



Areas for Consideration of Impact

APPENDIX A

Protected Characteristics

Age: older people; middle years; early years; children and young people.
Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
Gender Reassignment: people undergoing gender reassignment
Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.
Pregnancy and Maternity: women before and after childbirth; breastfeeding.
Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.
Religion and belief: people with different religions or beliefs, or none.
Sex: men; women; experience of gender-based violence.
Sexual orientation: lesbian; gay; bisexual; heterosexual.

Fairer Scotland Duty

Low income – those who cannot afford regular bills, food, clothing payments
Low Wealth – those who can meet basic living costs but have no savings for unexpected spend or provision for the future.
Material Deprivation – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies
Area of Deprivation/Communities of Place - consider where people live and where they work (accessibility and cost of transport)
Socio-Economic Background - social class, parents' education, employment, income.

Health Inequality (those not already covered in the Fairer Scotland Duty)

Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills.
Discrimination/stigma – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation.
Health and Social Care Service Provision - availability, and quality/affordability and the ability to navigate accessing these.
Physical environment and local opportunities - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use.

Education and learning - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.

Human Rights (note only the relevant ones are included below)

Article 2 - The right to life (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.
Article 3 - The right not to be tortured or treated in an inhuman or degrading way (absolute right) - which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.
Article 5 - The right to liberty (limited right) – and not to be deprived of that liberty in an arbitrary fashion.
Article 6 - The right to a fair trial (limited right) – including the right to be heard and offered effective participation in any proceedings.
Article 8 - The right to respect for private and family life, home and correspondence (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).
Article 9 - The right to freedom of thought, belief and religion (qualified right) - including conduct central to beliefs (such as worship, appropriate diet, dress etc.)
Article 10 - The right to freedom of expression (qualified right) – to hold and express opinions, received/impart information and ideas without interference
Article 14 - The right to no discrimination – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.

UNCRC

Article 2 non-discrimination	Article 15 freedom of association	Article 30 children from minority or indigenous groups
Article 3 best interests of the child	Article 16 right to privacy	Article 31 leisure, play and culture
Article 4 implementation of the convention	Article 17 access to information from the media	Article 32 child labour
Article 5 parental guidance and a child's evolving capacities	Article 18 parental responsibilities and state assistance	Article 33 drug abuse
Article 6 life, survival and development	Article 19 protection from violence, abuse and neglect	Article 34 sexual exploitation
Article 7	Article 20	Article 35

Birth, registration, name, nationality, care	children unable to live with their family	abduction, sale and trafficking
Article 8 protection and preservation of identity	Article 22 refugee children	Article 36 other forms of exploitation
Article 9 separation from parents	Article 23 children with a disability	Article 37 inhumane treatment and detention
Article 10 family reunification	Article 24 health and health services	Article 38 war and armed conflicts
Article 11 abduction and non-return of children	Article 25 review of treatment in care	Article 39 recovery from trauma and reintegration
Article 12 respect for the views of the child	Article 26 Benefit from social security	Article 40 juvenile justice
Article 13 freedom of expression	Article 27 adequate standard of living	Article 42 knowledge of rights
Article 14 freedom of thought, belief and religion	Article 28 right to education	

Specific groups and duties

Looked after (incl. accommodated) children and young people
Carers: paid/unpaid, family members.
Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs.
Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders.
Addictions and substance misuse
Refugees and asylum seekers
Staff: full/part time; voluntary; delivering/accessing services.
Consumer Duty
Armed Forces Covenant

