

Equality & Poverty Impact Assessment 00945 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

| | | | |
|--------------------------------|---|----------------------|-------------|
| Service & Division: | Social Work Adult Services None | | |
| | | Tel: | 07483920655 |
| Proposal: | <p>Revised Partnership Funds package 2025/26</p> <p>The IJB is facing a £20m budget gap across the next 3 years, with an expected gap of £13m within 2025/26 and £7m over the following two financial years (2026/27 and 2027/28).</p> <p>Funding available for partner organisations is expected to reduce in order to help the HSCP address the £20m budget gap. The Partnership Funding review will consider the impact of any reduction in funding upon each organisation, the support available, the wider system, and decisions made about related or interconnected services and support options.</p> <p>The impact of this reduction will be different for each organisation.</p> | Reference No: | |

| What is the Proposal? | Budget & Other Financial Decision | Policy (New or Change) | HR Policy & Practice | Change to Service Delivery / Service Design |
|-----------------------|-----------------------------------|------------------------|----------------------|---|
| | Yes | No | No | Yes |

| Who does the Proposal affect? | Service Users | Members of the Public | Employees | Job Applicants |
|-------------------------------|---------------------------|-----------------------|-----------|----------------|
| | Yes | No | No | No |
| | Children and young people | Significant impact? | | |
| | Yes / No | Yes / No | | |

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| Other, please specify: | |
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| Identify the main aims and projected outcome of this proposal (please add date of each update): | |
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|------------|---|
| 28/02/2025 | Involve representatives of HSCP partner organisations in the co-design of a process to review the allocation of Partnership Funding |
| 28/02/2025 | Ensure a fair and transparent allocation of funds |
| 28/02/2025 | Align funding with strategic priorities |
| 28/02/2025 | Encourage collaboration and efficiency |
| | |

SECTION TWO: FINANCIAL INFORMATION

| For budget changes ONLY please include information below: | | | Benchmark, e.g. Scottish Average |
|---|-------------------------------|-----------------------------------|--|
| Current spend on this service (£'0000s) | Total: | £3,694,703 total (2024/25 budget) | |
| Reduction to this service budget (£'0000s) | Per Annum: | -£460,703 | £3,234,000 to be allocated to third/voluntary sector organisations. The Review Panel recommend allocation to projects of £3,193,788, leaving an unallocated amount of £40,212. |
| 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: | 01/07/2025 | |
| | 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.

Financial impact on services / projects with reduced funding:

Funding allocation by category:

Dementia Support:

Funding for dementia support is set to reduce from £419,423 to £258,148. As a percentage of the total funding available, it will reduce from 11.4% to 8.1%.

The services affected by reductions in funding in relation to dementia support are Town Break (Meeting Centre Core and Town Break at Home) and Alzheimer Scotland Post Diagnostic Support.

Town Break at Home supports around 14 people with dementia and 14 unpaid carers at any given time. The funding for the service is proposed to stop entirely.

Town Break Meeting Centre Core services support supports over 130 people living with dementia across its services each week. Every carer associated with the person is also offered support and therefore the number can double to 260 people each week. The funding for the service is proposed to stop entirely.

Alzheimer Scotland Post Diagnostic Support helps around 200 people with dementia at any given time. The service also provides support for unpaid carers. The funding for the service is proposed to reduce by 40%.

In terms of protected characteristics:

- Service users are overwhelmingly older, with the risk of developing dementia roughly doubling every 5 years after the age of 65 [\[1\]](#).

- A relatively small number of younger people develop early onset dementia.
- Women are around twice as likely to have dementia as men. The difference is largely attributable to the fact that life expectancy is longer for women [\[2\]](#).
- Dementia is a progressive condition and, as such, it meets the definition of a disability under the Equality Act.

The funding panel are conscious of the relatively high level of the funding reduction in relation to dementia support. Some of the funding will be re-allocated from the current services to more effective models of support for people with dementia.

Disability:

Funding for disability is set to reduce from £225,388 to £181,783. As a percentage of the total funding available, it will reduce from 6.1% to 5.7%.

The services affected by reductions in funding in relation to disability support are Dates-n-Mates and Neighbourhood Networks.

Dates-n-Mates have approximately 64 members. The funding for the service is proposed to reduce by 33%.

Neighbourhood Networks support approximately 15 full members and 7 associate members. The funding for the service is proposed to reduce by 10%.

In terms of protected characteristics:

- All service users have a disability.
- Neighbourhood Networks work with a range of ages from 16-65.
- Neighbourhood Networks have a number of clients from the LGBTQ+ community.

Dates-n-Mates proposed a 33% funding reduction, having undertaken a restructure of the organisation in response to cost increases and funding cuts. The reduction in funding will result in fewer events and workshop activities as their workforce will reduce in size, although they plan to continue to deliver outcomes to the same number of members.

