at Home Tender.	

Has the proposal / policy/ project been reviewed / changed as a result of the engagement?	No
Have the results of the engagement been fed back to the consultees?	Yes
Is further engagement recommended?	Yes

SECTION FIVE: ASSESSING THE IMPACT

Equality Protected Characteristics:	**What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, carers etc.**

Protected Characteristic	Neutral Impact	Positive Impact	Negative Impact	Please provide evidence of the impact on this protected characteristic.
Age		✓		This redesign of Home Care project delivers services to people of all ages, however, the large majority will be people over the age of 65 years. It is anticipated that it will have a positive impact on older people in particular. Adopting a reablement approach to help individuals to relearn and maintain the activities of daily living following an episode of acute illness, hospitalisation or some other life event that may have inhibited independent living skills. Population projections anticipate an increase in the 75+ age range, while the same working age group is decreasing. This could see a demand increase of people accessing the care at home service. To help offset the demand and to understand our service better, home care will see the introduction of the Rockwood Frailty Scale, to assess the impact of increased vulnerability resulting from aging-associated decline. This is a clinical frailty score and one of the ways that we want to measure and continually assess. The scale measures those who are very fit, to terminally ill. This scoring can also be adapted to score frailty in people with dementia. The information gathered will be recorded in our social work information system and will provide a holistic measure on individual progress. The frailty score will be undertaken during the initial assessment stage and will be measured at various stages of the reablement journey.
Disability		✓		This project seeks to assist people with disabilities to maintain or enhance their independence through support offered to retain and/or gain skills. Therefore it is anticipated that it will have a positive impact on people with disabilities.

Public Sector Equality Duty: Scottish Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations. Scottish specific duties include:

				females.
Ethnicity	✓			There is insufficient evidence to assess the impact, therefore this has been assessed as neutral.
Religion / Belief / non-Belief	✓			There is insufficient evidence to assess the impact, therefore this has been assessed as neutral.
Sexual Orientation	✓			There is insufficient evidence to assess the impact, therefore this has been assessed as neutral.
Transgender	✓			There is insufficient evidence to assess the impact, therefore this has been assessed as neutral.
Pregnancy / Maternity	✓			There is insufficient evidence to assess the impact, therefore this has been assessed as neutral.
Marriage / Civil Partnership		✓		By maintaining or enhancing independent living skills, the project will ensure that people are less dependent on a spouse/civil partner for support. This will be seen as a positive impact.
Poverty		✓		From the Care and Support at Home market analysis data, we know that older people and people living with disabilities are more likely to be impacted by poverty. By ensuring people can access benefits or employment opportunities the project will have a positive impact on poverty.
Care Experienced		✓		By maintaining or enhancing independent living skills, the strategy will have a positive impact on care experience people.
Other, health, community justice, carers etc.	✓			By maintaining or enhancing independence of individuals, this strategy will have a positive benefit for informal carers.
Risk (Identify other risks associated with this change)				

	Evidence of Due Regard

Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):	By ensuring the appropriate legislation is adopted and adhered to, and enabling people to more fully participate in their communities will help reduce discrimination.
Advance Equality of Opportunity:	By maintaining and enhancing skills, the home care project will advance equality of opportunity and contribute to people fulfilling their potential.
Foster Good Relations (promoting understanding and reducing prejudice):	By encouraging and supporting people to have greater choice and control over the services they want to support them, and how they want to be supported will promote and foster good relations.

SECTION SIX: PARTNERS / OTHER STAKEHOLDERS

Which sectors are likely to have an interest in or be affected by the proposal / policy / project?		Describe the interest / affect.
Business	Yes	Private Sector Care Providers, individuals, families and friends, and carers using the Care at Home and Supported Service will be interested in the new business model of the Future of Home Care Service and operation.
Councils	Yes	There will be a change to the delivery of the Home Care service therefore other neighbouring councils may be interested in the approach being taken. Benchmarking/conversations with other authorities is underway.
Education Sector	No	
Fire	No	
NHS	Yes	As a Partnership, we are working together to improve the current in-house service delivery model and develop the future model.
Integration Joint Board	Yes	The IJB is responsible for the delivery of the HSCP Strategic Plan, budgets and service being delivered.
Police	No	
Third Sector	Yes	Third Sector providers may be interested in participating to shape the new business model of the Future of Home Care Service and operation.
Other(s): please list and describe the nature of the relationship / impact.		

SECTION SEVEN: ACTION PLANNING

Mitigating Actions: **If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.**

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes
Age	people living with frailty	Ensure the project considers the implications of all Service Users receiving support	Claire Chapman	31/03/2024	Care and Support at Home Contract Strategy, and HSCP Strategic Plan.
Disability	people living with disabilities	Ensure the project considers the implications of all Service Users receiving support	Claire Chapman	31/03/2024	Care and Support at Home Contract Strategy, and HSCP Strategic Plan.
Poverty	people living in poverty	Ensure the project is aware of socioeconomic characteristics, including social exclusion, deprivation by promoting opportunities - training	Claire Chapman	31/03/2024	Care and Support at Home Contract Strategy, and HSCP Strategic Plan.
Care experienced	people already receiving care within Falkirk Council	Ensure positive outcomes from the Home Care redesign for any person in receiving care	Claire Chapman	31/03/2024	Care and Support at Home Contract Strategy, and HSCP Strategic Plan.

No Mitigating Actions

Please explain why you do not need to take any action to mitigate or support the impact of your proposals.

Are actions being reported to Members?	No

If yes when and how ?	

SECTION EIGHT: ASSESSMENT OUTCOME

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.		
No major change required	Yes	The home care project is being modelled and designed to benefit all protected characteristics, it is also anticipated that there will be both neutral and positive impacts for the protected characteristics joining the framework.
The proposal has to be adjusted to reduce impact on protected characteristic groups	No	
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	No	
Stop the proposal as it is potentially in breach of equality legislation	No	

SECTION NINE: LEAD OFFICER SIGN OFF

Lead Officer:			
Signature:	Liz Beattie	**Date:**	03/11/2023

SECTION TEN: EPIA TASK GROUP ONLY

OVERALL ASSESSMENT OF EPIA:	**Has the EPIA 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?**	Yes

ASSESSMENT FINDINGS **If YES, use this box to highlight evidence in support of the assessment of the EPIA** **If NO, use this box to highlight actions needed to improve the EPIA**	The consultation work which was carried out with Providers, staff, service users and their families/carers was thorough and demonstrated compliance in line with the PSED.	
Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing without making changes been made?	No	If YES, please describe: Not applicable.

LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA		
LEVEL		**COMMENTS**
HIGH	Yes	This project will have a positive impact on many of the protected characteristics groups which are detailed in section 5 - especially those people with disabilities, older adults, carers and families of service users.
MEDIUM	Yes / No	
LOW	Yes / No	

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:			
Signature:	Martin David Thom	**Date:**	22/02/2024