APPENDIX B

ACHSCP Impact Assessment – Stage 1 – Proportionality and Relevance

Name of Policy or Practice being developed	Aberdeen City Carers Strategy 2026-2030	
Name of Officer completing Proportionality and Relevance Questionnaire	Grace Milne, Senior Project Manager	
Date of Completion	October 2025	
What is the aim to be achieved by the policy or practice and is it legitimate?	The aim of the Carers Strategy is to set out the ambitions of Aberdeen City Health and Social Care Partnership and its partners on how the City supports unpaid Carers from 2026 to 2030. Creating a City for all Carers.	
What are the means to be used to achieve the aim and are they appropriate and necessary?	To achieve the aim, the Carers Strategy Implementation Group (CSIG) have undertaken a review of the current strategy, engaged with Carers on the current strategy and what they want for future planning. There has also been extensive engagement sessions with all stakeholders to co-produce the key elements of the strategy. This includes the aims, priorities, and the key programmes of work underpinned by GIRFE principles. This is to ensure purpose of the new Strategy is agreed and achievable for all that is supporting and delivering.	
If the policy or practice has a neutral or positive impact please describe it here.	The Strategy intends to have a positive impact on Carers, bring together information on rights of Carers, they people they look after and the specific actions and initiatives required to support for Carers in Aberdeen City .	
Is an Integrated Impact Assessment required for this policy or decision (Yes/No) <i>Note – if multiple assessments are required please complete a separate template for each of these and embed them in the section below ‘Rationale for Decision’ with a brief supporting narrative. This will ensure all relevant assessments are connected regardless of the stage they are at in the process.</i>	Yes a full IIA is required.	
Rationale for Decision NB: consider: - <ul style="list-style-type: none">• How many people is the proposal likely to affect?• Have any obvious negative impacts been identified?• How significant are these impacts?• Do they relate to an area where there are known inequalities?• Why are a person’s rights being restricted?• What is the problem being addressed and will the restriction lead to a reduction in the problem?• Does the restriction involve a blanket policy, or does it allow for different	Although the Strategy intends to have a positive affect for Carers across Aberdeen City. Carers still face inequality and although the actions may have a positive impact we will make sure there are no unintended consequences. The full IIA will allow the Carers Strategy to develop and can be reviewed alongside performance reporting that is required annually. The Carers Strategy is there to support all Carers in Aberdeen City. There is an estimated 25,000 – 33,000 Carers in Aberdeen City. Our services currently support 2000-3000 Carers. The Carers Strategy addresses socio economic issues and wider determinants of health that affects Carers on a day to day basis. The strategy aims to support all Carers. The Strategy also covers policies and procedures that support Carers support, eligibility criteria, waiving of charges and also Adult Carers Support Plans and	

cases to be treated differently? <ul style="list-style-type: none"> • Are there existing safeguards that mitigate the restriction? 	Young Carers Statements as set out by the Carers Scotland Act 2016.
Decision of Reviewer	Yes
Name of Reviewer	Alison MacLeod
Date	December 2025

APPENDIX C

ACHSCP Impact Assessment – Stage 2 – Impact Assessment

Description of Policy or Practice being developed including intended aim.	<p>Aberdeen City Carers Strategy 2026 – 2030, a city for all Carers.</p> <p>Carers Strategy for Aberdeen City setting out key priorities and aims for supporting unpaid carers across Aberdeen City, that is compliant with Section 5 Carers Scotland Act 2016.</p>
Is this a new or existing policy or practice?	No
Name of Officer Completing Impact Assessment	Grace Milne
Date Impact Assessment Started	October 2025
Name of Lead Officer	Stuart Lamberton
Date Impact Assessment approved	December 2025

Summary of Key Information

Groups or rights impacted.	<p>The Strategy intends to have a positive impact for Carers across Aberdeen and is the aim to reduce negative impacts for Carers and support them to continue their Caring role.</p> <p>The groups that the Carers Strategy have identified as potentially impacted are</p> <ul style="list-style-type: none"> • Age, Sex and Disability, Race and Ethnicity • Health Inequalities such as - health and social care provision, education and employment, physical environment and local opportunities • Children’s rights UNCRC Articles 12,23,24,25,28,31
Feedback from consultation and engagement and how this informed development of the policy or practice.	<p>The development of the Carers strategy included a review of national and local data, a local carers survey and one to one interviews with Carers. CSIG – a wide network of key stakeholders across Aberdeen – also carried out a programme review of the previous Strategy before launching a co-production process for the key elements of the new strategy.</p> <p>The co-production process included all stakeholders, staff, providers, partners and carers. They formed the key elements of the Carers Strategy 26-30 including the aim, priorities and key programmes of work.</p>