Mental Health:

Funding for mental health is set to reduce from £481,199 to £396,518. As a percentage of the total funding available, it will reduce from 13% to 12.4%.

The services affected by reductions in funding in relation to mental health support are Central Wellbeing Permission to Dream and FDAMH Core Services.

Central Wellbeing Permission to Dream support approximately 200 people via peer support groups and drop-in sessions. The funding for the service is proposed

to cease.

FDAMH Core Services support approximately 1,500 people per year. The funding for the service is proposed to reduce by 6.9%.

In terms of protected characteristics:

- Many service users will have a disability. Under the Equality Act somebody is considered to be disabled if they have a mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Substance Use:

Funding for services that address substance use is set to reduce from £155,854 to £134,419. The allocation as a percentage of the total funding available will remain the same at 4.2%.

The service affected by reductions in funding in relation to substance use support is the Transform Forth Valley Social Inclusion Project. The funding for the service is proposed to reduce by 15%.

The Transform Forth Valley Social Inclusion Project supports around 70 people at any given time.

In terms of protected characteristics:

- Transform Forth Valley have not provided a breakdown of service users by equality characteristic. However, statistics about people receiving treatment for substance use^[3] suggest that approximately 70% need mental health treatment. Some of these individuals may qualify as being disabled under the Equality Act.
- More than two thirds of people in treatment in the UK are men.
- Around 60% of people in treatment in the UK are over 40 years old. 7% were aged over 60 and 13.7% were aged under 30.

Support for health and care related practical, emotional and social needs:

Funding for mental health is set to reduce from £608,342 to £567,062. As a percentage of the total funding available, it will increase from 16.5% to 17.8%.

The services affected by reductions in funding in relation to support for health and care related practical, emotional and social needs are Food Train, RVS Supporting Your Recovery, The Braveheart Association (Braveheart Activities) and The Salvation Army.

Food Train support around 180 members. The funding for the service is proposed to reduce by 20%.

The RVS Supporting Your Recovery service supports around 20 to 30 service users at any given time. The funding for the service is proposed to reduce by 5%.

Braveheart Activities support around 240 people at any given time. The funding for the service is proposed to reduce by 10%.

The Salvation Army support around 50 people. The funding for the service is proposed to reduce by 10%.

In terms of protected characteristics:

- Food Train and RVS support a predominantly older client group.
- 75% of participants in Braveheart Activities are female. 76.7% of RVS clients are also female. One of the factors contributing to this imbalance between sexes is likely to be the higher life expectancy for women.
- The client group for the Salvation Army is predominantly male, reflecting the higher levels of substance use typically found among men.
- 16.5% of participants in Braveheart Activities are from an ethnic minority background (higher than the proportion of the Falkirk population at 3.5%).
- Food Train report that a large proportion of their service users have a disability.

Unpaid Carers:

Funding for mental health is set to reduce from £1,437,823 to £1,320,146. As a percentage of the total funding available, it will increase from 38.9% to 41.4%.

The services affected by reductions in funding in relation to support for unpaid carers include Al Masaar Carer Support Development for South Asian Community, Falkirk & Clackmannanshire Carers Centre, FDAMH Carer Specific Counselling, Independent Living Association (SDS Forth Valley) Short Breaks Provision Entitlement, Plus Forth Valley Support CYP with disabilities and ASN and Scottish Families Affected by Alcohol and Drugs Family Support Development.

Al Masaar worked with 52 carers in 2023-24. The funding for the service is proposed to reduce by 32%.

Falkirk & Clackmannanshire Carers Centre support approximately 900 carers. The funding for the service is proposed to reduce by 2.5%.

FDAMH Carer Specific Counselling supports approximately 37 carers per quarter. The funding for the service is proposed to stop entirely.

Independent Living Association (SDS Forth Valley) Short Breaks Provision Entitlement supported 34 carers in its first 6 months. The funding for the service is proposed to stop entirely.

Plus Forth Valley supports up to 32 children and 36 parents per quarter. The funding for the service is proposed to reduce by 12.7%.

Scottish Families Affected by Alcohol and Drugs supported 29 people in the first 3 quarters of the project. The funding for the service is proposed to end in December 2025.

