

Equality & Poverty Impact Assessment 01263 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Social Work Adult Services		
	Community Care		
		Tel:	07791422694
Proposal:	2026/27 Business Case and Medium Term Financial Plan	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	No

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

Other, please specify:

Identify the main aims and projected outcome of this proposal (please add date of each update):

01/04/2026	<p>The 2026/27 Business Case sets out the budget allocations from Partner Bodies, the expected change in expenditure in 2026/27 and the savings plan required to achieve a balanced budget.</p> <p>Efficiencies already identified include:</p> <ul style="list-style-type: none"> Increase to social care charges/CAPs Additional vacancy management - health Use of development funds to offset budget gap Prescribing proportionate care Interim care service review Review team reductions Long-term care budget adjustment
01/04/2026	.

SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this service (£'0000s)	Total:	The IJB base budget for 2026/27 is £329.086m	
Reduction to this service budget (£'0000s)	Per Annum:	<p>Over all efficiency package totals £10.092 for approval for 2026/27 though to 2030/31. (2026/27 £4.287m)</p> <p>Social Care Charges/CAPs - £1.825m (2026/27 approved by council - £0.704m)</p> <p>Prescribing proportionate care - £1.300m (£0.284m 2026/27)</p> <p>Interim care service review - £0.538m (£0.240m 2026/27)</p> <p>Additional vacancy management (Health) - £0.400m 2026/27</p> <p>Review team reductions - £0.600m 2026/27</p> <p>Long-term care budget adjustment - £0.800m 2026/27</p> <p>Use of development funds to offset budget gap - £0.559m 2026/27</p>	

Increase to this service budget (£'000s)	Per Annum:		
If this is a change to a charge or concession please complete.	Current Annual Income Total:	Charges: £1.53m	Benchmarking carried out with other HSCP's. Of the 14 respondents, 7 do not have a cap on charges and the remaining 7 do. Of those with a cap the lowest was £90.50 per week and the highest £161.70 per week. Some authorities do not have a cap and charge up to the full cost of the service subject to financial assessments. Should this proposal be implemented Falkirk would still have one of the lowest charges per week for non residential care amongst those authorities who submitted benchmarking data on request.
	Expected Annual Income Total:	Charges: £2.234m	
If this is a budget decision, when will the saving be achieved?	Start Date:	01/04/2026	
	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.

BUDGET CONSULTATION 2026/27 - SOCIAL CARE CHARGES & HOUSING WITH CARE MEAL CHARGES

978 service users are currently subject to non residential non personal care or day care charges.

Of the 978 in total, 468 are older people and the remaining 512 are adults with a learning disability/physical disability or mental health condition.

319 people engaged with our 2026/27 budget consultation. This includes 234 people completing the survey and 86 people attending library drop-in events or information sessions within services.

167 people who completed the survey said they, or someone they support, were affected by proposal 1. In addition, 59 people attended an in-person session within local services, and 27 attended community drop ins within local libraries.

6 people who completed the survey said they, or someone they support, were affected by proposal 2. In addition, 12 people attended an in-person session at Dorrator Court - the only Housing with Care property affected by this proposal.

92 people who completed the survey were not affected by either of the proposals - 32 of these people work for a local health and care service.

Proposal 1: social care charges

In response to the question, "What impact will this proposal have?" 19% of respondents (43 people) said positive, 46% (105 people) said negative and 34% (77 people) were unsure/no impact.

People who support someone to access these services were more likely (30% higher) to think the proposal would have a negative impact compared to all other responses.

People who have experience of dementia services were more likely (32% higher) to think the proposal would have a negative impact compared to all responses.

People who have experience of hospital discharge services were more likely (31% higher) to think the proposal would have a negative impact compared to all responses.

Proposal 2: housing with care meal charges

In response to the question, "what impact will this proposal have?", 19% of respondents (36 people) said positive, 20% (37 people) said negative, 61% were unsure/no impact.

People with experience of Care Home services were more likely (57% higher) to think this proposal would have a positive impact, compared to all other participants.

While there are a low number of survey participants who were directly affected by this proposal, feedback from service users was collected through an in-person information session held within Dorrator Court, which is the only Housing with Care Service which provides a meal service.

PRESCRIBING PROPORTIONATE CARE

The assessments with all people who are assessed in relation to requiring moving and handling assistance should now be carried out taking a Prescribing Proportionate Care (PPC) approach.