	<p>The identification of the groups and rights impacted have been highlighted throughout the engagement and consultation process.</p> <p>Age Considerations and support looks very different for Young and Adult Carers. However key principles are shared like right to breaks, rights to education, and accessible employment.</p> <p>Young Carers views and opinions need to be heard when look at care and provision for the people they care for (article 12), often siblings supporting the care of children with a disability (article 23), ensuring Young carers have access to health and health services (article 24 & 25) as well as education, leisure and time to play (article 28 and 31).</p> <p>Sex Across all age group we see majority of Carers are female, any actions for the Carers strategy needs to take cognisance of female and male provision, looking at barriers each face when in a caring role. Health and care provision, employment and other opportunities.</p> <p>Disability Not all carers are fit and healthy – figures show that more Carers are also facing long term conditions themselves and that navigating a complex system for the person they care for as well as themselves can be difficult. Whole family approaches need to be considered.</p> <p>Race and Ethnicity Numbers show that Carers identified are low in some ethnic minority groups, and specific supports need to be in place to further outreach to these groups.</p>
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<p>Performance Measures identified, where these will be reported and how impact will be monitored.</p>	<p>A delivery plan will be developed in year 1 of the Carers Strategy including a number of actions to address the key impact areas identified within the engagement and consultation process.</p> <p>Some key measures include</p> <ul style="list-style-type: none"> • Number of carers identified and supported – including breakdown of age, disability, sex and ethnicity. (local data) • Number of carers who feel supported to continue in their caring role (HACE Survey) • Number of responses to local Carers Survey • Carers engagement with support services and local opportunities • Feedback from events, groups and local opportunities
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Review

<p>Date the Impact will be reviewed</p>	<p>Annual Reports 26/27, 27/28, 28/29, 29/30</p>
<p>Rationale for Date</p>	<p>Performance measures and impact assessment which are reviewed annually.</p>

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics	No	Although groups have been identified and specific actions need to be included within the delivery plan, this strategy intends to improve experiences of carers within all these groups, implement duties and support and promote rights of Carers.	
Fairer Scotland Duty	No		
Health Inequality	No		
Specific Groups	No		
Human Rights	No		
UNCRC	No		

Will there be any cumulative impacts between this policy or decision and others	Yes	No
Describe what this cumulative impact will be and include evidence mitigations in the sections below		X
	This will be directly aligned to the ACHSCP Strategic Plan 2025 -2029, to support the delivery of the key priorities – focus on prevention and early intervention and modernising our approach to service delivery.	

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions
Carers Strategy Implementation Group	CSIG reviewed the key actions from the current strategy and confirmed what needed to be brought through to the new strategy. Reviewed what worked well – collaborative working – improvement projects. Agreed with Carer Reference Group (CRG) and focus on inclusion and engagement are priorities as well as carers understanding their rights. Concern about finance and resources impacting carer support going forward.	Key priorities are shaped with CSIG and all other stakeholders – these will be underpinned by specific actions within the delivery plan, including those that need brought forward from previous strategy as determined by the group. Mitigations will be supported by priority 2, looking at our finance and resources using creative and collaborative approaches. This engagement has also influenced budget setting options across ACHSCP.
Carers Reference Group	CRG want the Carers Strategy to be clear and have achievable actions within the Delivery Plan. Carers	The aim of the strategy – increase carer engagement in Aberdeen City by 50% by 2030, as well as direct quotes from the group and carers feedback page.