In terms of protected characteristics:

- Many of the cared for people supported by the unpaid carers will have a disability. The main types of need among cared for people according to the 2023-24 Carers Census^[4] are autism spectrum disorders (14%), dementia (13%), physical disability (11%) and learning disability (6%).
- Al Masaar provide support specifically aimed at identifying and supporting carers in the South Asian community.
- Religious beliefs among the South Asian community supported by Al Masaar emphasise gratitude and reliance on spiritual support and can lead to reluctance in seeking external help. Additionally, carers are mindful that social support services cannot cater to their religious support needs.
- According to the Carers Census 2023/24, in Scotland almost three in five carers (58%) were working age (18-64 year old) adults. Adults aged 65 plus made up a quarter of carers identified (26%), whilst young carers aged under 18 accounted for 16% of the carers.
- Around three-quarters of carers in Scotland in the 2023-24 Carers Census were female (73%).
- Approximately 21% of unpaid carers that provide care within their own household are doing so for their partner^[5].

[1] NHS England, 'Dementia', <https://www.england.nhs.uk/mental-health/dementia/>, Accessed 20/02/2025

[2] Alzheimer's Society, 'Why is dementia different for women?', <https://www.alzheimers.org.uk/blog/why-dementia-different-women#:~:text=Women%20have%20a%20greater%20risk,risk%20factor%20for%20this%20disease.>, Accessed 20/02/2025

[3] UK Government, 'Adult substance misuse treatment statistics 2022 to 2023', [Adult substance misuse treatment statistics 2022 to 2023: report - GOV.UK](https://www.gov.uk/government/statistics/adult-substance-misuse-treatment-statistics-2022-to-2023), Accessed on 21/02/2025

[4] Scottish Government, 'Carers Census, Scotland, 2023-24', <https://www.gov.scot/publications/carers-census-scotland-2023-24/>, Accessed: 21/02/2025

[5] Kings Fund, 'What are unpaid carers, who are they and how often do they provide care?', <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/unpaid-carers-nutshell>, Accessed: 24/02/2025

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

The submission form asked projects / services to identify any challenges that might arise from a reduction in funding. The following information summarises the challenges identified by the projects / services that are subject to proposed reductions in funding:

Dementia Support:

Feedback from partner organisations highlights several potential impacts of funding reductions. Firstly, there is a concern about the loss of continuity in services, which could create gaps in support and leave people uncertain about where to seek help. Additionally, a lack of resources would mean that people with dementia, their carers, and families would miss out on essential tools, connections, and plans necessary for building resilience and managing dementia effectively.

The increased stress on carers and families is another significant issue, as they would face higher levels of distress without access to information and support services. The quality of support would also be reduced, with the absence of high-quality post-diagnostic support (PDS) leading to a lack of familiarity with processes for reablement, rehabilitation, and maintaining independence, ultimately resulting in less person-centred care.

Moreover, there would be a higher demand on health, social care, and third-sector services due to the lack of support, placing further strain on services. This could accelerate the deterioration of individuals with dementia, causing faster health decline, increased stress for carers, and a higher likelihood of needing long-term care sooner.

Local services such as GP practices, social workers and the Carers' Centre might struggle cope with the increased demand, with limited capacity to provide comparable support. This situation could lead to more hospital admissions, as there would be a higher demand for emergency health interventions and earlier transitions into full-time care due to the lack of support to maintain independence.

Social isolation is another concern, as reduced social engagement and emotional well-being could lead to deterioration due to isolation, depression, or lack of stimulation.

Given the reduction in funding of £161,274 (38.5%) in this area, with the most significant reductions in relation to day care and support in people's own homes, we anticipate that the main impact is a potential barrier to access for people with dementia and their carers. Alternative models of support to help address these barriers will be considered by the Dementia Strategy Group, taking account of the full range of support provided by third sector and statutory organisations.

Although there is a proposal to reduce the funding for 5 pillar Post Diagnostic Support, it is proposed this is partially offset by the reallocation of some of the funding to develop an 8 pillar model of Post Diagnostic Support. The needs of people impacted by dementia, their carers and families has changed over recent years. People are receiving diagnosis later in their dementia journey and the 5 Pillar model is not suitable. The panel proposed that in order to redress this balance, that the 8 Pillar model is increased.

Disability:

Feedback from partner organisations highlights several potential impacts of funding reductions on services supporting people with disabilities.

Adults with learning disabilities could face increased social isolation, lacking opportunities to develop and sustain relationships, leading to loneliness and exclusion from community activities. Additionally, clients could miss out on workshops that build essential skills for social interaction, communication, and relationships, increasing their risk of sexual abuse and inappropriate behaviour.

Funding reductions relating to projects providing voluntary and paid employment opportunities would exacerbate the already low employment rate for people with learning disabilities. Without support from these services, there would be a higher demand for social work, learning disability services, and community mental health teams, leading to unmet needs and increased referrals.

Clients could become more socially isolated, affecting their mental and physical health, and increasing pressure on statutory services. Young people in transition to adulthood would lose safeguarding support, increasing their risk of exploitation and abuse.

People with learning disabilities already face health inequalities and lower life expectancy. Reductions in funding could worsen these inequalities, impacting their quality of life. Clients would lose support to manage their finances and maximise their income, increasing their risk of debt, poverty, and homelessness.

The loss of access to digital devices and support would reduce members' independence and ability to engage in meaningful activities. LGBTQ+ members would lose support in using their voice and accessing services, impacting their rights and inclusion.

Finally, families and carers would face increased stress and isolation without the support provided, affecting their mental health and financial stability.

Dates-n-Mates have restructured their service, leading to a 30% reduction in costs. The new structure will place 'greater reliance on volunteers and more of the service will be managed and coordinated centrally in an effort to limit the impact of the cuts on the planned activities as much as possible.' The impact of this change will be a reduction in the number of events and skills development workshops provided, although the service will continue to support the same number of clients. The changes proposed by Dates-n-Mates will help to mitigate some of the potential impacts highlighted above.

Neighbourhood Networks submitted a proposal outlining how the organisation could address a 10% funding reduction. The main implication of the proposed reduction in funding would be the redeployment of some staff time to other projects, resulting in an increase in the time to process referrals and a reduction in cover if other staff members are absent. The number of clients supported by the organisation would remain the same.

Mental Health:

Permission to Dream run peer groups to foster mutual support and enhance wellbeing by creating safe spaces for individuals with shared experiences. The initiative aims to reduce social isolation and loneliness, helping participants build or expand their social networks and find a sense of community.

The service includes 19 peer support groups, drop-in sessions, and partnerships with local organisations. Among these are the Forget Me Not Café, which provides a welcoming environment for people living with dementia and their carers, as well as anyone feeling lonely or socially isolated. Mindful Making offers a creative outlet through crafting, while the Young Muslim Mums group provides a supportive space for young Muslim mothers. The Nutrition Group focuses on

promoting healthy eating habits, and Little Conversations caters to individuals over 50, offering them a chance to connect and share experiences.

Additionally, there are two Make and Mend groups dedicated to sewing and upcycling, a Creative Writing group for those interested in expressing themselves through writing, and Board Games sessions for social gaming. Falkirk Friends aims to foster friendships through befriending activities. The Perinatal Support group, in partnership with Aberlour, supports new parents. Families affected by drugs are supported in a peer support group run in partnership with SFAD.

Discontinuing the Forget Me Not Café could lead to increased isolation and reduced quality of life for people with dementia and their carers. Older adults who rely on groups like Little Conversations and the Forget Me Not Café might face heightened risks of loneliness and social isolation if these services were no longer available.

The Young Muslim Mums group supports a specific religious and ethnic community. Without this group, young Muslim mothers might experience increased isolation and a lack of culturally sensitive support. The Perinatal Support group, which often benefits women as primary caregivers, provides support for their mental health and wellbeing. Ending this support could have detrimental effects on their overall health.

Discontinuing health-related groups such as the Nutrition Group and Families Affected by Drugs Peer Support could lead to poorer health outcomes for participants.

Funding for Central Wellbeing Permission to Dream is due to cease. The funding panel decided to prioritise funding for the unpaid carers Peer Support Groups that are also provided by Central Wellbeing rather than Permission to Dream.

FDAMH is projected to support more than 3,000 Falkirk people this year. Approximately 25% of FDAMH clients are experiencing 'Overwhelming Suicidal Thoughts' when they first contact the service. Consequently, the proposed funding reduction could then leave some people in the local community at risk, requiring alternative, urgent support.

Funding for FDAMH will decrease by 6.9%. FDAMH's proposed restructure and improved operating model will help to mitigate any adverse impacts as much as possible. However, the service highlights that there may be an unavoidable reduction of around 1,000 available mental health and wellbeing appointments during financial year 2025/26.

Substance Use:

Feedback from partner organisations highlights several potential impacts of funding reductions on services addressing substance use. One major concern is the lack of comprehensive support for individuals with complex needs who would struggle to engage with other services, hindering their progress.

Reductions in funding could potentially leave a significant gap in support for vulnerable adults with substance use issues, health co-morbidities, chaotic lifestyles, and complex needs, who are at a higher risk of death.

Falkirk already has drug death rates above the Scottish average. The Transform Forth Valley Social Inclusion Project provides personal contact and support, helping individuals access high-quality healthcare and recovery-oriented support, which benefits their families and the wider recovery community. People with

complex needs often face barriers to accessing services and their right to health. This service supports individuals with substance use issues and challenging behaviours to engage with existing services, a model that has proven successful.

The service works closely with the NHS Substance Use Service, providing intensive support to individuals. Without this service, individuals would struggle to engage meaningfully with other services, leading to unaddressed issues. Police Scotland refers individuals with substance-related harms, vulnerabilities, and anti-social behaviour to the service. Without this referral option, these individuals would suffer more, increasing substance use, anti-social behaviour, and criminality, and deteriorating health.

After another service closed in 2024, referrals for vulnerable adults with complex needs had to be redirected to Criminal Justice Social Workers, increasing their workload and reducing the support available to these individuals. The service provides unique case management, advocacy, and one-to-one intensive support on substance use, housing, finances, budgeting, healthcare, and other needs. Its closure would leave individuals without this comprehensive support, negatively impacting their progress and wellbeing.

The service is integrated into the care plans of individuals engaging with other services, addressing social factors alongside clinical needs.

Partnership Funding only supports two services in this category, the vast majority of which is allocated to Transform Forth Valley's Social Inclusion Project. It is proposed that the funding for the service will reduce by 15%. The main impact of the reduction in funding would be a decrease in staff hours and, consequently, a reduction in the number of people that the service can support and some disruption to the continuity of care for people that are currently supported.

Falkirk Alcohol and Drug Partnership (ADP) propose to review how the type of support provided by the Social Inclusion Project aligns with other drug and alcohol services. This review will take account of the forthcoming strategic needs assessment which will inform the development of a new ADP Strategy, Commissioning, and Delivery plan during 2025. This will underpin the design of the overall Recovery Oriented System of Care (ROSC) to ensure it is compliant with the MAT Standards and can focus the delivery of relevant tiered interventions where most beneficial to reduce drug and alcohol related harm and promote sustainable recovery.

Support for health and care related practical, emotional and social needs:

Feedback from partner organisations highlights several potential impacts of funding reductions on services that provide support for health and care-related practical, emotional, and social needs. Reducing third sector provision would lead to greater demand on statutory health and social care services, including GP visits, hospital admissions, delayed discharges, and social care needs assessments.

Many service users have disabilities or long-term conditions, and reduced service availability would negatively impact their ability to maintain independence and quality of life, further increasing demand on statutory services. Significant cuts would also force a reduction in befriending services, impacting referral partners and reducing social support for older people.

Older customers using the Food Train who are unable to use online grocery delivery services would face higher costs and difficulties accessing food without additional support. Existing befriending and social activities for older people are already in high demand, and reducing these services would limit opportunities for

long-term social engagement and friendship formation.

RVS supports people aged 55+ after hospital discharge to ensure good recovery and prevent re-admissions. Without this support, there may be a higher risk of re-admissions. Other organisations may struggle to meet the increased demand, leading to stretched resources, lower quality of service, and longer waiting lists.

Some of the support provided by services in this category relates to specific needs, such as disabilities and mental health support, which could be difficult to replicate, leaving marginalised groups without necessary support.

The funding panel propose to reduce funding for the Food Train by 20%. The implication of this decrease in funding is a reduction the befriending service in order to protect the shopping and meal provision services.

RVS work with a similar client group to Food Train. Funding for the RVS Supporting Your Recovery service is set to decrease by 5%. The organisation is able to sustain its current service model with a 5% reduction. The service is provided for a period of 12 weeks post hospital discharge, after which clients that require further support will need to be referred to other services.

Funding for Braveheart Activities is due to decrease by 10%. This level of reduction will lead to a decrease in staff hours and in the capacity of the service (e.g. reduced opening hours).

Funding for the Salvation Army is also proposed to reduce by 10%. The organisation consider such a reduction to be sustainable while maintaining the current level of service delivery for 2025/26, although cost pressures may mean it is unsustainable in the long-term.

The most significant impact of reduction in funding to this category of services is likely to be decrease in support to help address social isolation. Funding reductions may limit options for onward referral from other services. Some alternative provision does exist, although this provision may itself be subject to funding and capacity constraints. Some of this support is also targeted at groups that have specific needs or face specific barriers to access.

Unpaid Carers:

Feedback from partner organisations highlights several potential impacts of funding reductions on services that support unpaid carers.

Some of the funding is directed towards identifying unpaid carers in the South Asian, African and Arab communities and addressing barriers that they face in accessing support. Young carers in these communities might miss out on activities due to budget constraints, perpetuating unequal treatment and generational mistrust of mainstream services. Many carers, who suffer from mental health conditions, rely on culturally sensitive support. Reduced funding would limit their access to someone who understands their cultural issues and language barriers. Additionally, reduced capacity would hinder the ability to support service users with religious needs, which is crucial for their wellbeing.

Other services might struggle to support minority communities on a one-to-one basis or in groups, leading to exclusion and a negative impact on equality assessments. Those unable to seek out and understand information could be excluded from managing their support in a person-centred way.

Some spouses that provide unpaid care do not recognise themselves as carers. Limited resources would reduce communication efforts to help them understand their role as unpaid carers.

Children with disabilities and additional support needs have limited social opportunities. Reduced funding would further restrict their access to group activities and fun experiences. Families would lose respite and breaks, increasing social isolation, exclusion, and loneliness, negatively impacting the whole family's wellbeing.

Some of the support for unpaid carers is targeted at families affected by someone else's alcohol or drug use. This support reduces harm and risk for families, including the risk of death. Its removal would create disparities in family support across the area. Lack of support could lead to family breakdowns, unsupported kinship carers, and an increase in looked-after children.

Funding for Al Masaar, which provides support targeted at unpaid carers in the South Asian, African and Arab communities, will reduce by 32%. The proposed funding for the service is the same as awarded in 2024/25, based on 2023/24 funding and before increases to project lead hours which effectively created two full time positions. Hours had been increased firstly by 24 hours in January 2024, and by a further 11 hours in June 2024. Staff had been working excessive hours to meet both expectations of external organisations and to complete increasingly complex client queries. Capacity will reduce as a result of the reduction in funding, however, the demands on the organisation can be reduced with an agreement on how a defined annual budget can be used most effectively to identify, signpost, and engage carers without creating additional pressures and an additional workload for the organisation.

Funding for FDAMH Carer Specific Counselling is due to cease. The project was only funded for one year (2024/25). In the absence of the service, carers will need to rely on other counselling services that are not specifically tailored to their circumstances.

Funding for the Independent Living Association (SDS Forth Valley) Short Breaks Provision Entitlement will end. This service provided carers with more guidance and information around their short breaks entitlement and different short breaks provision. The number of attendees at the service has been lower than expected.

The funding for Plus Forth Valley will reduce by 12.7%. The service provides support for children and young people with disabilities and ASNs, and their families / carers. The reduction of 12.7% was proposed by the service. The service will reduce their family training sessions, which had been trialled unsuccessfully in 2024/25. Some expenses and staff time will also be reduced, although this will not impact upon the support that the service provides.

Funding for Scottish Families Affected by Alcohol and Drugs (SFAD) will end in December 2025. Falkirk ADP has a separate contract with SFAD which expires at the end of October 2025 with the option to extend for another 2 years on an annual basis. The potential to incorporate the SFAD service currently supported by Partnership Funding within the overall ADP contract (from October onwards) will be reviewed following the forthcoming Alcohol and Drug Needs Assessment to ensure that support available in the Falkirk area meets the needs of the community.

Best Judgement:

Has best judgement been used in place of data/research/evidence?

No

Who provided the best judgement and what was this based on?

| | |
|---|--|
| What gaps in data / information were identified? | |
| Is further research necessary? | No |
| If NO, please state why. | There is a sufficient amount of evidence to support the impact assessment. |

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. | <p>Representatives of partner organisations in receipt of funding were invited to a workshop, which was held in 10th December 2024. The workshop asked participants to consider:</p> <ul style="list-style-type: none"> • What factors should be considered in the evaluation of the submissions? (with reference to the themes of economy, efficiency, effectiveness and equity) • How these factors should be weighted • Whether anything else ought to be taken into consideration <p>The workshop raised a number of issues relating to equity and equality that were then incorporated into the evaluation process. The issues raised at the workshop included:</p> <ul style="list-style-type: none"> • The proves needs to account for the impact upon equality groups • To what degree does the service help niche / under-served communities? • Is alternative support available for a client group elsewhere? • There needs to be a significant weighting towards the impact on people/service users. <p>Partner organisations were also asked to identify the impact of any changes in funding upon protected characteristics as part of the funding review submission form. The responses from the organisations affected by changes in funding have been summarised as part of this Equality and Poverty Impact Assessment.</p> | |
| 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 | See above. |
| Survey | Yes | See above. |
| Display / Exhibitions | No | |
| User Panels | No | |
| Public Event | No | |

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

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. |
|--------------------------|----------------|-----------------|-----------------|---|
|--------------------------|----------------|-----------------|-----------------|---|

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:

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| | | | | <p>alternative models of support to help address these barriers will be considered by the a short life Dementia Review Working Group, taking account of the full range of support provided by third sector and statutory organisations.</p> <p>Day care opportunities help support brain health, reducing services would limit access to support, increasing the risk of isolation and have a negative effect on well-being.</p> <p>For the majority of partners, a reduction could be sustained that would have a limited or low impact on people.</p> <p>Overall, we anticipate a negative impact to older people living with dementia. It is hoped the Dementia Review Working Group review will mitigate this impact, however; for the time being this impact is assessed as negative.</p> <p>UPDATE Partner submissions which have supported the evaluation process have highlighted an increase in waiting times for '5 Pillar' support. Waiting time for PDS increased from 40 days in April to 141 days as of September 2025, with waiting list increasing from 25 people to 64.</p> <p>Revised model of Community Connections services started in Aug 25 following changes to funding. Groups continue to develop, more time is required to realise the impact of provision.</p> <p>The update to the eligibility criteria in 2025 may be contributing to the impact on people with dementia. The update means that adults who have moderate or low-level requirements will not have a formal service. However, with funding being reduced for this type of activity, there is a risk that people requiring low-level support with dementia will experience a significant impact. In addition, this could impact carers and families, placing greater demand on respite services. The Dementia Oversight group will consider the equalities impact during ongoing work, with a view to mitigation.</p> |
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| <p>Disability</p> | | | <p>✓</p> | <p>There is a potential for negative impact on adults with a learning disability on the basis there will be reduced workshops and activities around e.g. communication, self-esteem, sex and relationships. These activities are important for social interaction and relationships, however; there will still be workshops and activities so we will have to review the impact of the reduction of these activities at a later date.</p> <p>As dementia can cause a range of cognitive, physical and emotional impairments, we anticipate a negative impact for people with a disability who require dementia support, due to access to lower-level community groups/services being reduced. Alternative models of support to help address these barriers will be considered by the Dementia Strategy Group, taking account of the full range of support provided by third sector and statutory organisations.</p> <p>Day care opportunities help support brain health, reducing services would limit access to support, increasing the risk of isolation and have a negative effect on well-being.</p> <p>UPDATE Revised model of Community Connections services started in Aug 25 following changes to funding. Groups continue to develop, more time is required to realise the impact of provision.</p> <p>The update to the eligibility criteria in 2025 may be contributing to the impact on people with dementia. The update means that adults who have moderate or low-level requirements will not have a formal service. However, with funding being reduced for this type of activity, there is a risk that people requiring low-level support with dementia will experience a significant impact. In addition, this could impact carers and families, placing greater demand on respite services. The Dementia Oversight group will consider the equalities impact during ongoing work, with a view to mitigation.</p> <p>People who require advice around self-directed support may miss out on specialist support as they unaware of their options around self-directed support which may impact on their ability to choose the support they want. Further work to consider SDS options will take place at a later date, for now this is considered a negative impact.</p> |
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| Sex | | | ✓ | Research by the Alzheimer’s Society suggest women are at more likely than men to have dementia, typically Alzheimers. This is due to a range of factors, primarily women are more than likely to live longer than men. The likelihood of reducing dementia support groups is more women will be impacted than men. |
| Ethnicity | | | ✓ | Overall, services are provided to people regardless of ethnicity, however there is one service that focuses on racialised communities i.e. the minority ethnic community. The proposal suggests reverting to the original 2024/2025 funding levels due to challenges the service encountered in delivering an expanded scope with additional funding. We are anticipating a limited negative impact on reducing the funding back to original level, although this will be closely monitored. Feedback via our own engagement activities show a lack of trust in mainstream services. We need to build capacity across the sector to ensure we are supportive of different cultural needs. |
| Religion / Belief / non-Belief | | | ✓ | Faith based identities can be closely linked to ethnicity, in particular people from ethnic minority backgrounds are more than likely to identify with religion and therefore may require religious specific support, any reduction to services which provide support to minority ethnic communities could have an impact in religion. |
| Sexual Orientation | | ✓ | | Insufficient evidence to assess impact so the impact is assessed as neutral. |
| Transgender | | ✓ | | Insufficient evidence to assess impact so the impact is assessed as neutral. |
| Pregnancy / Maternity | | ✓ | | Insufficient evidence to assess impact so the impact is assessed as neutral. |
| Marriage / Civil Partnership | | ✓ | | Insufficient evidence to assess impact so the impact is assessed as neutral. |

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| Poverty | | | ✓ | <p>Where services that provide home support are reduced or stopped this could negatively impact people who experience poverty, as people in poverty likely rely on public transport as their main mode of transport. If services based at home are withdrawn, public transport issues may be a barrier to people accessing services. Evidence suggest older people and people with a disability are more likely to experience poverty, therefore may be negatively affected.</p> <p>Services impacted by reducing partnership funds offer guidance and support in relation to income maximisation. This may have a negative impact on people receiving the information required.</p> <p>One service relies on membership fee, if faced with a reduction in funds they will have to increase membership fees and those living in poverty will be negatively impacted.</p> |
| Care Experienced | | ✓ | | Insufficient evidence to assess impact so the impact is assessed as neutral. |
| Other, health, community justice, carers etc. | | | ✓ | <p>A reduction or stopping of services that provide peer support or informal day care support can negatively impact carers who use these opportunities for carers for respite.</p> <p>More centralised support would mean people living in the most rural areas of Falkirk may experience isolation.</p> |
| Risk (Identify other risks associated with this change) | <p>By reducing Partnership Funds package overall, we are at risk exacerbating the issues that the Partnership Funds programme is designed to address by making it difficult to reach people who don't engage with statutory services. There is a risk that individuals won't have access to the services and support they require.</p> <p>Increased pressure on statutory services.</p> <p>Increased pressure on carers may mean higher risks of their own mental health and wellbeing being reduced.</p> <p>Individuals won't get the advice and support in relation to income maximation which may mean people will live further into poverty.</p> <p>Reduces the affordability of the HSCP Strategic Plan.</p> | | | |
| | | Evidence of Due Regard | | |
| Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct): | Partnership funds supports activities which benefit marginalized groups. | | | |

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| Advance Equality of Opportunity: | Partnership funds supports complimentary services which offers people the ability to access a range of support and activities they may not access otherwise. |
| Foster Good Relations (promoting understanding and reducing prejudice): | Partnership Funds support services and activities in relation to minority ethnic communities communities. Partnership funds supports activities which addresses stigma around substance misuse. |

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 | Although mainly 3rd and voluntary sector organisations affected by this proposal some businesses may also be affected. |
| Councils | Yes | In kind support received through third sector organisations delivering services that will reduce pressure on Council services. |
| Education Sector | No | |
| Fire | No | |
| NHS | Yes | In kind support received through third sector organisations delivering services that will reduce pressure on NHS services. |
| Integration Joint Board | Yes | Decision making body in relation to Partnership Funds. |
| Police | No | |
| Third Sector | Yes | Request funding from Partnership Funds to deliver services. |
| 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 |
|--|---------------------|--|--------------------------------------|----------------------------|---|
| Reduction in support for dementia will disproportionately impact upon older people. Changes in outreach / community based services may cause barriers to access, especially in more rural areas. | Older people | Conduct a review of all existing support for both internal and external support for dementia and allocate funding to the most effective forms of support. Communicate changes clearly (using dementia-friendly formats). Address access barriers through providing transport support, digital services or via collaboration with local groups. Signposting will be undertaken to other available services where appropriate. | Dementia Review Group | | |
| Service users may not be aware of alternative sources of support. | All affected groups | Establish transition plans to maintain continuity of support services during changes. This includes clear communication about where and how to access help, ensuring no gaps in support for vulnerable groups such as people with dementia and their carers. Some partners identified mitigating actions within their submissions with many indicating any reductions would be applied to management costs rather than service delivery. | Lead officers for each affected area | | |

| Identified Impact | To Who | Action(s) | Lead Officer | Evaluation and Review Date | Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes |
|--|-----------------------------|---|------------------------------|----------------------------|---|
| Reduction in funding for Al Masaar to the level equivalent to the beginning of 2024/25 may leave an unmet need in terms of carer identification and support for minority ethnic communities. | Minority Ethnic Communities | Monitor the impact of the change in funding for the service on outcomes for minority ethnic communities. Review and identify any unmet needs. | Policy & Development Officer | | |
| Service users may not be aware of alternative sources of support. | All affected groups | Funding identified to progress with additional community led support capacity to enable third and voluntary sector resilience in view of continuing financial challenges. Services impacted by reducing partnership funds offer guidance and support in relation to income maximisation. Signposting will be undertaken to other available services where appropriate. Income maximisation signposting will be carried out to council online or in person support and income maximisation referral where appropriate. | Chief Finance Officer | | |
| Services impacted by reducing partnership funds offer guidance and support in relation to income maximisation. | All affected groups | Income maximisation signposting will be carried out to council online or in person support and income maximisation referral where appropriate. | Chief Finance Officer | | |
| | | | | | |

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?

Yes

If yes when and how ?

Updates will be provided via normal governance routes of any areas requiring to be highlighted to members.

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 | No | |
| 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 | Yes | Although some negative impacts have been identified equalities was considered as part of the evaluation process. The proposal has not been adjusted and mitigating actions are set out in Section 7. |
| Stop the proposal as it is potentially in breach of equality legislation | No | |

SECTION NINE: EPIA TASK GROUP ONLY

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| 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 |
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| 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 PF review has relied on evidence collated through engagement with the sector, evidence provided in the funding proposals and engagement with the general public. | |
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| Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes</u> been made? | Yes | If YES, please describe: Appropriate mitigation has been considered where negative impacts have been identified. This is presented in Section 7. |
|---|-----|---|

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 | There is an anticipated negative impact across several protected characteristics. It is hoped that this negative impact may be limited. |
| MEDIUM | Yes / No | |
| LOW | Yes / No | |

SECTION TEN: CHIEF OFFICER SIGN OFF

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|------------------------------------|------------------|--------------|------------|
| Director / Head of Service: | | | |
| Signature: | <i>Tom Cowan</i> | Date: | 12/03/2026 |