Data gathered during the early stages of implementation demonstrated the impact of this approach, on releasing carer hours for redeployment to others awaiting care packages. For those whose package of care changed following provision of new equipment, or implementing new techniques, staff could quantify the amount of funded carer hours pre and post-implementation. For those being needing assistance for the first time, assessors were required to use best judgement and quantify and record the carer hours they would have recommended in order to use traditional equipment, then quantify and record the carer hours they recommended instead to support using the new equipment & techniques.

Data was collated & analysed over a three-month period in August to October 2022 - August 4 cases, September 12 cases, October 4 cases.

Formal carer hours that would have been needed if using traditional moving and handling supports averaged 13.12 hrs per person per week.

Formal carer hours that WERE deployed to use PPC equipment averaged 7.35hrs per person per week.

This reduction, over only 20 service users, released 6006hrs per year into the system, to be deployed to other packages.

The project is not intended as a cost saving measure, however for illustrative purposes only - the 'savings' to the Falkirk HSCP care budget in the first year (net of equipment and assessor costs) by sustaining these 20 individuals with the same amount of (reduced) paid carer input would be £124,686.

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

BUDGET CONSULTATION 2026/27 - SOCIAL CARE CHARGES & HOUSING WITH CARE MEAL CHARGES

For older people :-

* The capped charge for non residential care for adults over the age of 65 will rise to from £33.60 to £53.60 per week

* The hourly charge of £13.55 for non personal care and support will rise to £14.23 per hour

* Day care charges will rise from £6.80 to £10.00 per week

Effect of increases :-

197 users will have an increase of £20.00 per week (currently paying max charges for one or more services)

101 users will have an increase of between £0.68 and £1.98 per week (between 1.0-2.5 hours) for non personal care

36 users will have an increase of between £10.51 and £20.00 per week (between 3.1-3.9 hours) for non personal care

13 users will have an increase of between £3.54 and £19.09 per week (between 0.5-3.0 hours) for non personal care plus day care

121 users will have an increase of £3.20 per week for day care

For adults under 65 :-

* The capped charge of £50.00 will rise to £70.00 per week

* The hourly rate of £13.55 for non personal care and support will rise to £14.23 per hour

* Day care charges will rise from £36.00 to £37.80 per week

Effect of increases :-

344 users will have an increase of £20.00 per week (currently paying max charges for one or more services)

62 users will have an increase of between £0.68 and £2.38 per week (between 1.0-3.5 hours) for non personal care

45 users will have an increase of between £3.36 and £19.73 per week (between 3.75-4.9 hours) for non personal care

1 user will have an increase of £16.26 per week for non personal care plus day care

60 users will have an increase of £1.80 per week for day care

Residential in house fees :-

Increase of 5% to £1,169.75 per week for Burnbrae, Cunningham House, Grahamston and Summerford (affecting 96 current residents)

Housing with Care meal charges :-

Increase of 5%

Breakfast - £2.10 per meal

Lunch - £3.95 per meal

Tea - £1.60 each

An analysis of our service users by SIMD2020 Quintile shows the number of service users per quintile as follows: SIMD5 11.13% (314), SIMD4 12.4% (350), SIMD3 24.03% (678), SIMD2 29.02% (819), SIMD1 23.21% (655) and there was no data for 0.21% (6)

Proposal 1: social care charges

Most survey participants were directly affected by this proposal, either using the affected services themselves or supporting someone who does. Views were mixed, but almost half believed the proposal would have a negative impact, especially people with experience of dementia services, hospital discharge services, or those who support someone using the service. Comments from those who viewed the proposal positively focused on maintaining essential services. They felt a rise in charges was necessary to cover increasing costs and protect valued support such as MECS. Some believed the charges were still reasonable, offered good value, or were in line with other councils, and were willing to pay more if the additional income helped maintain or improve services. In-person discussions reflected similar views, with most attendees accepting the MECS increase, praising the service, and seeking clarity about opting in or out.

Participants who felt the proposal would have a negative impact focused mainly on financial pressures for people on pensions, benefits, or low incomes. Concerns were also raised about fairness, particularly age based charges, the structure of means testing, and the cumulative effect of previous increases.

Respondents who chose “positive” often linked their support to keeping services running or improving them. Some said the increase was needed to cover rising costs and would help protect essential services. Others felt the charges were still affordable, especially for MECS, and were willing to pay more to keep a service they rely on. A few said the rise was reasonable compared with other councils or that it was long overdue. Some also felt the service gave good value or peace of mind and were happy to contribute more, although many still recognised that some people might struggle with the increase.

Participants who felt the proposal would have a negative impact mostly focused on financial hardship, especially for people on pensions, benefits or low incomes. Some worried they might have to cut back support or cancel it altogether, which could harm their health and wellbeing. Several said the increase would hit older people, disabled people and those with long-term conditions the hardest, as many already have very little money left after basic costs.

Others questioned the fairness of the system, including age based differences in charges and how means testing works. A number of respondents said the rises would add to stress and anxiety, with several linking the changes to worsening mental health. Some also pointed out that charges had already risen sharply in recent years, making another large increase feel excessive. A few simply expressed general frustration about paying more for services they rely on.

Some respondents suggested other options to reduce the impact on vulnerable people, such as more means testing or a tiered system. A few said they were willing to pay a small increase, especially for MECS, as long as the money was reinvested to improve services. Others felt clearer communication, better information, and more benefits advice would help people manage any changes. Some also argued the council should look for savings elsewhere, including reducing management costs, rather than placing extra costs on those who rely on support.

In person discussions

In addition to collecting responses to the survey, the Partnership also noted views gathered at in-person information sessions and meetings. This includes community drop-ins within local libraries and sessions held within our services.

A summary of views about proposal 1 collected at these sessions include:

- Most attendees at library sessions were only affected by MECS charge. There were no strong objections to the increase, most noting that it seemed acceptable and within expected increases. There was concern that increases add to the cumulative impact of cost-of-living increases which were already challenging.
- All attendees at library sessions provided positive feedback about MECs, noting it to be a reliable, good, valued system that offers reassurance to users and families.
- Within services, participants wanted clarity about whether they would need to pay for MECS if they did not need/want it. Within Housing with Care properties, MECS has been provided to all tenants. As part of the digital switchover of this service, individual MECS boxes will be installed within tenants flats. This will allow tenants to opt out of MECS within Housing with Care. They will not pay the weekly charge.
- Within services, some expressed that they paid for MECS previously in their private property and would be happy to pay for the service again.

Some shared the view that the charging model for MECS should change to account for people's use of resources. Is it fair for everyone to pay the same?

Across all participants, there were no substantial feelings about the level of increase to these charges, especially the proposed £5.25 MECS weekly fee.

Proposal 2: housing with care meal charges

Most survey participants were not directly affected by this proposal, and most felt it would have either no impact or were unsure about the effect. In written comments, people who supported the proposal said the increase was small, reasonable, and in line with rising costs. They felt it would help sustain the service and still offered good value, provided meal quality and nutrition remained stable. Discussions at inperson sessions echoed this, with residents at Dorrator Court in consensus that the proposed increase was fair, with some expressing surprise at the low current cost.

Survey participants were asked to provide further detail about the impact this proposal may have, 51 people chose to provide a comment.

Across all responses, the common themes were affordability, the perceived reasonableness of the increase, concerns about meal quality, the importance of service continuity, and the risk of reduced uptake among vulnerable groups. A summary of themes based on the perceived impact this proposal may have (positive, negative, unsure) is provided below:

Respondents who chose “Positive” said the increase was small, reasonable and in line with rising costs. Many felt it would help keep the service running and support people who rely on it. Some said the meals offer good value and that a small rise is acceptable if quality and nutrition stay the same. A few also noted that the extra income could support other services.

Respondents who chose “Negative” were mainly worried about affordability. Many felt the increase would place extra pressure on older people and those on low incomes. Some feared that residents might cut back on meals or stop getting hot meals altogether due to cost. While some survey respondents questioned the quality of meals, feedback received during in person engagements at Dorrator Court was positive and noted the good work of staff. Several people raised wider concerns about the impact on vulnerable groups, especially older residents who may already be struggling. A few also questioned whether the charge is means tested and if the proposal is fair. Some simply felt that any extra cost adds to existing pressures.

Most respondents who chose “Unsure / No Impact” did not add further comments. Those who did mainly said the proposal would not affect them because they do not use the service. Some noted that others might struggle, even if they themselves would not. A few felt the increase was reasonable given rising costs, while others mentioned the value or quality of the service. Some also raised concerns about how the increase could affect vulnerable groups. Some thought the increase was smaller than other proposals or suggested charges should be higher.

In addition to collecting responses to the survey, the Partnership also noted views gathered at in-person information sessions and meetings. This includes community drop-ins within local libraries and sessions held within our services.

A summary of views about proposal 2 collected at these sessions include:

- No attendees at library sessions were affected by this proposal. Although one person shared concerns about residents of Dorrator Court, stating that residents value the meal service and wanted to learn more about the charges.
- Within Dorrator Court, there appeared to be an overall consensus that current costs and the proposed uplift was fair. It was noted that residents can opt in and out for meals and only pay for what they use, which has saved waste. It was also noted that some residents of Dorrator do not use the meal service at all.

PRESCRIBING PROPORTIONATE CARE

As noted in A (above), being able to safely meet peoples' moving and handling support needs with reduced reliance on double-up (or more) input from paid carers, or

families being able to safely support instead of paid carers has the positive impact of releasing paid carer resource, that the HSCP can deploy to other peoples' care packages. The result is that our finite paid carer resource can be spread further, to meet the needs of a greater number of people. Improving availability of care resource means that people who need support can have packages of care identified for them sooner than they would otherwise.

The data gathering for the project allowed for assessors to give feedback on the impact of the updated approach to moving and handling on individuals. The reported 'human impact' of the Prescribing Proportionate Care (PPC) approach, using new equipment and techniques includes feedback that family carers are able to safely support their loved ones, allowing greater flexibility around timing of using the toilet and of going to bed. For people receiving care in bed the reduced touching, rolling, etc resulted in less discomfort, reduced distressed behaviour in one person who has advanced cognitive impairment, and reduced effort for carers.

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?	There continues to be data gaps for some groups, however those are judged not to be relevant to this exercise.
Is further research necessary?	No
If NO, please state why.	A sufficient level of engagement was undertaken on the proposals.

<p>Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?</p>	<p>Yes</p>
<p>If YES, please state who was engagement with.</p>	<p>A survey was created to understand how the proposed increase to social care charges and increase to housing with care meal charges would impact people. The consultation was open between 26 January and 16 February. People could take part online using Participate+ or in-person at library drop-ins and information sessions within local services.</p> <p>The Partnership wrote directly via email or post to more than 5,000 residents and families who may be affected by the proposals. Some people chose to write to us, call us, or email us to ask for further information or share their views. This feedback was combined with the paper and online submissions to Participate+.</p> <p>The consultation was promoted via local media, social media, local libraries, local elected members, and through partner networks.</p> <p>Prescribing proportionate care was not subject to engagement. However it was subject to a test of change in 2022. In early 2022 training was rolled out to AHP's, social work and home care managers across Forth Valley in prescribing proportionate care. New equipment was introduced and those who undertook the 3 day training course were able to both prescribe and train others in the use of this equipment. The Scottish Government (2022) highlighted the importance of assessors adopting a single handed care ethos to prevent the unnecessary use of additional care workers which could have implications including cost and use of valuable resources. Doubled up care can also be more intrusive for the service user and therefore prevent them from being able to maximise their functional potential. Falkirk council reviewed patients who are currently at home receiving doubled up care due to their equipment. Traditionally manual handling rules have stated that individuals using equipment such as an Etac turner or Sabina stand aid require 2x carers. This test for change looked at reviewing patients in the community to determine if POC could be reduced with the introduction of single handed care equipment. Assessments were completed in partnership with social work. The goal is to ensure all patients in the community are receiving care proportionate to their needs rather than a 'one size fits all' approach which has been used in the past.</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	Carers Centre focus group held
Survey	Yes	An online survey was accessible through Participate+ from 26 January - 16 February.
Display / Exhibitions	No	
User Panels	No	
Public Event	Yes	Library and Housing with Care drop-ins were hosted to discuss and collect feedback on the budget proposals.
Other: please specify		
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?	No	
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.
Age			✓	<p>OVERALL ASSESSMENT:</p> <p>The cumulative impact on people who share "age" as a protected characteristic, older people in particular, is mixed overall. The assessment is that the business case will have a generally negative impact on older people due to the financial risks and vulnerabilities of older people. On charges, 19% of respondents said that impact of rises would be positive in recognition of cost-rises, service sustainability and service value. However, 46% of respondents said that the increases would impact them negatively. Increasing charging and caps for social care should not be viewed as a singular increase in costs for service users. Many other costs are rising beyond the control and remit of the IJB for a range of other publicly and provided services, and this is a group at risk of financial vulnerability. However, it is also important to note that whilst the assessment concludes that the financial risks will have an impact of greater significance, it does not erase the positive practice-based gains achieved through prescribing proportionate care.</p> <p>CHARGES:</p> <p>228 responses were received via participate plus and a number of drop in sessions were held across the Falkirk area in libraries, housing with care units, with Carers Voices group amongst others to gain views. All service users subject to or likely to be affected received a letter to invite them to take part.</p> <p>32% of respondents were over 65.</p> <p>46% of respondents to Question 1 for caps and inflationary increases to care charges indicated there might be a negative impact with comments mainly focused on financial hardship. Some worried they may have to cut back on support. Several respondents said the increase would hit older people, disabled people and those</p>

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:

				<p>any who require it and a waiver process would be in place as a final consideration if required.</p> <p>19% indicated a positive impact with comments indicating an acceptance that costs rise therefore charges must also rise, with a few indicating that services were good value.</p> <p>Others questioned the fairness of the system, including age based differences in charges and how means testing works. A number of respondents said the rises would add to stress and anxiety, with several linking the changes to worsening mental health. Some also pointed out that charges had already risen sharply in recent years, making another large increase feel excessive. A few simply expressed general frustration about paying more for services they rely on.</p> <p>The age based difference in charges are mainly in relation to differing levels of benefits available to different age groups.</p> <p>For housing with care meal charges (Q2) 19% indicated a positive impact, 20% a negative impact and 61% were unsure/had no impact. Positive impacts indicated that the increase was small and reasonable in line with rising costs. Negative impacts included affordability as a factor and thought residents may cut back on meals as a result. Again a waiver process will be in place if required or financial hardship if evidenced.</p> <p>Older people are more likely to experience financial disadvantage than the others in the population, as such any increase in charging may impact on this group</p> <p>PRESCRIBING PROPORTIONATE CARE (PPC):</p> <p>Older adults (over 65) make up a higher proportion of people who receive support with their moving and handling (M&H) from Falkirk care at home services and contractors. It has not been possible to extract data on this point from existing recording systems. Currently this would require manual scrutiny of records held in the Homecare management system (CM2000) and the Social Work client records</p>
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				<p>system (Liquid Logic) on a case by case basis. The Performance and Quality Assurance team is aware of this and intend to build on their automated data reporting capacity over time.</p> <p>Traditional M&H equipment that has been in use in Falkirk has often required two carers (sometimes more) to use it to safely assist individuals. The new equipment, training and techniques will support improved practice and less reliance on formal care, or on 'double-up' visits for care delivery.</p> <p>People receiving support with their M&H needs will have greater privacy, and dignity, their body systems will benefit from being able to do more (safely) for themselves, and they will have greater choice around who delivers their care and when. Family members will be more capable of supporting the person's M&H needs if they want to/can.</p> <p>Adults below 65 will be affected in similar ways.</p> <p>It is expected that impact on staff members who are involved in assessing or supporting people with their M&H needs will will be neutral, regardless of their age.</p> <p>As there are greater numbers of service users than the staff members detailed above, the impact overall is considered to be positive.</p>
<p>Disability</p>			<p>✓</p>	<p>OVERALL ASSESSMENT:</p> <p>The cumulative impact on people who share "disability" as a protected characteristic, older people with a disability in particular, is mixed overall. The assessment is that the business case will have a generally negative impact on people with a disability due to the financial risks and vulnerabilities of disabled people. Increasing charging and caps for social care should not be viewed as a singular increase in costs for service users. Many other costs are rising beyond the control and remit of the IJB for a range of other publicly and provided services, and this is a group at risk of financial vulnerability. However, it is important to note that whilst the assessment concludes that the financial risks will have an impact of greater significance, it does not erase the positive practice-based gains achieved through prescribing proportionate care.</p>

CHARGES:

52% of respondents indicated they have a disability. Several respondents said the increase would hit older people, disabled people and those with long-term conditions the hardest, as many already have very little money left after basic costs.

Participants with a disability or health condition were worried about higher charges for health and social care. They said increases would be hard for pensioners, disabled people, and those on low incomes. Many felt even small rises could make services unaffordable and lead to less support and poorer wellbeing. Some said the recent and proposed increases, especially the higher caps, were too large. Others felt the costs could stop people using key services like MECS.

A smaller group felt the rises were needed to keep services going, but they were still concerned about people who cannot afford to pay more.

There were also worries about fairness, with some saying support should be based on need rather than income. Others wanted clearer information about why charges were increasing.

A few people suggested the council should cut costs elsewhere and offer better advice on benefits.

People with a disability are more likely to be in receipt of benefits and reliant on welfare support, therefore may be negatively impacted by this proposal.

PRESCRIBING PROPORTIONATE CARE:

People with disabilities are an additional large sector of the population who receive support with their moving and handling (M&H) from Falkirk care at home services and contractors. Traditional M&H equipment that has been in use in Falkirk has often required two carers (sometimes more) to use it to safely assist individuals. The new equipment, training and techniques will support improved practice and less reliance on formal care, or on 'double-up' visits for care delivery.

People receiving support with their M&H needs will have greater privacy, and dignity, their body systems will benefit from being able to do more (safely) for

			<p>themselves, and they will have greater choice around who delivers their care and when. Family members will be more capable of supporting the person's M&H needs if they want to/can.</p> <p>The change in equipment, assessing practice, and techniques to support people who use our services with their M&H needs may impact differently on staff members who have a disability. This will be addressed as required within their line management, supervision, and Health and Safety assessment in order to identify any adverse impact, and mitigate its effect.</p> <p>As the number of staff involved is smaller than the number of service users, and the number of staff with a disability who would be involved in moving and handling is even smaller, the overall impact is still considered to be positive.</p>
<p>Sex</p>		<p>✓</p>	<p>OVERALL ASSESSMENT:</p> <p>The cumulative impact on people who share "sex" as a protected characteristic, potentially older women, is mixed overall. The assessment is that the business case will have a generally negative impact on older people, particularly older women with a disability, due to the financial risks and vulnerabilities of this group. Increasing charging and caps for social care should not be viewed as a singular increase in costs for service users. Many other costs are rising beyond the control and remit of the IJB for a range of other publicly and provided services, and this is a group at risk of financial vulnerability. However, it is important to note that whilst the assessment concludes that the financial risks will have an impact of greater significance, it does not erase the positive practice-based gains achieved through prescribing proportionate care.</p> <p>CHARGES:</p> <p>210 respondents completed information about sex with 68% indicating they identified as female and 32% identifying as male.</p> <p>Female respondents – about proposal 1 Female respondents were mainly worried about how higher health and social care charges would affect older people, disabled people, and those on low incomes.</p>

Many felt the rises were too high and feared people might no longer be able to afford essential support. They also raised concerns about unfairness in the charging system, the risk of isolation, and higher pressure on the NHS if people reduce services. While a few accepted small increases, many wanted clearer communication, better benefits advice, and more savings found elsewhere. A small number supported the rises to protect services.

Male respondents – about proposal 1

Most male respondents were also concerned about affordability, especially the rise in MECS charges. Some said even small increases would force them to cut back in other areas. A number accepted modest, justified increases but others questioned whether the rises were fair or explained clearly. A few felt the charges were reasonable or too low. Many asked for more information about how increases are set and how they would personally be affected.

Female respondents – about proposal 2

Female respondents generally saw the 5% rise as small and reasonable, especially given rising food and energy costs. Many felt it was manageable and needed to sustain services. However, there were views that the increase could harm vulnerable groups, such as pensioners and low-income residents. Some felt people might reduce or stop using the meal service, which could affect their health. A few said the service was still good value and that users should help cover costs, while others raised concerns about poor meal quality. Overall, most accepted the rise but were concerned about affordability for those most at risk.

Male respondents – about proposal 2

Male respondents also tended to view the increase as reasonable if it stayed modest and service quality was maintained. Many highlighted the need to protect vulnerable users and asked whether the charges were means-tested. A small number felt the current charges were too low, while others stressed that any increase should go directly into improving services rather than administration. In general, men supported a small rise but wanted clarity on how the money would be spent and assurance that vulnerable people would not lose access.

Older age groups are more likely to be female than male, there may be an impact on this group from both the social care increases and meal increases. Mitigating actions

			<p>are again as set out above in relation to income maximisation, financial assessments and</p> <p>PRESCRIBING PROPORTIONATE CARE:</p> <p>Men and women who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them.</p> <p>Male and female staff members who are involved in assessing or supporting people with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques.</p>
Ethnicity	✓		<p>CHARGES:</p> <p>90% of people completed the data in relation to ethnicity, identified as White and 1% as African, Scottish African or British African</p> <p>PRESCRIBING PROPORTIONATE CARE:</p> <p>People of any ethnicity who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them. Assessments of their support needs in general will continue to be cognizant of any specific requirements arising as a result of their ethnicity.</p> <p>Staff members of any ethnicity who are involved in assessing or supporting people with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques.</p>

Religion / Belief / non-Belief	✓		<p>CHARGES:</p> <p>38% of respondents had no religion, 31% Church of Scotland, 11% Roman Catholic, 7% did not provide a response, 6% chose not to say, 6% were other Christian, 1% Pagan and 1% Jewish.</p> <p>PRESCRIBING PROPORTIONATE CARE:</p> <p>People who identify with different religions, have different beliefs, and non-beliefs who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them.</p> <p>Assessments of their support needs in general will continue to be cognizant of any specific requirements arising as a result of their beliefs / non-beliefs.</p> <p>Staff members with different religious beliefs / non-beliefs who are involved in assessing or supporting people with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques.</p>
Sexual Orientation	✓		<p>CHARGES:</p> <p>58 people completed their sexual orientation with 54 indicating that they were straight/heterosexual. 21 in total indicated a significant impact, 19 some impact and 18 no impact. For the purposes of the PSED, there is insufficient data to assess the impact on this group.</p> <p>PRESCRIBING PROPORTIONATE CARE:</p> <p>People who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them regardless of their sexual orientation.</p> <p>Staff members who are involved in assessing or supporting people with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques regardless of their sexual orientation.</p>

<p>Transgender</p>	<p>✓</p>		<p>CHARGES:</p> <p>No respondents identified as transgender. For the purposes of the PSED, there is insufficient data to assess the impact on this group.</p> <p>PRESCRIBING PROPORTIONATE CARE:</p> <p>Transgender people who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them.</p> <p>Transgender staff members who are involved in assessing or supporting people with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques.</p>
<p>Pregnancy / Maternity</p>	<p>✓</p>		<p>CHARGES:</p> <p>For the purposes of the PSED, there is insufficient data to assess the impact on this group.</p> <p>PRESCRIBING PROPORTIONATE CARE:</p> <p>People who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them regardless of their pregnancy/maternity status.</p> <p>Risk assessment will ensure that equipment and techniques identified take account of specific individual needs.</p> <p>The pregnancy/maternity risk assessment required under the Health and Safety at Work (etc) Act 1974 will highlight any risks around the work of an individual that relate to using the equipment & techniques with people who use our services, so that risks can be mitigated. The equipment & techniques themselves do not alter the risks to be considered.</p>

Marriage / Civil Partnership	✓			<p>CHARGES:</p> <p>The majority of respondents were married 38/61 with an overall 25 respondents indicating a significant impact, 19 some impact and 17 no impact. For the purposes of the PSED, there is insufficient data to assess the impact on this group.</p> <p>PRESCRIBING PROPORTIONATE CARE:</p> <p>People who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them regardless of their marital / civil partnership status.</p> <p>Staff members who are involved in assessing or supporting people with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques regardless of their marital / civil partnership status.</p>
Poverty			✓	<p>OVERALL ASSESSMENT:</p> <p>The cumulative impact on people in poverty, particularly older people with disabilities who experience financial hardship, is mixed overall. The assessment is that the business case will have a generally negative impact on people who experience poverty, due to the financial risks and vulnerabilities of this group. Increasing charging and caps for social care should not be viewed as a singular increase in costs for service users. Many other costs are rising beyond the control and remit of the IJB for a range of other publicly and provided services, and this is a group at risk of financial vulnerability. However, it is important to note that whilst the assessment concludes that the financial risks will have an impact of greater significance, it does not erase the positive practice-based gains achieved through prescribing proportionate care.</p> <p>CHARGES:</p> <p>51 respondents completed the information in relation to benefits, 47 stating they were not entitled to state benefits. 22 indicated there would be a significant impact, 14 some impact and 15 no impact.</p> <p>Intersectional data for older people with/and people with disabilities are more likely</p>

			<p>to experience financial hardship and may be negatively impacted by the proposals.</p> <p>PRESCRIBING PROPORTIONATE CARE:</p> <p>Examples are emerging of situations where family members can take over supporting people with their M&H needs, where they are willing and able to do so. Where this avoids them having to pay for or contribute to a chargeable service, this represents a positive impact.</p> <p>Staff members who are involved in assessing or supporting people with their M&H needs and who themselves are experiencing poverty will be equally affected by the change in equipment, assessing practice, and techniques.</p> <p>Fair employment practice (for staff and contracting suppliers) will mitigate the effects of poverty on staff.</p>
Care Experienced	✓		Insufficient evidence.
Other, health, community justice, carers etc.			<p>PRESCRIBING PROPORTIONATE CARE:</p> <p>Informal family/friend carers of people who need support with their M&H needs are more likely to be positively impacted by the change, as the equipment & techniques will be assessed to maximise safety for them and the person they care for. This includes minimising the physical effort needed from the carer.</p> <p>The impact on other characteristics covered by the Equality act is expected to be neutral.</p>
Risk (Identify other risks associated with this change)	<p>CHARGES: There could be a risk that referrals for income maximisation may cause some pressure on staff in this area with 1.0 WTE dedicated to this function at present. This will require to be closely monitored. There may be a risk of non collection of charges should the proposal be approved. A 20% allowance has been made in this regard, however previous years uplift did not cause a reduction in collection.</p>		
		Evidence of Due Regard	

<p>Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):</p>	<p>CHARGES: Support will be available for income maximisation and users will be able to request a financial assessment for charges to arrive at the affordable amount in relation to their income. A waiver process will be available for anyone in particular financial difficulty on production of appropriate information.</p> <p>PPC: A consequence of using the updated equipment and techniques which allows less reliance on double-up (or more) carers involved in delivering care is that people have more privacy, greater dignity, and more autonomy and choice over who provides their support and the time of day care they are supported.</p>
<p>Advance Equality of Opportunity:</p>	<p>CHARGES: Capped charges are still different for under 65s to the charges of over 65s but will be considered going forward in relation to the overall SDS policy.</p> <p>PPC: The project aims and outputs will apply equally to all individuals, whether they are people who use our services or members of staff. People will be supported to do as much as possible for themselves, which will improve and increase their choices, privacy, dignity. There will be a linked benefit to people's body systems including the musculo-skeletal system, digestive system, cardiac & circulatory system, as well as their quality of life and mental well being.</p>
<p>Foster Good Relations (promoting understanding and reducing prejudice):</p>	<p>PPC: The project will update practice and encourage good relationships between people who need assistance with their moving and handling, and those who provide assistance (both informal and paid carers)</p>

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	No	
Councils	Yes	Proposals in relation to charges were presented to Council in March 2026.
Education Sector	No	
Fire	No	
NHS	Yes	Some of the proposals are of relevance to health.
Integration Joint Board	Yes	IJB proposal.
Police	No	
Third Sector	Yes	May be greater demand for services provided via 3rd sector partners if people find charges more unaffordable.
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
CHARGES: Negative	All Service users	Notify all of those affected with 4 weeks notice of any changes being implemented. Offer financial assessments to anyone who requests them and also refer for income maximisation on request. Waiver available where significant financial impact (to be approved by Head of Service and CFO)	CFO.		

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

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	Negative impacts have been indicated. The overall assessment in relation to benchmarking data shows that Falkirk has charges significantly lower historically. These proposals will still mean that Falkirk has one of the lowest charging policies in comparison with benchmarked areas therefore is assessed as appropriate with the mitigating actions in place.
Stop the proposal as it is potentially in breach of equality legislation	No	

SECTION NINE: 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
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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	Proposals were subject to public consultation on Participate+, 5,000 service users were contacted by letter and drop-ins were held in libraries and with service users.
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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 been made?</u>	Yes	If YES, please describe: The increase in caps and charges will ensure that services can continue to be delivered. Falkirk will continue to have one of the lowest caps and charges in Scotland. People who may be negatively impacted by the proposals will be directed toward income maximisation support.
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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 / No	
MEDIUM	Yes	Some adverse impacts have been identified. However, Falkirk will continue to have low caps and charges in comparison with national benchmarking.
LOW	Yes / No	

SECTION TEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:			
Signature:	<i>Gail Woodcock</i>	Date:	12/03/2026