	want to feel included in decisions and they are there to support the services, not be a hinderance.	CRG themselves are influencing and delivering parts of the Carers Strategy.
Local Carers Strategy Survey	Local Carers Strategy reflects national data suggesting identified Carers with most delivering over 50+ hours per week of care. Reflections from the survey suggest that carers want to see continuity of support, respite, rights awareness and action over aspirations.	This feedback supports the strategy directly with its context and form. The strategy has direct links to support and training across Aberdeen as well as providing clear direction of development for the next 4 years. Streamlining the priorities with focus on engagement and support as well as services, finance and resources.
Individual Interviews with Carers (approx. 15)	15 individual interviews with carers across Aberdeen City on each of their journeys, understanding what works, what the frustrations are and asking what could be better. Balancing caring with life responsibilities remains challenging and there is a clear need for breaks. Recognition that each carer has a different experience with the person they care for and the services they are accessing these 2 issues still remain similar for all.	Implementing the key legislation change for Right to Breaks under the Care Reform (Scotland) Act will be imperative of the new Carers Strategy. However challenges faced by carers on receiving appropriate breaks are real, the strategy will focus on creative support for breaks. Allowing carers to understand their rights but also accessing different supports for formal and informal break solutions.
Engagement Events (x9)	<p>These were open invitation events, some of the attendees went on to give us individual interviews however those that attended sessions were asked – are our previous strategy priorities still relevant? What works? What doesn't and what could be better if??</p> <p>Majority of respondents agreed that the previous priorities were still relevant but stressed the need for practical delivery. Carers want to see action over aspirations.</p>	<p>Priorities were agreed as relevant, however to shape capacity and streamline the Strategy there were amalgamations made to shape the 2 priorities through the co-production sessions.</p> <p>The Strategy needs to cover both policy and practical solutions – the strategy contains some key performance indicators and what change we want to see. The Delivery Plan will ensure that the practical actions and outcomes are delivered to achieve priorities and Strategy Aim.</p>
Overall Engagement and Consultation Summary	Overview, visuals and feedback are provided withing Engagement and Consultation Summary report for the Carers Strategy 2026-2030.	Link will be inserted to Engagement and Consultation Summary report for the Carers Strategy 2026 – 2030 when publishing to website. Attached with Report Appendix B

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

The Strategy will be supported by providers commissioned to deliver the Carers Support Services across Aberdeen City. Both services deliver high quality, human rights based services in line with Ethical Commissioning and GIRFE principles.

The Regulation of Care (Scotland) Act 2001 provides the legal basis for the application of standards and codes of practice and governance of care services. Principles of care and support from the Disability Discrimination Acts and now enshrined in Self-directed support legislation in relation to participation and dignity; involvement; informed choice; collaboration; and risk enablement inform the commissioning process. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires Local Authorities to mainstream equality duties.

Contracts will be in place for the duration of the Strategy and beyond - requirements around human rights and community benefits including Fairer Scotland duties are implemented and performance in these areas will be monitored as part of routine contract monitoring.

ACHSCP Impact Assessment – Stage 4 – Review

Name of Impact Assessment being reviewed	
Name of Officer completing review	
Date Review Commenced	
Reason for Review (scheduled or accelerated)	
Reason for Accelerated Review	
Name of Lead Officer	
Date Review Completed	

Summary of Key Information

What amendments have been identified to the original Impact Assessment?	
What evidence do you have for these amendments?	
What actions have you taken to review the policy or practice in light of the review?	

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment has the impact of this policy or practice changed from the original assessment? Please answer Yes or No. If you answer Yes, please specify precisely what change has occurred and which particular group, duty or right it affects and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Specific Groups			
Human Rights			
UNCRC			

Will there be any cumulative impacts between this policy or decision and others	Yes	No
Describe what this cumulative impact will be and include evidence mitigations in the sections below		

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place in light of the changes identified above.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions